

11/17/2025

HHSC Updates Clinical Prior Authorization Criteria Guides

Background:

HHSC completed an internal review and updated a series of clinical prior authorization criteria guides.

Key Details:

HHSC reviewed the clinical prior authorization criteria guides outlined below. The list of changes is published on the VDP website.

- Anxiolytics and Sedatives/Hypnotics (ASHs)
- Calcitonin Gene-Related Peptide Receptor (CGRP) Antagonists, Acute
- Calcitonin Gene-Related Peptide Receptor (CGRP) Antagonists, Prophylaxis
- Corticotropin
- Cough and Cold Medications
- Cytokine and CAM Antagonists
- Dextromethorphan Overutilization
- Dipeptidyl Peptidase-4 (DPP-4) Inhibitors
- Duplicate Therapy
- Eohilia
- Antimigraine Agents, Ergot
- Gaucher's Disease Agents
- Glatiramer
- HAE Agents
- Hyperlipidemia Agents
- Imcivree
- Immunomodulators, Topical
- Leukotriene Modifiers
- Lidocaine Patch
- Lupus Agents
- Opiate/Benzodiazepine/Muscle Relaxant Combinations

- Oxervate
- Pulmonary Hypertension Agents
- Transthyretin Agents

Additional Information:

- HHSC retired the prior authorization criteria and Emflaza Prior Authorization Request (HHS Form 1347) for traditional Medicaid. The [Duchenne Muscular Dystrophy Agents](#) criteria guide now includes Emflaza. This is an optional clinical prior authorization.
- HHSC retired the prior authorization criteria and PCSK9 Inhibitors Prior Authorization Request (HHS Form 1355) for traditional Medicaid. The [Hyperlipidemia Agents](#) clinical criteria guide now includes PCSK9 products.
- All clinical prior authorizations are optional, and MCOs can implement those at any time if so desired.

Resources:

Link:	HHSC Updates Clinical Prior Authorization Criteria Guides
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Contact:

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Type: Informational

To: CHIP; STAR; STAR+PLUS; STARHEALTH; STAR_KIDS

From: VDP