

December 21, 2021

## Dallas STAR Kids Prior Authorization Edits Implementation

Dear Provider,

We would like to inform you of the implementation of prior authorization edits for drugs on the Texas Medicaid Preferred Drug List (PDL) that will require prior authorization effective 02/15/2022. There are two types of prior authorizations that may impact a covered drug on the formulary:

- Clinical
- Non-preferred (also called PDL PA)

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.

<Add correct entity statement here.>

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