

# Pharmacy Prior Authorizations Requirements

Starting Sept. 1, 2020

Starting Sept. 1, 2020, prior authorization will be required for some drugs used to treat asthma, cardiomyopathy, nerve problems, dry eyes and some Fentanyl agents used to treat pain when prescribed to UnitedHealthcare Community Plan members. The drugs requiring prior authorization are listed in the following chart.

Drug	Clinical Criteria Name	Clinical Criteria
FASENRA PEN 30 MG/ML	Monoclonal Antibody Agents for Asthma	txvendordrug.com > Formulary > Prior Authorization > Managed Care Clinical Prior Authorization
NUCALA 100 MG/ML AUTO-INJECTOR		
NUCALA 100 MG/ML SYRINGE		
VYNDAMAX 61 MG CAPSULE	Transthyretin Agents	txvendordrug.com > Formulary > Prior Authorization > Managed Care Clinical Prior Authorization
VYNDAQEL 20 MG CAPSULE		
TEGSEDI 284 MG/1.5 ML SYRINGE - PACK 1		
TEGSEDI 284 MG/1.5 ML SYRINGE - PACK 4		
CEQUA 0.09% SOLUTION	Ophthalmic Immunomodulators	txvendordrug.com > Formulary > Prior Authorization > Managed Care Clinical Prior Authorization
RESTASIS MULTIDOSE 0.05%		
RESTASIS 0.05% EYE EMULSION		
XIIDRA 5% EYE DROPS		

## How to Submit a Prior Authorization Request

You can submit your prior authorization requests in several ways.

- **Online:** UHCprovider.com/TXcommunityplan > [Pharmacy Resources and Physician Administered Drugs](#) > Pharmacy Prior Authorization > PreCheck MyScript®
- **Phone:** 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 > Pharmacy Resources and Physician Administered Drugs > [Texas Standard Prior Authorization Request Form for Prescription Drug Benefits](#).

## We're Here to Help

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