



# **Provider Manual**

**For the**

# **Texas Prior Authorization Program**

**November 3, 2023**

## Contents

|          |  |           |
|----------|--|-----------|
| <b>1</b> | <b>Document Overview</b>                           | <b>1</b>  |
| 1.1      | Purpose  | 1         |
| 1.2      | Contents   | 1         |
| <b>2</b> | <b>The Prior Authorization Program</b>             | <b>2</b>  |
| 2.1      | Overview of the Texas Prior Authorization Program  | 2         |
| 2.2      | Who Determines Which Drugs Are Preferred?          | 2         |
| 2.3      | When is Prior Authorization Required?              | 2         |
| 2.4      | Where Can I Find the Preferred Drug List?          | 2         |
| 2.5      | How Do I Use the Formulary?                        | 3         |
| <b>3</b> | <b>The Prior Authorization Process</b>             | <b>4</b>  |
| 3.1      | How Do I Submit a Prior Authorization Request?     | 4         |
| 3.1.1    | Submitting a Request Online                        | 4         |
| 3.1.2    | Phoning in a Request                               | 9         |
| 3.2      | Overview of Prior Authorization Request Processing | 9         |
| 3.2.1    | Automated Prior Authorization Processing           | 9         |
| 3.2.2    | Prior Authorization Call Center                    | 9         |
| 3.3      | Call Center Determination                          | 10        |
| 3.4      | Request for Reconsideration                        | 10        |
| 3.5      | Emergency Supply                                   | 10        |
|          | <b>Version History</b>                             | <b>15</b> |
|          | <b>Change Log</b>                                  | <b>16</b> |

# 1 Document Overview

## 1.1 Purpose

This manual is intended to educate Medicaid healthcare providers in the State of Texas about the Texas Prior Authorization Program as administered by the Texas Vendor Drug Program. It is intended for all providers who prescribe drugs for Medicaid clients.

## 1.2 Contents

This manual provides an overview of the Texas Prior Authorization Program and explains when prior authorization is required, how to submit prior authorization requests, and what to do in special circumstances such as filling emergency supplies or appealing a prior authorization denial.

This manual is organized in a “question and answer” format, which allows prescribers to locate answers to questions they may have about the Prior Authorization Program. A “Quick Reference Guide” included at the end of the manual provides quick access to common prior authorization actions.

## 2 The Prior Authorization Program

### 2.1 Overview of the Texas Prior Authorization Program

“Prior authorization” refers to a clinical program that allows Medicaid agencies to promote the appropriate utilization of prescription drugs and contain costs by prospectively controlling drug utilization. The Texas Vendor Drug Program implemented the Medicaid [Preferred Drug List](#) (PDL) in February 2004. Preferred drugs are available without prior authorization, while non-preferred drugs require prior authorization, which may involve the provider calling the Texas Prior Authorization Call Center to obtain approval before the drug can be dispensed. Approved requests for prior authorization are valid for up to one year.

### 2.2 Who Determines Which Drugs Are Preferred?

The Texas Health and Human Services Commission (Texas HHSC) approved [DUR Board](#) guides the development and maintenance of the Medicaid PDL. The DUR Board is composed of 20 physicians and pharmacists who provide services to the entire population of Medicaid recipients and who represent different specialties, two representatives from Medicaid managed care organizations as nonvoting members, and a consumer advocate representing Medicaid recipients.

### 2.3 When is Prior Authorization Required?

Preferred drugs are available without prior authorization. Non-preferred drugs, or preferred drugs that require a clinical or dose optimization edit, require prior authorization before they can be dispensed. In some cases, the drug may not have PDL status (preferred or non-preferred) and may not require a prior authorization or a clinical prior authorization requirement.

In certain instances, Texas HHSC will already have claims data indicating that the patient has met the prior authorization criteria for the non-preferred drug requested. In those cases, the prescription is authorized, and a prior authorization request does not need to be submitted. When this is not the case, the physician must submit a *prior authorization request* to the Texas Prior Authorization Call Center to obtain approval before the drug can be dispensed. Approved requests for prior authorization are valid for up to one year.

In cases where a non-preferred drug is deemed medically necessary, the Texas Vendor Drug Program will allow for a [72-hour emergency supply](#) of the non-preferred drug. The request should be submitted to the call center where it will be processed on the next business day.

### 2.4 Where Can I Find the Preferred Drug List?

The Texas Medicaid Preferred Drug List is available on the Texas HHSC website at <https://www.txvendordrug.com/formulary/preferred-drugs>.

The PDL is also available on the Epocrates drug information system. The service is free and provides instant access to information on the drugs covered by the Texas formulary on mobile and

handheld devices. To register for the service, go to the [Epocrates website](#) and sign up for Epocrates Rx.

Clinical edit and PDL information are also available using the Formulary Search feature within PAXpress™, the application that allows providers to submit online prior authorization requests. The steps required to use this feature are provided in the following topic.

## 2.5 How Do I Use the Formulary?

The Formulary Search function, available from within PAXpress, allows providers the ability to search for formulary drugs and view the criteria used to evaluate a prior authorization for a specific drug and the alternate therapies (where applicable) that are allowed.

Perform the following steps to conduct a formulary search:

- 1 Navigate to the PAXpress URL: <https://paxpress.txpa.hidinc.com>.
- 2 Click **Formulary**. A window similar to the following displayed:

| Formulary Search                                     |  |
|--|--|
| ACANYA GEL<br>PDL Status: ✓ Preferred                | <a href="#">Alternatives</a><br><a href="#">Criteria Rules</a> |
| ACARBOSE 100 MG TABLET<br>PDL Status: N/A            | <a href="#">Alternatives</a><br><a href="#">Criteria Rules</a> |
| ACARBOSE 25 MG TABLET<br>PDL Status: N/A             | <a href="#">Alternatives</a><br><a href="#">Criteria Rules</a> |
| ACARBOSE 50 MG TABLET<br>PDL Status: N/A             | <a href="#">Alternatives</a><br><a href="#">Criteria Rules</a> |
| ACCOLATE 10 MG TABLET<br>PDL Status: ✗ Non Preferred | <a href="#">Alternatives</a><br><a href="#">Criteria Rules</a> |

- 3 Type the name of the drug you wish to search for in the **Search** field.  
**Note:** You may also search for a drug by typing partial text, for example, type *res* to display a list of drugs containing the letters “res” anywhere in its name.
- 4 Click **Search**. A list of drugs matching your search description is displayed, along with the associated PDL status.
- 5 If desired, perform one of the following actions:
  - Click **Alternatives** to view a list of all associated alternatives for the drug and the PDL status of each alternative.
  - Click **Criteria Rules** to view the criteria used to evaluate a prior authorization request for the selected drug.

## 3 The Prior Authorization Process

### 3.1 How Do I Submit a Prior Authorization Request?

Providers have three options for submitting a prior authorization request:

- Submit the request online via PAXpress (currently available for PDL prior authorization requests only) - <https://paxpress.txpa.hidinc.com/Standard%20PA%20Fax%20Form%2007012015.pdf>
- Phone in the request
- Texas Standard Prior Authorization Request Form and Addendums
  - Requests for prior authorization (PA) may be submitted via fax or mail using the Texas Standard Prior Authorization Form. Prior authorization for some medications require the submission of an addendum in addition to the Standard PA Form. If the medication being requested has an addendum, providers must complete the addendum. Failure to submit a required addendum with the Standard PA Form may result in PA denial. Please review all documents for completeness prior to submitting. The Texas Standard PA Form and addendums are located under the Forms Section of the page and may be submitted by: Fax: 1-866-469-8590 or Mail: Texas Prior Authorization Center, Health Information Designs, 391 Industry Dr., Auburn, AL 36832
- Determinations will be made for PAs requested via call, fax, or online within 24 hours of receipt.

#### 3.1.1 Submitting a Request Online

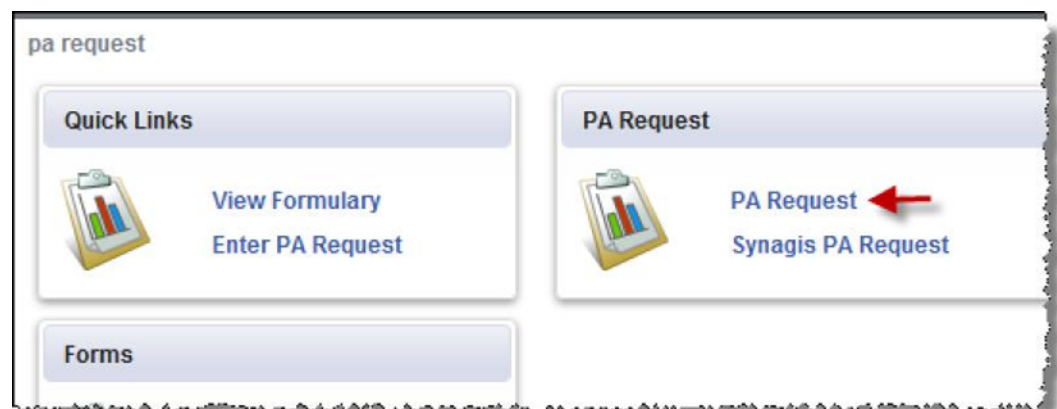
The PAXpress™ application allows providers to securely submit PDL prior authorization requests using their personal computer's browser and an Internet connection.

**Note:** In order to submit requests online, you must first establish a PAXpress account. For instructions on the one-time process of registering for an account, see the **Account Registration Instructions** under **Documents and Help** on the PAXpress home page.

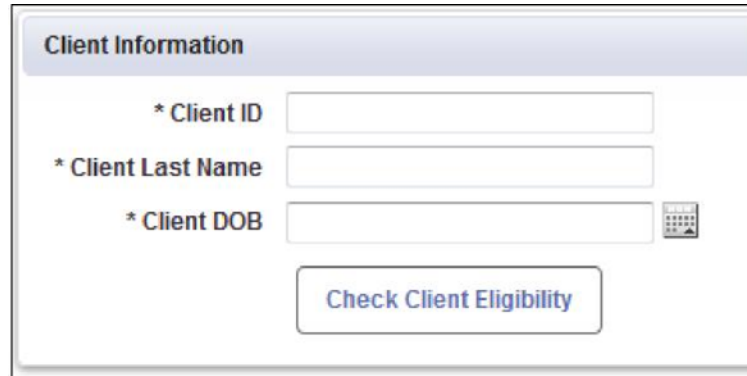
- 1 Navigate to the [PAXpress home page \(https://paxpress.txpa.hidinc.com\)](https://paxpress.txpa.hidinc.com).



- 2 Click the **PA Request** navigational tab at the top of the page or **Enter PA Request** in the Quick Links region.
- 3 At the login page, type your User ID and Password.
- 4 Click **Login**. The PA Request page is displayed.



- 5 Click **PA Request**. The following window is displayed at the bottom of the page.

A screenshot of a web form titled "Client Information". The form has a light blue header bar with the title. Below the header, there are three required fields, each marked with an asterisk: "\* Client ID", "\* Client Last Name", and "\* Client DOB". Each field has a corresponding text input box. To the right of the "Client DOB" input box is a small calendar icon. Below these fields is a button labeled "Check Client Eligibility" in blue text.

- 6 Type the client's ID number (Medicaid ID number) in the **Client ID** field.
- 7 Type the client's last name in the **Client Last Name** field.
- 8 Type the client's date of birth in the **Client DOB** field (using the *mm/dd/yyyy* format), or click the calendar icon to navigate to and select the client's date of birth.
- 9 Click **Check Client Eligibility**.



If the client is located, a window similar to the following is displayed:

The screenshot shows a web form with two main sections: 'Client Information' and 'PA Details'. The 'Client Information' section includes fields for '\* Client ID', '\* Client Last Name', and '\* Client DOB' (08/12/2010), followed by a 'Check Client Eligibility' button. Below this is a status bar that says '✓ Client Found!'. The 'PA Details' section includes a dropdown for '\* Prescriber', and text input fields for '\* Drug Name', '\* Quantity', and '\* Days Supply'. At the bottom of the form are 'Cancel' and 'Create PA' buttons.

- 10 Click the down arrow in the **Prescriber** field, use the up ↑ and down ↓ arrow keys to move through the list that is displayed, and then click to select the client's prescriber's name.
- 11 Click in the **Drug Name** field and begin to type the drug name (at least three characters).
- 12 When the drop-down list displays, use the up ↑ and down ↓ arrow keys to move to the drug name.
- 13 Press **Enter** to accept the value.  
**Note:** If the drug has generic equivalents, a generic equivalent drug choice box will display. If appropriate, click the name of the generic drug you wish to select.
- 14 Click in the **Quantity** field and type the quantity requested.
- 15 Click in the **Days Supply** field and type the requested number of days supply.
- 16 Click **Create PA**.

A message briefly displays stating that the prior authorization request is being processed. The PA Details section of the results window that is displayed when processing has completed that indicates whether the prior authorization request was approved.

If the prior authorization request is denied, an explanation of the denial is provided, along with suggestions for additional steps that may be taken, such as supplying additional information to the Texas Prior Authorization Call Center:

The screenshot shows a web interface with two main sections: 'Client Information' and 'PA Details'. The 'Client Information' section displays 'Client ID' (redacted), 'Client Last Name' (redacted), and 'Client DOB' as 08/12/2010. The 'PA Details' section, which is highlighted with a red border, shows 'Drug Name' as ADDERALL 30 MG TABLET, 'Quantity' as 30, and 'Days Supply' as 30. Below this, it states 'Deny - Reference Number: 6753922' and provides two reasons for denial: '1 drug(s) from list of Treatment failure of a preferred Skeletal Stimulant and Related agent with at least 30 days supply each in the past 180 days.' and 'Is there a documented allergy or contraindication to a preferred Skeletal Stimulant and Related agent? (Requires Phone Call to Call Center)'.

If the prior authorization request is approved, a window similar to the following is displayed, indicating approval and specifying the start and end dates for the prescription:

The screenshot shows a web interface with two main sections: 'Client Information' and 'PA Details'. The 'Client Information' section displays 'Client ID' (redacted), 'Client Last Name' (redacted), and 'Client DOB' as 09/07/1973. The 'PA Details' section, highlighted with a red border, shows 'Drug Name' as CLEOCIN T 1% GEL, 'Quantity' as 60, and 'Days Supply' as 22.5. Below this, it states 'Approve - PA ID: 6753928' and provides the 'Begin Date: 18-NOV-10' and 'End Date: 17-NOV-11'.

### Submit a Synagis Prior Authorization Request

All prior authorization requests for Synagis® (Palivizumab) must be faxed to the Texas Prior Authorization Call Center for approval—they cannot be submitted online.

The Synagis Prior Authorization Request and Prescription form, along with additional information about the Synagis Program, is available on PAXpress home page in the Forms region at the left of the page and is also available from the Synagis PA Request link on the PA request page.

The [Synagis Program](#) page on the Texas Vendor Drug Program website provides information about the Synagis Program.

### 3.1.2 Phoning in a Request

Verbal requests may be initiated by a physician or their authorized representative.

To phone in a prior authorization request, call the HID Prior Authorization Call Center at **1-877 PA-TEXAS** (1-877-728-3297).

In order for the phone request to be processed in a timely manner, ensure that you have the following information readily available:

- **Recipient-specific information:**
  - Texas Medicaid assigned recipient ID number or Recipient Name
- **Prescriber-specific information:**
  - Texas Medicaid assigned provider ID number (5-character Texas license number) or Physician Name
- **Claim-specific information:**
  - Requested drug and strength

If you are calling about an existing prior authorization (PA), it is best if you have the PA number available for the representative to research the request.

## 3.2 Overview of Prior Authorization Request Processing

This section explains the prior authorization services provided by HID to the Texas Prior Authorization Program.

### 3.2.1 Automated Prior Authorization Processing

HID's RxPert automated prior authorization system evaluates and processes prescription drug claims sent from the point of sale. RxPert's database stores client information, including pharmacy, prescriber, and medical history. When a prescription is entered at the point of sale, it evaluates the requested prescription to determine if a prior authorization is required. If the point of sale system determines that a prior authorization is required, then it is sent to RxPert to be compared against criteria created from state-approved guidelines that check for appropriate age and gender, previously unsuccessful therapy, stable therapy, and disease states. If the required criteria for approval are met, RxPert immediately issues approval to the point of sale system that is relayed to the requesting pharmacist. The time for this process averages less than one half second per transaction.

### 3.2.2 Prior Authorization Call Center

Providers may verbally request drugs that meet prior approval requirements by calling the Call Center. Verbal requests may only be initiated by a physician or an authorized physician's representative.

The phone number of the HID Prior Authorization Call Center is **1-877 PA-TEXAS** (1-877-728-3297).

### 3.3 Call Center Determination

If the Texas Prior Authorization Call Center approves the prior authorization, the client can return to their pharmacy to obtain the prescription. The drug claim will pay, and no further action will be required. Approved requests for prior authorization are valid for the designated time approved by the clinical reviewer.

If the Texas Prior Authorization Call Center denies the request, the provider's office will be notified immediately. The provider has the option of selecting a different treatment course that does not require prior authorization or submitting the Texas Medicaid Prior Authorization Reconsideration Request. <https://hhs.texas.gov/laws-regulations/forms/1000-1999/form-1322-texas-medicaid-prior-authorization-reconsideration-request>

### 3.4 Request for Reconsideration

The prescriber may request reconsideration if the Texas Prior Authorization Call Center denies a prior authorization request. If a request for prior authorization is denied after going through the call center process, the call center staff will inform the physician of their right to request reconsideration of the decision rendered. The call center representative will provide the physician with the steps to request reconsideration of a prior authorization decision. The Texas Medicaid Prior Authorization Reconsideration Request (HHS Form 1322) form is required to initiate the request and provides a brief description of the steps for reconsideration.

The Texas Medicaid Prior Authorization Reconsideration Request (HHS Form 1322) is also available in the **Documents and Forms** region of the [PAXpress home page](#).

The prescriber should fax the reconsideration request (HHS Form 1322) to the Texas Prior Authorization Call Center at 1-866-617-8864. (This fax number is only to be used for reconsideration after the call center has denied a phone request, or requests for Synagis. Initial prior authorization requests will not be accepted via fax.)

Once a prior authorization request goes through the call center process and is denied, no verbal requests for reconsideration will be accepted. Supporting documentation should include the following:

- Reconsideration Request
- A copy of the patient's applicable medical records or lab results documenting the medical reason for the treatment
- If applicable, supporting peer-reviewed literature for the treatment

Determinations of the Reconsideration Request will be mailed to the requesting provider and patient. If the Reconsideration Request is denied, information regarding a Fair Hearing can be found here: [Fair and Fraud Hearings | Texas Health and Human Services](#).

### 3.5 Emergency Supply

In cases where a prior authorization is medically necessary, the Texas Vendor Drug Program will allow for a 72-hour emergency supply of a non-preferred drug.

# Texas Prior Authorization Program

## Quick Reference Guide for Prescribers

| To...  | Do this...  |   |
|--|---|---|
|  | <p><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></p> <p><b>Reminder: The Texas PA Program Quick Reference Guide for Prescribers is also posted separately on PAXpress. <a href="#">PAXpress website</a></b></p>  |   |
| <b>Request prior authorization for a drug</b>  | <p>Visit the <a href="#">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>-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>   | <p>Visit the <a href="#">Vendor Drug Program website</a>.</p>   | <a href="https://www.txvendordrug.com/">https://www.txvendordrug.com/</a>   |
| <b>View the PDL (preferred drug list)</b>  | <p>View the PDL on the <a href="#">Preferred Drug</a> page on the Vendor Drug Program website.</p>  | <a href="https://www.txvendordrug.com/formulary/preferred-drugs">https://www.txvendordrug.com/formulary/preferred-drugs</a> |
| <b>View the Clinical prior authorizations</b>  | <p>Visit the <a href="#">PAXpress website</a> and view any of the links in the <b>Clinical Criteria</b> region at the right of the page.</p>  | <a href="https://paxpress.txpa.hidinc.com">https://paxpress.txpa.hidinc.com</a>   |
| <b>Find more information about Clinical prior authorizations</b>   | <p>Visit the <a href="#">Clinical and Therapeutic Edits</a> page on the Vendor Drug Program website.</p>  |   |
| <b>Download the Request for Reconsideration form or the Texas Standard Prior Authorization Request Form for Prescription Drug Benefits</b> | <p>Visit the <a href="#">PAXpress website</a> and select the document you need from the <b>Forms</b> region at the left of the page</p>   | <a href="https://paxpress.txpa.hidinc.com">https://paxpress.txpa.hidinc.com</a>   |

|  |  |   |
|--|--|---|
| Find more information about the <b>Synagis Program</b> | Visit the <a href="#">Human Respiratory Syncytial Virus</a> page on the Vendor Drug Program website. | <a href="https://www.txvendordrug.com/formulary/respiratory-syncytial-virus-treatment">https://www.txvendordrug.com/formulary/respiratory-syncytial-virus-treatment</a> |
|  |  |   |

| More Information About the Prior Authorization Process   |  |
|--|--|
| What if my patient is a member of a Medicaid Managed Care Organization (MCO)?                  | If the person is a member of a Medicaid MCO, contact the person's MCO using the <a href="#">MCO Resources</a> page.  |
| What happens when a claim is submitted for a <i>preferred</i> drug at the point of sale (POS)? | <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>   |
| What happens when a claim is submitted for a <i>non-preferred</i> drug at the POS?             | <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. <u>Clinical reasons include treatment failure with preferred drugs within any subclass, contraindication with the preferred drugs, allergic reaction to the preferred drugs, treatment of stage-four advanced, metastatic cancer and associated conditions.</u> 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> |
| Who can request prior authorization?   | <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) Prescriber-specific information</li> </ul>  |
|  | <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>  |
| What happens when the request is approved at the call center?                                  | <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 brands.</p>  |
| Once a prior authorization request is approved, for how long is it valid?                      | Approved requests for prior authorization are valid for up to one year.  |
| What happens when the request is denied at the call center?                                    | <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</p>  |

|  |  |
|--|--|
|  | preferred drug that does not require prior authorization or sending in a Request for Reconsideration via fax. Once the Request for Reconsideration is approved or 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. |
|--|--|



## Version History

The Version History records the publication history of this document. See the Change Log for more details regarding the changes and enhancements included in each version.

| Publication Date | Version Number | Comments         |
|------------------|----------------|------------------|
| 01/27/2011       | 0.1            | Initial delivery |
| 07/16/2016       | 0.2            | Revised delivery |
| 07/25/2016       | 0.3            | Revised delivery |
| 08/11/2016       | 0.4            | Revised delivery |
| 08/23/2016       | 0.5            | Revised delivery |
| 08/23/2016       | 0.5            | Revised delivery |
| 08/29/2017       | 0.6            | Revised delivery |
| 04/24/2018       | 0.7            | Revised delivery |
| 01/14/2021       | 0.8            | Revised delivery |
| 04/08/2021       | 0.9            | Revised delivery |
| 07/26/2021       | 1.0            | Revised delivery |
| 11/03/2023       | 1.1            | Revised delivery |

## Change Log

The Change Log records the changes and enhancements included in each version.

| Version Number | Chapter/Section   | Change  |
|----------------|---|---|
| .01            | Section 2.2   | Removed P&T Committee reference                                     |
| .02            | Section 3.3   | Revised approval process information                                |
| .03            | Section 3.1   | Revised options for submitting a prior authorization request online |
| .06            | Texas Prior Authorization Program Quick Reference Guide for Prescribers   | Revised language and weblinks                                       |
| .07            | Section 3.4   | Revised language and weblinks                                       |
| .08            | Sections 2.2, 2.3, 3.1.1 and 3.5  | Updated VDP links   |
| .09            | Sections 2.2, 2.3, 3.1.1 and 3.5  | Updated VDP links   |
| 1.0            | Sections 2.4, 3.4, and TX Prior Authorization Program Quick Reference Guide for Prescribers                     | Revised language  |
| 1.1            | Sections 2.1, 2.2, 2.3, 2.4, 3.1.1, and TX TX Prior Authorization Program Quick Reference Guide for Prescribers | Revised language and weblinks                                       |