

Pharmacy Clinical Prior Authorization Assistance Chart Now Available

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The quarterly update to the [Pharmacy Clinical Prior Authorization Assistance Chart](#) is now available.

All health plans are required to perform certain clinical prior authorizations. Other clinical prior authorizations will vary between health plans; usage is at the discretion of each health plan. The published criteria guide for each prior authorization describes how authorization requests are evaluated:

- All steps from the criteria guide apply to traditional Medicaid claims processed by the Vendor Drug Program (VDP).
- This assistance chart identifies the prior authorizations each health plan uses and how those prior authorizations relate to those used by the VDP.

For more information about each health plan's clinical prior authorization requirements, providers can refer to:

- The Medicaid [MCO Clinical Prior Authorization](#) list for individual criteria guides.
- The [MCO Resources](#) for a link to each health plan's active clinical prior authorizations.
- The [Prescriber MCO Assistance Chart](#) for each health plan's prior authorization call center phone number.

Questions about the chart should be sent to:

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