

November 18, 2022

Removal of Prior Authorization Requirement for Preferred Antipsychotics

Dear Provider,

We would like to inform you of the removal of the clinical prior authorization requirement for preferred antipsychotics effective 11/25/2022. We consistently review our policies to ensure that they are clinically appropriate. We also consider the administrative burden to providers and disruption to our members.

There are two types of prior authorizations that may impact a covered drug on the formulary:

- Clinical
- Non-preferred (also called PDL [Preferred Drug List] PA)

Clinical prior authorization will no longer be required, however, if a claim exceeds quantity or age limits, prior authorization will be required. The age and quantity limits are as follows:

	Oral Antipsychotics	Injectable Antipsychotics
Age Limits	Aripiprazole & Risperidone: minimum= 3 years	Long Acting Injectables: minimum= 18 years
	Clozapine: minimum= 18 years	Haloperidol Injection: minimum= 12 years
	All other oral antipsychotics: minimum= 5 years	Fluphenazine Injection: minimum= 18 years Ziprasidone Injection: minimum= 18 years

Quantity Limits	Aripiprazole, Risperidone, Olanzapine: Max 2 doses/day	Invega Trinza: Max 1 dose/84 days
		Invega Hafyera: Max 1 dose/168 days
		Aristada 882 mg: Max 1 dose/42 days
		Aristada 1064 mg: Max dose 1/56 days

Non-preferred drugs require trial and failure of preferred agents. Clinical prior authorizations are based on evidence-based clinical criteria and nationally recognized peer-reviewed information. They may apply to an individual drug or a drug class on the formulary, including some preferred and non-preferred drugs.

Prior authorization criteria for non-preferred prior authorizations and clinical prior authorizations are available from our website at <https://www.aetnabetterhealth.com/texas/providers/pharmacy/>, or may be accessed from the Texas Health and Human Services Vendor Drug Program website at <https://www.txvendordrug.com/formulary/prior-authorization>.

- To identify drugs that require clinical prior authorization, review the **Pharmacy Clinical Prior Authorization Assistance Chart**.
- To identify drugs that require a non-preferred (also called PDL PA), review the **PDL PA Criteria Guide**.

Prior authorizations may be submitted by phone, fax, or electronically through CoverMyMeds® or SureScripts.

To initiate a prior authorization request through Electronic Prior Authorization (ePA) [preferred method]:

Visit the CoverMyMeds® website or call CoverMyMeds® toll-free at **1-866-452-5017**

Visit the SureScripts website, or call SureScripts toll-free at **1-866-797-3239**

Billing Information:

BIN: 610591

PCN: ADV

Group: RX8801

Providers may submit a request 24/7 electronically through Electronic Prior Authorization (ePA).

To initiate a prior authorization request by phone, call:

Medicaid STAR: **1-800-248-7767** (Bexar), **1-800-306-8612** (Tarrant)

Medicaid STAR Kids: 1-844-STRKIDS (**1-844-787-5437**)

CHIP or CHIP Perinate: **1-866-818-0959** (Bexar), **1-800-245-5380** (Tarrant)

Choose provider by pressing *, then say “authorizations” and follow the prompts for pharmacy.

To initiate a prior authorization request by fax:

Complete the Texas Standard Prior Authorization Request form and the Antipsychotic Clinical Prior Authorization criteria and fax both forms to **1-844-275-1084**.

The phone line hours of operation are Monday - Friday, from 8 a.m. to 5 p.m. CT.

Have questions?

We appreciate the opportunity to work with you to deliver clinically appropriate health care that is also cost-effective.

If you have any questions, you may contact provider relations or the pharmacy call center at:

Provider Services	Pharmacy Prior Authorization
1-800-248-7767 (Bexar Service Area)	Medicaid Bexar 1-800-248-7767
1-800-306-8612 (Tarrant Service Area)	Medicaid Tarrant 1-800-306-8612
1-844-STRKIDS (1-844-787-5437)	CHIP Bexar 1-866-818-0959
	CHIP Tarrant 1-800-245-5380
	Texas Star Kids 1-844-787- 5437