December 19, 2025

HHSC UPDATES CLINICAL PRIOR AUTHORIZATION CRITERIA GUIDES

BACKGROUND

HHSC completed an internal review and updated a series of clinical prior authorization criteria guides.

KEY DETAILS

HHSC reviewed the clinical prior authorization criteria guides outlined below. The list of changes is published on the VDP website.

- Allergen Extracts
- Antiseizure Agents
- Biliary Cholangitis Agents
- Buprenorphine Agents
- Cystic Fibrosis Agents
- Dextromethorphan Overutilization
- Dipeptidyl Peptidase-4 (DPP-4) Inhibitors
- Doxylamine/Pyridoxine
- Duchenne Muscular Dystrophy Agents
- Duplicate Therapy
- Lupus Agents
- Monoclonal Antibody Agents
- Nuplazid
- Opioid Policy Criteria
- Oxybate Products
- PDE-5 Inhibitors
- Promethazine Agents

- Recurrent Vulvovaginal Candidiasis (RVVC) Agents
- Skyclarys
- Symlin
- Thiazolidinediones
- Topical Antifungals for Onychomycosis
- Xyrem
- Xifaxan
- Zelboraf

ADDITIONAL INFORMATION

HHSC retired the Emflaza prior authorization criteria and Prior Authorization Request (HHS Form 1347) for traditional Medicaid. The Duchenne Muscular Dystrophy Agents criteria guide now includes Emflaza.

RESOURCES

Link:	HHSC Updates Clinical Prior Authorization Criteria Guides

QUESTIONS

For any questions regarding this notice, please contact your Community Provider Performance Manager (provider representative). E-mail: ProviderRelationsInquiries@CommunityHealthChoice.org