Moda Health – Texas

Pharmacy Prior Authorization Requests 2025

Description	APPROVALS	CANCELLED	DENIAL	Reason(s) for Denial	GRAND TOTAL	Overturned on Internal Appeal	Overturned by an IRO
ACCRUFER 30 MG CAPS			2	PA (Prior Auth)	2		
ADALIMUMAB-ADAZ 40 MG/0.4ML SOAJ	5	1			6		
ADDYI 100 MG TABS			3	PA (Prior Auth)	3		
ADVAIR HFA 0 AERO			1	Formulary Exception / Non-Formulary	1		
AIMOVIG 140 MG/ML SOAJ	1		1	PA (Prior Auth)	2		
AIRSUPRA 0 AERO	1		4	Step Therapy Exception	5		
AJOVY 225 MG/1.5ML SOAJ	2	1			3		
AKLIEF 0.005 % CREA			1	Formulary Exception / Non-Formulary	1		
ALOGLIPTIN 12.5 MG TABS			1	Step Therapy Exception	1		
AMPHETAMINE SULFATE 10 MG TABS	1				1		
AMPHETAMINE/DEXTROAMPHETA 0 TABS	2	1			3		
ANUSOL-HC 25 MG SUPP			1	PA (Prior Auth)	1		
APREPITANT 40 MG CAPS	1				1		
APTIOM 600 MG TABS		1			1		
ARMOUR THYROID 120 MG TABS			1	PA (Prior Auth)	1		
ARMOUR THYROID 60 MG TABS			1	PA (Prior Auth)	1		
ATOMOXETINE 25 MG CAPS	1				1		
AUVELITY 0 TBCR	2				2		
AZELASTINE HYDROCHLORIDE 0.1 % SOLN			6	PA (Prior Auth)	6		
AZELASTINE HYDROCHLORIDE 137 MCG/SPRAY SOLN			2	PA (Prior Auth)	2		
AZSTARYS 0 CAPS			1	Formulary Exception / Non-Formulary	1		
BASAGLAR KWIKPEN 100 UNIT/ML SOPN			1	Step Therapy Exception	1		
BELBUCA 750 MCG FILM	1		1	Step Therapy Exception	2		
BENLYSTA 200 MG/ML SOAJ	1				1		
BETAMETHASONE DIPROPIONAT 0.05 % GEL		1			1		
BIMZELX 320 MG/2ML SOAJ			1	PA (Prior Auth)	1		
Botox Injection Solution Reconstituted 100 UNIT		1			1		
Botox Injection Solution Reconstituted 200 UNIT		3	1	PA (Prior Auth)	4		
BRIMONIDINE TARTRATE/TIMO 0 SOLN			1	Step Therapy Exception	1		
BRIVIACT 10 MG/ML SOLN			2	Formulary Exception / Non-Formulary	2		
BRIVIACT 100 MG TABS	1				1		
BUDESONIDE/FORMOTEROL FUM 0 AERO	2				2		
BUPROPION HYDROCHLORIDE E 150 MG TB24		1			1		
CABENUVA 0 SUER		1			1		
CABTREO 0 GEL			1	PA (Prior Auth)	1		
CAPLYTA 42 MG CAPS	1				1		
CARVEDILOL PHOSPHATE ER 20 MG CP24			1	Formulary Exception / Non-Formulary	1		
CEQUA 0.09 % SOLN			1	Formulary Exception / Non-Formulary	1		
CEQUR SIMPLICITY 2U 0 DEVI			1	PA (Prior Auth)	1		
CIBINQO 100 MG TABS			2	PA (Prior Auth)	2		
CIBINQO 200 MG TABS	1	1			2		
CIMZIA 200 MG/ML PSKT	2	1			3		
CLINDAMYCIN PHOSPHATE/BEN 0 GEL			1	PA (Prior Auth)	1		
CLOBETASOL PROPIONATE 0.05 % FOAM		1			1		
CLOMID 50 MG TABS	1				1		
CLONIDINE 0.2 MG/24HR PTWK	1				1		
CLONIDINE 0.3 MG/24HR PTWK			1	Formulary Exception / Non-Formulary	1		
CONTOUR NEXT ONE BLOOD GL 0 DEVI		1			1		
COSENTYX 150 MG/ML SOSY	1				1		
COSENTYX SENSOREADY PEN 150 MG/ML SOAJ	1	1			2		
COSENTYX UNOREADY 300 MG/2ML SOAJ	3				3		
Courtney Marino		1			1		
Cromolyn Sodium Nasal Aerosol Solution 5.2 MG/ACT			1	PA (Prior Auth)	1		
DALFAMPRIDINE ER 10 MG TB12	1				1		
DAPSONE 5 % GEL			1	Formulary Exception / Non-Formulary	1		
DAPSONE 7.5 % GEL			1	Formulary Exception / Non-Formulary	1		
DAYVIGO 10 MG TABS	1				1		
DESCOVY 0 TABS	3	4	1	PA (Prior Auth)	8		
DESOXIMETASONE 0.25 % LIQD			1	Formulary Exception / Non-Formulary	1		
DEXCOM G6 SENSOR 0 MISC	1				1		
DEXCOM G6 TRANSMITTER 0 MISC	1				1		
DEXCOM G7 SENSOR 0 MISC	6		3	Step Therapy Exception,PA (Prior Auth)	9		
DEXLANSOPRAZOLE 60 MG CPDR			1	Benefit Exclusion	1		
DIHYDROERGOTAMINE MESYLAT 4 MG/ML SOLN	1				1		
DIVIGEL 0.5 MG/0.5GM GEL	1				1		
DOK Oral Tablet 100 MG			1	PA (Prior Auth)	1		

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DORYX MPC 60 MG TBEC			1	Step Therapy Exception	1		
DORZOLAMIDE HYDROCHLORIDE 0 SOLN	1				1		
DOXYCYCLINE HYCLATE 50 MG TABS	1				1		
DUPIXENT 200 MG/1.14ML SOAJ	1				1		
DUPIXENT 300 MG/2ML SOAJ	13	4			17		
DUPIXENT 300 MG/2ML SOSY	2				2		
ELETRIPTAN HYDROBROMIDE 40 MG TABS	1				1		
ELTROMBOPAG OLAMINE 50 MG TABS	1				1		
EMGALITY 120 MG/ML SOAJ	3				3		
ENBREL SURECLICK 50 MG/ML SOAJ	1				1		
ENTRESTO 0 TABS		1			1		
ENTYVIO PEN 108 MG/0.68ML SOAJ	1				1		
EOHILIA 2 MG/10ML SUSP	1		1	Step Therapy Exception	2		
EPIDUO 0 GEL			1	PA (Prior Auth)	1		
ESTRADIOL 0.06 % GEL	1				1		
ESTRADIOL 0.5 MG/0.5GM GEL	1		1	Step Therapy Exception,PA (Prior Auth)	2		
ESTRADIOL 0.75 MG/0.75GM GEL			1	Step Therapy Exception	1		
ESTROGEL 0.06 % GEL		1	2	Formulary Exception / Non-Formulary,PA (Prior Auth)	3		
EVAMIST 1.53 MG/SPRAY SOLN			1	Formulary Exception / Non-Formulary	1		
EVERSENSE 365 SENSOR/HOLD 0 MISC	1				1		
FARXIGA 10 MG TABS		5			5		
FARXIGA 5 MG TABS		2			2		
FETZIMA 80 MG CP24			1	Step Therapy Exception	1		
FLUTICASONE PROPIONATE 50 MCG/ACT SUSP			1	PA (Prior Auth)	1		
FLUTICASONE PROPIONATE HF 44 MCG/ACT AERO		1			1		
Folbee Oral Tablet 2.5-25-1 MG			1	PA (Prior Auth)	1		
FOSFOMYCIN TROMETHAMINE 3 GM PACK	1				1		
FREESTYLE PRECISION NEO B 0 STRP		1			1		
GEMTESA 75 MG TABS			1	Step Therapy Exception	1		
GUARDIAN 4 GLUCOSE SENSOR 0 MISC	1				1		
HADLIMA PUSHTOUCH 40 MG/0.4ML SOAJ	1				1		
HORIZANT 300 MG TBCR	1	1			2		
HUMALOG KWIKPEN 100 UNIT/ML SOPN	1				1		
HUMALOG MIX 75/25 0 SUSP	1				1		
Humira (2 Pen) Subcutaneous Auto-injector Kit 40 MG/0.4ML			1	PA (Prior Auth)	1		
HUMIRA 40 MG/0.4ML PSKT			2	PA (Prior Auth),Formulary Exception / Non-Formulary	2		
HUMIRA PEN 40 MG/0.4ML AJKT		1	3	Formulary Exception / Non-Formulary,PA (Prior Auth)	4		
HYDROCORTISONE ACETATE 25 MG SUPP			1	PA (Prior Auth)	1		
HYDROCORTISONE ACETATE/PR 0 CREA		1	1	Step Therapy Exception,PA (Prior Auth)	2		
IBSRELA 50 MG TABS			1	PA (Prior Auth)	1		
INSULIN LISPRO KWIKPEN 100 UNIT/ML SOPN			1	Step Therapy Exception	1		
INVEGA TRINZA 546 MG/1.75ML SUSY		1			1		
INVOKANA 300 MG TABS			1	Formulary Exception / Non-Formulary	1		
IVABRADINE HYDROCHLORIDE 7.5 MG TABS	1				1		
IVERMECTIN 1 % CREA		1			1		
Ivermectin External Lotion 0.5 %			1	PA (Prior Auth)	1		
JANUMET 0 TABS			1	Formulary Exception / Non-Formulary	1		
JANUVIA 100 MG TABS			1	Formulary Exception / Non-Formulary	1		
JATENZO 158 MG CAPS	1				1		
JORNAY PM 20 MG CP24			1	Formulary Exception / Non-Formulary	1		
JORNAY PM 60 MG CP24	1				1		
JUBLIA 10 % SOLN			1	Formulary Exception / Non-Formulary	1		
KERENDIA 10 MG TABS	1				1		
KESIMPTA 20 MG/0.4ML SOAJ	1				1		
KINERET 100 MG/0.67ML SOSY	1				1		
KLISYRI 1 % OINT			1	PA (Prior Auth)	1		
LAMICTAL 100 MG TABS	1				1		
LANTUS SOLOSTAR 100 UNIT/ML SOPN			4	Step Therapy Exception	4		
LEVALBUTEROL TARTRATE HFA 45 MCG/ACT AERO	1		1	Step Therapy Exception	2		
LIDOCAINE 5 % PTCH		1	1	PA (Prior Auth)	2		
LIFECARE PRIMARY PIGGYBAC 0 MISC		1			1		
LINZESS 290 MCG CAPS		1			1		
LIPITOR 20 MG TABS		1			1		
LISDEXAMFETAMINE DIMESYLA 40 MG CAPS		1			1		
L-Methylfolate Oral Tablet 15 MG		1			1		
LUPKYNIS 7.9 MG CAPS	1				1		

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LYNPARZA 150 MG TABS	1				1		
MEFENAMIC ACID 250 MG CAPS			1	Formulary Exception / Non-Formulary	1		
MESALAMINE DR 800 MG TBEC	1				1		
METHYLPHENIDATE HYDROCHLO 10 MG CP24			1	Formulary Exception / Non-Formulary	1		
METHYLPHENIDATE HYDROCHLO 20 MG CP24	1				1		
METHYLPHENIDATE HYDROCHLO 36 MG TBCR	2	1			3		
MIEBO 1.338 GM/ML SOLN			1	Step Therapy Exception	1		
Moda Health Pharmacy Prior Authorization Department		1			1		
MOUNJARO 10 MG/0.5ML SOAJ	1	1	6	PA (Prior Auth),Step Therapy Exception	8		
MOUNJARO 12.5 MG/0.5ML SOAJ			1	PA (Prior Auth)	1		
MOUNJARO 15 MG/0.5ML SOAJ		1	4	Step Therapy Exception,PA (Prior Auth)	5		
MOUNJARO 2.5 MG/0.5ML SOAJ	1	1	24	Step Therapy Exception,PA (Prior Auth)	26		
MOUNJARO 5 MG/0.5ML SOAJ		1	6	Step Therapy Exception,PA (Prior Auth)	7		
MOUNJARO 7.5 MG/0.5ML SOAJ			1	PA (Prior Auth)	1		
MYCAPSSA 20 MG CPDR	1				1		
NALTREXONE HYDROCHLORIDE 50 MG TABS		1			1		
NEBIVOLOL HYDROCHLORIDE 20 MG TABS			1	Formulary Exception / Non-Formulary	1		
NEBIVOLOL HYDROCHLORIDE 5 MG TABS		1	3	PA (Prior Auth),Formulary Exception / Non-Formulary	4		
NEXLETOL 180 MG TABS	1				1		
NEXLIZET 0 TABS	1				1		
NP THYROID 60 60 MG TABS			1	PA (Prior Auth)	1		
NUCALA 100 MG/ML SOAJ	3		1	PA (Prior Auth)	4		
NURTEC 75 MG TBDP	9	7	14	PA (Prior Auth),Formulary Exception / Non-Formulary,Request Quantity Exception	30	1	
NUVARING 0 RING			1	Formulary Exception / Non-Formulary	1		
OMNIPOD 5 DEXCOM G7G6 INT 0 KIT		1			1		
OPZELURA 1.5 % CREA	1	1	5	PA (Prior Auth)	7		
ORENCIA CLICKJECT 125 MG/ML SOAJ	1	1			2		
OSPHENA 60 MG TABS			1	PA (Prior Auth)	1		
OTEZLA 30 MG TABS	2				2		
OZEMPIC 2 MG/3ML SOPN		2	1	PA (Prior Auth)	3		
OZEMPIC 8 MG/3ML SOPN		2			2		
PALIPERIDONE ER 3 MG TB24	1				1		
PALYNZIQ 20 MG/ML SOSY	1				1		
PENTOXIFYLLINE ER 400 MG TBCR		1			1		
PIMECROLIMUS 1 % CREA	3		5	Formulary Exception / Non-Formulary	8		
PITAVASTATIN CALCIUM 1 MG TABS	1				1		
PITAVASTATIN CALCIUM 2 MG TABS	1				1		
PRALUENT 150 MG/ML SOAJ			1	PA (Prior Auth)	1		
PROAIR RESPICLICK 108 MCG/ACT AEPB	1				1		
PROLIA 60 MG/ML SOSY	1	2			3		
PROMACTA 50 MG TABS	1				1		
QELBREE 200 MG CP24			1	Formulary Exception / Non-Formulary	1		
QUETIAPINE FUMARATE ER 50 MG TB24	1				1		
QULIPTA 10 MG TABS			2	PA (Prior Auth)	2		
QULIPTA 60 MG TABS	3		1	Formulary Exception / Non-Formulary,PA (Prior Auth)	4		
QUVIVIQ 25 MG TABS	1	1			2		
RELEXXII 18 MG TBCR	1				1		
REPATHA 140 MG/ML SOSY	1				1		
REPATHA SURECLICK 140 MG/ML SOAJ	11	3	1	PA (Prior Auth)	15		
RESTASIS 0.05 % EMUL	1				1		
REZDIFFRA 100 MG TABS	1				1		
RINVOQ 15 MG TB24	9		2	PA (Prior Auth)	11		
RIZATRIPTAN BENZOATE 10 MG TABS			1	Request Quantity Exception	1		
RYALTRIS 0 SUSP			2	PA (Prior Auth)	2		
RYBELSUS 7 MG TABS		1			1		
SACUBITRIL/VALSARTAN 0 TABS		1			1		
SEMGLEE 100 UNIT/ML SOPN		1			1		
SERTRALINE HYDROCHLORIDE 150 MG CAPS		1	1	Formulary Exception / Non-Formulary,PA (Prior Auth)	2		
SERTRALINE HYDROCHLORIDE 200 MG CAPS	1				1		
SEYSARA 100 MG TABS			1	Formulary Exception / Non-Formulary	1		
SIMVASTATIN 20 MG TABS		1			1		
SINGULAIR 4 MG CHEW			1	Formulary Exception / Non-Formulary	1		
SKYRIZI 150 MG/ML SOSY		1	3	PA (Prior Auth)	4		
SKYRIZI PEN 150 MG/ML SOAJ	1		8	Formulary Exception / Non-Formulary,PA (Prior Auth)	9		
SODIUM OXYBATE 500 MG/ML SOLN	3				3		
SOOLANTRA 1 % CREA			1	Formulary Exception / Non-Formulary	1		

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Description	APPROVALS	CANCELLED	DENIAL	Reason(s) for Denial	GRAND TOTAL	Overturned on Internal Appeal	Overturned by an IRO
STELARA 45 MG/0.5ML SOSY	1				1		
STELARA 90 MG/ML SOSY	1				1		
SUNOSI 150 MG TABS		2	1	PA (Prior Auth)	3	1	
SYMBICORT 0 AERO	5	1	1	Formulary Exception / Non-Formulary,PA (Prior Auth)	7		
SYNTHROID 25 MCG TABS	1				1		
TAFLUPROST 0.015 MG/ML SOLN	1				1		
TALTZ 80 MG/ML SOAJ	3				3		
TANDEM MOBI SYSTEM STARTE 0 KIT		1			1		
TELMISARTAN/HYDROCHLOROTH 0 TABS			1	Formulary Exception / Non-Formulary	1		
TERIPARATIDE 560 MCG/2.24ML SOPN	1				1		
THYROID 90 MG TABS			1	PA (Prior Auth)	1		
TREMFYA 100 MG/ML SOSY	1				1		
TRESIBA FLEXTOUCH 100 UNIT/ML SOPN	1	1			2		
TRETINOIN 0.05 % CREA		1			1		
TRINTELLIX 20 MG TABS	3	1	1	Step Therapy Exception,PA (Prior Auth)	5		
TRULANCE 3 MG TABS		1			1		
TRULICITY 0.75 MG/0.5ML SOAJ		1			1		
UBRELVY 100 MG TABS	3	1	2	Request Quantity Exception,PA (Prior Auth)	6		
VELSIPITY 2 MG TABS			2	PA (Prior Auth)	2		
VEOZAH 45 MG TABS	1				1		
VEVYE 0.1 % SOLN	3				3		
VIENVA 0 TABS		1			1		
VILAZODONE HYDROCHLORIDE 10 MG TABS	1		3	Step Therapy Exception	4		
VILAZODONE HYDROCHLORIDE 20 MG TABS	2		1	Step Therapy Exception	3		
VILAZODONE HYDROCHLORIDE 40 MG TABS	1				1		
VOQUEZNA 20 MG TABS			2	PA (Prior Auth),Benefit Exclusion	2		
VOWST 0 CAPS			1	PA (Prior Auth)	1		
VTAMA 1 % CREA	2		3	PA (Prior Auth)	5		
VUMERITY 231 MG CPDR		1			1		
Vyepti Intravenous Solution 100 MG/ML		1			1		
VYVANSE 40 MG CAPS		1	1	Formulary Exception / Non-Formulary,PA (Prior Auth)	2		
VYZULTA 0.024 % SOLN	1		2	Step Therapy Exception,Request Quantity Exception,PA (Prior Auth)	3		
WAKIX 17.8 MG TABS	1				1		
WEGOVY 0.25 MG/0.5ML SOAJ		1	14	PA (Prior Auth)	15		
WEGOVY 0.5 MG/0.5ML SOAJ		1	8	PA (Prior Auth)	9		
WEGOVY 1 MG/0.5ML SOAJ			5	PA (Prior Auth)	5		
WEGOVY 1.7 MG/0.75ML SOAJ			3	Formulary Exception / Non-Formulary,Benefit Exclusion	3		
WEGOVY 2.4 MG/0.75ML SOAJ	1	1	5	PA (Prior Auth),Formulary Exception / Non-Formulary	7		
WINLEVI 1 % CREA			4	Formulary Exception / Non-Formulary	4		
XCOPRI 0 TBPK			1	Formulary Exception / Non-Formulary	1		
XDEMVY 0.25 % SOLN		1			1		
XELJANZ XR 11 MG TB24	2				2		
Xeomin Intramuscular Solution Reconstituted 100 UNIT		1			1		
XIFAXAN 550 MG TABS	3		1	PA (Prior Auth)	4		
XIIDRA 5 % SOLN	1		1	Formulary Exception / Non-Formulary	2		
XYOSTED 75 MG/0.5ML SOAJ	1				1		
XYWAV 0 SOLN	5				5		
ZAVZPRET 10 MG/ACT SOLN	1				1		
ZEPBOUND 10 MG/0.5ML SOAJ		1	2	PA (Prior Auth)	3		
ZEPBOUND 12.5 MG/0.5ML SOAJ		1	4	PA (Prior Auth)	5		
ZEPBOUND 15 MG/0.5ML SOAJ			4	PA (Prior Auth)	4		
ZEPBOUND 2.5 MG/0.5ML SOAJ	7	2	18	PA (Prior Auth),Formulary Exception / Non-Formulary,Benefit Exclusion	27		
ZEPBOUND 2.5 MG/0.5ML SOLN			1	PA (Prior Auth)	1		
ZEPBOUND 5 MG/0.5ML SOAJ	2		8	PA (Prior Auth)	10		
ZEPBOUND 7.5 MG/0.5ML SOAJ		1	5	PA (Prior Auth)	6		
Zepbound Subcutaneous Solution Auto-injector 2.5 MG/0.5ML	1		5	PA (Prior Auth)	6		
ZEPOSIA 0.92 MG CAPS	1				1		
ZIPRASIDONE HCL 20 MG CAPS	1				1		
ZOLOFT 100 MG TABS	1		1	Formulary Exception / Non-Formulary	2		
ZORYVE 0.3 % FOAM	1		1	Step Therapy Exception	2		
Grand Total	**222**	**106**	**302**		**630**	**2**	**0**