

# Pharmacy Prior Authorization Requirements

Starting Dec. 1, 2020

Starting Dec.1, 2020, prior authorization will be required for some drugs used to rheumatoid arthritis when prescribed to UnitedHealthcare Community Plan members. The drugs requiring prior authorization are listed in the following chart.

Drug	Clinical Criteria Name	Clinical Criteria
OLUMIANT 1 MG TABLET	Cytokine and CAM Antagonists	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](https://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](https://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. – 6 p.m., Monday – Friday. Thank you.



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