

Pharmacy Prior Authorization Requirements

Starting April 15, 2021

Starting April 15, 2021, prior authorization will be required for some drugs used to treat spinal muscular atrophy when prescribed to UnitedHealthcare Community Plan members. The drugs requiring prior authorization are listed in the following chart:

Drug	Clinical Criteria Name	Clinical Criteria
Evrysdi 60mg/80mL Powder for Solution	Evrysdi (Risdiplam)	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.