Cystic Fibrosis Agents Clinical Prior Authorization to Include Trikafta Criteria Beginning February 24, 2020

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The Vendor Drug Program will implement the Trikafta criteria within the existing Cystic Fibrosis Agents clinical prior authorization on February 24, 2020. The Texas Drug Utilization Review Board approved the criteria for Trikafta at its January 2020 meeting. Trikafta is a cystic fibrosis transmembrane conductance regulator (CFTR) modulating agent. Included in the criteria is a check for duplicative or concurrent therapies with another CFTR modulation agent. The Board recommended inclusion of this step to the criteria for all CFTR modulator agents.

This prior authorization is optional for Medicaid managed care organizations (MCOs). The Pharmacy Clinical Prior Authorization Assistance Chart, which is updated quarterly, shows the prior authorization each MCO uses and how those authorizations relate to the authorizations used for traditional Medicaid claim processing. Providers can also refer to the MCO Resources for links to each MCO’s list of clinical prior authorizations.

Email vdp-formulary@hhsc.state.tx.us with questions about this clinical prior authorization.