Texas Prior Authorization Program
Clinical Criteria

Drug/Drug Class

Duplicate Therapy

Clinical Criteria Information included in this Document

- Prior authorization criteria logic: a description of how the prior authorization request will be evaluated against the clinical criteria rules
- Logic diagram: a visual depiction of the clinical criteria logic
- Supporting tables: a collection of information associated with the steps within the criteria (diagnosis codes, procedure codes, and therapy codes); provided when applicable

Note: Click the hyperlink to navigate directly to that section.

Revision Notes

Added GCN for desloratadine (58543) to the Antihistamines Drugs Requiring PA table

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Duplicate Therapy Drug Class

Clinical Criteria Logic

1. Does the client have greater than or equal to (≥) 2 different drugs within the selected drug class? (Use the following table for reference.)

   [ ] Yes – Deny

   [ ] No – Approve (30 days)

Drug Class	Drug Combinations		Number of Physicians
	Trigger Drug	Checks for	
Anticoagulants	Anticoagulant	• Anticoagulant	Not applicable (NA)
Antidiabetic Agents	Meglitinide	• Meglitinide	NA
Angiotensin Modulators	ARB	• ARB	NA
Antihistamines	Antihistamine	• Antihistamine	NA
Short-acting beta-2 agonists (SABA)	SABA	• SABA	NA
Long-acting beta-2 agonists (LABA)	LABA	• LABA • LABA/AM • ICS/LABA • ICS/LABA/AM	NA
Inhaled corticosteroid/long-acting beta-2 agonist combination (ICS/LABA)	ICS/LABA	• ICS/LABA • ICS/LABA/AM • ICS • LABA • LABA/AM	NA
Inhaled corticosteroid/long-acting beta-2 agonist/antimuscarinic combination (ICS/LABA/AM)	ICS/LABA/AM	• ICS/LABA • ICS/LABA/AM • ICS • ABA • LABA/AM	NA

Drug Class	Drug Combinations		Number of Physicians
	Trigger Drug	Checks for	
Inhaled corticosteroids (ICS)	ICS	• ICS • ICS/LABA • ICS/LABA/AM	NA
Long-acting beta-2 agonist/ antimuscarinic combination (LABA/AM)	LABA/AM	• ICS/LABA • ICS/LABA/AM • LABA • LABA/AM	NA
Diuretics	Thiazide Diuretic	• Thiazide Diuretic	NA
Hormone Replacement Therapy (HRT)	HRT	• Raloxifene	NA
Selective Estrogen-Receptor Modifiers	Raloxifene	• HRT	NA
NSAIDs	NSAIDs	• NSAIDs • COX-2 Inhibitors	NA
COX-2 Inhibitor	COX-2 Inhibitor	• NSAIDs • COX-2 Inhibitors	NA
Statins	Statins	• Statin Combos	NA
Statin Combos	Statin Combos	• Statins	NA

Note: Duplicate therapy is defined as greater than (>) 35 days of overlapping therapy between different agents in the last 60 days.

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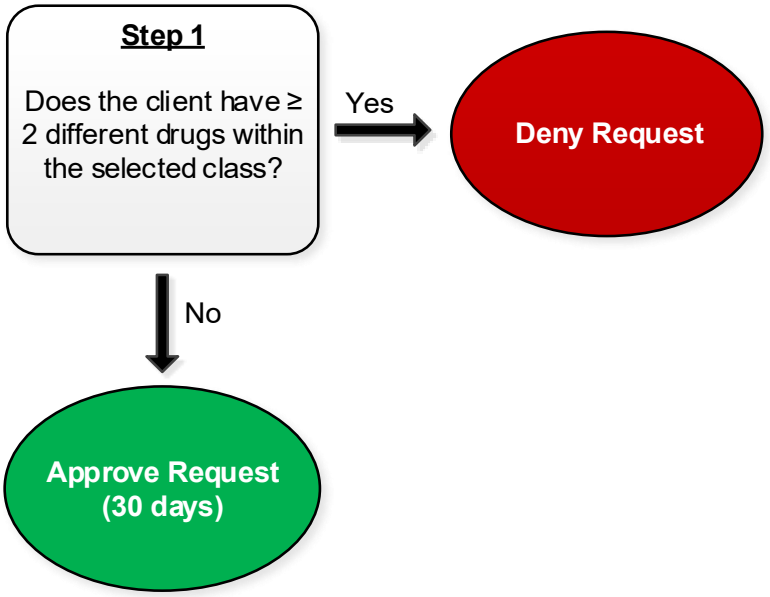
Duplicate Therapy Drug Class

Clinical Criteria Logic Diagram



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Anticoagulants

Drugs Requiring Prior Authorization

The listed GCNs may not be an indication of Texas Medicaid Formulary coverage. To learn the current formulary coverage, visit txvendordrug.com/searches/formulary-drug-search.

Drugs Requiring Prior Authorization	
Label Name	**GCN**
Anticoagulants	
ARIXTRA 2.5 MG SYRINGE	15494
ARIXTRA 5 MG SYRINGE	23775
ARIXTRA 7.5MG/0.5ML SYRINGE	23776
ARIXTRA 10 MG SYRINGE	23777
BEVYXXA 40MG CAPSULE	43732
BEVYXXA 80MG CAPSULE	43733
COUMADIN 10MG TABLET	25790
COUMADIN 1MG TABLET	25792
COUMADIN 2.5MG TABLET	25794
COUMADIN 2MG TABLET	25791
COUMADIN 3MG TABLET	25796
COUMADIN 4MG TABLET	25797
COUMADIN 5MG TABLET	25793
COUMADIN 6MG TABLET	25798
COUMADIN 7.5MG TABLET	25795
ELIQUIS 2.5MG TABLET	30239
ELIQUIS 5MG STARTER PACK	44357
ELIQUIS 5MG TABLET	33935
ELIQUIS SPRINKLE 0.15 MG CAP	57647

Drugs Requiring Prior Authorization	
Label Name	**GCN**
Anticoagulants	
ELIQUIS 0.5 MG PKT(1X0.5MG TB)	57655
ELIQUIS 1.5 MG PKT(3X0.5MG TB)	58331
ELIQUIS 2 MG PKT(4X 0.5 MG TB)	58332
ENOXAPARIN 100MG/ML SYRINGE	62773
ENOXAPARIN 120MG/0.8ML SYRINGE	42091
ENOXAPARIN 150MG/ML SYRINGE	42071
ENOXAPARIN 300MG/3ML VIAL	96334
ENOXAPARIN 30MG/0.3ML SYRINGE	00420
ENOXAPARIN 60MG/0.6ML SYRINGE	62771
ENOXAPARIN 80MG/0.8ML SYRINGE	62772
ENXAPARIN 40MG/0.4ML SYRINGE	70022
FONDAPARINUX 10MG/0.8ML SYRINGE	23777
FONDAPARINUX 2.5MG/0.5ML SYRINGE	15494
FONDAPARINUX 5MG/0.4ML SYRINGE	23775
FONDAPARINUX 7.5MG/0.5ML SYRINGE	23776
FRAGMIN 10,000 UNIT/4 ML VIAL	53025
FRAGMIN 10,000 UNITS SYRINGE	95075
FRAGMIN 12,500 UNITS/0.5 ML	93952
FRAGMIN 15,000 UNITS/0.6 ML	93953
FRAGMIN 18,000 UNITS/0.72 ML	93954
FRAGMIN 2,500 UNITS/0.2ML SYRINGE	63488
FRAGMIN 25,000 UNITS/ML VIAL	95776
FRAGMIN 5,000 UNITS/0.2ML SYRINGE	63431

Drugs Requiring Prior Authorization	
Label Name	**GCN**
Anticoagulants	
FRAGMIN 10,000 UNITS/ML VIAL	63731
FRAGMIN 7,500 UNITS SYRINGE	94116
JANTOVEN 10MG TABLET	25790
JANTOVEN 1MG TABLET	25792
JANTOVEN 2.5MG TABLET	25794
JANTOVEN 2MG TABLET	25791
JANTOVEN 3MG TABLET	25796
JANTOVEN 4MG TABLET	25797
JANTOVEN 5MG TABLET	25793
JANTOVEN 6MG TABLET	25798
JANTOVEN 7.5MG TABLET	25795
LOVENOX 100MG/ML SYRINGE	62773
LOVENOX 120MG/0.8 ML SYRINGE	42091
LOVENOX 150MG/ML SYRINGE	42071
LOVENOX 300 MG/3 ML VIAL	96334
LOVENOX 30MG/0.3ML SYRINGE	00420
LOVENOX 40MG/0.4 ML SYRINGE	70022
LOVENOX 60MG/0.6 ML SYRINGE	62771
LOVENOX 80MG/0.8 ML SYRINGE	62772
PRADAXA 110 MG CAPSULE	99709
PRADAXA 150MG CAPSULE	29166
PRADAXA 20 MG PELLET PACK	49865
PRADAXA 40 MG PELLET PACK	49867

Drugs Requiring Prior Authorization	
Label Name	**GCN**
Anticoagulants	
PRADAXA 50 MG PELLET PACK	49868
PRADAXA 110 MG PELLET PACK	49869
PRADAXA 75MG CAPSULE	99708
SAVAYSA 15MG TABLET	37675
SAVAYSA 30MG TABLET	37676
SAVAYSA 60MG TABLET	37677
WARFARIN SODIUM 10MG TABLET	25790
WARFARIN SODIUM 1MG TABLET	25792
WARFARIN SODIUM 2.5MG TABLET	25794
WARFARIN SODIUM 2MG TABLET	25791
WARFARIN SODIUM 3MG TABLET	25796
WARFARIN SODIUM 4MG TABLET	25797
WARFARIN SODIUM 5MG TABLET	25793
WARFARIN SODIUM 6MG TABLET	25798
WARFARIN SODIUM 7.5MG TABLET	25795
XARELTO 1 MG/ML SUSPENSION	50027
XARELTO 10MG TABLET	14427
XARELTO 15MG TABLET	30818
XARELTO 2.5MG TABLET	36934
XARELTO 20MG TABLET	30819
XARELTO STARTER PACK	37212

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Antidiabetics (Meglitinides)

Drugs Requiring Prior Authorization

The listed GCNs may not be an indication of Texas Medicaid Formulary coverage. To learn the current formulary coverage, visit txvendordrug.com/searches/formulary-drug-search.

Drugs Requiring Prior Authorization	
Label Name	**GCN**
Meglitinides	
NATEGLINIDE 120MG TABLET	34027
NATEGLINIDE 60MG TABLET	12277
REPAGLINIDE 0.5MG TABLET	26311
REPAGLINIDE 1MG TABLET	26312
REPAGLINIDE 2MG TABLET	26313
REPAGLINIDE-METFORMIN 1-500MG	16084
REPAGLINIDE-METFORMIN 2-500MG	16085
STARLIX 120MG TABLET	34027
STARLIX 60MG TABLET	12277

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Angiotensin Modulators (ARBs)

Drugs Requiring Prior Authorization

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Drugs Requiring Prior Authorization	
Label Name	**GCN**
ARBs	
AMLODIPINE-OLMESARTAN 10-20 MG	98937
AMLODIPINE-OLMESARTAN 10-40 MG	98939
AMLODIPINE-OLMESARTAN 5-20 MG	98936
AMLODIPINE-OLMESARTAN 5-40 MG	98938
AMLODIPINE-VALSARTAN 10-160MG TABLET	97963
AMLODIPINE-VALSARTAN 10-320MG TABLET	98580
AMLODIPINE-VALSARTAN 5-160MG TABLET	97962
AMLODIPINE-VALSARTAN 5-320MG TABLET	98579
AMLOD-VALSA-HCTZ 10-160-12.5MG TABLET	22631
AMLOD-VALSA-HCTZ 10-160-25MG TABLET	22649
AMLOD-VALSA-HCTZ 10-320-25MG TABLET	22705
AMLOD-VALSA-HCTZ 5-160-12.5MG TABLET	22625
AMLOD-VALSA-HCTZ 5-160-25MG TABLET	22648
ATACAND 16MG TABLET	73544
ATACAND 32MG TABLET	73545
ATACAND 4MG TABLET	73542
ATACAND 8MG TABLET	73543
ATACAND HCT 16-12.5MG TAB	21559
ATACAND HCT 32-12.5MG TAB	21569

Drugs Requiring Prior Authorization	
Label Name	**GCN**
ARBs	
ATACAND HCT 32-25 MG TABLET	13258
AVALIDE 150-12.5MG TABLET	11042
AVALIDE 300-12.5MG TABLET	11295
AVALIDE 300-25 MG TABLET	24622
AVAPRO 150MG TABLET	04749
AVAPRO 300MG TABLET	04750
AVAPRO 75MG TABLET	04752
AZOR 10-20MG TABLET	98937
AZOR 10-40MG TABLET	98939
AZOR 5-20MG TABLET	98936
AZOR 5-40MG TABLET	98938
BENICAR 20MG TABLET	17285
BENICAR 40MG TABLET	17286
BENICAR 5MG TABLET	17284
BENICAR HCT 20-12.5MG TABLET	20074
BENICAR HCT 40-12.5MG TABLET	20075
BENICAR HCT 40-25MG TABLET	20076
BYVALSON 5-80MG TABLET	41634
CANDESARTAN CILEXETIL 16MG TABLET	73544
CANDESARTAN CILEXETIL 32MG TABLET	73545
CANDESARTAN CILEXETIL 4MG TABLET	73542
CANDESARTAN CILEXETIL 8MG TABLET	73543
CANDESARTAN-HCTZ 16-12.5MG TABLET	21559

Drugs Requiring Prior Authorization	
Label Name	**GCN**
ARBs	
CANDESARTAN-HCTZ 32-12.5MG TABLET	21569
CANDESARTAN-HCTZ 32-25MG TABLET	13258
COZAAR 100MG TABLET	14853
COZAAR 25MG TABLET	14850
COZAAR 50MG TABLET	14851
DIOVAN 160MG TABLET	13844
DIOVAN 320MG TABLET	13838
DIOVAN 40MG TABLET	18092
DIOVAN 80MG TABLET	13846
DIOVAN 80 MG CAPSULE	15902
DIOVAN 160 MG CAPSULE	15903
DIOVAN HCT 160/12.5MG TABLET	09760
DIOVAN HCT 160/25MG TABLET	17245
DIOVAN HCT 320/12.5MG TABLET	27015
DIOVAN HCT 320/25MG TABLET	27014
DIOVAN HCT 80/12.5MG TABLET	07833
EDARBI 40MG TABLET	29595
EDARBI 80MG TABLET	29597
EDARBYCLOR 40-12.5MG TABLET	31163
EDARBYCLOR 40-25 MG TABLET	31164
ENTRESTO 24-26MG TABLET	39046
ENTRESTO 49-51MG TABLET	39047
ENTRESTO 97-103MG TABLET	39048

Drugs Requiring Prior Authorization	
Label Name	**GCN**
ARBs	
ENTRESTO SPRINKLE 6-6 MG PELLET	55586
ENTRESTO SPRINKLE 15-16 MG PELLET	55585
EPROSARTAN MESYLATE 600MG TABLET	93456
EXFORGE 10-160MG TABLET	97963
EXFORGE 10-320MG TABLET	98580
EXFORGE 5-160MG TABLET	97962
EXFORGE 5-320MG TABLET	98579
EXFORGE HCT 10-320-25MG TAB	22705
EXFORGE HCT 5-160-12.5 MG TAB	22625
EXFORGE HCT 10-160-12.5 MG TAB	22631
EXFORGE HCT 5-160-25 MG TAB	22648
EXFORGE HCT 10-160-25 MG TAB	22649
HYZAAR 100-12.5TABLET	25851
HYZAAR 100-25TABLET	14854
HYZAAR 50-12.5TABLET	14852
IRBESARTAN 150MG TABLET	04749
IRBESARTAN 300MG TABLET	04750
IRBESARTAN 75MG TABLET	04752
IRBESARTAN-HCTZ 150-12.5MG TABLET	11042
IRBESARTAN-HCTZ 300-12.5MG TABLET	11295
LOSARTAN POTASSIUM 100MG TABLET	14853
LOSARTAN POTASSIUM 25MG TABLET	14850
LOSARTAN POTASSIUM 50MG TABLET	14851

Drugs Requiring Prior Authorization	
Label Name	**GCN**
ARBs	
LOSARTAN-HCTZ 100-12.5MG TABLET	25851
LOSARTAN-HCTZ 100-25MG TABLET	14854
LOSARTAN-HCTZ 50-12.5MG TABLET	14852
MICARDIS 20MG TABLET	23833
MICARDIS 40MG TABLET	23831
MICARDIS 80MG TABLET	23832
MICARDIS HCT 40/12.5MG TABLET	12257
MICARDIS HCT 80/12.5MG TABLET	12259
MICARDIS HCT 80/25MG TABLET	22866
OLMESARTAN MEDOXOMIL 20 MG TAB	17285
OLMESARTAN MEDOXOMIL 40 MG TAB	17286
OLMESARTAN MEDOXOMIL 5 MG TAB	17284
OLMESARTAN-HCTZ 20-12.5 MG TAB	20074
OLMESARTAN-HCTZ 40-12.5 MG TAB	20075
OLMESARTAN-HCTZ 40-25 MG TAB	20076
OLMSRTN-AMLDPN-HCTZ 20-5-12.5	28837
OLMSRTN-AMLDPN-HCTZ 40-10-12.5	28854
OLMSRTN-AMLDPN-HCTZ 40-10-25MG	28855
OLMSRTN-AMLDPN-HCTZ 40-5-12.5	28838
OLMSRTN-AMLDPN-HCTZ 40-5-25 MG	28839
SACUBITRIL-VALSARTAN 24-26 MG	39046
SACUBITRIL-VALSARTAN 49-51 MG	39047
SACUBITRIL-VALSARTAN 97-103 MG	39048

Drugs Requiring Prior Authorization	
Label Name	**GCN**
ARBs	
TELMISARTAN 20MG TABLET	23833
TELMISARTAN 40MG TABLET	23831
TELMISARTAN 80MG TABLET	23832
TELMISARTAN-AMLODIPINE 40-10MG TABLET	27784
TELMISARTAN-AMLODIPINE 40-5MG TABLET	27783
TELMISARTAN-AMLODIPINE 80-10MG TABLET	27786
TELMISARTAN-AMLODIPINE 80-5MG TABLET	27785
TELMISARTAN-HCTZ 40-12.5MG TABLET	12257
TELMISARTAN-HCTZ 80-12.5MG TABLET	12259
TELMISARTAN-HCTZ 80-25MG TABLET	22866
TRIBENZOR 20-5-12.5MG TABLET	28837
TRIBENZOR 40-10-12.5MG TABLET	28854
TRIBENZOR 40-10-25MG TABLET	28855
TRIBENZOR 40-5-12.5MG TABLET	28838
TRIBENZOR 40-5-25MG TABLET	28839
TWYNSTA 40-10MG TABLET	27784
TWYNSTA 40-5 MGTABLET	27783
TWYNSTA 80-10 MGTABLET	27786
TWYNSTA 80-5 MGTABLET	27785
VALSARTAN 160MG TABLET	13844
VALSARTAN 320MG TABLET	13838
VALSARTAN 40MG TABLET	18092
VALSARTAN 80MG TABLET	13846

Drugs Requiring Prior Authorization	
Label Name	**GCN**
ARBs	
VALSARTAN-HCTZ 160-12.5MG TABLET	09760
VALSARTAN-HCTZ 160-25MG TABLET	17245
VALSARTAN-HCTZ 320-12.5MG TABLET	27015
VALSARTAN-HCTZ 320-25MG TABLET	27014
VALSARTAN-HCTZ 80-12.5MG TABLET	07833
VALSARTAN 20 MG/5 ML SOLUTION	52212

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Antihistamines

Drugs Requiring Prior Authorization

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Drugs Requiring Prior Authorization	
Label Name	**GCN**
Antihistamines	
ACETAMINOPHEN-DIPHENHYD 500-25	70221
ALA-HIST IR 2MG TABLET	46711
ALA-HIST PE TABLET	28379
ALA-HIST TABLET	99188
ALA-HIST D TABLET	99189
ALA-HIST AC LIQUID	99338
ALA-HIST DM LIQUID	99356
ALL DAY ALLERGY 10MG TABLET	49291
ALL DAY ALLERGY-D TABLET	13866
ALLER-CHLOR 4MG TABLET	46512
ALLERGY 10MG TABLET	60563
ALLERGY 4MG TABLET	46512
ALLERGY RELIEF 10MG TABLET	60563
ALLERGY RELIEF 5MG/5ML SOLUTION	60562
ALLERGY RELIEF D-24 TABLET	63577
APRODINE SYRUP	96444
APRODINE TABLET	96445
BANOPHEN 12.5MG/5ML LIQUID	48831
BANOPHEN 12.5 MG/5 ML ELIXIR	46032

Drugs Requiring Prior Authorization	
Label Name	**GCN**
Antihistamines	
BANOPHEN 25MG CAPSULE	45971
BANOPHEN 50MG CAPSULE	45972
BANOPHEN 25 MG CAPLET	46071
BANOPHEN PLUS CAPSULE	96780
BROMFED DM COUGH SYRUP	96136
BROMPHEIR-PSEUDOEPHED-DM SYRUP	96136
BROTAPP DM LIQUID	12934
BROTAPP LIQUID	12933
CARBINOXAMINE 4MG/5ML LIQUID	14949
CARBINOXAMINE 2 MG/5 ML LIQ	46173
CARBINOXIMINE 2 MG/6 MG SUSP	20432
CARBINOXAMINE ER 4 MG/5ML SUSP	34474
CARBINOXAMINE MALEATE 4 MG TAB	46170
CARBINOXAMINE MALEATE 6 MG TAB	43082
CARBINOXAMINE MALEATE CAPSULE	19437
CARBINOXAMINE PSE SYRUP	51235
CARBINOXAMINE SYRUP	96683
CETIRIZINE HCL 10MG CHEWABLE TABLET	21771
CETIRIZINE HCL 10MG TABLET	49291
CETIRIZINE HCL 1MG/ML SOLUTION	49290
CETIRIZINE HCL 5 MG/5 ML SOLN	27714
CETIRIZINE HCL 5MG CHEWABLE TABLET	21769
CETIRIZINE HCL 5MG TABLET	49292

Drugs Requiring Prior Authorization	
Label Name	**GCN**
Antihistamines	
CETIRIZINE-PSE ER 5-120MG TABLET	13866
CHILD ALL DAY ALLERGY 1MG/ML SOLUTION	49290
CHILD CETIRIZINE 10MG CHEWABLE TABLET	21771
CHILD CETIRIZINE 5MG CHEWABLE TABLET	21769
CHILD CETIRIZINE HCL 1MG/ML SOLUTION	49290
CHILD LORATADINE 5MG/5ML SYRUP	60562
CHILD LORATADINE 10 MG/10 ML	45393
CHILD LORATADINE 5 MG TAB CHEW	98118
CHILD MUCINEX M-S COLD DAY-NITE	37876
CHILD MUCINEX NIGHT TIME LIQUID	35755
CHILDRENS DAYCLEAR ALLERGY COUGH	47677
CHLO TUSS LIQUID	35393
CHLORPHENIRAMINE 4 MG TABLET	46512
CHLORPHENIRAMINE 8 MG TAB SA	46544
CHLORPHENIRAMINE ER 12MG TABLET	46541
CHLORPHENIRAMINE 8 MG CAP SA	46464
CHLORPHENIRAMINE 12 MG CAP	46461
CHLORPHENIRAMINE-PE-DM SYRUP	25727
CHLORPHENIRAMINE-PE-DM DROPS	25730
CHLORPHENIRAMINE 2 MG/5 ML SY	46503
CLARINEX 0.5 MG/ML SYRUP	23883
CLARINEX 5MG TABLET	12762
CLEMASTINE FUM 1.34 MG TAB	46690

Drugs Requiring Prior Authorization	
Label Name	**GCN**
Antihistamines	
CLEMASTINE FUM 2.68MG TAB	46691
CLEMASTINE 0.5 MG/5 ML SYRUP	46990
CYPROHEPTADINE 2MG/5ML SYRUP	15803
CYPROHEPTADINE 4MG TABLET	15811
DALLERGY 1-2.5MG/ML DROPS	28105
DAYHIST ALLERGY 1.34MG TABLET	46690
DESLORATADINE 2.5MG ODT	25439
DESLORATADINE 5MG ODT	19716
DESLORATADINE 5MG TABLET	12762
DESLORATADINE 0.5 MG/ML SOLN	58543
DIMAPHEN TABLET SA	96555
DIMAPHEN TABLET SA	96850
DIMAPHEN TABLET	96870
DIMAPHEN DM ELIXIR	26808
DIMAPHEN ELIXIR	27207
DIMAPHEN ELIXIR	96860
DIMAPHEN ELIXIR	12933
DIMAPHEN DM ELIXIR	12934
DIMAPHEN DM ELIXIR	87000
DIPHENHIST 12.5MG/5ML SOLUTION	48831
DIPHENHYDRAMINE 12.5 MG/5 ML	46032
DIPHENHYDRAMINE COUGH SYRUP	46062
DIPHENHIST 25MG CAPSULE	45971

Drugs Requiring Prior Authorization	
Label Name	**GCN**
Antihistamines	
DIPHENHYDRAMINE 25MG CAPSULE	45971
DIPHENHYDRAMINE 50MG CAPSULE	45972
DIPHENHYDRAMINE 25 MG CAPLET	46071
DIPHENHYDRAMINE 50 MG TABLET	46072
DIPHENHYDRAMINE 50 MG CAPLET	27480
DIPHENHYDRAMINE 25 MG CAPLET	27481
DIPHENHYDRAMINE 12.5MG TAB CHW	46060
DIPHENHYDRAMINE 50MG/ML VIAL	46013
DIPHENHYDRAMINE 10 MG/ML VIAL	46011
DIPHENHYDRAMINE 6.25MG/ML DRP	42545
ED A-HIST 4MG-10MG TABLET	25462
ED-A-HIST 3 MG-10 MG TABLET	28983
ED A-HIST TABLET SA	66031
ED A-HIST DM TABLET	37388
ED A-HIST LIQUID	14148
ED CHLORPED DROPS	46505
ED CHLORPED JR SYRUP	46503
ED CHLORPED D PEDIATRIC DROPS	30033
ED CHLORPED PEDIATRIC DROPS	23484
ED CHLORPED D PEDIATRIC DROPS	97359
ED-A-HIST DM LIQUID	19347
ED-A-HIST PSE TABLET	96445
ENDACOF-DM LIQUID	26808

Drugs Requiring Prior Authorization	
Label Name	**GCN**
Antihistamines	
ENDACOF-DM SYRUP	94275
FEXOFENADINE HCL 180MG TABLET	46594
FEXOFENADINE HCL 30MG/5ML	97779
FEXOFENADINE HCL 60 MG TABLET	46593
FEXOFENADINE HCL 30 MG TABLET	37198
FEXOFENADINE-PSE ER 180-240 TB	24394
FEXOFENADINE-PSE ER 60-120 TAB	63565
GS ALLERGY RELIEF 10MG TABLET	60563
HISTEX PD 4 MG/5 ML LIQUID	14949
HISTEX HC LIQUID	15006
HISTEX HC LIQUID	67290
HISTEX 2.5MG/5ML SYRUP	36886
HISTEX PD 0.938MG/ML DROP	36284
HISTEX PD 1.25 MG/ML DROP	43586
HISTEX PD 12 SUSPENSION	20432
HISTEX-DM SYRUP	36311
HISTEX-PE SYRUP	29581
HISTEX-AC SYRUP	39324
HISTEX LIQUID	44021
HISTEX PD PEDIATRIC LIQUID	46173
HISTEX SR CAPSULE SA	12862
HISTEX SR CAPLET	98045
HISTEX CT 8 MG TABLET	13038

Drugs Requiring Prior Authorization	
Label Name	**GCN**
Antihistamines	
HISTEX SR TABLET	29232
HISTEX SR TABLET SA	53451
HISTEX DA SR TABLET	54933
HISTEX CAPLET	29665
HISTEX IE CAPSULE	19437
HISTEX 12 MG CAPSULE SA	46461
HISTEX 1.25 MG CHEWABLE TABLET	43643
HYDROCOD-CPM-PSEUDOEP 5-4-60/5	30047
HYDROCODONE-CHLORPHENIRAMINE ER SUSP	13974
HYDROXYZINE 10MG/5ML SOLUTION	13932
HYDROXYZINE 25MG/ML VIAL	13881
HYDROXYZINE 50 MG/ML VIAL	13882
HYDROXYZINE HCL 10MG TABLET	13941
HYDROXYZINE 100 MG TABLET	13942
HYDROXYZINE HCL 25MG TABLET	13943
HYDROXYZINE HCL 50MG TABLET	13944
HYDROXYZINE PAM 100MG CAPSULE	13951
HYDROXYZINE PAM 25MG CAPSULE	13952
HYDROXYZINE PAM 50MG CAPSULE	13953
KARBINAL ER 4MG/5ML SUSP	34474
HYDROXYZINE 10 MG/5 ML SOLN	33594
KIDKARE COUGH & COLD LIQUID	96138
LEVOCETIRIZINE 2.5MG/5ML SOL	97950

Drugs Requiring Prior Authorization	
Label Name	**GCN**
Antihistamines	
LEVOCETIRIZINE 5MG TABLET	14901
LODRANE D CAPSULE	30766
LODRANE-260 S.R. CAPSULE	00315
LODRANE-130 S.R. CAPSULE	00319
LODRANE 12HR TABLET SA	13783
LODRANE 12D TABLET SA	17447
LODRANE 24 ER CAPSULE	23679
LODRANE LD CAPSULE SA	96412
LODRANE 24D CAPSULE SA	97644
LODRANE XR SUSPENSION	23681
LODRANE D SUSPENSION	24058
LODRANE LIQUID	76311
LOHIST-D LIQUID	44021
LOHIST-DM SYRUP	15847
LORATADINE 10MG TABLET	60563
LORATADINE 10 MG ODT	60521
LORATADINE 5MG/5ML SOLUTION	60562
LORATADINE 5 MG/5 ML SOLUTION	38754
LORATADINE-D 12 HOUR TABLET	63570
LORATADINE-D 24HR TABLET	63577
MAPAP PM CAPLET	70221
MECLIZINE 12.5MG TABLET	18301
MECLIZINE 25MG TABLET	18302

Drugs Requiring Prior Authorization	
Label Name	**GCN**
Antihistamines	
MECLIZINE 50 MG TABLET	18303
MECLIZINE 25 MG CAPSULE	18292
MECLIZINE 12.5 MG CHEW TAB	18311
MECLIZINE 25 MG CHEW TABLET	18312
M-END DMX LIQUID	30801
M-HIST PD 0.625MG/ML DROPS	31501
MUCINEX FAST-MAX NITE COLD-FLU	35755
NASOPEN PE LIQUID	32676
NIGHTTIME COUGH LIQUID	26684
NINJACOF-XG LIQUID	30677
NINJACOF LIQUID	37227
NINJACOF-A LIQUID	37229
NINJACOF-D LIQUID	40235
NOHIST-DM LIQUID	19347
NOHIST-LQ LIQUID	14148
NON-DROWSY ALLERGY 10MG TABLET	60563
PEDIACLEAR ALLERGY 0.313MG/ML	42545
PEDIACLEAR PD 0.625 MG/ML DROP	31501
PEDIATRIC COUGH-COLD LIQUID	96138
PHENYLEPHRINE-PYRILAMINE 10-25	28978
POLY HIST FORTE TABLET	28978
POLY HIST FORTE TABLET SA	13828
POLY HIST FORTE TABLET SA	96250

Drugs Requiring Prior Authorization	
Label Name	**GCN**
Antihistamines	
POLY HIST PD LIQUID	23255
POLY HIST FORTE 10.5-10MG TABLET	46499
POLY HIST FORTE 7.5-10MG TABLET	35587
POLY-HIST DM LIQUID	34835
POLY HIST DM LIQUID	23797
POLY HIST SYRUP	95985
POLYTUSSIN DM SYRUP	44218
PROMETHAZINE 6.25MG/5ML SOLN	15035
PROMETHAZINE VC SYRUP	13977
PROMETHAZINE 25 MG/5 ML SYRUP	15033
PROMETHAZINE 6.25 MG/5 ML SOLN	15035
PROMETHAZINE VC-CODEINE SYRUP	13978
PROMETHAZINE-CODEINE SYRUP	13971
PROMETHAZINE-DM SOLUTION	13975
PROMETHAZINE 12.5 MG TABLET	15042
PROMETHAZINE 25 MG TABLET	15043
PROMETHAZINE 50 MG TABLET	15044
QC CHILD ALLERGY 12.5MG/5ML	48831
QC COMPLETE ALLERGY 25MG CAPSULE	45971
QC LORATADINE 10MG TABLET	60563
QC LORATADINE-D 24HR TABLET	63577
QC NIGHTTIME SLEEP 25MG TABLET	27481
QC NON-ASPIRIN PM CAPLET	70221

Drugs Requiring Prior Authorization	
Label Name	**GCN**
Antihistamines	
RESCON TABLET	31879
RESCON TABLET	16832
RESCON TABLET	26985
RESCON-DM LIQUID	93335
RESCON SYRUP	85924
RU-HIST D 10-4MG TABLET	96609
RYMED TABLET	28476
RYMED CAPSULE	53960
RYMED CAPLET SA	54540
RYMED CAPSULE	54875
RYMED LIQ	53990
RYMED LIQUID	54910
RYCLORA 2MG/5ML SOLUTION	46550
RYNEX DM LIQUID	26808
RYNEX PE LIQUID	27207
RYNEX PSE LIQUID	12933
RYVENT 6MG TABLET	43082
SEMPREX-D 8-60MG CAPSULE	15291
SILADRYL 12.5MG/5ML LIQUID	48831
SM ALLERGY 4-HR 4MG TABLET	46512
SM ALLERGY RELIEF 1.34MG TABLET	46690
SM ALLERGY RELIEF 12.5MG/5ML	48831
SM LORATADINE 5MG/5ML SYRUP	60562

Drugs Requiring Prior Authorization	
Label Name	**GCN**
Antihistamines	
SM LORATADINE D 24HR TABLET	63577
STAHIST AD TABLET	31036
STAHIST T 2.5 MG TABLET	46621
STAHIST TP 10-2.5 MG TABLET	98314
STAHIST TABLET SA	13115
STAHIST TABLET	25624
STAHIST AD LIQUID	31771
STAHIST LIQUID	44723
SUDOGEST SINUS & ALLERGY TABLET	44023
TRAVEL SICKNESS 25MG TAB CHEW	18312
TRIPROLIDINE 0.313MG/ML DROP	42516
TRIPROLIDINE 0.625MG/ML DROPS	31501
TRIPROLIDINE 0.938 MG/ML DROPS	36284
TRIPROLIDINE 2.5 MG/5 ML LIQ	36886
TUSSIONEX PENNKINETIC SUSP	13974
VANACLEAR PD 0.313MG/ML DROPS	42516
VANACOF LIQUID	99788
VANAHIST PD 0.625MG/ML DROPS	31501
VANAMINE PD 6.25MG/ML DROPS	42545
VANATAB AC CAPLET	43608
VISTARIL 25MG CAPSULE	13952
VISTARIL 50MG CAPSULE	13953
VISTARIL 100 MG CAPSULE	13951

Drugs Requiring Prior Authorization	
Label Name	**GCN**
Antihistamines	
VISTARIL 25 MG/5 ML ORAL SUSP	13970
ZUTRIPRO SOLUTION	30047

PAXPRESS™

Short-Acting Beta Agonists (SABA)

Drugs Requiring Prior Authorization

The listed GCNs may not be an indication of Texas Medicaid Formulary coverage. To learn the current formulary coverage, visit txvendordrug.com/searches/formulary-drug-search.

Drugs Requiring Prior Authorization	
Label Name	**GCN**
SABAs	
ALBUTEROL 0.63MG/3ML SOLUTION	14633
ALBUTEROL 1.25 MG/3 ML INH SOLN	14634
ALBUTEROL 2.5MG/0.5ML SOLUTION	22697
ALBUTEROL 2.5MG/3ML SOLUTION	41681
ALBUTEROL 5 MG/ML SOLUTION	41680
ALBUTEROL 90 MCG INHALER	20110
ALBUTEROL HFA 90 MCG INHALER	22913
LEVALBUTEROL 0.31MG/3ML SOLUTION	15665
LEVALBUTEROL 0.63MG/3ML SOLUTION	24540
LEVALBUTEROL 1.25MG/3ML SOLUTION	24541
LEVALBUTEROL CONC 1.25MG/0.5ML	23146
LEVALBUTEROL TAR HFA 45MCG INH	24422
PROAIR DIGIHALER 90MCG INHALER	47012
PROAIR HFA 90MCG INHALER	22913
PROAIR RESPICLICK INHALATION POWDER	38212
PROVENTIL HFA 90 MCG INHALER	22913
PROVENTIL 90 MCG INHALER	20110
PROVENTIL 5 MG/ML SOLUTION	41680
PROVENTIL 0.83 MG/ML SOLUTN	41681

Drugs Requiring Prior Authorization	
Label Name	**GCN**
SABAs	
VENTOLIN HFA 90MCG INHALER	22913
RELION VENTOLIN HFA 90 MCG INH	22913
VENTOLIN 90 MCG INHALER	20110
VENTOLIN 5 MG/ML SOLUTION	41680
VENTOLIN 0.83 MG/ML SOLUTION	41681
XOPENEX 0.31 MG/3 ML SOLUTION	15665
XOPENEX CONC 1.25 MG/0.5 ML	23146
XOPENEX 0.63 MG/3 ML SOLUTION	24540
XOPENEX 1.25 MG/3 ML SOLUTION	24541
XOPENEX HFA 45 MCG INHALER	24422

PAXPRESS™

Long-Acting Beta Agonists (LABA)

Drugs Requiring Prior Authorization

The listed GCNs may not be an indication of Texas Medicaid Formulary coverage. To learn the current formulary coverage, visit txvendordrug.com/searches/formulary-drug-search.

Drugs Requiring Prior Authorization	
Label Name	**GCN**
LABAs	
ARFORMOTEROL 15 MCG/2 ML SOLN	97366
ARCAPTA NEOHALER 75MCG CAPSULE	30184
BROVANA 15MCG/2ML SOLUTION	97366
FORMOTEROL 20 MCG/2 ML NEB VL	98776
PERFOROMIST 20MCG/2ML SOLUTION	98776
SEREVENT DISKUS 50MCG	64012
SEREVENT 21 MCG INHALER	64026
STRIVERDI RESPIMAT INHALATION SPRAY	36174

PAXPRESS™

Inhaled Corticosteroids (ICS)/LABA

Drugs Requiring Prior Authorization

The listed GCNs may not be an indication of Texas Medicaid Formulary coverage. To learn the current formulary coverage, visit txvendordrug.com/searches/formulary-drug-search.

Drugs Requiring Prior Authorization	
Label Name	**GCN**
ICS/LABAs	
ADVAIR 100-50 DISKUS	50584
ADVAIR 250-50 DISKUS	50594
ADVAIR 500-50 DISKUS	50604
ADVAIR HFA 115-21MCG INHALER	97136
ADVAIR HFA 230-21MCG INHALER	97137
ADVAIR HFA 45-21MCG INHALER	97135
AIRDUO DIGIHALER 113-14 MCG	48494
AIRDUO DIGIHALER 232-14 MCG	48495
AIRDUO DIGIHALER 55-14 MCG	48489
AIRDUO RESPICLICK 55-14 MCG	42956
AIRDUO RESPICLICK 113-14 MCG	42957
AIRDUO RESPICLICK 232-14 MCG	42958
BREO ELLIPTA 50-25 MCG INHALER	54747
BREO ELLIPTA 100-25MCG INH	34647
BREO ELLIPTA 200-25MCG INHALER	35808
BREYNA 80-4.5 MCG INHALER	98499
BREYNA 160-4.5 MCG INHALER	98500
BUDESONIDE-FORMOTEROL 80-4.5	98499
BUDESONIDE-FORMOTEROL 160-4.5	98500

Drugs Requiring Prior Authorization	
Label Name	**GCN**
ICS/LABAs	
DULERA 100 MCG/5 MCG INHALER	28766
DULERA 200 MCG/5 MCG INHALER	28767
DULERA 50 MCG/5 MCG INHALER	30139
FLUTICASONE-SALMETEROL 55-14	42956
FLUTICASONE-SALMETEROL 100-50	50584
FLUTICASONE-SALMETEROL 113-14	42957
FLUTICASONE-SALMETEROL 232-14	42958
FLUTICASONE-SALMETEROL 250-50	50594
FLUTICASONE-SALMETEROL 500-50	50604
FLUTICASONE-SALMETEROL 45-21	97135
FLUTICASONE-SALMETEROL 115-21	97136
FLUTICASONE-SALMETEROL 230-21	97137
FLUTICASONE-VILANTEROL 100-25	34647
FLUTICASONE-VILANTEROL 200-25	35808
SYMBICORT 160-4.5 MCG INHALER	98500
SYMBICORT 80-4.5 MCG INHALER	98499
WIXELA 100-50 INHUB	50584
WIXELA 250-50 INHUB	50594
WIXELA 500-50	50604

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Inhaled Corticosteroids (ICS)/LABA/ Antimuscarinic (AM)

Drugs Requiring Prior Authorization

The listed GCNs may not be an indication of Texas Medicaid Formulary coverage. To learn the current formulary coverage, visit txvendordrug.com/searches/formulary-drug-search.

Drugs Requiring Prior Authorization	
Label Name	**GCN**
ICS/LABA/AM	
BREZTRI AEROSPHERE INHALER	48435
TRELEGY ELLIPTA 100-62.5-25	43921
TRELEGY ELLIPTA 200-62.5-25	48708

PAXPRESS™

Inhaled Corticosteroids (ICS)

Drugs Requiring Prior Authorization

The listed GCNs may not be an indication of Texas Medicaid Formulary coverage. To learn the current formulary coverage, visit txvendordrug.com/searches/formulary-drug-search.

Drugs Requiring Prior Authorization	
Label Name	**GCN**
ICS	
AEROSPAN 80MCG INHALER	35718
ALVESCO 160 MCG INHALER	24152
ALVESCO 80 MCG INHALER	24149
ARMONAIR DIGIHALER 113 MCG	48604
ARMONAIR DIGIHALER 232 MCG	48615
ARMONAIR DIGIHALER 55 MCG	48602
ARMONAIR RESPICLICK 55 MCG	42979
ARMONAIR RESPICLICK 113 MCG	42984
ARMONAIR RESPICLICK 232 MCG	42985
ARNUITY ELLIPTA 100 MCG INH	37007
ARNUITY ELLIPTA 200 MCG INH	37008
ARNUITY ELLIPTA 50 MCG INH	44783
ASMANEX HFA 100 MCG INHALER	37566
ASMANEX HFA 200 MCG INHALERi	37565
ASMANEX HFA 50 MCG INHALER	47599
ASMANEX TWISTHALER 110 MCG #30	99721
ASMANEX TWISTHALER 110 MCG #7	99723
ASMANEX TWISTHALER 200 MCG #60	24929
ASMANEX TWISTHALER 220 MCG #14	24927

Drugs Requiring Prior Authorization	
Label Name	**GCN**
ICS	
ASMANEX TWISTHALER 220 MCG #30	24928
ASMANEX TWISTHALER 220 MCG #60	24929
ASMANEX TWISTHALR 220 MCG #120	18987
BUDESONIDE 0.25MG/2ML SUSPENSION	17957
BUDESONIDE 0.5MG/2ML SUSPENSION	17958
BUDESONIDE 1MG/2ML INHALATION SUSPENSION	62980
FLOVENT 100MCG DISKUS	53633
FLOVENT 250MCG DISKUS	53634
FLOVENT 50MCG DISKUS	53635
FLOVENT HFA 110 MCG INHALER	53636
FLOVENT HFA 220 MCG INHALER	53639
FLOVENT HFA 44 MCG INHALER	53638
PULMICORT 0.25 MG/2 ML RESPULE	17957
PULMICORT 0.5MG/2ML RESPULE	17958
PULMICORT 1 MG/2 ML RESPULE	62980
PULMICORT 180 MCG FLEXHALER	98025
PULMICORT 90 MCG FLEXHALER	98024
PULMICORT 200 MCG TURBUHALER	27740
QVAR 40 MCG INHALER	80128
QVAR 80 MCG INHALER	80131
QVAR REDIHALER 40 MCG	43724
QVAR REDIHALER 80 MCG	43725

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LABA/AM

Drugs Requiring Prior Authorization

The listed GCNs may not be an indication of Texas Medicaid Formulary coverage. To learn the current formulary coverage, visit txvendordrug.com/searches/formulary-drug-search.

Drugs Requiring Prior Authorization	
Label Name	**GCN**
LABA/AM	
ANORO ELLIPTA 62.5-25MCG INHALER	35903
BEVESPI AEROSPHERE INHALER	41199
COMBIVENT RESPIMAT INHALATION SPRAY	32395
COMBIVENT INHALER	72951
DUONEB 0.5 MG-3 MG/3 ML SOLN	13456
DUAKLIR PRESSAIR 400-12MCG INH	37735
IPRAT-ALBUT 0.5-3 (2.5)MG/3ML	13456
STIOLTO RESPIMAT INHALATION SPRAY	38687
UTIBRON NEOHALER	40093

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Thiazide Diuretics

Drugs Requiring Prior Authorization

The listed GCNs may not be an indication of Texas Medicaid Formulary coverage. To learn the current formulary coverage, visit txvendordrug.com/searches/formulary-drug-search.

Drugs Requiring Prior Authorization	
Label Name	**GCN**
Thiazide Diuretics	
ACCURETIC 10-12.5 MG TABLET	54160
ACCURETIC 20-12.5 MG TABLET	54161
ACCURETIC 20-25 MG TABLET	94490
ALDACTAZIDE 25-25 TABLET	82330
ALDACTAZIDE 50-50 TABLET	82331
AMILORIDE HCL-HCTZ 5-50 MG TAB	82341
AMLOD-VALSA-HCTZ 10-160-12.5MG	22631
AMLOD-VALSA-HCTZ 10-160-25MG	22649
AMLOD-VALSA-HCTZ 10-320-25MG	22705
AMLOD-VALSA-HCTZ 5-160-12.5MG	22625
AMLOD-VALSA-HCTZ 5-160-25MG	22648
AMTURNIDE 150-5-12.5 MG TAB	29393
AMTURNIDE 300-10-25MG TABLET	29396
AMTURNIDE 300-5-12.5MG TABLET	29394
AMTURNIDE 300-5-25MG TABLET	29395
AMTURNIDE 300-10-12.5 MG TAB	29397
ATACAND HCT 16-12.5MG TAB	21559
ATACAND HCT 32-12.5MG TAB	21569
ATACAND HCT 32-25 MG TABLET	13258

Drugs Requiring Prior Authorization	
Label Name	**GCN**
Thiazide Diuretics	
AVALIDE 150-12.5MG TABLET	11042
AVALIDE 300-12.5MG TABLET	11295
AVALIDE 300-25 MG TABLET	24622
BENAZEPRIL-HCTZ 10-12.5MG TAB	33192
BENAZEPRIL-HCTZ 20-12.5MG TAB	33193
BENAZEPRIL-HCTZ 20-25MG TAB	33194
BENAZEPRIL-HCTZ 5-6.25MG TAB	33191
BENICAR HCT 20-12.5MG TABLET	20074
BENICAR HCT 40-12.5MG TABLET	20075
BENICAR HCT 40-25MG TABLET	20076
BISOPROLOL-HCTZ 10-6.25MG TAB	45063
BISOPROLOL-HCTZ 2.5-6.25MG TB	45061
BISOPROLOL-HCTZ 5-6.25MG TAB	45062
CANDESARTAN-HCTZ 16-12.5MG TB	21559
CANDESARTAN-HCTZ 32-12.5MG TB	21569
CANDESARTAN-HCTZ 32-25MG TAB	13258
CAPTOPRIL-HCTZ 25-15MG TABLET	54940
CAPTOPRIL-HCTZ 25-25MG TABLET	54941
CAPTOPRIL-HCTZ 50-15MG TABLET	54942
CAPTOPRIL-HCTZ 50-25MG TABLET	54943
CHLOROTHIAZIDE 250MG TABLET	34802
CHLOROTHIAZIDE 500 MG TABLET	34803
CTZ/RESERPINE 250/0.125 TAB	51811

Drugs Requiring Prior Authorization	
Label Name	**GCN**
Thiazide Diuretics	
CTZ/RESERPINE 500/0.125 TAB	51812
HCTZ/RESERPINE 50/0.125 TAB	51843
CORZIDE 40/5 TABLET	52060
CORZIDE 80/5 TABLET	52061
DIOVAN HCT 160/12.5MG TAB	09760
DIOVAN HCT 160/25MG TABLET	17245
DIOVAN HCT 320-12.5MG TABLET	27015
DIOVAN HCT 320-25MG TABLET	27014
DIOVAN HCT 80/12.5MG TABLET	07833
DIURIL 250 MG/5 ML ORAL SUSP	34790
DIURIL 250 MG TABLET	34802
DIURIL 500 MG TABLET	34803
DUTOPROL 100-12.5MG TABLET	51554
DUTOPROL 25-12.5MG TABLET	31156
DUTOPROL 50-12.5MG TABLET	31155
DYAZIDE 50/25 CAPSULE	88730
DYAZIDE 37.5/25 CAPSULE	88731
EDARBYCLOR 40-12.5MG TABLET	31163
EDARBYCLOR 40-25 MG TABLET	31164
ENALAPRIL-HCTZ 10-25MG TABLET	54860
ENALAPRIL-HCTZ 5-12.5MG TAB	54862
EXFORGE HCT 10-160-12.5MG TAB	22631
EXFORGE HCT 10-160-25MG TAB	22649

Drugs Requiring Prior Authorization	
Label Name	**GCN**
Thiazide Diuretics	
EXFORGE HCT 10-320-25MG TAB	22705
EXFORGE HCT 5-160-12.5MG TAB	22625
EXFORGE HCT 5-160-25MG TAB	22648
FOSINOPRIL-HCTZ 10-12.5MG TAB	15621
FOSINOPRIL-HCTZ 20-12.5MG TAB	10455
HYDRALAZINE/HCTZ 100/50 CAP	51760
HYDRALAZINE/HCTZ 25/25 CAP	51761
HYDRALAZINE/HCTZ 50/50 CAP	51762
HYDRALAZINE/HCTZ 25/15 TAB	51770
HYDRALAZINE/HCTZ 25/25 TAB	51771
HYDROCHLOROTHIAZIDE 12.5 MG CP	34820
HYDROCHLOROTHIAZIDE 12.5 MG TB	00842
HYDROCHLOROTHIAZIDE 25 MG TB	34824
HYDROCHLOROTHIAZIDE 50 MG TB	34825
HCTZ 100MG TABLET	34821
HCTZ 50MG/5ML ORAL SOLUTION	10271
HCTZ/RESERPINE/HYDRAL TAB	51690
HCTZ/RESERPINE 0.125/25 TAB	51842
HCTZ/RESERPINE 50/0.125 TAB	51843
HYDRODIURIL 100 MG TABLET	34821
HYDRODIURIL 25 MG TABLET	34824
HYDRODIURIL 50 MG TABLET	34825
HYZAAR 100-12.5 TABLET	25851

Drugs Requiring Prior Authorization	
Label Name	**GCN**
Thiazide Diuretics	
HYZAAR 100-25 TABLET	14854
HYZAAR 50-12.5 TABLET	14852
INZIRQO 10 MG/ML ORAL SUSP	56974
IRBESARTAN-HCTZ 150-12.5MG TB	11042
IRBESARTAN-HCTZ 300-12.5MG TB	11295
LISINOPRIL-HCTZ 10-12.5MG TAB	88002
LISINOPRIL-HCTZ 20-12.5MG TAB	88000
LISINOPRIL-HCTZ 20-25MG TAB	88001
LOSARTAN-HCTZ 100-12.5MG TAB	25851
LOSARTAN-HCTZ 100-25MG TAB	14854
LOSARTAN-HCTZ 50-12.5MG TAB	14852
MAXZIDE 50-75MG TABLET	88740
MAXZIDE-25MG TABLET	88741
METHYLDOPA/CTZ 250-250 TAB	51951
METHYLDOPA/HCTZ 250-25 TAB	51961
METHYLDOPA-HCTZ 250-15 TAB	51960
METHYLDOPA/HCTZ 500-30 TAB	51962
METHYLDOPA/HCTZ 500-50 TAB	51963
METOPROLOL ER-HCTZ 50-12.5 MG	31155
METOPROLOL ER-HCTZ 25-12.5 MG	31156
METOPROLOL ER-HCTZ 100-12.5 MG	51554
METOPROLOL-HCTZ 100-25MG TABLET	51551
METOPROLOL-HCTZ 100-50MG TABLET	51552

Drugs Requiring Prior Authorization	
Label Name	**GCN**
Thiazide Diuretics	
METOPROLOL-HCTZ 50-25MG TABLET	51550
MICARDIS HCT 40/12.5MG TAB	12257
MICARDIS HCT 80/12.5MG TAB	12259
MICARDIS HCT 80/25MG TABLET	22866
MOEXIPRIL-HCTZ 15-12.5MG TABLET	15777
MOEXIPRIL-HCTZ 15-25MG TABLET	67721
MOEXIPRIL-HCTZ 7.5-12.5MG TABLET	67722
NADOLOL-BENDROFLU 40-5MG TABLET	52060
NADOLOL-BENDROFLU 80-5MG TABLET	52061
OLMSRTN-AMLDPN-HCTZ 20-5-12.5	28837
OLMSRTN-AMLDPN-HCTZ 40-5-12.5	28838
OLMSRTN-AMLDPN-HCTZ 40-5-25 MG	28839
OLMSRTN-AMLDPN-HCTZ 40-10-12.5	28854
OLMSRTN-AMLDPN-HCTZ 40-10-25MG	28855
OLMESARTAN-HCTZ 20-12.5 MG TAB	20074
OLMESARTAN-HCTZ 40-12.5 MG TAB	20075
OLMESARTAN-HCTZ 40-25 MG TAB	20076
PROPRANOLOL-HCTZ 40-25MG TAB	52030
PROPRANOLOL-HCTZ 80-25MG TAB	52031
QUINAPRIL HCTZ 20-12.5MG TABLET	54161
QUINAPRIL HCTZ 20-25MG TABLET	94490
QUINAPRIL-HCTZ 10-12.5MG TABLET	54160
SPIRONOLACT/HCTZ 25/25 TAB	82330

Drugs Requiring Prior Authorization	
Label Name	**GCN**
Thiazide Diuretics	
TEKTURNA HCT 150-12.5MG TAB	99310
TEKTURNA HCT 150-25MG TABLET	99311
TEKTURNA HCT 300-12.5MG TAB	99312
TEKTURNA HCT 300-25MG TABLET	99313
TELMISARTAN-HCTZ 40-12.5MG TB	12257
TELMISARTAN-HCTZ 80-12.5MG TB	12259
TELMISARTAN-HCTZ 80-25MG TAB	22866
TENORETIC 100 TABLET	66991
TENORETIC 50 TABLET	66990
TRIAMTERENE-HCTZ 37.5-25MG CAPSULE	88731
TRIAMTERENE-HCTZ 37.5-25MG TB	88741
TRIAMTERENE-HCTZ 50-25 MG CAP	88730
TRIAMTERENE-HCTZ 75-50MG TAB	88740
TRIBENZOR 20-5-12.5MG TABLET	28837
TRIBENZOR 40-10-12.5MG TABLET	28854
TRIBENZOR 40-10-25MG TABLET	28855
TRIBENZOR 40-5-12.5MG TABLET	28838
TRIBENZOR 40-5-25MG TABLET	28839
VALSARTAN-HCTZ 160-12.5MG TAB	09760
VALSARTAN-HCTZ 160-25MG TAB	17245
VALSARTAN-HCTZ 320-12.5MG TAB	27015
VALSARTAN-HCTZ 320-2 MG TAB	27014
VALSARTAN-HCTZ 80-12.5MG TAB	07833

Drugs Requiring Prior Authorization	
Label Name	**GCN**
Thiazide Diuretics	
VASERETIC 10-25 MG TABLET	54860
VASERETIC 5-12.5 MG TABLET	54862
ZESTORETIC 20-12.5MG TABLET	88000
ZESTORETIC 20-25MG TABLET	88001
ZESTORETIC 10/12.5 TABLET	88002
ZIAC 10-6.25MG TABLET	45063
ZIAC 2.5-6.25MG TABLET	45061
ZIAC 5-6.25MG TABLET	45062

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Hormone Replacement Therapy

Drugs Requiring Prior Authorization

The listed GCNs may not be an indication of Texas Medicaid Formulary coverage. To learn the current formulary coverage, visit txvendordrug.com/searches/formulary-drug-search.

Drugs Requiring Prior Authorization	
Label Name	**GCN**
Hormone Replacement Therapy	
ACTIVELLA 0.5-0.1MG TABLET	98362
ACTIVELLA 1-0.5MG TABLET	95046
ALORA 0.025MG PATCH	28842
ALORA 0.05MG PATCH	28840
ALORA 0.075MG PATCH	28843
ALORA 0.1MG PATCH	28841
AMABELZ 0.5-0.1MG TABLET	98362
AMABELZ 1-0.5MG TABLET	95046
ANGELIQ 0.5-1MG TABLET	24602
ANGELIQ 0.25 MG-0.5 MG TABLET	32417
BIJUVA 1 MG-100 MG CAPSULE	45661
BIJUVA 0.5 MG-100 MG CAPSULE	51863
CLIMARA 0.025MG/DAY PATCH	28848
CLIMARA 0.0375 MG/DAY PATCH	20069
CLIMARA 0.05MG/DAY PATCH	28845
CLIMARA 0.06/MG DAY PATCH	20068
CLIMARA 0.075 MG/DAY PATCH	28853
CLIMARA 0.1MG/DAY PATCH	28844
CLIMARA PRO PATCH	20849

Drugs Requiring Prior Authorization	
Label Name	**GCN**
Hormone Replacement Therapy	
COMBIPATCH 0.05-0.14MG PATCH	69123
COMBIPATCH 0.05-0.25MG PATCH	69124
DELESTROGEN 10MG/ML VIAL	10692
DELESTROGEN 20MG/ML VIAL	10690
DELESTROGEN 40MG/ML VIAL	10694
DELESTROGEN 20 MG/ML SYRINGE	10700
DEPO-ESTRADIOL 5 MG/ML VIAL	10660
DIVIGEL 0.25 MG GEL PACKET	98558
DIVIGEL 0.5 MG GEL PACKET	26659
DIVIGEL 0.75 MG GEL PACKET	45909
DIVIGEL 1 MG GEL PACKET	10777
DIVIGEL 1.25 MG GEL PACKET	47491
DOTTI 0.05 MG PATCH	28840
DOTTI 0.1 MG PATCH	28841
DOTTI 0.025 MG PATCH	28842
DOTTI 0.075 MG PATCH	28843
DOTTI 0.0375 MG PATCH	28846
DUAVEE 0.45-20MG TABLET	35909
ELESTRIN 0.06% GEL	98473
ESTRACE 0.5MG TABLET	10772
ESTRACE 1MG TABLET	10770
ESTRACE 2MG TABLET	10771
ESTRADIOL 0.025 MG PATCH	28842

Drugs Requiring Prior Authorization	
Label Name	**GCN**
Hormone Replacement Therapy	
ESTRADIOL 0.0375 MG PATCH	28846
ESTRADIOL 0.05 MG PATCH	28840
ESTRADIOL 0.075 MG PATCH	28843
ESTRADIOL 0.1 MG PATCH	28841
ESTRADIOL 0.5 MG TABLET	10772
ESTRADIOL 1 MG TABLET	10770
ESTRADIOL 2 MG TABLET	10771
ESTRADIOL TDS 0.025 MG/DAY	28848
ESTRADIOL TDS 0.0375 MG/DAY	20069
ESTRADIOL TDS 0.05 MG/DAY	28845
ESTRADIOL TDS 0.06 MG/DAY	20068
ESTRADIOL TDS 0.075 MG/DAY	28853
ESTRADIOL TDS 0.1 MG/DAY	28844
ESTRADIOL 6 MG PELLET	49569
ESTRADIOL 10 MG PELLET	49568
ESTRADIOL 12.5 MG PELLET	49571
ESTRADIOL 15 MG PELLET	56094
ESTRADIOL 37.5 MG PELLET	49572
ESTRADIOL 25 MG PELLET	03461
ESTRADIOL 50 MG PELLET	03462
ESTRADIOL 10 MG/ML VIAL	10692
ESTRADIOL 40 MG/ML VIAL	10694
ESTRADIOL 0.1% (0.25MG) GEL PK	98558

Drugs Requiring Prior Authorization	
Label Name	**GCN**
Hormone Replacement Therapy	
ESTRADIOL 0.1% (0.5MG) GEL PKT	26659
ESTRADIOL 0.1% (0.75MG) GEL PK	45909
ESTRADIOL 0.1% (1.25MG) GEL PK	47491
EVAMIST 1.53MG/SPRAY	98723
FEMHRT 0.5 MG-2.5 MCG TABLET	15567
FEMHRT 1-5 TABLET	92296
FEMRING 0.05 MG/DAY VAG RING	19598
FEMRING 0.10 MG/DAY VAG RING	19599
FYAVOLV 0.5MG-2.5MCG TABLET	15567
FYAVOLV 1MG-5MCG TABLET	92296
JINTELI 1MG-5MCG TABLET	92296
LOPREEZA 0.5-0.1MG TABLET	98362
LOPREEZA 1-0.5MG TABLET	95046
LYLLANA 0.05 MG PATCH	28840
LYLLANA 0.1 MG PATCH	28841
LYLLANA 0.025 MG PATCH	28842
LYLLANA 0.075 MG PATCH	28843
LYLLANA 0.0375 MG PATCH	28846
MENOSTAR 14 MCG/DAY PATCH	22759
MIMVEY 1-0.5MG TABLET	95046
MIMVEY LO 0.5-0.1MG TABLET	98362
MINIVELLE 0.05 MG PATCH	28840
MINIVELLE 0.1 MG PATCH	28841

Drugs Requiring Prior Authorization	
Label Name	**GCN**
Hormone Replacement Therapy	
MINIVELLE 0.025 MG PATCH	28842
MINIVELLE 0.075 MG PATCH	28843
MINIVELLE 0.0375 MG PATCH	28846
PREMARIN 0.3MG TABLET	10943
PREMARIN 0.45MG TABLET	19975
PREMARIN 0.625MG TABLET	10942
PREMARIN 0.9MG TABLET	10944
PREMARIN 1.25MG TABLET	10945
PREMARIN 25MG VIAL	10890
PREMPHASE 0.625-5 MG TABLET	55733
PREMPRO 0.3-1.5MG TABLET	20769
PREMPRO 0.45-1.5MG TABLET	19739
PREMPRO 0.625-2.5MG TABLET	55731
PREMPRO 0.625-5MG TABLET	55730
VIVELLE-DOT 0.025MG PATCH	28842
VIVELLE-DOT 0.0375MG PATCH	28846
VIVELLE-DOT 0.05MG PATCH	28840
VIVELLE-DOT 0.075MG PATCH	28843
VIVELLE-DOT 0.1MG PATCH	28841

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Selective Estrogen-Receptor Modifiers

Drugs Requiring Prior Authorization

The listed GCNs may not be an indication of Texas Medicaid Formulary coverage. To learn the current formulary coverage, visit txvendordrug.com/searches/formulary-drug-search.

Drugs Requiring Prior Authorization	
Label Name	**GCN**
Selective Estrogen-Receptor Modifiers	
EVISTA 60MG TABLET	59011
RALOXIFENE HCL 60MG TABLET	59011

Non-Steroidal Anti-Inflammatory Agents (NSAIDs)

Drugs Requiring Prior Authorization

The listed GCNs may not be an indication of Texas Medicaid Formulary coverage. To learn the current formulary coverage, visit txvendordrug.com/searches/formulary-drug-search.

Drugs Requiring Prior Authorization	
Label Name	**GCN**
NSAIDs	
ACETAMIN-IBUPROFN 250-125MG TB	47839
AFLAXEN 550 MG TABLET	47131
AF-NAPROXEN SOD 220 MG CPLT	47132
ALEVE 220 MG LIQUID GEL CAP	29254
ALL DAY PAIN RLF 220 MG CAPLET	47132
ALL DAY RELIEF 220 MG TABLET	47132
ANAPROX 275 MG TABLET	47130
ANAPROX DS 550 MG TABLET	47131
ARTHROTEC 50 MG-200 MCG TAB	62729
ARTHROTEC 75 MG-200 MCG TAB	06263
CHILDREN IBUPROFEN 100 MG/5 ML	35930
DAYPRO 600MG CAPLET	01750
DICLOFENAC 1.5% TOPICAL SOLN	19454
DICLOFENAC POT 25 MG TABLET	13967
DICLOFENAC POTASSIUM 25 MG CAP	27392
DICLOFENAC POT 50 MG TABLET	13960
DICLOFENAC SOD EC 25 MG TAB	35850
DICLOFENAC 35 MG CAPSULE	35503

Drugs Requiring Prior Authorization	
Label Name	**GCN**
NSAIDs	
DICLOFENAC SOD EC 50 MG TAB	35851
DICLOFENAC SOD EC 75 MG TAB	35852
DICLOFENAC SOD ER 100 MG TAB	13310
DICLOFENAC SODIUM 1% GEL	45680
DICLOFENAC SODIUM 3% GEL	86831
DICLOFENAC 2% SOLUTION PUMP	35936
DICLOFENAC POT 50 MG POWDR PKT	30891
DICLOFENAC EPOLAMINE 1.3% PTCH	97958
DICLOFENAC-MISOPROST 50-200 TB	62729
DICLOFENAC-MISOPROST 75-0.2 TB	06263
DICLOTREX 1.5%-4%-10% KIT	48500
DIFLUNISAL 250 MG TABLET	16850
DIFLUNISAL 500MG TABLET	16851
DOLOBID 250 MG TABLET	16850
DOLOBID 375 MG TABLET	57589
DOLOBID 500 MG TABLET	16851
DUEXIS 800-26.6MG TABLET	30547
ETODOLAC 200 MG CAPSULE	33870
ETODOLAC 300 MG CAPSULE	33871
ETODOLAC 400 MG TABLET	61761
ETODOLAC 500 MG TABLET	61766
ETODOLAC ER 400 MG TABLET	61765
ETODOLAC ER 500 MG TABLET	61767

Drugs Requiring Prior Authorization	
Label Name	**GCN**
NSAIDs	
ETODOLAC ER 600 MG TABLET	61762
FELDENE 10MG CAPSULE	35820
FELDENE 20MG CAPSULE	35821
FENOPROFEN 200 MG CAPSULE	35750
FENOPROFEN 300 MG CAPSULE	35751
FENOPROFEN 600MG TABLET	35760
FENOPROFEN CALCIUM 400 MG CAP	27999
FLECTOR 1.3% PATCH	97958
FLURBIPROFEN 100MG TABLET	35711
FLURBIPROFEN 50MG TABLET	35710
HYDROCODONE-IBUPROFEN 10-200MG TABLET	99371
HYDROCODONE-IBUPROFEN 5-200MG TABLET	22678
HYDROCODONE-IBUPROFEN 7.5-200MG TABLET	63101
HYDROCODONE-IBUPROFEN 2.5-200	16279
IBUPROFEN PM CAPLET	98268
IBUDONE 10-200 MG TABLET	99371
IBUDONE 5-200MG TABLET	22678
IBUPROFEN PM SOFTGEL	14238
IBU-200 MG TABLET	35743
IBU 400 MG TABLET	35741
IBU 600 MG TABLET	35742
IBU 800 MG TABLET	35744
IBUPAK KIT	48826

Drugs Requiring Prior Authorization	
Label Name	**GCN**
NSAIDs	
INFANT IBUPROFEN 50 MG/1.25 ML	35931
IBUPROFEN 100 MG/5 ML SUSP	35930
IBUPROFEN 100 MG TABLET	35747
IBUPROFEN 100 MG TAB CHEW	35749
IBUPROFEN 200 MG CAPLET	35743
IBUPROFEN 200 MG SOFTGEL	35431
IBUPROFEN 200 MG TABLET	35743
IBUPROFEN 300 MG TABLET	35740
IBUPROFEN 400 MG TABLET	35741
IBUPROFEN 600 MG TABLET	35742
IBUPROFEN 800 MG TABLET	35744
IBUPROFEN JR STR 100 MG CHEW	35749
IBUPROFEN-FAMOTIDIN 800-26.6MG	30547
INDOCIN 25MG/5 ML SUSPENSION	36490
INDOCIN 50 MG SUPPOSITORY	20240
INDOMETHACIN 25MG CAPSULE	35680
INDOMETHACIN 50MG CAPSULE	35681
INDOMETHACIN ER 75MG CAPSULE	35690
INDOMETHACIN 50 MG SUPPOS	20240
KETOPROFEN 50MG CAPSULE	34420
KETOPROFEN 75MG CAPSULE	34421
KETOPROFEN 25 MG CAPSULE	34422
KETOPROFEN 150 MG CAPSULE SA	33791

Drugs Requiring Prior Authorization	
Label Name	**GCN**
NSAIDs	
KETOPROFEN ER 200MG CAPSULE	33792
KETOPROFEN 100 MG CAPSULE SA	33793
KETOROLAC 10MG TABLET	32531
KETOROLAC 60MG/2ML VIAL	35236
MECLOFENAMATE 100 MG CAPSULE	35810
MECLOFENAMATE 50 MG CAPSULE	35811
MEFENAMIC ACID 250MG CAPSULE	16530
NABUMETONE 500MG TABLET	32961
NABUMETONE 750MG TABLET	32962
NALFON 400MG CAPSULE	27999
NALFON 300 MG CAPSULE	35751
NALFON 600 MG TABLET	35760
NAPRELAN CR 750 MG TABLET	16134
NAPRELAN 375 TABLET SA	33812
NAPRELAN 500 TABLET SA	33813
NAPRELAN CR 500 MG TABLET	92253
NAPRELAN CR 375 MG TABLET	98900
NAPROXEN 125 MG/5 ML SUSPEN	41670
NAPROXEN 250 MG TABLET	35790
NAPROXEN 375 MG TABLET	35792
NAPROXEN 500 MG TABLET	35793
NAPROXEN SOD CR 750 MG TABLET	16134
NAPROXEN DR 375 MG TABLET	61850

Drugs Requiring Prior Authorization	
Label Name	**GCN**
NSAIDs	
NAPROXEN DR 500 MG TABLET	61851
NAPROXEN SOD 220 MG TABLET	47132
NAPROXEN SODIUM 220 MG CAPSULE	29254
NAPROXEN SOD ER 375 MG TABLET	98900
NAPROXEN SOD ER 500 MG TABLET	92253
NAPROXEN SOD ER 500(550) MG TB	33813
NAPROXEN SODIUM 275 MG TAB	47130
NAPROXEN SODIUM 550 MG TAB	47131
NAPROXEN-ESOMEPRAZ DR 500-20MG	28570
NAPROXEN-ESOMEPRAZ DR 375-20MG	28572
OXAPROZIN 600MG TABLET	01750
OXAPROZIN 300 MG CAPSULE	54905
OXYCODONE-IBUPROFEN 5-400MG TABLET	23827
PENNSAID 1.5% SOLUTION	19454
PENNSAID 2% PUMP	35936
PENNSAID 2% SOLUTION PACKET	43213
PIROXICAM 10MG CAPSULE	35820
PIROXICAM 20MG CAPSULE	35821
PONSTEL 250MG KAPSEALS	16530
QC IBUPROFEN 200 MG SOFTGEL	35431
QC NAPROXEN SOD 220 MG TABLET	47132
SEGLENTIS 56 MG-44 MG TABLET	51517
SM IBUPROFEN 200 MG TABLET	35743

Drugs Requiring Prior Authorization	
Label Name	**GCN**
NSAIDs	
SPRIX 15.75MG NASAL SPRAY	29928
SULINDAC 150MG TABLET	35800
SULINDAC 200MG TABLET	35801
SUMATRIPTAN-NAPROXEN 85-500 MG	99597
TOLMETIN SODIUM 200MG TABLET	35780
TOLMETIN SODIUM 400MG CAPSULE	35770
TOLMETIN SODIUM 600MG TABLET	35781
TREXIMET 10-60 MG TABLET	42354
TREXIMET 85-500 MG TABLET	99597
VENNGEL ONE 1% KIT	42358
VIMOVO DR 375-20 MG TABLET	28572
VIMOVO DR 500-20 MG TABLET	28570
VOLTAREN-XR 100 MG TABLET	13310
VOLTAREN 25 MG TABLET EC	35850
VOLTAREN 50 MG TABLET EC	35851
VOLTAREN 75 MG TABLET EC	35852
VOLTAREN 1% GEL	45680
ZORVOLEX 18MG CAPSULE	35499
ZORVOLEX 35MG CAPSULE	35503

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COX-2 Inhibitors

Drugs Requiring Prior Authorization

The listed GCNs may not be an indication of Texas Medicaid Formulary coverage. To learn the current formulary coverage, visit txvendordrug.com/searches/formulary-drug-search.

Drugs Requiring Prior Authorization	
Label Name	**GCN**
COX-2 Inhibitors	
CELEBREX 100MG CAPSULE	42001
CELEBREX 200MG CAPSULE	42002
CELEBREX 400MG CAPSULE	18127
CELEBREX 50MG CAPSULE	97785
CELECOXIB 100MG CAPSULE	42001
CELECOXIB 200MG CAPSULE	42002
CELECOXIB 400MG CAPSULE	18127
CELECOXIB 50MG CAPSULE	97785
MELOXICAM 5 MG CAPSULE	40217
MELOXICAM 10 MG CAPSULE	40218
MELOXICAM 7.5 MG/5ML SUSP	26227
MELOXICAM 7.5MG TABLET	31661
MOBIC 15MG TABLET	31662
MOBIC 7.5MG TABLET	31661
MOBIC 15 MG TABLET	31662
MOBIC 7.5MG/5ML SUSPENSION	26227
QMIIZ ODT 15MG TABLET	45744
QMIIZ ODT 7.5MG TABLET	37705
VYSCOXA 10 MG/ML SUSPENSION	58139

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Statins

Drugs Requiring Prior Authorization

The listed GCNs may not be an indication of Texas Medicaid Formulary coverage. To learn the current formulary coverage, visit txvendordrug.com/searches/formulary-drug-search.

Drugs Requiring Prior Authorization	
Label Name	**GCN**
Statins	
ALTOPREV 10 MG TABLET	17650
ALTOPREV 20MG TABLET	17651
ALTOPREV 40MG TABLET	17652
ALTOPREV 60MG TABLET	17654
ATORVALIQ 20 MG/5 ML SUSP	53672
ATORVASTATIN 10 MG TABLET	43720
ATORVASTATIN 20 MG TABLET	43721
ATORVASTATIN 40 MG TABLET	43722
ATORVASTATIN 80 MG TABLET	43723
CRESTOR 10MG TABLET	19153
CRESTOR 20MG TABLET	19154
CRESTOR 40MG TABLET	19155
CRESTOR 5MG TABLET	20229
EZALLOR SPRINKLE 5MG CAPSULE	38314
EZALLOR SPRINKLE 10MG CAPSULE	39996
EZALLOR SPRINKLE 20MG CAPSULE	40734
EZALLOR SPRINKLE 40MG CAPSULE	41027
FLUVASTATIN ER 80MG TABLET	89424
FLUVASTATIN SODIUM 20MG CAPSULE	00030

Drugs Requiring Prior Authorization	
Label Name	**GCN**
Statins	
FLUVASTATIN SODIUM 40MG CAPSULE	00031
LESCOL 20 MG CAPSULE	00030
LESCOL 40 MG CAPSULE	00031
LESCOL XL 80 MG TABLET	89424
LIPITOR 10MG TABLET	43720
LIPITOR 20MG TABLET	43721
LIPITOR 40MG TABLET	43722
LIPITOR 80MG TABLET	43723
LIVALO 1MG TABLET	28588
LIVALO 2MG TABLET	28594
LIVALO 4MG TABLET	28595
LOVASTATIN 10 MG TABLET	47042
LOVASTATIN 20 MG TABLET	47040
LOVASTATIN 40 MG TABLET	47041
PITAVASTATIN 1 MG TABLET	28588
PITAVASTATIN 2 MG TABLET	28594
PITAVASTATIN 4 MG TABLET	28595
PRAVACHOL 10 MG TABLET	48671
PRAVACHOL 20MG TABLET	48672
PRAVACHOL 40MG TABLET	48673
PRAVACHOL 80MG TABLET	15412
PRAVASTATIN SODIUM 10 MG TAB	48671
PRAVASTATIN SODIUM 20 MG TAB	48672

Drugs Requiring Prior Authorization	
Label Name	**GCN**
Statins	
PRAVASTATIN SODIUM 40 MG TAB	48673
PRAVASTATIN SODIUM 80 MG TAB	15412
ROSUVASTATIN 10MG TABLET	19153
ROSUVASTATIN 20MG TABLET	19154
ROSUVASTATIN 40MG TABLET	19155
ROSUVASTATIN 5MG TABLET	20229
SIMVASTATIN 10 MG TABLET	26532
SIMVASTATIN 20 MG TABLET	26533
SIMVASTATIN 40 MG TABLET	26534
SIMVASTATIN 5 MG TABLET	26531
SIMVASTATIN 80 MG TABLET	26535
SIMVASTATIN 20 MG/5 ML SUSP	41189
ZOCOR 10MG TABLET	26532
ZOCOR 20MG TABLET	26533
ZOCOR 40MG TABLET	26534
ZOCOR 5MG TABLET	26531
ZOCOR 80MG TABLET	26535
ZYPITAMAG 1MG TABLET	43614
ZYPITAMAG 2MG TABLET	43615
ZYPITAMAG 4MG TABLET	43616

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Statin Combos

Drugs Requiring Prior Authorization

The listed GCNs may not be an indication of Texas Medicaid Formulary coverage. To learn the current formulary coverage, visit txvendordrug.com/searches/formulary-drug-search.

Drugs Requiring Prior Authorization	
Label Name	**GCN**
Statin Combos	
AMLODIPINE-ATORVAST 10-10 MG	21395
AMLODIPINE-ATORVAST 10-20 MG	21396
AMLODIPINE-ATORVAST 10-40 MG	21397
AMLODIPINE-ATORVAST 10-80 MG	21398
AMLODIPINE-ATORVAST 2.5-10 MG	23866
AMLODIPINE-ATORVAST 2.5-20 MG	23867
AMLODIPINE-ATORVAST 2.5-40 MG	23868
AMLODIPINE-ATORVAST 5-10 MG	21391
AMLODIPINE-ATORVAST 5-20 MG	21392
AMLODIPINE-ATORVAST 5-40 MG	21393
AMLODIPINE-ATORVAST 5-80 MG	21394
CADUET 10 MG-10 MG TABLET	21395
CADUET 10 MG-20 MG TABLET	21396
CADUET 10 MG-40 MG TABLET	21397
CADUET 10 MG-80 MG TABLET	21398
CADUET 5 MG-10 MG TABLET	21391
CADUET 5 MG-20 MG TABLET	21392
CADUET 5 MG-40 MG TABLET	21393
CADUET 5 MG-80 MG TABLET	21394

Drugs Requiring Prior Authorization	
Label Name	**GCN**
Statin Combos	
CADUET 2.5 MG-10 MG TABLET	23866
CADUET 2.5 MG-20 MG TABLET	23867
CADUET 2.5 MG-40 MG TABLET	23868
EZETIMIBE-ATORVASTATIN 10-10MG	34469
EZETIMIBE-ATORVASTATIN 10-20MG	34606
EZETIMIBE-ATORVASTATIN 10-40MG	34607
EZETIMIBE-ATORVASTATIN 10-80MG	34608
EZETIMIBE-SIMVASTATIN 10-10MG	23121
EZETIMIBE-SIMVASTATIN 10-10MG	23126
EZETIMIBE-SIMVASTATIN 10-20MG	23125
EZETIMIBE-SIMVASTATIN 10-40MG	23127
ROSUVASTATIN-EZETIMIBE 40-10MG	49425
ROSUVASTATIN-EZETIMIBE 20-10MG	49430
ROSUVASTATIN-EZETIMIBE 10-10MG	49434
ROSUVASTATIN-EZETIMIBE 5-10 MG	49435
SIMCOR 1,000-20MG TABLET	99404
SIMCOR 1,000-40MG TABLET	28835
SIMCOR 500-20MG TABLET	99402
SIMCOR 500-40 MG TABLET	28836
SIMCOR 750-20MG TABLET	99403
VYTORIN 10-10 MG TABLET	23121
VYTORIN 10-20 MG TABLET	23125
VYTORIN 10-40 MG TABLET	23127

Drugs Requiring Prior Authorization	
Label Name	**GCN**
Statin Combos	
VYTORIN 10-80 MG TABLET	23126

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Clinical Criteria References

1. Clinical Pharmacology [online database]. Tampa, FL: Elsevier / Gold Standard, Inc. 2025. Available at www.clinicalpharmacology.com. Accessed on April 29, 2025.
2. Micromedex [online database]. Available at www.micromedexsolutions.com. Accessed on April 29, 2025.

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Duplicate Therapy Drug Class

Publication History

The Publication History records the publication iterations and revisions to this document. Notes for the *most current revision* are also provided in the Revision Notes on the first page of this document.

Publication Date	Notes
01/31/2011	• Initial publication and posting to website
12/27/2012	• Revised to reflect current clinical edit
03/26/2014	• Revised to reflect criteria additions
01/27/2016	• Guide updated to include GCNs of drugs included in the edit
02/01/2016	• Updated to include Entresto GCNs
07/19/2016	• Updated to include GCN for Utibron Neohaler
10/02/2018	• Updated to include the following GCNs: ○ Byvalson ○ Trelegy Ellipta ○ Armonair and Qvar Redihaler ○ Zodex ○ Bevespi ○ Fyavolv and Yuvafem ○ Zypitamag
11/13/2018	• Added GCN for Arnuity Ellipta 50 mcg inhaler
01/21/2019	• Updated to include the following GCNs: ○ Eliquis ○ Xarelto ○ Taperdex ○ Emflaza
03/27/2019	• Updated to include formulary statement (The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit TxVendorDrug.com/formulary/formulary-search.) on each 'Drug Requiring PA' table
07/01/2019	• Added GCN for Ryclora to Drugs Requiring PA table

Publication Date	Notes
09/26/2019	• Added GCN for Poly Hist Forte to Drugs Requiring PA table
12/30/2019	• Added GCN for Polytussin DM to Drugs Requiring PA table
01/30/2020	• Added GCNs for Pediaclear to drug table, fluticasone/salmeterol, Dxevo, Qmiiz ODT and Ezallor
03/12/2020	• Added GCN for Childrens Dayclear Allergy Cough to drug table
07/15/2020	• Added GCNs for Bevyxxa to drug table and Proair Digihaler
03/02/2021	• Added GCNs for Breztri Aerosphere (48435) to ICS/LABA/AM drug table, Duaklir Pressair (37735) to LABA/AM drug table and Wixela (50584, 50594 and 50604) to ICS/LABA drug table
04/26/2021	• Added GCN for Trelegy Ellipta (48708)
04/27/2021	• Added GCNs for AirDuo Digihaler (48489, 48494, 48495)
06/08/2021	• Added GCNs for Armonair Digihaler (48602, 48604, 48615) and removed GCNs for Armonair Respiclick (42979, 42984, 42985)
07/19/2021	• Added GCNs for Diclotrex (48500), Ibupak (48826) and Venngel (42358) to NSAID table
08/17/2021	• Removed oral corticosteroids from clinical edit criteria
10/29/2021	• Added GCN for Dulera 50mcg/5mcg inhaler (30139) to drug table
06/09/2022	• Added GCN for Xarelto 1mg/mL suspension (50027) to drug table
11/18/2022	• Added GCN for Nighttime Cough Liquid (26684) to drug table
12/01/2022	• Annual review by staff • Added GCN for Pradaxa 110 mg (99709) to drug table • Updated references
03/23/2023	• Added GCNs for fluticasone-salmeterol (50584, 50594, 50604) to ICS/LABA PA drug table
11/30/2023	• Added GCN for indomethacin suppository (20240) to NSAID table
03/11/2024	• Added GCNs for Asmanex (37566, 37565, 47599, 24929, 24927, 18987) to PA drug table
07/15/2024	• Added GCNs for Entresto sprinkle pellet (55585, 55586)
03/20/2025	• Added GCN for Inzirqo oral suspension (56974) to Thiazide Diuretics Drugs Requiring PA table

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04/29/2025	• Added GCNs for diflunisal (16850) and Dolobid (16850, 16851, 57589) to the Supporting Tables section
4/30/2025	• Annual review by staff • Added GCNs for Arixtra (15494, 23775, 23777), Fragmin (53025, 63731), Pradaxa (49865, 49867, 49868, 49869), Atacand (13258), Avalide (24622), Diovan (15902, 15903), Edarbyclor (31164), Exforge (22625, 22631, 22648, 22649), Sacubitril-valsartan (39046, 39047, 39048), valsartan (52212), Ala-hist (99188, 99189, 99338, 99356), Aprodine (96444), Banophen (46032, 46071, 96780), carbinoxamine (46173, 20432, 34474, 43082, 19437, 51235, 96683), cetirizine (27714), chlorpheniramine (46512, 46544, 46464, 46461, 25727, 25730, 46503), clemastine (46690, 46990), Dimaphen (96555, 96850, 96870, 96860, 12933, 12934, 87000), diphenhydramine (46032, 46062, 46071, 46072, 27480, 27481, 46060, 46011), ED-A-Hist (28983, 66031), ED Chlorpred (23484, 97359), Endacof (94275), fexofenadine (37198, 24394, 63565), Histex (14949, 15006, 67290, 43586, 20432, 39324, 44021, 46173, 12862, 98045, 13038, 29232, 53451, 54933, 29665, 19437, 46461, 43643), hydroxyzine (13882, 13942, 33594), Lodrane (00315, 00319, 13783, 17447, 23679, 96412, 97644, 23681, 24058, 76311), loratadine (45393, 98118, 60521, 38754), meclizine (18303, 18292, 18311, 18312), Ninjacof (30677, 40235), Poly Hist (28978, 13828, 96250, 23255, 23797, 95985), promethazine (15033, 15035, 15042, 15043, 15044), Rescon (16832, 26985, 85924), Rymed (53960, 54540, 54875, 53990, 54910), Stahist (46621, 98314, 13115, 25624, 31771, 44723), triprolidine (36284, 36886), Vistaril (13951, 13970), albuterol (20110, 22913), Proventil (20110, 41680, 41681), Ventolin (22913, 20110, 41680, 41681), Xopenex (23146), arformoterol (97366), formoterol (98776), Serevent (64026), Airduo (42956, 42957, 42958), Breo (54747), Breyna(98499, 98500), budesonide-formoterol (98499, 98500), fluticasone-salmeterol (97135, 97136, 97137), fluticasone-vilanterol (34647, 35808), Armonair (42979, 42984, 42985), Asmanex (99723), Pulmicort (27740), Combivent (72951), Duoneb (13456), Amturnide (29393, 29397), Atacand (13258), Avalide (24622), CTZ/reserpine (51811, 51812), HCTZ/reserpine (51843), Diuril (34802, 34803), Dyazide (88730), Edabyclor (31164), hydralazine/HCTZ (51760, 51761, 51762, 51770, 51771), HCTZ (34821, 10271), HCTZ/reserpine/hydral (51690), HCTZ/reserpine (51690, 51842, 51843), Hydrodiuril (34821, 34824, 34825), methyldopa/CTZ (51951), methyldopa/HCTZ (51962, 51963, 31155, 31156, 51554), olmesartan-amlodipine-HCTZ (28837, 28838, 28839, 28854, 28855), olmesartan-HCTZ (20074, 20075, 20076), spironolactone/HCTZ (82330), Vaseretic (54862), Zestoretic (88002), Angeliq (32417), Bijuva (45661, 51863), delestrogen (10700), Divigel (45909, 47491), Dotti (28840, 28841, 28842, 28843, 28846), Elestrin (98473), estradiol (49569, 49568, 49571, 56094, 49572, 03461, 03462, 10692, 10694, 98558, 26659, 45909, 47491), Femhrt (15567, 92296), Femring (19598, 19599), Lyllana (28840, 28841, 28842, 28843, 28846), Minivelle (28840, 28841, 28842, 28843, 28846), Premphase (55733), acetamin-ibuprofen (47839), Aflaxen (47131), AF-naproxen (47132), Aleve (29254), Anaprox (47130, 47131), diclofenac (13967, 27392, 35503, 35936, 30891, 97958), fenoprofen (35750, 35751), hydroodone-ibuprofen (16279), ibuprofen (98268, 14238, 35931, 35747, 35749, 35740), ibuprofen-famotidine (30547), ketoprofen (34422, 33791,

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	33793), Nalfon (35751, 35760), Naprelan (16134, 33812, 33813, 92253, 98900), naproxen (16134, 29254, 33813), naproxen-esomeprazole (28570, 28572), oxaprozin (54905), Pennsaid (19454, 43213), Seglentis (51517), Treximet (42354), Reximet (42354), Voltaren (13310, 35850, 35851, 35852), Mobic (31662), meloxicam (40217, 40218), Altoprev (17650), Atorvaliq (53672), Lescol (00030, 00031), pitavastatin (28588, 28594, 28595), Pravachol (48671), simvastatin (41189), Caduet (23866, 23867, 23868), ezetemibe-atorvastatin (34469, 34606, 34607, 34608), rosuvastatin-ezetemibe (49425, 49430, 49434, 49435) • Removed GCNs for Estropipate (11080, 11084, 11085), Menest (11050, 11051, 11052, 11053), Prefest (92689), and Premarin (10947) - products discontinued • Removed GCNs for Estring vaginal ring (10773), Premarin vaginal cream (28410), Vagifem vaginal tablet (28107), and Yuvafem vaginal insert (28107) from the Hormone Replacement Therapy supporting table • Updated references
09/17/2025	• Added GCNs for Eliquis (57647, 58332, 57655, 58331) to the Anticoagulants Drugs Requiring PA table
10/29/2025	• Added GCN for Vyscoxa (58139) to the COX-2 Inhibitors Drugs Requiring PA table
12/01/2025	• Added GCN for desloratadine (58543) to the Antihistamines Drugs Requiring PA table

