

New Pharmacy Prior Authorizations Starting March 1, 2020

Starting **March 1, 2020**, prior authorization will be required for some drugs used to treat a type of bacterial infection in adults, who have limited or no alternative treatment options and grass pollen allergies, when prescribed to UnitedHealthcare Community Plan members. The drugs that will require prior authorization are listed in the following chart:

Drug	Clinical Criteria Name	Clinical Criteria
Arikayce 590 mg/8.4mL Suspension for Inhalation	Arikayce (Amikacin)	txvendordrug.com > Formulary > Prior Authorization > Medicaid-Managed Care Clinical Prior Authorization
Oralair 300IR Sublingual Tablet	Allergen Extracts	txvendordrug.com > Formulary > Prior Authorization > Medicaid-Managed Care Clinical Prior Authorization

How to Submit a Prior Authorization Request

You can submit your prior authorization requests in several ways:

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

Complete a prior authorization form. Find the form at [UHCprovider.com/txcommunityplan](https://www.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. to 6 p.m., Monday through Friday. Thank you.