

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.

| 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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