

Pharmacy Prior Authorization Requirements

Starting Oct. 1, 2020

Starting Oct. 1, 2020, prior authorization will be required for some drugs used to treat neurotrophic keratitis and allergies caused by peanuts when prescribed to UnitedHealthcare Community Plan members. The drugs requiring prior authorization are listed in the following chart.

Drug	Clinical Criteria Name	Clinical Criteria
OXERVATE 0.002% EYEDROP	Oxervate (cenegermin-bkbj)	txvendordrug.com > Formulary > Prior Authorization > Managed Care Clinical Prior Authorization
PALFORZIA INITIAL DOSE PACK	Palforzia (Peanut Allergen Powder)	txvendordrug.com > Formulary > Prior Authorization > Managed Care Clinical Prior Authorization
PALFORZIA 3 MG (LEVEL 1)		
PALFORZIA 6 MG (LEVEL 2)		
PALFORZIA 12 MG (LEVEL 3)		
PALFORZIA 20 MG (LEVEL 4)		
PALFORZIA 40 MG (LEVEL 5)		
PALFORZIA 80 MG (LEVEL 6)		
PALFORZIA 120 MG (LEVEL 7)		
PALFORZIA 160 MG (LEVEL 8)		
PALFORZIA 200 MG (LEVEL 9)		
PALFORZIA 240 MG (LEVEL 10)		
PALFORZIA 300 MG (LEVEL 11)		
PALFORZIA 300 MG (MAINTENANCE)		

How to Submit a Prior Authorization Request

You can submit your prior authorization requests in several ways.

- **Online:** [UHCprovider.com/TXcommunityplan](https://uhcprovider.com/TXcommunityplan) > [Pharmacy Resources and Physician Administered Drugs](#) > Pharmacy Prior Authorization > PreCheck MyScript®
- **Phone:** 800-310-6826
- **Fax:** 866-940-7328

Please send a completed prior authorization form with your request. You can access the form at [UHCprovider.com/TXcommunityplan](https://uhcprovider.com/TXcommunityplan) > Pharmacy Resources and Physician Administered Drugs > [Texas Standard Prior Authorization Request Form for Prescription Drug Benefits](#).

We're Here to Help

If you have questions, please contact your Physician Advocate or call Member Services at **888-887-9003**, 8 a.m. – 6 p.m., Monday – Friday. Thank you.

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