

Drugs requiring Medicaid prior authorization in Texas

Refer to the notice in the **Oct. 1, 2021, Policy and protocol updates** for further information.

Effective date: Nov. 1, 2021

Drug	Clinical criteria name	Clinical criteria
Auryxia® 210 mg tablet	Phosphate binders	txvendordrug.com > Formulary > Prior Authorization > Managed Care Clinical Prior Authorization
Calcium acetate 667 mg capsule		
Calcium acetate 667 mg tablet		
Calphron 667 mg tablet		
Fosrenol 1,000 mg powder packet		
Fosrenol 1,000 mg tablet chew		
Fosrenol 500 mg tablet chew		
Fosrenol 750 mg powder packet		
Fosrenol 750 mg tablet chew		
Lanthanum carb 1,000 mg tb chew		
Lanthanum carb 500 mg tab chew		
Lanthanum carb 750 mg tab chew		
Phoslyra® 667 mg/5 ml solution		
Renagel® 800 mg tablet		
Renvela® 2.4 Gm powder packet		
Renvela 800 mg tablet		
Sevelamer 2.4 Gm powder packet		
Sevelamer carbonate 800 mg tablet		
Sevelamer hcl 800 mg tablet		
Velphoro® 500 mg chewable tab		

Drug	Clinical criteria name	Clinical criteria
Ampyra® ER 10 mg tablet	Multiple sclerosis (MS agents)	txvendordrug.com > Formulary > Prior Authorization > Managed Care Clinical Prior Authorization
Aubagio® 14 mg tablet		
Aubagio 7 mg tablet		
Dalfampridine ER 10 mg tablet		
Mavenclad® 10 mg x 10 tablet pk		
Mavenclad 10 mg x 4 tablet pk		
Mavenclad 10 mg x 5 tablet pk		
Mavenclad 10 mg x 6 tablet pk		
Mavenclad 10 mg x 7 tablet pk		
Mavenclad 10 mg x 8 tablet pk		
Mavenclad 10 mg x 9 tablet pk		
Mayzent® 0.25 Mg starter pack		
Mayzent 0.25 Mg tablet		
Mayzent 2 mg tablet		
Ponvory™ 14-day starter pack		
Ponvory 20 mg tablet		
Zeposia® 0.23-0.46 Mg start pck		
Zeposia 0.23-0.46-0.92 Mg kit		
Zeposia 0.92 Mg capsule		