

Texas Medicaid Pharmacy Prior Authorization (PA)

Key Takeaways

PDL Prior Authorization (Step Therapy)

Is the drug non-preferred? If yes, explain why a preferred drug cannot be used (true trial and failure, contraindication, allergy, intolerance, etc.)

Clinical Prior Authorization

Does the member meet the medication's clinical criteria? (diagnosis, age, labs, disease severity, dosing, previous therapies, etc.)

Many medications require both a **PDL (Step Therapy)** review and a **Clinical Prior Authorization**. **Texas Medicaid managed care organizations are required to follow the state Preferred Drug List**, and non-preferred drugs generally require a PDL prior authorization unless an exception applies. Preferred drugs may still require a separate clinical prior authorization when evidence-based clinical criteria exist.

Not All Prior Authorizations Are the Same

PDL Prior Authorization (Step Therapy)

When is it required? For non-preferred medications on the Texas Medicaid Preferred Drug List (PDL).

Purpose: Ensure preferred medications are used first when clinically appropriate.

What is needed? Typically requires documentation that the member has tried and failed a preferred drug or has a valid medical reason the preferred drug cannot be used.

Clinical Prior Authorization

When is it required? For medications with clinical safety, efficacy, or utilization criteria regardless of whether the drug is preferred or non-preferred.

Purpose: Ensure the medication is medically necessary, safe, and being used according to evidence-based guidelines.

What is needed? Requires documentation supporting diagnosis, clinical history, age, laboratory values, dosing, previous therapies, and other drug-specific clinical criteria.



Using preferred medications when appropriate and providing complete clinical documentation helps reduce delays and improves access to therapy for Texas Medicaid members.

What Counts as a "True Trial and Failure"?

A true trial may include:

- Ineffective despite appropriate use
- Adverse reaction or intolerance
- Documented allergy or contraindication



Simply stating "failed" without supporting clinical information may delay approval.

Documentation Checklist Include the following when submitting a PA request:

- Diagnosis and medical necessity rationale
- Medication name(s) and previous therapies
- Dates and duration of therapy
- Clinical response or treatment outcomes
- Reason for discontinuation (ineffective, intolerance, adverse reaction, allergy, contraindication)
- Relevant labs, clinical notes, or diagnostic information, when applicable
- Clinical rationale if requesting a non-preferred medication



Access PA Forms at txstarchip.nativus.com/priorauthorizationforms