

## Texas Fee-For-Service Prior Authorization Program Quick Reference Guide for Prescribers

| To...  | Do this...  |   |
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|  | <i>Note: Click any of the embedded hyperlinks below to move directly to the page or information. URLs for each link are also included in the event you are using a printed copy.</i>  |   |
| <b>Request prior authorization for a drug</b>                    | <p>Visit the <a href="https://paxpress.txpa.hidinc.com">PAXpress website</a> to submit a prior authorization request by fax, by mail, or online for a non-preferred product when an alternative can't be used.</p> <p style="text-align: center;">-or-</p> <p>Call the Prior Authorization Call Center at <b>1-877-PA-TEXAS</b> (1-877-728-3927). Any products with a clinical prior authorization requirement should be directed to the Prior Authorization Call Center.</p> <p><i>Note: Requests may only be submitted by a physician or their authorized representative.</i></p> | <a href="https://paxpress.txpa.hidinc.com">https://paxpress.txpa.hidinc.com</a>   |
| <b>Find more information about Prior Authorization</b>           | Visit the <a href="https://www.txvendordrug.com/">Vendor Drug Program website</a> .   | <a href="https://www.txvendordrug.com/">https://www.txvendordrug.com/</a>   |
| View the <b>PDL</b> (preferred drug list)                        | View the PDL on the <a href="https://www.txvendordrug.com/formulary/prior-authorization/preferred-drugs">Preferred Drug</a> page on the Vendor Drug Program website.  | <a href="https://www.txvendordrug.com/formulary/prior-authorization/preferred-drugs">https://www.txvendordrug.com/formulary/prior-authorization/preferred-drugs</a> |
| View the <b>Clinical prior authorizations</b>                    | Visit the <a href="https://paxpress.txpa.hidinc.com">PAXpress website</a> and view any of the links in the <b>Clinical Criteria</b> region at the right of the page.  | <a href="https://paxpress.txpa.hidinc.com">https://paxpress.txpa.hidinc.com</a>   |
| <b>Find more information about Clinical prior authorizations</b> | Visit the <a href="https://www.txvendordrug.com/formulary/prior-authorization/ffs-clinical-pa">Clinical Prior Authorization</a> page on the Vendor Drug Program website.  | <a href="https://www.txvendordrug.com/formulary/prior-authorization/ffs-clinical-pa">https://www.txvendordrug.com/formulary/prior-authorization/ffs-clinical-pa</a> |

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| Download the <b>Request for Reconsideration</b> form or the <b>Texas Standard Prior Authorization Request Form for Prescription Drug Benefits</b> | Visit the <a href="https://paxpress.txpa.hidinc.com">PAXpress website</a> and select the document you need from the <b>Forms</b> region at the left of the page.                                   | <a href="https://paxpress.txpa.hidinc.com">https://paxpress.txpa.hidinc.com</a>   |
| Find more information about <b>Synagis</b>  | Visit the <a href="https://www.txvendordrug.com/formulary/prior-authorization/synagis">Human Respiratory Syncytial Virus</a> page on the Vendor Drug Program website.                              | <a href="https://www.txvendordrug.com/formulary/prior-authorization/synagis">https://www.txvendordrug.com/formulary/prior-authorization/synagis</a> |

## More Information About the Prior Authorization Process

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| <p><b>What if my patient is a member of a Medicaid Managed Care Organization (MCO)?</b></p>           | <p>If the person is a member of a Medicaid MCO, contact the person's MCO using the <a href="#">MCO Resource page</a>.</p>  |
| <p><b>What happens when a claim is submitted for a preferred drug at the point of sale (POS)?</b></p> | <p>In most cases, the POS transaction will be approved. The dispenser should fill the prescription as per standard store/facility procedures.</p> <p><i>Note: Certain preferred drugs require a clinical or dose optimization edit. If the edit criteria are not met, the claim will be denied at the POS and a prior authorization request must be submitted.</i></p>   |
| <p><b>What happens when a claim is submitted for a non-preferred drug at the POS?</b></p>             | <p>If a prior authorization is not on file, is expired, or the claim does not meet the prior authorization criteria, the claim will be denied at the POS. The pharmacy or person should contact the provider's office. The provider has the option of switching the person to a preferred drug or requesting prior authorization if there is a clinical reason why the person needs to receive the non-preferred drug. Additional information may be required for evaluation of the prior authorization before an approval can be issued. The pharmacy may provide the person with a 72-hour emergency supply after hours, on weekends, or in other situations when the physician cannot be reached, and the person needs the drug right away.</p>   |
| <p><b>Who can request prior authorization for a non-preferred drug?</b></p>                           | <p>Only the prescribing physician or one of their staff representatives can request a prior authorization. Requests submitted with missing information will not be assessed until that information can be provided. The following information will be required by the call center in order to quickly assess the prior authorization request:</p> <p>Client-specific information</p> <ul style="list-style-type: none"> <li>-Texas Medicaid assigned cardholder ID number or Person's Name (must be a Fee-For-Service Recipient)</li> </ul> <p>Prescriber-specific information</p> <ul style="list-style-type: none"> <li>-Texas Medicaid assigned provider ID number (5-character Texas license number) or Physician Name</li> </ul> <p>Claim-specific information</p> <ul style="list-style-type: none"> <li>-Requested drug and strength, days supply, and number of refills</li> </ul> |
| <p><b>What happens when the request is approved at the call center?</b></p>                           | <p>If the Texas Prior Authorization Call Center approves the prior authorization request, usually the prescriber communicates with pharmacy about the approval of that PA and prescribers or dispensing pharmacy may inform the person when prescription is ready for pick up. The drug claim will pay, and no further action will be required. The prior authorization applies to a specific drug and all respective strengths. For example, another prior authorization request will not be required when switching strengths.</p>   |
| <p><b>Once a prior authorization request is approved, for how long is it valid?</b></p>               | <p>Most approved requests for prior authorization are valid for up to one year.</p>  |
| <p><b>What happens when the request is denied at the call center?</b></p>                             | <p>If the Texas Prior Authorization Call Center denies the request, the provider's office will be verbally notified immediately. If the request was made via fax, the provider will be notified via fax within 24 hours of the coverage determination. The provider has the option of prescribing a preferred drug that does not require prior authorization or sending in a Request for Reconsideration via fax. If the Request for Reconsideration is denied, the provider will be notified via fax within 5 business days. The notification to the client is included in the fax to the provider, however, HID is not responsible for notifying Medicaid clients of any denial.</p>   |