

# Pharmacy prior authorization requirements

Starting July 1, 2021

Starting July 1, 2021, prior authorization will be required for some drugs used to prevent swelling attacks in people with hereditary angioedema (HAE) and to lower cholesterol when prescribed to UnitedHealthcare Community Plan members. The drugs requiring prior authorization are listed in the following chart:

Drug	Clinical criteria name	Clinical criteria
Orladeyo 110 mg capsule Orladeyo 150 mg capsule	Hereditary Angioedema (HAE) Agents	<a href="https://www.txvendordrug.com">txvendordrug.com</a> > Formulary > Prior Authorization > Managed Care Clinical Prior Authorization
Juxtapid 5 mg capsule Juxtapid 10 mg capsule Juxtapid 20 mg capsule Juxtapid 30 mg capsule Juxtapid 40 mg capsule Juxtapid 60 mg capsule	Hyperlipidemia Agents	<a href="https://www.txvendordrug.com">txvendordrug.com</a> > Formulary > Prior Authorization > Managed Care Clinical Prior Authorization

## How to submit a prior authorization request

You can submit your prior authorization requests in several ways:

- **Online:** [UHCprovider.com/TXcommunityplan](https://www.UHCprovider.com/TXcommunityplan) > **Pharmacy Resources and Physician-Administered Drugs** > Pharmacy Prior Authorization > PreCheck MyScript®
- **Phone:** Call **800-310-6826**
- **Fax:** 866-940-7328

Please send a completed prior authorization form with your request. You can access the form at [UHCprovider.com/TXcommunityplan](https://www.UHCprovider.com/TXcommunityplan) > Pharmacy Resources and Physician-Administered Drugs > Medical Necessity Supporting Documentation > **Texas Standard Prior Authorization Request Form for Prescription Drug Benefits**.

## We're here to help

If you have questions, contact your Physician Advocate or call Member Services at **888-887-9003**, 8 a.m.–6 p.m., Monday–Friday. Thank you.