

Pharmacy Prior Authorization Requirements

Starting Dec. 15, 2020

Starting Dec. 15, 2020, prior authorization will be required for some drugs used to treat anemia due to chronic kidney disease and help avoid the need for blood transfusions when prescribed to UnitedHealthcare Community Plan members. The drugs requiring prior authorization are listed in the following chart:

Drug	Clinical Criteria Name	Clinical Criteria
Retacrit 2,000 units/mL Solution for Injection	Erythropoiesis	txvendordrug.com > Formulary > Prior Authorization > Managed Care Clinical Prior Authorization
Retacrit 3,000 units/mL Solution for Injection	Stimulating Agents	
Retacrit 4,000 units/mL Solution for Injection		
Retacrit 10,000 units/mL Solution for Injection		
Retacrit 40,000 units/mL Solution for Injection		

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.