

Pharmacy prior authorizations

Providers are strongly encouraged to write prescriptions for preferred products as listed on the Texas Medicaid formulary and *Preferred Drug List (PDL)*, available on the Vendor Drug Program (VDP) website at <https://www.txvendordrug.com>. If, for medical reasons, a member cannot use a preferred product, providers are required to contact the Pharmacy department at Amerigroup at **1-800-454-3730** to obtain prior authorization. CHIP members' claims will not require *PDL* prior authorization.

Examples of medications that require prior authorization are listed below. (Note: This list is not all-inclusive and is subject to change.):

- Drugs listed as nonpreferred on the *PDL* or drugs that require clinical prior authorization
- Select self-administered injectable products
- Drugs that exceed certain cost and/or dosing limits (For information on these limits, call the Pharmacy at **1-800-454-3730**.)

Pharmacy prior authorization submissions:

- Online pharmacy prior authorization: <https://www.covermymeds.com>
- Pharmacy prior authorization fax: **1-844-474-3341**, available 24/7
- Pharmacy phone (at Amerigroup): **1-800-454-3730**, available 7 a.m. to 10 p.m. Central time
- Medical injectable/infusible drugs prior authorization fax: **1-844-512-8995**, available 24/7
- Pharmacy *Prior Authorization Forms*: <https://providers.amerigroup.com/Pages/tx-prior-authorization-forms.aspx>

Prescriber offices calling our Pharmacy Prior Authorization call center will receive an authorization approval or denial immediately. For all other prior authorization requests, Amerigroup will notify the prescriber's office of an approval or denial no later than 24 hours after receipt.

If Amerigroup cannot provide a response to the prior authorization request within 24 hours after receipt or the prescriber is not available to make a prior authorization request because it is after the prescriber's office hours and the dispensing pharmacist determines it is an emergency, the pharmacy has the ability to dispense a 72-hour supply of the drug.

Providers must be prepared to supply relevant clinical information regarding the member's need for a nonpreferred product or a medication requiring prior authorization. Only the prescribing physician or one of their staff representatives can request prior authorization. Decisions are based on medical necessity and are determined according to VDP-established medical criteria. Most approved requests for prior authorization will be valid for one year, although some medications may require review more often.

<https://providers.amerigroup.com>