

Pharmacy clinical criteria

These are the clinical criteria updates for UnitedHealthcare Community Plan of Texas CHIP, STAR, STAR Kids and STAR+PLUS plans.

Clinical criteria guidelines	Clinical criteria updates	Effective Date
Wegovy	<ul style="list-style-type: none"> Added Wegovy HD 7.2 mg/0.75 mL pen, Wegovy 1.5 mg tablet, Wegovy 4 mg tablet, Wegovy 9 mg tablet, and Wegovy 25 mg tablet to the Drugs Requiring PA table Updated max quantity checks to include the new tablet formulation Removed discontinued products 	7/1/2026
Zepbound	<ul style="list-style-type: none"> Added Zepbound KwikPens to the Drugs Requiring PA table Removed Bydureon Bcise 2mg autoinjector, Ozempic 0.25-0.5mg dose pen, and Ozempic 1mg dose pen from GLP-1 Receptor Agonist - products discontinued 	8/1/2026
Hormonal Therapy Agents	<ul style="list-style-type: none"> Drugs Added to Require Prior Authorization <ul style="list-style-type: none"> Abiraterone acetate tab, Aldactone tab, Angeliq tab, Carospir 25mg/5ml, Divigel gel, Drospirenone-EE tab, Dutasteride cap, Erleada tab, Estradiol gel, Evamist cap, Jasmiel tab, Spironolactone tab, Lorzumandimine tab, Leuprolide, Lupron Depot Ped kit, Megestrol tab, Myfembree tab, Nextstellis tab, Nubeqa tab, Ocella tab, Orgovyx tab, Oriahnn cap, Orilissa tab, Propecia tab, Proscar tab, Progesterone cap, Slynd tab, Syeda tab, Xtandi cap/tab, Yaz tab, Yasmin tab, Yonsa tab, Zumandimine tab, Zytiga tab Discontinued Products Removed <ul style="list-style-type: none"> Alora patch, Androderm patch, Estrace 0.5mg tab, Estrace 1mg tab, Estrace 2mg tab, Leuprolide depot 22.5mg vial 	8/1/2026
Synagis	<ul style="list-style-type: none"> Synagis clinical prior authorization will be retired due to product discontinuation 	6/30/2026