

**Texas Prior Authorization Program
Clinical Criteria**

Drug/Drug Class**Duplicate Therapy****Clinical Criteria Information Included in this Document**

- **Prior authorization criteria logic:** a description of how the prior authorization request will be evaluated against the clinical criteria rules
- **Logic diagram:** a visual depiction of the clinical criteria logic
- **Supporting tables:** a collection of information associated with the steps within the criteria; provided when applicable

Note: Click the hyperlink to navigate directly to that section.

Revision Notes

Updated to include formulary statement (The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit TxVendorDrug.com/formulary/formulary-search.) on each 'Drug Requiring PA' table



Duplicate Therapy Drug Class Clinical Criteria Logic

1. Does the client have greater than or equal to (\geq) 2 different drugs within the selected drug class? (Use the following table for reference.)

Yes (Deny)

No (Approve – 30 days)

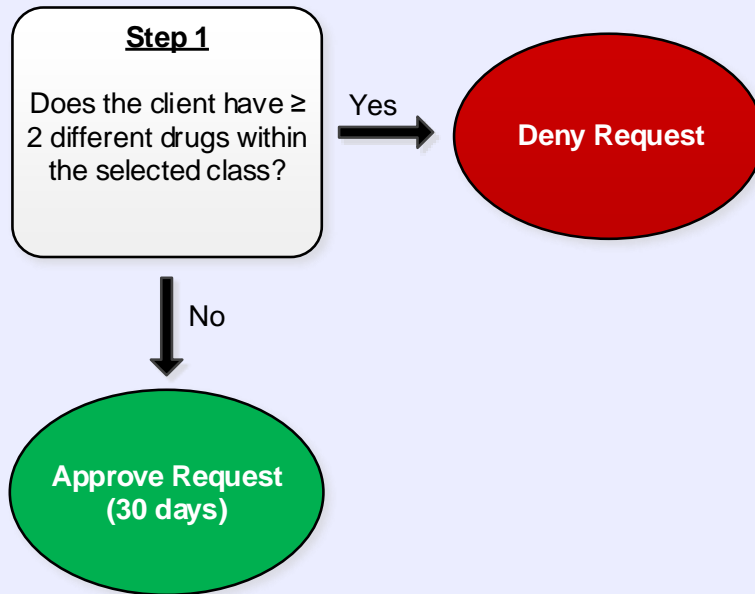
Drug Class	Drug Combinations		Number of Physicians
	Trigger Drug	Checks For	
Anticoagulants	Anticoagulant	<ul style="list-style-type: none"> Anticoagulant 	Not applicable (NA)
Antidiabetic Agents	Meglitinide	<ul style="list-style-type: none"> Meglitinide 	NA
Angiotensin Modulators	ARB	<ul style="list-style-type: none"> ARB 	NA
Antihistamines	Antihistamine	<ul style="list-style-type: none"> Antihistamine 	NA
Short-acting beta-2 agonists (SABA)	SABA	<ul style="list-style-type: none"> SABA 	NA
Long-acting beta-2 agonists (LABA)	LABA	<ul style="list-style-type: none"> LABA LABA/AM ICS/LABA 	NA
Inhaled corticosteroid/long-acting beta-2 agonist combination (ICS/LABA)	ICS/LABA	<ul style="list-style-type: none"> ICS/LABA ICS Oral Corticosteroids LABA LABA/AM 	NA
Inhaled corticosteroids (ICS)	ICS	<ul style="list-style-type: none"> ICS ICS/LABA Oral Corticosteroids 	NA
Oral Corticosteroids	Oral Corticosteroid	<ul style="list-style-type: none"> Oral Corticosteroid ICS/LABA ICS 	NA
Long-acting beta-2 agonist/antimuscarinic combination (LABA/AM)	LABA/AM	<ul style="list-style-type: none"> ICS/LABA LABA LABA/AM 	NA
Diuretics	Thiazide Diuretic	<ul style="list-style-type: none"> Thiazide Diuretic 	NA
Hormone Replacement Therapy (HRT)	HRT	<ul style="list-style-type: none"> Raloxifene 	NA
Selective Estrogen-Receptor Modifiers	Raloxifene	<ul style="list-style-type: none"> HRT 	NA

Drug Class	Drug Combinations		Number of Physicians
	Trigger Drug	Checks For	
NSAIDs	NSAIDs	<ul style="list-style-type: none"> • NSAIDs • COX-2 Inhibitors 	NA
COX-2 Inhibitor	COX-2 Inhibitor	<ul style="list-style-type: none"> • NSAIDs • COX-2 Inhibitors 	NA
Statins	Statins	<ul style="list-style-type: none"> • Statin Combos 	NA
Statin Combos	Statin Combos	<ul style="list-style-type: none"> • Statins 	NA

Note: Duplicate therapy is defined as greater than (>) 35 days of overlapping therapy between different agents in the last 60 days.



Duplicate Therapy Drug Class Clinical Criteria Logic Diagram





Anticoagulants

Drugs Requiring Prior Authorization

The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit TxVendorDrug.com/formulary/formulary-search.

Drugs Requiring Prior Authorization	
Label Name	GCN
Anticoagulants	
ARIXTRA 7.5MG/0.5ML SYRINGE	23776
COUMADIN 10MG TABLET	25790
COUMADIN 1MG TABLET	25792
COUMADIN 2.5MG TABLET	25794
COUMADIN 2MG TABLET	25791
COUMADIN 3MG TABLET	25796
COUMADIN 4MG TABLET	25797
COUMADIN 5MG TABLET	25793
COUMADIN 6MG TABLET	25798
COUMADIN 7.5MG TABLET	25795
ELIQUIS 2.5MG TABLET	30239
ELIQUIS 5MG STARTER PACK	44357
ELIQUIS 5MG TABLET	33935
ENOXAPARIN 100MG/ML SYRINGE	62773
ENOXAPARIN 120MG/0.8ML SYRINGE	42091
ENOXAPARIN 150MG/ML SYRINGE	42071
ENOXAPARIN 300MG/3ML VIAL	96344
ENOXAPARIN 30MG/0.3ML SYRINGE	00420
ENOXAPARIN 60MG/0.6ML SYRINGE	62771
ENOXAPARIN 80MG/0.8ML SYRINGE	62772
ENXAPARIN 40MG/0.4ML SYRINGE	70022
FONDAPARINUX 10MG/0.8ML SYRINGE	23777
FONDAPARINUX 2.5MG/0.5ML SYRINGE	15494
FONDAPARINUX 5MG/0.4ML SYRINGE	23775
FONDAPARINUX 7.5MG/0.5ML SYRINGE	23776
FRAGMIN 10,000 UNITS SYRINGE	95075
FRAGMIN 12,500 UNITS/0.5 ML	93952
FRAGMIN 15,000 UNITS/0.6 ML	93953
FRAGMIN 18,000 UNITS/0.72 ML	93954
FRAGMIN 2,500 UNITS/0.2ML SYRINGE	63488

Drugs Requiring Prior Authorization	
Label Name	GCN
Anticoagulants	
FRAGMIN 25,000 UNITS/ML VIAL	95776
FRAGMIN 5,000 UNITS/0.2ML SYRINGE	63431
FRAGMIN 7,500 UNITS SYRINGE	94116
JANTOVEN 10MG TABLET	25790
JANTOVEN 1MG TABLET	25792
JANTOVEN 2.5MG TABLET	25794
JANTOVEN 2MG TABLET	25791
JANTOVEN 3MG TABLET	25796
JANTOVEN 4MG TABLET	25797
JANTOVEN 5MG TABLET	25793
JANTOVEN 6MG TABLET	25798
JANTOVEN 7.5MG TABLET	25795
LOVENOX 100MG/ML SYRINGE	62773
LOVENOX 120MG/0.8 ML SYRINGE	42091
LOVENOX 150MG/ML SYRINGE	42071
LOVENOX 300 MG/3 ML VIAL	96334
LOVENOX 30MG/0.3ML SYRINGE	00420
LOVENOX 40MG/0.4 ML SYRINGE	70022
LOVENOX 60MG/0.6 ML SYRINGE	62771
LOVENOX 80MG/0.8 ML SYRINGE	62772
PRADAXA 150MG CAPSULE	29166
PRADAXA 75MG CAPSULE	99708
SAVAYSA 15MG TABLET	37675
SAVAYSA 30MG TABLET	37676
SAVAYSA 60MG TABLET	37677
WARFARIN SODIUM 10MG TABLET	25790
WARFARIN SODIUM 1MG TABLET	25792
WARFARIN SODIUM 2.5MG TABLET	25794
WARFARIN SODIUM 2MG TABLET	25791
WARFARIN SODIUM 3MG TABLET	25796
WARFARIN SODIUM 4MG TABLET	25797
WARFARIN SODIUM 5MG TABLET	25793
WARFARIN SODIUM 6MG TABLET	25798
WARFARIN SODIUM 7.5MG TABLET	25795
XARELTO 10MG TABLET	14427
XARELTO 15MG TABLET	30818
XARELTO 2.5MG TABLET	36934

Drugs Requiring Prior Authorization	
Label Name	GCN
Anticoagulants	
XARELTO 20MG TABLET	30819
XARELTO STARTER PACK	37212



Antidiabetics (Meglitinides)

Drugs Requiring Prior Authorization

The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit TxVendorDrug.com/formulary/formulary-search.

Drugs Requiring Prior Authorization	
Label Name	GCN
Meglitinides	
NATEGLINIDE 120MG TABLET	34027
NATEGLINIDE 60MG TABLET	12277
REPAGLINIDE 0.5MG TABLET	26311
REPAGLINIDE 1MG TABLET	26312
REPAGLINIDE 2MG TABLET	26313
REPAGLINIDE-METFORMIN 1-500MG	16084
REPAGLINIDE-METFORMIN 2-500MG	16085
STARLIX 120MG TABLET	34027
STARLIX 60MG TABLET	12277



Angiotensin Modulators (ARBs)

Drugs Requiring Prior Authorization

The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit TxVendorDrug.com/formulary/formulary-search.

Drugs Requiring Prior Authorization	
Label Name	GCN
ARBs	
AMLODIPINE-OLMESARTAN 10-20 MG	98937
AMLODIPINE-OLMESARTAN 10-40 MG	98939
AMLODIPINE-OLMESARTAN 5-20 MG	98936
AMLODIPINE-OLMESARTAN 5-40 MG	98938
AMLODIPINE-VALSARTAN 10-160MG TABLET	97963
AMLODIPINE-VALSARTAN 10-320MG TABLET	98580
AMLODIPINE-VALSARTAN 5-160MG TABLET	97962
AMLODIPINE-VALSARTAN 5-320MG TABLET	98579
AMLOD-VALSA-HCTZ 10-160-12.5MG TABLET	22631
AMLOD-VALSA-HCTZ 10-160-25MG TABLET	22649
AMLOD-VALSA-HCTZ 10-320-25MG TABLET	22705
AMLOD-VALSA-HCTZ 5-160-12.5MG TABLET	22625
AMLOD-VALSA-HCTZ 5-160-25MG TABLET	22648
ATACAND 16MG TABLET	73544
ATACAND 32MG TABLET	73545
ATACAND 4MG TABLET	73542
ATACAND 8MG TABLET	73543
ATACAND HCT 16-12.5MG TAB	21559
ATACAND HCT 32-12.5MG TAB	21569
AVALIDE 150-12.5MG TABLET	11042
AVALIDE 300-12.5MG TABLET	11295
AVAPRO 150MG TABLET	04749
AVAPRO 300MG TABLET	04750
AVAPRO 75MG TABLET	04752
AZOR 10-20MG TABLET	98937
AZOR 10-40MG TABLET	98939
AZOR 5-20MG TABLET	98936
AZOR 5-40MG TABLET	98938
BENICAR 20MG TABLET	17285

Drugs Requiring Prior Authorization	
Label Name	GCN
ARBs	
BENICAR 40MG TABLET	17286
BENICAR 5MG TABLET	17284
BENICAR HCT 20-12.5MG TABLET	20074
BENICAR HCT 40-12.5MG TABLET	20075
BENICAR HCT 40-25MG TABLET	20076
BYVALSON 5-80MG TABLET	41634
CANDESARTAN CILEXETIL 16MG TABLET	73544
CANDESARTAN CILEXETIL 32MG TABLET	73545
CANDESARTAN CILEXETIL 4MG TABLET	73542
CANDESARTAN CILEXETIL 8MG TABLET	73543
CANDESARTAN-HCTZ 16-12.5MG TABLET	21559
CANDESARTAN-HCTZ 32-12.5MG TABLET	21569
CANDESARTAN-HCTZ 32-25MG TABLET	13258
COZAAR 100MG TABLET	14853
COZAAR 25MG TABLET	14850
COZAAR 50MG TABLET	14851
DIOVAN 160MG TABLET	13844
DIOVAN 320MG TABLET	13838
DIOVAN 40MG TABLET	18092
DIOVAN 80MG TABLET	13846
DIOVAN HCT 160/12.5MG TABLET	09760
DIOVAN HCT 160/25MG TABLET	17245
DIOVAN HCT 320/12.5MG TABLET	27015
DIOVAN HCT 320/25MG TABLET	27014
DIOVAN HCT 80/12.5MG TABLET	07833
EDARBI 40MG TABLET	29595
EDARBI 80MG TABLET	29597
EDARBYCLOR 40-12.5MG TABLET	31163
ENTRESTO 24-26MG TABLET	39046
ENTRESTO 49-51MG TABLET	39047
ENTRESTO 97-103MG TABLET	39048
EPROSARTAN MESYLATE 600MG TABLET	93456
EXFORGE 10-160MG TABLET	97963
EXFORGE 10-320MG TABLET	98580
EXFORGE 5-160MG TABLET	97962
EXFORGE 5-320MG TABLET	98579
EXFORGE HCT 10-320-25MG TAB	22705
HYZAAR 100-12.5TABLET	25851
HYZAAR 100-25TABLET	14854

Drugs Requiring Prior Authorization	
Label Name	GCN
ARBs	
HYZAAR 50-12.5TABLET	14852
IRBESARTAN 150MG TABLET	04749
IRBESARTAN 300MG TABLET	04750
IRBESARTAN 75MG TABLET	04752
IRBESARTAN-HCTZ 150-12.5MG TABLET	11042
IRBESARTAN-HCTZ 300-12.5MG TABLET	11295
LOSARTAN POTASSIUM 100MG TABLET	14853
LOSARTAN POTASSIUM 25MG TABLET	14850
LOSARTAN POTASSIUM 50MG TABLET	14851
LOSARTAN-HCTZ 100-12.5MG TABLET	25851
LOSARTAN-HCTZ 100-25MG TABLET	14854
LOSARTAN-HCTZ 50-12.5MG TABLET	14852
MICARDIS 20MG TABLET	23833
MICARDIS 40MG TABLET	23831
MICARDIS 80MG TABLET	23832
MICARDIS HCT 40/12.5MG TABLET	12257
MICARDIS HCT 80/12.5MG TABLET	12259
MICARDIS HCT 80/25MG TABLET	22866
OLMESARTAN MEDOXOMIL 20 MG TAB	17285
OLMESARTAN MEDOXOMIL 40 MG TAB	17286
OLMESARTAN MEDOXOMIL 5 MG TAB	17284
OLMESARTAN-HCTZ 20-12.5 MG TAB	20074
OLMESARTAN-HCTZ 40-12.5 MG TAB	20075
OLMESARTAN-HCTZ 40-25 MG TAB	20076
OLMSRTN-AMLDPN-HCTZ 20-5-12.5	28837
OLMSRTN-AMLDPN-HCTZ 40-10-12.5	28854
OLMSRTN-AMLDPN-HCTZ 40-10-25MG	28855
OLMSRTN-AMLDPN-HCTZ 40-5-12.5	28838
OLMSRTN-AMLDPN-HCTZ 40-5-25 MG	28839
TELMISARTAN 20MG TABLET	23833
TELMISARTAN 40MG TABLET	23831
TELMISARTAN 80MG TABLET	23832
TELMISARTAN-AMLODIPINE 40-10MG TABLET	27784
TELMISARTAN-AMLODIPINE 40-5MG TABLET	27783
TELMISARTAN-AMLODIPINE 80-10MG TABLET	27786
TELMISARTAN-AMLODIPINE 80-5MG TABLET	27785
TELMISARTAN-HCTZ 40-12.5MG TABLET	12257
TELMISARTAN-HCTZ 80-12.5MG TABLET	12259
TELMISARTAN-HCTZ 80-25MG TABLET	22866

Drugs Requiring Prior Authorization	
Label Name	GCN
ARBs	
TRIBENZOR 20-5-12.5MG TABLET	28837
TRIBENZOR 40-10-12.5MG TABLET	28854
TRIBENZOR 40-10-25MG TABLET	28855
TRIBENZOR 40-5-12.5MG TABLET	28838
TRIBENZOR 40-5-25MG TABLET	28839
TWYNSTA 40-10MG TABLET	27784
TWYNSTA 40-5 MGTABLET	27783
TWYNSTA 80-10 MGTABLET	27786
TWYNSTA 80-5 MGTABLET	27785
VALSARTAN 160MG TABLET	13844
VALSARTAN 320MG TABLET	13838
VALSARTAN 40MG TABLET	18092
VALSARTAN 80MG TABLET	13846
VALSARTAN-HCTZ 160-12.5MG TABLET	09760
VALSARTAN-HCTZ 160-25MG TABLET	17245
VALSARTAN-HCTZ 320-12.5MG TABLET	27015
VALSARTAN-HCTZ 320-25MG TABLET	27014
VALSARTAN-HCTZ 80-12.5MG TABLET	07833



Antihistamines

Drugs Requiring Prior Authorization

The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit TxVendorDrug.com/formulary/formulary-search.

Drugs Requiring Prior Authorization	
Label Name	GCN
Antihistamines	
ACETAMINOPHEN-DIPHENHYD 500-25	70221
ALA-HIST IR 2MG TABLET	46711
ALA-HIST PE TABLET	28379
ALL DAY ALLERGY 10MG TABLET	49291
ALL DAY ALLERGY-D TABLET	13866
ALLER-CHLOR 4MG TABLET	46512
ALLERGY 10MG TABLET	60563
ALLERGY 4MG TABLET	46512
ALLERGY RELIEF 10MG TABLET	60563
ALLERGY RELIEF 5MG/5ML SOLUTION	60562
ALLERGY RELIEF D-24 TABLET	63577
APRODINE TABLET	96445
BANOPHEN 12.5MG/5ML LIQUID	48831
BANOPHEN 25MG CAPSULE	45971
BANOPHEN 50MG CAPSULE	45972
BROMFED DM COUGH SYRUP	96136
BROMPHEIR-PSEUDOEPHED-DM SYRUP	96136
BROTAPP DM LIQUID	12934
BROTAPP LIQUID	12933
CARBINOXAMINE 4MG/5ML LIQUID	14949
CARBINOXAMINE MALEATE 4 MG TAB	46170
CETIRIZINE HCL 10MG CHEWABLE TABLET	21771
CETIRIZINE HCL 10MG TABLET	49291
CETIRIZINE HCL 1MG/ML SOLUTION	49290
CETIRIZINE HCL 5MG CHEWABLE TABLET	21769
CETIRIZINE HCL 5MG TABLET	49292
CETIRIZINE HCL 10MG TABLET	49291
CETIRIZINE-PSE ER 5-120MG TABLET	13866
CHILD ALL DAY ALLERGY 1MG/ML SOLUTION	49290
CHILD CETIRIZINE 10MG CHEWABLE TABLET	21771

Drugs Requiring Prior Authorization	
Label Name	GCN
Antihistamines	
CHILD CETIRIZINE 5MG CHEWABLE TABLET	21769
CHILD CETIRIZINE HCL 1MG/ML SOLUTION	49290
CHILD LORATADINE 5MG/5ML SYRUP	60562
CHILD MUCINEX M-S COLD DAY-NITE	37876
CHILD MUCINEX NIGHT TIME LIQUID	35755
CHLO TUSS LIQUID	35393
CHLORPHENIRAMINE ER 12MG TABLET	46541
CLARINEX 0.5 MG/ML SYRUP	23883
CLARINEX 5MG TABLET	12762
CLEMASTINE FUM 2.68MG TAB	46691
CYPROHEPTADINE 2MG/5ML SYRUP	15803
CYPROHEPTADINE 4MG TABLET	15811
DALLERGY 1-2.5MG/ML DROPS	28105
DAYHIST ALLERGY 1.34MG TABLET	46690
DESLORATADINE 2.5MG ODT	25439
DESLORATADINE 5MG ODT	19716
DESLORATADINE 5MG TABLET	12762
DIMAPHEN DM ELIXIR	26808
DIMAPHEN ELIXIR	27207
DIPHENHIST 12.5MG/5ML SOLUTION	48831
DIPHENHIST 25MG CAPSULE	45971
DIPHENHYDRAMINE 25MG CAPSULE	45971
DIPHENHYDRAMINE 50MG CAPSULE	45972
DIPHENHYDRAMINE 50MG/ML VIAL	46013
DIPHENHYDRAMINE 6.25MG/ML DRP	42545
ED A-HIST 4MG-10MG TABLET	25462
ED A-HIST DM TABLET	37388
ED A-HIST LIQUID	14148
ED CHLORPED DROPS	46505
ED CHLORPED JR SYRUP	46503
ED CHLORPED D PEDIATRIC DROPS	30033
ED-A-HIST DM LIQUID	19347
ED-A-HIST PSE TABLET	96445
ENDACOF-DM LIQUID	26808
FEXOFENADINE HCL 180MG TABLET	46594
FEXOFENADINE HCL 30MG/5ML	97779
FEXOFENADINE HCL 60 MG TABLET	46593
GS ALLERGY RELIEF 10MG TABLET	60563
HISTEX 2.5MG/5ML SYRUP	36886

Drugs Requiring Prior Authorization	
Label Name	GCN
Antihistamines	
HISTEX PD 0.938MG/ML DROP	36284
HISTEX-DM SYRUP	36311
HISTEX-PE SYRUP	29581
HYDROCOD-CPM-PSEUDOEP 5-4-60/5	30047
HYDROCODONE-CHLORPHENIRAMINE ER SUSP	13974
HYDROXYZINE 10MG/5ML SOLUTION	13932
HYDROXYZINE 25MG/ML VIAL	13881
HYDROXYZINE HCL 10MG TABLET	13941
HYDROXYZINE HCL 25MG TABLET	13943
HYDROXYZINE HCL 50MG TABLET	13944
HYDROXYZINE PAM 100MG CAPSULE	13951
HYDROXYZINE PAM 25MG CAPSULE	13952
HYDROXYZINE PAM 50MG CAPSULE	13953
KARBINAL ER 4MG/5ML SUSP	34474
KIDKARE COUGH & COLD LIQUID	96138
LEVOCETIRIZINE 2.5MG/5ML SOL	97950
LEVOCETIRIZINE 5MG TABLET	14901
LODRANE D CAPSULE	30766
LOHIST-D LIQUID	44021
LOHIST-DM SYRUP	15847
LORATADINE 10MG TABLET	60563
LORATADINE 5MG/5ML SOLUTION	60562
LORATADINE-D 12 HOUR TABLET	63570
LORATADINE-D 24HR TABLET	63577
MAPAP PM CAPLET	70221
MECLIZINE 12.5MG TABLET	18301
MECLIZINE 25MG TABLET	18302
M-END DMX LIQUID	30801
M-HIST PD 0.625MG/ML DROPS	31501
MUCINEX FAST-MAX NITE COLD-FLU	35755
NASOPEN PE LIQUID	32676
NINJACOF LIQUID	37227
NINJACOF-A LIQUID	37229
NOHIST-DM LIQUID	19347
NOHIST-LQ LIQUID	14148
NON-DROWSY ALLERGY 10MG TABLET	60563
PEDIATRIC COUGH-COLD LIQUID	96138
PHENYLEPHRINE-PYRILAMINE 10-25	28978
POLY HIST FORTE TABLET	35587

Drugs Requiring Prior Authorization	
Label Name	GCN
Antihistamines	
POLY-HIST DM LIQUID	34835
PROMETHAZINE 6.25MG/5ML SOLN	15035
PROMETHAZINE VC SYRUP	13977
PROMETHAZINE VC-CODEINE SYRUP	13978
PROMETHAZINE-CODEINE SYRUP	13971
PROMETHAZINE-DM SOLUTION	13975
QC CHILD ALLERGY 12.5MG/5ML	48831
QC COMPLETE ALLERGY 25MG CAPSULE	45971
QC LORATADINE 10MG TABLET	60563
QC LORATADINE-D 24HR TABLET	63577
QC NIGHTTIME SLEEP 25MG TABLET	27481
QC NON-ASPIRIN PM CAPLET	70221
RESCON TABLET	31879
RESCON-DM LIQUID	93335
RU-HIST D 10-4MG TABLET	96609
RYMED TABLET	28476
RYNEX DM LIQUID	26808
RYNEX PE LIQUID	27207
RYNEX PSE LIQUID	12933
RYVENT 6MG TABLET	43082
SEMPREX-D 8-60MG CAPSULE	15291
SILADRYL 12.5MG/5ML LIQUID	48831
SM ALLERGY 4-HR 4MG TABLET	46512
SM ALLERGY RELIEF 1.34MG TABLET	46690
SM ALLERGY RELIEF 12.5MG/5ML	48831
SM LORATADINE 5MG/5ML SYRUP	60562
SM LORATADINE D 24HR TABLET	63577
STAHIST AD TABLET	31036
SUDOGEST SINUS & ALLERGY TABLET	44023
TRAVEL SICKNESS 25MG TAB CHEW	18312
TRIPROLIDINE 0.313MG/ML DROP	42516
TRIPROLIDINE 0.625MG/ML DROPS	31501
TUSSIONEX PENNKINETIC SUSP	13974
VANACLEAR PD 0.313MG/ML DROPS	42516
VANACOF LIQUID	99788
VANAHIST PD 0.625MG/ML DROPS	31501
VANAMINE PD 6.25MG/ML DROPS	42545
VANATAB AC CAPLET	43608
VISTARIL 25MG CAPSULE	13952

Drugs Requiring Prior Authorization	
Label Name	GCN
Antihistamines	
VISTARIL 50MG CAPSULE	13953
ZUTRIPRO SOLUTION	30047



Short-Acting Beta Agonists (SABA)

Drugs Requiring Prior Authorization

The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit TxVendorDrug.com/formulary/formulary-search.

Drugs Requiring Prior Authorization	
Label Name	GCN
SABAs	
ALBUTEROL 0.63MG/3ML SOLUTION	14633
ALBUTEROL 1.25 MG/3 ML INH SOLN	14634
ALBUTEROL 2.5MG/0.5ML SOLUTION	22697
ALBUTEROL 2.5MG/3ML SOLUTION	41681
ALBUTEROL 5 MG/ML SOLUTION	41680
LEVALBUTEROL 0.31MG/3ML SOLUTION	15665
LEVALBUTEROL 0.63MG/3ML SOLUTION	24540
LEVALBUTEROL 1.25MG/3ML SOLUTION	24541
LEVALBUTEROL CONC 1.25MG/0.5ML	23146
LEVALBUTEROL TAR HFA 45MCG INH	24422
PROAIR HFA 90MCG INHALER	22913
PROAIR RESPICLICK INHALATION POWDER	38212
PROVENTIL HFA 90 MCG INHALER	22913
VENTOLIN HFA 90MCG INHALER	22913
XOPENEX 0.31 MG/3 ML SOLUTION	15665
XOPENEX 0.63 MG/3 ML SOLUTION	24540
XOPENEX 1.25 MG/3 ML SOLUTION	24541
XOPENEX HFA 45 MCG INHALER	24422



Long-Acting Beta Agonists (LABA)

Drugs Requiring Prior Authorization

The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit TxVendorDrug.com/formulary/formulary-search.

Drugs Requiring Prior Authorization	
Label Name	GCN
LABAs	
ARCAPTA NEOHALER 75MCG CAPSULE	30184
BROVANA 15MCG/2ML SOLUTION	97366
PERFOROMIST 20MCG/2ML SOLUTION	98776
SEREVENT DISKUS 50MCG	64012
STRIVERDI RESPIMAT INHALATION SPRAY	36174



Inhaled Corticosteroids (ICS)/LABA

Drugs Requiring Prior Authorization

The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit TxVendorDrug.com/formulary/formulary-search.

Drugs Requiring Prior Authorization	
Label Name	GCN
ICS/LABA	
ADVAIR 100-50 DISKUS	50584
ADVAIR 250-50 DISKUS	50594
ADVAIR 500-50 DISKUS	50604
ADVAIR HFA 115-21MCG INHALER	97136
ADVAIR HFA 230-21MCG INHALER	97137
ADVAIR HFA 45-21MCG INHALER	97135
BREO ELLIPTA 100-25MCG INH	34647
BREO ELLIPTA 200-25MCG INHALER	35808
DULERA 100 MCG/5 MCG INHALER	28766
DULERA 200 MCG/5 MCG INHALER	28767
SYMBICORT 160-4.5 MCG INHALER	98500
SYMBICORT 80-4.5 MCG INHALER	98499
TRELEGY ELLIPTA 100-62.5-25	43921



Inhaled Corticosteroids (ICS)

Drugs Requiring Prior Authorization

The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit TxVendorDrug.com/formulary/formulary-search.

Drugs Requiring Prior Authorization	
Label Name	GCN
ICS	
AEROSPAN 80MCG INHALER	35718
ALVESCO 160 MCG INHALER	24152
ALVESCO 80 MCG INHALER	24149
ARMONAIR RESPICLICK 113 MCG	42984
ARMONAIR RESPICLICK 232 MCG	42985
ARMONAIR RESPICLICK 55 MCG	42979
ARNUITY ELLIPTA 100 MCG INH	37007
ARNUITY ELLIPTA 200 MCG INH	37008
ARNUITY ELLIPTA 50 MCG INH	44783
ASMANEX TWISTHALER 110 MCG #30	99721
ASMANEX TWISTHALER 220 MCG #30	24928
ASMANEX TWISTHALER 220 MCG #60	24929
ASMANEX TWISTHALR 220 MCG #120	18987
BUDESONIDE 0.25MG/2ML SUSPENSION	17957
BUDESONIDE 0.5MG/2ML SUSPENSION	17958
BUDESONIDE 1MG/2ML INHALATION SUSPENSION	62980
FLOVENT 100MCG DISKUS	53633
FLOVENT 250MCG DISKUS	53634
FLOVENT 50MCG DISKUS	53635
FLOVENT HFA 110 MCG INHALER	53636
FLOVENT HFA 220 MCG INHALER	53639
FLOVENT HFA 44 MCG INHALER	53638
PULMICORT 0.25 MG/2 ML RESPULE	17957
PULMICORT 0.5MG/2ML RESPULE	17958
PULMICORT 1 MG/2 ML RESPULE	62980
PULMICORT 180 MCG FLEXHALER	98025
PULMICORT 90 MCG FLEXHALER	98024
QVAR 40 MCG INHALER	80128
QVAR 80 MCG INHALER	80131
QVAR REDIHALER 40 MCG	43724

Drugs Requiring Prior Authorization	
Label Name	GCN
QVAR REDHALER 80 MCG	43725



Oral Corticosteroids

Drugs Requiring Prior Authorization

The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit TxVendorDrug.com/formulary/formulary-search.

Drugs Requiring Prior Authorization	
Label Name	GCN
Oral Corticosteroids	
BUDESONIDE EC 3MG CAPSULE	28680
BUDESONIDE ER 9MG TABLET	34063
CORTEF 10MG TABLET	26781
CORTEF 20MG TABLET	26782
CORTEF 5MG TABLET	26783
DEXAMETHASONE 0.5MG TABLET	27422
DEXAMETHASONE 0.5MG/5 ML LIQ	27411
DEXAMETHASONE 0.5MG/5ML ELIXIR	27400
DEXAMETHASONE 0.75MG TABLET	27425
DEXAMETHASONE 1.5MG TABLET	27427
DEXAMETHASONE 1MG TABLET	27424
DEXAMETHASONE 2MG TABLET	27426
DEXAMETHASONE 4MG TABLET	27428
DEXAMETHASONE 6MG TABLET	27429
DEXAMETHASONE INTENSOL 1MG/1ML	27412
DEXAMETHASONE 6 DAY 1.5 MG TAB	16987
DEXAMETHASONE 10 DAY 1.5 MG TB	97184
DEXAMETHASONE 13 DAY 1.5 MG TB	22691
DEXPAK 10 DAY 1.5 MG TABLET	97184
DEXPAK 13 DAY 1.5 MG TABLET	22691
DEXPAK 6 DAY 1.5 MG TABLET	16987
EMFLAZA 18 MG TABLET	43012
EMFLAZA 22.75 MG/ML ORAL SUSP	43016
EMFLAZA 30 MG TABLET	23762
EMFLAZA 36 MG TABLET	43015
EMFLAZA 6 MG TABLET	23761
ENTOCORT EC 3 MG CAPSULE	28680
HYDROCORTISONE 20MG TABLET	26782
HYDROCORTISONE 5MG TABLET	26783
HYDROCORTONE 10MG TABLET	26781
MEDROL 16MG TABLET	27051

Drugs Requiring Prior Authorization	
Label Name	GCN
MEDROL 32MG TABLET	27055
MEDROL 4MG DOSEPAK	37499
MEDROL 4MG TABLET	27056
MEDROL 8MG TABLET	27058
METHYLPREDNISOLONE 16MG TABLET	27051
METHYLPREDNISOLONE 32MG TABLET	27055
METHYLPREDNISOLONE 4MG DOSEPACK	37499
METHYLPREDNISOLONE 4MG TABLET	27056
METHYLPREDNISOLONE 8MG TABLET	27058
MILLIPRED 5MG TABLET	26963
MILLIPRED DP 5MG 12-DAY PACK	28879
MILLIPRED DP 5MG 6-DAY PACK	28878
PREDNISOLONE 10MG/5ML SOLN	99610
PREDNISOLONE 15MG/5ML SOLN	26800
PREDNISOLONE 15MG/5ML SOLN	33806
PREDNISOLONE 20MG/5ML SOLN	14565
PREDNISOLONE 5MG/5ML SOLUTION	09115
PREDNISOLONE ODT 10MG TABLET	27108
PREDNISOLONE ODT 15MG TABLET	27109
PREDNISOLONE ODT 30MG TABLET	27114
PREDNISONE 10MG TABLET	27172
PREDNISONE 10MG TAB DOSE PACK	38364
PREDNISONE 1MG TABLET	27171
PREDNISONE 2.5MG TABLET	27173
PREDNISONE 20MG TABLET	27174
PREDNISONE 5 MG TABLET	27176
PREDNISONE 5MG TAB DOSE PACK	38363
PREDNISONE 50MG TABLET	27177
PREDNISONE 5MG/5ML SOLUTION	27160
PREDNISONE 5MG/5ML SOLUTION	27161
TAPERDEX 6 DAY 1.5 MG TABLET	16987
UCERIS 9 MG ER TABLET	34063



LABA/Antimuscarinic (AM)

Drugs Requiring Prior Authorization

The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit TxVendorDrug.com/formulary/formulary-search.

Drugs Requiring Prior Authorization	
Label Name	GCN
LABA/AM	
ANORO ELLIPTA 62.5-25MCG INHALER	35903
BEVESPI AEROSPHERE INHALER	41199
COMBIVENT RESPIMAT INHALATION SPRAY	32395
IPRAT-ALBUT 0.5-3 (2.5)MG/3ML	13456
STIOLTO RESPIMAT INHALATION SPRAY	38687
UTIBRON NEOHALER	40093



Thiazide Diuretics

Drugs Requiring Prior Authorization

The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit TxVendorDrug.com/formulary/formulary-search.

Drugs Requiring Prior Authorization	
Label Name	GCN
Thiazide Diuretics	
ACCURETIC 10-12.5 MG TABLET	54160
ACCURETIC 20-12.5 MG TABLET	54161
ACCURETIC 20-25 MG TABLET	94490
ALDACTAZIDE 25-25 TABLET	82330
ALDACTAZIDE 50-50 TABLET	82331
AMILORIDE HCL-HCTZ 5-50 MG TAB	82341
AMLOD-VALSA-HCTZ 10-160-12.5MG	22631
AMLOD-VALSA-HCTZ 10-160-25MG	22649
AMLOD-VALSA-HCTZ 10-320-25MG	22705
AMLOD-VALSA-HCTZ 5-160-12.5MG	22625
AMLOD-VALSA-HCTZ 5-160-25MG	22648
AMTURNIDE 300-10-25MG TABLET	29396
AMTURNIDE 300-5-12.5MG TABLET	29394
AMTURNIDE 300-5-25MG TABLET	29395
ATACAND HCT 16-12.5MG TAB	21559
ATACAND HCT 32-12.5MG TAB	21569
AVALIDE 150-12.5MG TABLET	11042
AVALIDE 300-12.5MG TABLET	11295
BENAZEPRIL-HCTZ 10-12.5MG TAB	33192
BENAZEPRIL-HCTZ 20-12.5MG TAB	33193
BENAZEPRIL-HCTZ 20-25MG TAB	33194
BENAZEPRIL-HCTZ 5-6.25MG TAB	33191
BENICAR HCT 20-12.5MG TABLET	20074
BENICAR HCT 40-12.5MG TABLET	20075
BENICAR HCT 40-25MG TABLET	20076
BISOPROLOL-HCTZ 10-6.25MG TAB	45063
BISOPROLOL-HCTZ 2.5-6.25MG TB	45061
BISOPROLOL-HCTZ 5-6.25MG TAB	45062
CANDESARTAN-HCTZ 16-12.5MG TB	21559
CANDESARTAN-HCTZ 32-12.5MG TB	21569

Drugs Requiring Prior Authorization	
Label Name	GCN
Thiazide Diuretics	
CANDESARTAN-HCTZ 32-25MG TAB	13258
CAPTOPRIL-HCTZ 25-15MG TABLET	54940
CAPTOPRIL-HCTZ 25-25MG TABLET	54941
CAPTOPRIL-HCTZ 50-15MG TABLET	54942
CAPTOPRIL-HCTZ 50-25MG TABLET	54943
CHLOROTHIAZIDE 250MG TABLET	34802
CHLOROTHIAZIDE 500 MG TABLET	34803
CORZIDE 40/5 TABLET	52060
CORZIDE 80/5 TABLET	52061
DIOVAN HCT 160/12.5MG TAB	09760
DIOVAN HCT 160/25MG TABLET	17245
DIOVAN HCT 320-12.5MG TABLET	27015
DIOVAN HCT 320-25MG TABLET	27014
DIOVAN HCT 80/12.5MG TABLET	07833
DIURIL 250 MG/5 ML ORAL SUSP	34790
DUTOPROL 100-12.5MG TABLET	51554
DUTOPROL 25-12.5MG TABLET	31156
DUTOPROL 50-12.5MG TABLET	31155
DYAZIDE 37.5/25 CAPSULE	88731
EDARBYCLOR 40-12.5MG TABLET	31163
ENALAPRIL-HCTZ 10-25MG TABLET	54860
ENALAPRIL-HCTZ 5-12.5MG TAB	54862
EXFORGE HCT 10-160-12.5MG TAB	22631
EXFORGE HCT 10-160-25MG TAB	22649
EXFORGE HCT 10-320-25MG TAB	22705
EXFORGE HCT 5-160-12.5MG TAB	22625
EXFORGE HCT 5-160-25MG TAB	22648
FOSINOPRIL-HCTZ 10-12.5MG TAB	15621
FOSINOPRIL-HCTZ 20-12.5MG TAB	10455
HYDROCHLOROTHIAZIDE 12.5 MG CP	34820
HYDROCHLOROTHIAZIDE 12.5 MG TB	00842
HYDROCHLOROTHIAZIDE 25 MG TB	34824
HYDROCHLOROTHIAZIDE 50 MG TB	34825
HYZAAR 100-12.5 TABLET	25851
HYZAAR 100-25 TABLET	14854
HYZAAR 50-12.5 TABLET	14852
IRBESARTAN-HCTZ 150-12.5MG TB	11042
IRBESARTAN-HCTZ 300-12.5MG TB	11295
LISINOPRIL-HCTZ 10-12.5MG TAB	88002

Drugs Requiring Prior Authorization	
Label Name	GCN
Thiazide Diuretics	
LISINOPRIL-HCTZ 20-12.5MG TAB	88000
LISINOPRIL-HCTZ 20-25MG TAB	88001
LOSARTAN-HCTZ 100-12.5MG TAB	25851
LOSARTAN-HCTZ 100-25MG TAB	14854
LOSARTAN-HCTZ 50-12.5MG TAB	14852
MAXZIDE 50-75MG TABLET	88740
MAXZIDE-25MG TABLET	88741
METHYLDOPA/HCTZ 250-25 TAB	51961
METHYLDOPA-HCTZ 250-15 TAB	51960
METOPROLOL-HCTZ 100-25MG TABLET	51551
METOPROLOL-HCTZ 100-50MG TABLET	51552
METOPROLOL-HCTZ 50-25MG TABLET	51550
MICARDIS HCT 40/12.5MG TAB	12257
MICARDIS HCT 80/12.5MG TAB	12259
MICARDIS HCT 80/25MG TABLET	22866
MOEXIPRIL-HCTZ 15-12.5MG TABLET	15777
MOEXIPRIL-HCTZ 15-25MG TABLET	67721
MOEXIPRIL-HCTZ 7.5-12.5MG TABLET	67722
NADOLOL-BENDROFLU 40-5MG TABLET	52060
NADOLOL-BENDROFLU 80-5MG TABLET	52061
PROPRANOLOL-HCTZ 40-25MG TAB	52030
PROPRANOLOL-HCTZ 80-25MG TAB	52031
QUINAPRIL HCTZ 20-12.5MG TABLET	54161
QUINAPRIL HCTZ 20-25MG TABLET	94490
QUINAPRIL-HCTZ 10-12.5MG TABLET	54160
TEKTURNA HCT 150-12.5MG TAB	99310
TEKTURNA HCT 150-25MG TABLET	99311
TEKTURNA HCT 300-12.5MG TAB	99312
TEKTURNA HCT 300-25MG TABLET	99313
TELMISARTAN-HCTZ 40-12.5MG TB	12257
TELMISARTAN-HCTZ 80-12.5MG TB	12259
TELMISARTAN-HCTZ 80-25MG TAB	22866
TENORETIC 100 TABLET	66991
TENORETIC 50 TABLET	66990
TRIAMTERENE-HCTZ 37.5-25MG CAPSULE	88731
TRIAMTERENE-HCTZ 37.5-25MG TB	88741
TRIAMTERENE-HCTZ 50-25 MG CAP	88730
TRIAMTERENE-HCTZ 75-50MG TAB	88740
TRIBENZOR 20-5-12.5MG TABLET	28837

Drugs Requiring Prior Authorization	
Label Name	GCN
Thiazide Diuretics	
TRIBENZOR 40-10-12.5MG TABLET	28854
TRIBENZOR 40-10-25MG TABLET	28855
TRIBENZOR 40-5-12.5MG TABLET	28838
TRIBENZOR 40-5-25MG TABLET	28839
VALSARTAN-HCTZ 160-12.5MG TAB	09760
VALSARTAN-HCTZ 160-25MG TAB	17245
VALSARTAN-HCTZ 320-12.5MG TAB	27015
VALSARTAN-HCTZ 320-2 MG TAB	27014
VALSARTAN-HCTZ 80-12.5MG TAB	07833
VASERETIC 10-25 MG TABLET	54860
ZESTORETIC 20-12.5MG TABLET	88000
ZESTORETIC 20-25MG TABLET	88001
ZIAC 10-6.25MG TABLET	45063
ZIAC 2.5-6.25MG TABLET	45061
ZIAC 5-6.25MG TABLET	45062



Hormone Replacement Therapy

Drugs Requiring Prior Authorization

The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit TxVendorDrug.com/formulary/formulary-search.

Drugs Requiring Prior Authorization	
Label Name	GCN
Hormone Replacement Therapy	
ACTIVELLA 0.5-0.1MG TABLET	98362
ACTIVELLA 1-0.5MG TABLET	95046
ALORA 0.025MG PATCH	28842
ALORA 0.05MG PATCH	28840
ALORA 0.075MG PATCH	28843
ALORA 0.1MG PATCH	28841
AMABELZ 0.5-0.1MG TABLET	98362
AMABELZ 1-0.5MG TABLET	95046
ANGELIQ 0.5-1MG TABLET	24602
CLIMARA 0.025MG/DAY PATCH	28848
CLIMARA 0.0375 MG/DAY PATCH	20069
CLIMARA 0.05MG/DAY PATCH	28845
CLIMARA 0.06/MG DAY PATCH	20068
CLIMARA 0.075 MG/DAY PATCH	28853
CLIMARA 0.1MG/DAY PATCH	28853
CLIMARA PRO PATCH	20849
COMBIPATCH 0.05-0.14MG PATCH	69123
COMBIPATCH 0.05-0.25MG PATCH	69124
DELESTROGEN 10MG/ML VIAL	10692
DELESTROGEN 20MG/ML VIAL	10690
DELESTROGEN 40MG/ML VIAL	10694
DEPO-ESTRADIOL 5 MG/ML VIAL	10660
DIVIGEL 0.25 MG GEL PACKET	98558
DIVIGEL 0.5 MG GEL PACKET	26659
DIVIGEL 1 MG GEL PACKET	10777
DUAVEE 0.45-20MG TABLET	35909
ESTRACE 0.01% CREAM	67170
ESTRACE 0.5MG TABLET	10772
ESTRACE 1MG TABLET	10770
ESTRACE 2MG TABLET	10771

Drugs Requiring Prior Authorization	
Label Name	GCN
Hormone Replacement Therapy	
ESTRADIOL 0.025 MG PATCH	28842
ESTRADIOL 0.0375 MG PATCH	28846
ESTRADIOL 0.05 MG PATCH	28840
ESTRADIOL 0.075 MG PATCH	28843
ESTRADIOL 0.1 MG PATCH	28841
ESTRADIOL 0.5 MG TABLET	10772
ESTRADIOL 1 MG TABLET	10770
ESTRADIOL 2 MG TABLET	10771
ESTRADIOL TDS 0.025 MG/DAY	28848
ESTRADIOL TDS 0.0375 MG/DAY	20069
ESTRADIOL TDS 0.05 MG/DAY	28845
ESTRADIOL TDS 0.06 MG/DAY	20068
ESTRADIOL TDS 0.075 MG/DAY	28853
ESTRADIOL TDS 0.1 MG/DAY	28844
ESTRING 2 MG VAGINAL RING	10773
ESTROPIPATE 0.625 (0.75MG) TABLET	11080
ESTROPIPATE 1.25 (1.5MG) TABLET	11084
ESTROPIPATE 2.5 (3MG) TABLET	11085
EVAMIST 1.53MG/SPRAY	98723
FYAVOLV 0.5MG-2.5MCG TABLET	15567
FYAVOLV 1MG-5MCG TABLET	92296
JINTELI 1MG-5MCG TABLET	92296
LOPREEZA 0.5-0.1MG TABLET	98362
LOPREEZA 1-0.5MG TABLET	95046
MENEST 0.3MG TABLET	11050
MENEST 0.625MG TABLET	11051
MENEST 1.25MG TABLET	11052
MENEST 2.5MG TABLET	11053
MENOSTAR 14 MCG/DAY PATCH	22759
MIMVEY 1-0.5MG TABLET	95046
MIMVEY LO 0.5-0.1MG TABLET	98362
PREFEST TABLET	92689
PREMARIN 0.3MG TABLET	10943
PREMARIN 0.45MG TABLET	19975
PREMARIN 0.625MG TABLET	10942
PREMARIN 0.9MG TABLET	10944
PREMARIN 1.25MG TABLET	10945
PREMARIN 25MG VIAL	10890
PREMARIN VAGINAL CREAM-APPL	28410

Drugs Requiring Prior Authorization	
Label Name	GCN
Hormone Replacement Therapy	
PREMPRO 0.3-1.5MG TABLET	20769
PREMPRO 0.45-1.5MG TABLET	19739
PREMPRO 0.625-2.5MG TABLET	55731
PREMPRO 0.625-5MG TABLET	55730
VAGIFEM 10 MCG VAGINAL TAB	28107
VIVELLE-DOT 0.025MG PATCH	28842
VIVELLE-DOT 0.0375MG PATCH	28846
VIVELLE-DOT 0.05MG PATCH	28840
VIVELLE-DOT 0.075MG PATCH	28843
VIVELLE-DOT 0.1MG PATCH	28841
YUVAFEM 10MCG VAGINAL INSERT	28107



Selective Estrogen-Receptor Modifiers

Drugs Requiring Prior Authorization

The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit TxVendorDrug.com/formulary/formulary-search.

Drugs Requiring Prior Authorization	
Label Name	GCN
Selective Estrogen-Receptor Modifiers	
EVISTA 60MG TABLET	59011
RALOXIFENE HCL 60MG TABLET	59011



Non-Steroidal Anti-Inflammatory Agents (NSAIDs)

Drugs Requiring Prior Authorization

The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit TxVendorDrug.com/formulary/formulary-search.

Drugs Requiring Prior Authorization	
Label Name	GCN
NSAIDS	
ALL DAY PAIN RLF 220 MG CAPLET	47132
ALL DAY RELIEF 220 MG TABLET	47132
ARTHROTEC 50 MG-200 MCG TAB	62729
ARTHROTEC 75 MG-200 MCG TAB	06263
CHILDREN IBUPROFEN 100 MG/5 ML	35930
DAYPRO 600MG CAPLET	01750
DICLOFENAC 1.5% TOPICAL SOLN	19454
DICLOFENAC POT 50 MG TABLET	13960
DICLOFENAC SOD EC 25 MG TAB	35850
DICLOFENAC SOD EC 50 MG TAB	35851
DICLOFENAC SOD EC 75 MG TAB	35852
DICLOFENAC SOD ER 100 MG TAB	13310
DICLOFENAC SODIUM 1% GEL	45680
DICLOFENAC SODIUM 3% GEL	86831
DICLOFENAC-MISOPROST 50-200 TB	62729
DICLOFENAC-MISOPROST 75-0.2 TB	06263
DIFLUNISAL 500MG TABLET	16851
DUEXIS 800-26.6MG TABLET	30547
ETODOLAC 200 MG CAPSULE	33870
ETODOLAC 300 MG CAPSULE	33871
ETODOLAC 400 MG TABLET	61761
ETODOLAC 500 MG TABLET	61766
ETODOLAC ER 400 MG TABLET	61765
ETODOLAC ER 500 MG TABLET	61767
ETODOLAC ER 600 MG TABLET	61762
FELDENE 10MG CAPSULE	35820
FELDENE 20MG CAPSULE	35821
FENOPROFEN 600MG TABLET	35760
FENOPROFEN CALCIUM 400 MG CAP	27999
FLECTOR 1.3% PATCH	97958

Drugs Requiring Prior Authorization	
Label Name	GCN
NSAIDS	
FLURBIPROFEN 100MG TABLET	35711
FLURBIPROFEN 50MG TABLET	35710
HYDROCODONE-IBUPROFEN 10-200MG TABLET	99371
HYDROCODONE-IBUPROFEN 5-200MG TABLET	22678
HYDROCODONE-IBUPROFEN 7.5-200MG TABLET	63101
IBUDONE 10-200 MG TABLET	99371
IBUDONE 5-200MG TABLET	22678
IBU-200 MG TABLET	35743
IBU 400 MG TABLET	35741
IBU 600 MG TABLET	35742
IBU 800 MG TABLET	35744
IBUPROFEN 100 MG/5 ML SUSP	35930
IBUPROFEN 200 MG CAPLET	35743
IBUPROFEN 200 MG SOFTGEL	35431
IBUPROFEN 200 MG TABLET	35743
IBUPROFEN 400 MG TABLET	35741
IBUPROFEN 600 MG TABLET	35742
IBUPROFEN 800 MG TABLET	35744
IBUPROFEN JR STR 100 MG CHEW	35749
INDOCIN 25MG/5 ML SUSPENSION	36490
INDOCIN 50 MG SUPPOSITORY	20240
INDOMETHACIN 25MG CAPSULE	35680
INDOMETHACIN 50MG CAPSULE	35681
INDOMETHACIN ER 75MG CAPSULE	35690
KETOPROFEN 50MG CAPSULE	34420
KETOPROFEN 75MG CAPSULE	34421
KETOPROFEN ER 200MG CAPSULE	33792
KETOROLAC 10MG TABLET	32531
KETOROLAC 60MG/2ML VIAL	35236
MECLOFENAMATE 100 MG CAPSULE	35810
MECLOFENAMATE 50 MG CAPSULE	35811
MEFENAMIC ACID 250MG CAPSULE	16530
NABUMETONE 500MG TABLET	32961
NABUMETONE 750MG TABLET	32962
NALFON 400MG CAPSULE	27999
NAPROXEN 125 MG/5 ML SUSPEN	41670
NAPROXEN 250 MG TABLET	35790
NAPROXEN 375 MG TABLET	35792
NAPROXEN 500 MG TABLET	35793

Drugs Requiring Prior Authorization	
Label Name	GCN
NSAIDS	
NAPROXEN DR 375 MG TABLET	61850
NAPROXEN DR 500 MG TABLET	61851
NAPROXEN SOD 220 MG TABLET	47132
NAPROXEN SOD ER 375 MG TABLET	98900
NAPROXEN SOD ER 500 MG TABLET	92253
NAPROXEN SODIUM 275 MG TAB	47130
NAPROXEN SODIUM 550 MG TAB	47131
OXAPROZIN 600MG TABLET	01750
OXYCODONE-IBUPROFEN 5-400MG TABLET	23827
PENNSAID 2% PUMP	35936
PIROXICAM 10MG CAPSULE	35820
PIROXICAM 20MG CAPSULE	35821
PONSTEL 250MG KAPSEALS	16530
QC IBUPROFEN 200 MG SOFTGEL	35431
QC NAPROXEN SOD 220 MG TABLET	47132
SM IBUPROFEN 200 MG TABLET	35743
SPRIX 15.75MG NASAL SPRAY	29928
SULINDAC 150MG TABLET	35800
SULINDAC 200MG TABLET	35801
SUMATRIPTAN-NAPROXEN 85-500 MG	99597
TOLMETIN SODIUM 200MG TABLET	35780
TOLMETIN SODIUM 400MG CAPSULE	35770
TOLMETIN SODIUM 600MG TABLET	35781
TREXIMET 85-500 MG TABLET	99597
VIMOVO DR 375-20 MG TABLET	28572
VIMOVO DR 500-20 MG TABLET	28570
VOLTAREN 1% GEL	45680
ZORVOLEX 18MG CAPSULE	35499
ZORVOLEX 35MG CAPSULE	35503



COX-2 Inhibitors

Drugs Requiring Prior Authorization

The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit TxVendorDrug.com/formulary/formulary-search.

Drugs Requiring Prior Authorization	
Label Name	GCN
COX-2 Inhibitors	
CELEBREX 100MG CAPSULE	42001
CELEBREX 200MG CAPSULE	42002
CELEBREX 400MG CAPSULE	18127
CELEBREX 50MG CAPSULE	97785
CELECOXIB 100MG CAPSULE	42001
CELECOXIB 200MG CAPSULE	42002
CELECOXIB 400MG CAPSULE	18127
CELECOXIB 50MG CAPSULE	97785
MELOXICAM 15MG TABLET	31662
MELOXICAM 7.5 MG/5ML SUSP	26227
MELOXICAM 7.5MG TABLET	31661
MOBIC 15MG TABLET	31662
MOBIC 7.5MG TABLET	31661
MOBIC 7.5MG/5ML SUSPENSION	26227



Statins

Drugs Requiring Prior Authorization

The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit TxVendorDrug.com/formulary/formulary-search.

Drugs Requiring Prior Authorization	
Label Name	GCN
Statins	
ALTOPREV 20MG TABLET	17651
ALTOPREV 40MG TABLET	17652
ALTOPREV 60MG TABLET	17654
ATORVASTATIN 10 MG TABLET	43720
ATORVASTATIN 20 MG TABLET	43721
ATORVASTATIN 40 MG TABLET	43722
ATORVASTATIN 80 MG TABLET	43723
CRESTOR 10MG TABLET	19153
CRESTOR 20MG TABLET	19154
CRESTOR 40MG TABLET	19155
CRESTOR 5MG TABLET	20229
FLUVASTATIN ER 80MG TABLET	89424
FLUVASTATIN SODIUM 20MG CAPSULE	00030
FLUVASTATIN SODIUM 40MG CAPSULE	00031
LESCOL XL 80 MG TABLET	89424
LIPITOR 10MG TABLET	43720
LIPITOR 20MG TABLET	43721
LIPITOR 40MG TABLET	43722
LIPITOR 80MG TABLET	43723
LIVALO 1MG TABLET	28588
LIVALO 2MG TABLET	28594
LIVALO 4MG TABLET	28595
LOVASTATIN 10 MG TABLET	47042
LOVASTATIN 20 MG TABLET	47040
LOVASTATIN 40 MG TABLET	47041
PRAVACHOL 20MG TABLET	48672
PRAVACHOL 40MG TABLET	48673
PRAVACHOL 80MG TABLET	15412
PRAVASTATIN SODIUM 10 MG TAB	48671
PRAVASTATIN SODIUM 20 MG TAB	48672

Drugs Requiring Prior Authorization	
Label Name	GCN
Statins	
PRAVASTATIN SODIUM 40 MG TAB	48673
PRAVASTATIN SODIUM 80 MG TAB	15412
ROSUVASTATIN 10MG TABLET	19153
ROSUVASTATIN 20MG TABLET	19154
ROSUVASTATIN 40MG TABLET	19155
ROSUVASTATIN 5MG TABLET	20229
SIMVASTATIN 10 MG TABLET	26532
SIMVASTATIN 20 MG TABLET	26533
SIMVASTATIN 40 MG TABLET	26534
SIMVASTATIN 5 MG TABLET	26531
SIMVASTATIN 80 MG TABLET	26535
ZOCOR 10MG TABLET	26532
ZOCOR 20MG TABLET	26533
ZOCOR 40MG TABLET	26534
ZOCOR 5MG TABLET	26531
ZOCOR 80MG TABLET	26535
ZYPITAMAG 1MG TABLET	43614
ZYPITAMAG 2MG TABLET	43615
ZYPITAMAG 4MG TABLET	43616



Statin Combos

Drugs Requiring Prior Authorization

The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit TxVendorDrug.com/formulary/formulary-search.

Drugs Requiring Prior Authorization	
Label Name	GCN
Statin Combos	
AMLODIPINE-ATORVAST 10-10 MG	21395
AMLODIPINE-ATORVAST 10-20 MG	21396
AMLODIPINE-ATORVAST 10-40 MG	21397
AMLODIPINE-ATORVAST 10-80 MG	21398
AMLODIPINE-ATORVAST 2.5-10 MG	23866
AMLODIPINE-ATORVAST 2.5-20 MG	23867
AMLODIPINE-ATORVAST 2.5-40 MG	23868
AMLODIPINE-ATORVAST 5-10 MG	21391
AMLODIPINE-ATORVAST 5-20 MG	21392
AMLODIPINE-ATORVAST 5-40 MG	21393
AMLODIPINE-ATORVAST 5-80 MG	21394
CADUET 10 MG-10 MG TABLET	21395
CADUET 10 MG-20 MG TABLET	21396
CADUET 10 MG-40 MG TABLET	21397
CADUET 10 MG-80 MG TABLET	21398
CADUET 5 MG-10 MG TABLET	21391
CADUET 5 MG-20 MG TABLET	21392
CADUET 5 MG-40 MG TABLET	21393
CADUET 5 MG-80 MG TABLET	21394
EZETIMIBE-SIMVASTATIN 10-10MG	23121
EZETIMIBE-SIMVASTATIN 10-10MG	23126
EZETIMIBE-SIMVASTATIN 10-20MG	23125
EZETIMIBE-SIMVASTATIN 10-40MG	23127
SIMCOR 1,000-20MG TABLET	99404
SIMCOR 1,000-40MG TABLET	28835
SIMCOR 500-20MG TABLET	99402
SIMCOR 500-40 MG TABLET	28836
SIMCOR 750-20MG TABLET	99403
VYTORIN 10-10 MG TABLET	23121
VYTORIN 10-20 MG TABLET	23125
VYTORIN 10-40 MG TABLET	23127
VYTORIN 10-80 MG TABLET	23126



Duplicate Therapy Drug Class References

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2. Global Strategy for the Diagnosis, Management and Prevention of COPD, Global Initiative for Chronic Obstructive Lung Disease (GOLD) 2014. Available at: www.goldcopd.org.
3. Clinical Pharmacology [online database]. Tampa, FL: Elsevier / Gold Standard, Inc. 2018. Available at www.clinicalpharmacology.com. Accessed on November 13, 2018.

Publication History

The Publication History records the publication iterations and revisions to this document. Notes for the *most current revision* are also provided in the **Revision Notes** on the first page of this document.

Publication Date	Notes
01/31/2011	Initial publication and posting to website
12/27/2012	Revised to reflect current clinical edit
03/26/2014	Revised to reflect criteria additions
01/27/2016	Guide updated to include GCNs of drugs included in the edit
02/01/2016	Updated to include Entresto GCNs
07/19/2016	Updated to include GCN for Utibron Neohaler
10/02/2018	Updated to include the following GCNs: <ul style="list-style-type: none"> • Byvalson, page 9 • Trelegy Ellipta, page 20 • Armonair and Qvar Redihaler, page 21 • Zodex, page 23 • Bevespi, page 24 • Fyavolv and Yuvaferm, pages 30 and 31 • Zypitamag, page 38
11/13/2018	Updated to include the following GCN: <ul style="list-style-type: none"> • Arnuity Ellipta 50 mcg inhaler, page 21
01/21/2019	Updated to include the following GCNs: <ul style="list-style-type: none"> • Eliquis, page 5 • Xarelto, page 6 • Taperdex, page 8 • Emflaza, page 21
03/27/2019	Updated to include formulary statement (The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit TxVendorDrug.com/formulary/formulary-search .) on each 'Drug Requiring PA' table