

# Pharmacy clinical criteria

Clinical criteria updates for UnitedHealthcare Community Plan of Texas CHIP, STAR, STAR Kids and STAR+PLUS plans. Effective March 1, 2025.

Medication	Clinical criteria guidelines	Clinical criteria updates
phendimetrazine	<b>Appetite Suppressant Agents</b>	<ul style="list-style-type: none"> <li>Corrected Table 2, 3a, and 3b to lookback of 730 days</li> <li>Updated dose check to greater than 210 mg/day for phendimetrazine</li> </ul>
buprenorphine/naloxone	<b>Buprenorphine Agents</b>	Added hydrocodone ER, hydrocodone/APAP 10-325/15 and tramadol to opioid supporting table.
Suboxone®		
Zubsolv®		
Aimovig®	<b>Calcitonin Gene-Related Peptide Receptor (CGRP) Antagonists, Prophylaxis</b>	Removed requirement for prior therapy with first line agents.
Ajovy® (fremanezumab-vfrm)		
Emgality® (galcanezumab-gnlm)		
Nurtec® ODT (rimegepant)		
Qulipta® (atogepant)		
Wakix® (pitolisant)	<b>CNS Stimulants</b>	Updated age for narcolepsy treatment with Wakix to 6 years and older.
Acthar selfject® (repository corticotropin injection)	<b>Corticotrophin</b>	<ul style="list-style-type: none"> <li>Added new Acthar selfject to Drugs Requiring Prior Authorization table</li> <li>Updated name of guide from HP Acthar to Corticotrophin</li> <li>Added medrol and prednisolone to the supporting tables</li> </ul>

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Cyltezo® (adalimumab-adbm)	<b>Cytokine and CAM Antagonists</b>	<ul style="list-style-type: none"> <li>• Added to Drugs Requiring Prior Authorization and supporting tables</li> <li>• Updated TNF blocker and Simponi contraindicated drugs table to include adalimumab biosimilars</li> </ul>
Hulio® (adalimumab-fkjp)		
Humira® (adalimumab)		
Idacio® (adalimumab-aacf)		
Simlandi® (adalimumab-ryvk)		
Taltz® (ixekizumab)		
Bemzeln® (bimekizumab-bkzx)		Added criteria for Bemzeln, Omvoh and Rinvoq LQ as approved by the Texas Drug Utilization Review (DUR) Board.
Omvoh® (mirikizumab-mrkz)		
Rinvoq® LQ (upadacitinib)		
Cimzia® (certolizumab pegol)		Added diagnosis of polyarticular juvenile idiopathic arthritis (pJIA) for patients 2 years and older for Cimzia.
Enbrel® (etanercept)		Updated age for plaque psoriasis for Enbrel to 4 years and older.
Entyvio® SC (vedolizumab)		Added diagnosis of Crohn's disease for Entyvio SC.
Otezla® (apremilast)		<ul style="list-style-type: none"> <li>• Added to Drugs Requiring Prior Authorization and supporting tables</li> <li>• Updated age for plaque psoriasis to 6 years and older for Otezla</li> <li>• Updated Question 1 for Otezla to "If no, go to question #3"</li> </ul>
Skyrizi® (risankizumab-rzaa)		<ul style="list-style-type: none"> <li>• Updated Skyrizi criteria logic and diagram step 4 to read, "Is the request for less than or equal to one 150mg syringe/ pen or one 180mg or 360mg cartridge?"</li> </ul>
Spevigo® (spesolimab-sbzo)	<ul style="list-style-type: none"> <li>• Added criteria for Spevigo and Tyenne</li> </ul>	
Tyenne® (tocilizumab-aazg)	<ul style="list-style-type: none"> <li>• Added Tyenne to biologic DMARD supporting table</li> </ul>	

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Tremfya® (guselkumab)	Cytokine and CAM Antagonists	Added diagnosis of ulcerative colitis (UC) in adult patients for Tremfya.
Xeljanz® (tofacitinib)		Added refill criteria for Xeljanz.
diclofenac solution and topical gel	Diclofenac 3% Gel, Diclofenac 1.5% and 2% Topical Solution	<ul style="list-style-type: none"> <li>Added diclofenac 2% solution pump to Drugs Requiring Prior Authorization table</li> <li>Added Efudex, imiquimod and Zyclara to supporting table for step #4 under Diclofenac 3% Topical Gel</li> </ul>
Entresto® sprinkle pellet	Duplicate Therapy	<ul style="list-style-type: none"> <li>Added apomorphine to Drugs Requiring Prior Authorization table</li> <li>Removed Apokyn and Kynmobi from Drugs Requiring Prior Authorization table. Apokyn is no longer on formulary and Kynmobi has been discontinued.</li> </ul>
Reblozyl® (luspatercept-aamt)	Erythropoiesis-Stimulating Agents	Added Reblozyl to ESA supporting table.
Evrysdi® (risdiplam)	Evrysdi	Removed check for hepatic impairment.
Anaprox (naproxen)	Gabapentin Agents	Added step #6 (history of an inferred migraine agent) table.
Calan® (verapamil HCl)		
Cardizem® (diltiazem hydrochloride)/Cardizem LA (diltiazem hydrochloride extended release)		
Corgard® (nadolol)		
diclofenac potassium		
diflunisal		
dihydroergotamine		
diltiazem		
fenoprofen		

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Indocin® (indomethacin) / Indocin® SR (indomethacin extended release)	<b>Gabapentin Agents</b>	Added step #6 (history of an inferred migraine agent) table.
ketoprofen		
ketorolac		
metoprolol tartrate		
Migranal® (dihydroergotamine mesylate)		
Nalfon® (fenoprofen)		
nortriptyline		
Procardia® (nifedipine)		
Reprexain™ (hydrocodone bitartrate)		
Treximet® (sumatriptan/naproxen sodium)		
verapamil		
zolmitriptan		
Gralise® ER (gabapentin)		Added Gralise ER tablets to Drugs Requiring Prior Authorization table.
Growth hormone agents (except Serostim® [somatropin], Sogroya® [somapacitan-beco] and Zorbtive™ [somatropin])	<b>Growth Hormone</b>	<ul style="list-style-type: none"> <li>Removed ICD-10 for Prader-Willi syndrome from Table 7</li> <li>Added Ngenla™ (somatrogon-ghla)</li> </ul>
Vevye® (cyclosporine ophthalmic solution)	<b>Immunomodulator Agents for Dry Eye</b>	Added Vevye to Drugs Requiring Prior Authorization table.
tobramycin ampule	<b>Inhaled Antibiotics</b>	Added tobramycin 300mg/4ml ampule to Drugs Requiring Clinical Prior Authorization table.
Fasenra® (benralizumab)	<b>Monoclonal Antibody Agents</b>	Added a diagnosis of EGPA for adults for Fasenra.

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<b>Nucala (mepolizumab)</b>	<b>Monoclonal Antibody Agents</b>	<ul style="list-style-type: none"> <li>• Added Nucala to Drugs Requiring Prior Authorization table and Duplicate Monoclonal Antibody table</li> <li>• Updated Nucala criteria by adding diagnosis of chronic rhinosinusitis with nasal polyps for clients ≥ 18 years of age that had an inadequate response to intranasal corticosteroids</li> </ul>
<b>Austedo® XR (deutetrabenazine)</b>	<b>Vesicular Monoamine Transporter 2 (VMAT2) Inhibitors</b>	Added Austedo XR to Drugs Requiring Prior Authorization and supporting tables.
<b>Ingrezza® (valbenazine)</b>		Added strong CYP3A4 inducers to Ingrezza table for step #6.
<b>Voxzogo® (vosoritide)</b>	<b>Voxzogo</b>	New clinical criteria.