

## Prior authorization *Clinical Criteria* updates for medications billed under the medical benefit

The prior authorization *Clinical Criteria* for each medication listed below have been changed to align with the *Texas Medicaid Provider Procedures Manual* (TMPPM) criteria. For specific criteria information, refer to the *Texas Medicaid Provider Procedures Manual Outpatient Drug Services Handbook* at [tmhp.com/resources/provider-manuals/tmppm](https://tmhp.com/resources/provider-manuals/tmppm).

| HCPCS or CPT® code(s) | Drug name  |
|-----------------------|------------|
| J0791                 | Adakveo    |
| J1426                 | Amondys 45 |
| J0584                 | Crysvita   |
| J1428                 | Exondys 51 |
| J9210                 | Gamifant   |
| J2182                 | Nucala     |
| J1300                 | Soliris    |
| J2326                 | Spinraza   |
| J1746                 | Trogarzo   |
| J1303                 | Ultomiris  |
| J1427                 | Viltepso   |
| J1429                 | Vyondys 53 |
| J2357                 | Xolair     |

Please note, inclusion of a national drug code on your medical claim is always required for claim processing.

### What if I need assistance?

If you have questions about this communication or need assistance with any other item, contact Provider Services at **800-454-3730** or visit the *Contact Us* section at the bottom of our [provider website](#) for up-to-date contact information.

<https://provider.amerigroup.com/TX>

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