Pharmacy clinical criteria

Effective Oct. 1, 2025, these are state-required clinical criteria updates for UnitedHealthcare Community Plan of Texas CHIP, STAR, STAR Kids and STAR+PLUS plans.

Clinical criteria guidelines	Clinical criteria updates
Altabax	Criteria retired.
Amantadine ER	• Remove Osmolex ER from the Drugs Requiring Prior Authorization table; product discontinued • Updated question 7 to specify max dose for individual agents
Androgenic Agents	• Added Xyosted, Depo-testosterone, Methitest, methyltestosterone, testosterone and Undecatrex to the Drugs Requiring Prior Authorization table • Removed Androderm and Fortesta from the Drugs Requiring Prior Authorization table; products discontinued
Appetite Suppressant Agents	Added rasagiline to the MAOI supporting table.
Buprenorphine Agents	• Added tramadol to opioid analgesic table • Added RoxyBond, hydrocodone ER and tramadol to supporting tables
CNS Stimulants	Updated age for Provigil (modafinil) and Nuvigil (armodafinil) to 18 years and older.
Cough and Cold Agents *UnitedHealthcare clinical criteria guidelines*	• Updated available product names • Removed Alahist, Virtussin, Poly-Hist PD, Tussin, Siltussin SA, Rescon, Robafen and Guaiatussin AC; products discontinued

Clinical criteria guidelines	Clinical criteria updates
Cytokine and CAM Antagonists	• Updated “Stelara (Ustekinumab)”to “Stelara (Ustekinumab) and Biosimilar Agents” • Added Simlandi to Humira (Adalimumab) and Biosimilar Agents to Drugs Requiring Prior Authorization table and supporting tables • Added Steqeyma, Yesintek and ustekinumab-ttwe to Stelara (Ustekinumab) and Biosimilar Agents Drugs Requiring Prior Authorization table and supporting tables • Added Tremfya to Tremfya (Guselkumab) Drugs Requiring Prior Authorization table and supporting tables • Added Selarsdi and Otulfi to Stelara (Ustekinumab) and Biosimilar Agents Drugs Requiring Prior Authorization table and supporting tables • Added Omvoh to Omvoh (Mirikizumab-mrkz) Drugs Requiring Prior Authorization table • Added Simlandi to Adalimumab Biosimilars Drugs Requiring Prior Authorization table and supporting tables • Added Tremfya to Tremfya (Guselkumab) Drugs Requiring Prior Authorization table and supporting tables • Added new indication of HS or Bimzelx as approved by the Texas Drug Utilization Review (DUR) Board • Added new indication for polyarticular juvenile idiopathic arthritis for ages 2-17 years for Kevzara as approved by the DUR Board • Added new indication of Crohn’s disease and updated maximum dosage of 900 mg IV on weeks 0, 4 and 8 for Omvoh as approved by the DUR Board • Added new indication for ulcerative colitis in adults for Skyrizi as approved by the DUR Board
Diclofenac	• Added Zyclara to the supporting tables section • Removed Pennsaid from the Drugs Requiring Prior Authorization table; product discontinued • Removed check for GI bleed from criteria logic and diagram
Dopamine Agonists	• Added Apokyn to the Drugs Requiring Prior Authorization table • Added ondansetron to the 5HT3 antagonist supporting table
Enzymes	Added Ceprotin to the Drugs Requiring Prior Authorization table.

Clinical criteria guidelines	Clinical criteria updates
Erythropoiesis-Stimulating Factors	• Added criteria for Vafseo as approved by the DUR Board • Removed criteria for Reblozyl – Healthcare provider administration only • Updated the age to greater than or equal to 3 months of age for Mircera • Removed dialysis check for Mircera
Evrysdi	Added Evrysdi tablet to the Drugs Requiring Prior Authorization table.
Gabapentin Agents	• Add Gabarone to Drugs Requiring Prior Authorization table • Added Adalat, Inderal, QC Ibuprofen, Reprexain, SM Ibuprofen, Topiramate, Verapamil and Voltaren to the supporting tables • Added gabapentin ER to Gralise Drugs Requiring Prior Authorization section
Gattex	Added a check for gastrointestinal malignancy.
GI Motility Agents	• Added tramadol to opioid table • Added RoxyBond, hydrocodone ER and tramadol to supporting tables
Glucagon-Like Peptide-1 (GLP-1) Receptor Agonists	• Added Wegovy and Zepbound to supporting tables • Removed ICD-10 codes (I2583, I2584, I2589, I259) from heart failure diagnosis table • Added Rybelsus to Drugs Requiring Prior Authorization table and supporting tables
Growth Hormone	Removed criteria for Zorbtive; product discontinued.
Hemady	Added Cyclophosphamide, Xpovio, Crixivan, Invirase, Norvir, Phenytoin, Prezista, Reyataz, Tegretol, Viekira and Xtandi to the supporting tables.
Imiquimod	• Added Imiquimod and Zyclara to the Drugs Requiring Prior Authorization table • Added diagnosis check for Zyclara 2.5%
Immunomodulator Agents for Dry Eye	Added Cequa to the Drugs Requiring Prior Authorization table.

Clinical criteria guidelines	Clinical criteria updates
Increlex	Removed Cosmegen, Gemzar and Novantrone from the Antineoplastic Agent table; products discontinued.
Keveyis	Removed Diamox Sequels from the Acetazolamide supporting table; product discontinued.
Monoclonal Antibody Agents	• Added Xolair to Drugs Requiring Prior Authorization table • Added criteria for Ebglyss as approved by the DUR Board
Multiple Sclerosis Agents	• Added rasagiline to MAOI supporting table • Added a check for sino-atrial block to step 6 of Mayzent criteria logic and diagram
Omega-3 Fatty Acids	Added fenofibrate to fibrate table.
Orilissa	• Added Joyeaux-28 Lojaimiess, Turqoz-28 and Yaz to oral contraceptive table • Added diflunisal and Dolobid to the supporting tables
Phosophodiesterase 5 (PDE5) Inhibitors	Added Opsynvi to the Drugs Requiring Prior Authorization table.
Ranexa	• Added generic ranolazine ER to drug table • Added Inderal X and isosorbide to Table 2 • Added atazanavir, carbamazepine ER, erythromycin, Emend, Lopinavir Ritonavir, Genvoya, itraconazole, Omeclamox, Rifadin, ritonavir, Stribild, Symtuza, Tolsura, Tybost and Zydelig to Table 5
Savella	• Added rasagiline to MAOI supporting table • Added linezolid to linezolid supporting table
Sodium-Glucose Cotransporter 2 (SGLT2) Inhibitors	• Updated check for Farxiga, Invokana, Invokamet and Xigduo age requirement • Updated question #6 and diagram in Single Entity Agents to “Deny” Invokana if the answer is “No” • Updated max dose check for Invokamet, Invokamet ER and segluromet • Added a check for chronic metabolic acidosis for Invokamet and Xigduo

Clinical criteria guidelines	Clinical criteria updates
Topical Immunomodulators	• Removed Protopic from the Drugs Requiring Prior Authorization table; products discontinued • Added pimecrolimus to the Drugs Requiring Prior Authorization table and supporting table • Removed Fuzeon vial from the HIV Drugs or Immunosuppressants supporting table; product discontinued • Removed Cosmegen, Synribo and Teniposide from the Antineoplastic Agents supporting table; products discontinued • Added a check for plaque psoriasis to Zoryve 3% foam criteria
Transthyretin Agents	Added criteria for Attruby as approved by the DUR Board.
Vesicular Monoamine Transporter 2 (VMAT2) Inhibitors	• Added rasagiline and terbinafine to supporting tables • Added a check for reserpine for Austedo
Zurzuvae	Added carbamazepine, Tegretol and Xtandi to the CYP3A4 inducer supporting table.

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