



May 7, 2021

## Antipsychotic Prior Authorization Information

Dear Provider,

We would like to inform you of commonly prescribed antipsychotic medications that require prior authorization:

<b>Drug Name</b>	<b>PDL Status</b>	<b>PA Type</b>
Clozapine ODT, Suspension	Preferred	Clinical PA Required
Risperidone Tab, Solution	Preferred	Clinical PA Required
Risperidone ODT	Non-preferred	PDL PA Required
Aripiprazole Tab, Solution	Preferred	Clinical PA Required
Aripiprazole ODT	Non-preferred	PDL PA Required
Aripiprazole Solution	Non-preferred	PDL PA Required
Abilify MyCite	Non-preferred	PDL PA Required
Chlorpromazine HCl Injection, Tab	Preferred	Clinical PA Required
Fanapt Tab	Non-preferred	PDL PA Required
Geodon	Non-preferred	PDL PA Required
Fluphenazine Elixir, Tab	Preferred	Clinical PA Required
Fluphenazine Decanoate Injection	Non-preferred	PDL PA Required
Haloperidol Tab	Preferred	Clinical PA Required
Haloperidol Lactate Injection	Preferred	Clinical PA Required
Latuda Tab	Preferred	Clinical PA Required
Loxapine Succinate	Non-preferred	PDL PA Required
Olanzapine Tab, ODT Tab	Preferred	Clinical PA Required
Olanzapine Pamoate IM Suspension	Non-preferred	PDL PA Required
Invega	Non-preferred	PDL PA Required
Olanzapine IM Injection	Non-preferred	PDL PA Required
Perphenazine Tab	Preferred	Clinical PA Required
Prochlorperazine Maleate Tab	Non-preferred	PDL PA Required
Quetiapine Fumarate Tab	Preferred	Clinical PA Required
Rexulti Tab	Non-preferred	PDL PA Required
Saphris Sublingual Tab	Non-preferred	PDL PA Required
Seroquel	Non-preferred	PDL PA Required
Thioridazine HCl Tab	Preferred	Clinical PA Required
Vraylar Cap, Tab	Non-preferred	PDL PA Required

Drug Name	PDL Status	PA Type
Ziprasidone HCl Cap	Preferred	Clinical PA Required
Zyprexa Tab 10mg	Non-preferred	PDL PA Required

Non-preferred products require trial and failure of preferred agents in addition to meeting clinical criteria. Clinical prior authorization products require meeting clinical criteria only. Prior authorization criteria are available on 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/mco-clinical-pa>.

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

**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.

**To initiate a prior authorization request through Electronic Prior Authorization (ePA):**

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).