

Pharmacy Prior Authorization Requirements

Starting April 1, 2021

Starting April 1, 2021, prior authorization will be required for some drugs used to treat “off” episodes (when a dose wears off) in members with advanced Parkinson’s disease, side effects caused by other drugs used for Parkinson’s disease and drugs used as an oral corticosteroid with other anti-myeloma products for adults with multiple myeloma (MM) when prescribed to UnitedHealthcare Community Plan members. The drugs requiring prior authorization are listed in the following chart:

Drug	Clinical Criteria Name	Clinical Criteria
APOKYN INJ 10MG/ML	Dopamine Agonists	Go to txvendordrug.com > Formulary > Prior Authorization > Managed Care Clinical Prior Authorization
KYNMOBI MIS 10MG		
KYNMOBI MIS 15MG		
KYNMOBI MIS 20MG		
KYNMOBI MIS 25MG		
KYNMOBI MIS 30MG		
GOCOVRI CAP 137MG	Amantadine ER Agents	Go to txvendordrug.com > Formulary > Prior Authorization > Managed Care Clinical Prior Authorization
GOCOVRI CAP 68.5MG		
OSMOLEX ER TAB 129MG		
OSMOLEX ER TAB 193MG		
OSMOLEX ER TAB 258MG		
HEMADY TAB 20MG	Hemady (Dexamethasone)	Go to txvendordrug.com > 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 > 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 > 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, contact your Physician Advocate or call Member Services at 888-887-9003, 8 a.m. – 6 p.m., Monday – Friday. Thank you.

