



New prior authorization requirements for lupus agents

Beginning March 1, 2026, we'll add new prior authorization requirements and update our clinical criteria for lupus agents. This applies to UnitedHealthcare Community Plan of Texas CHIP, STAR, STAR Kids and STAR+PLUS plans.

Clinical criteria guidelines	Clinical criteria updates
<u>Lupus agents</u>	New prior authorization

Please use the new clinical criteria guidelines to determine if you need to submit a prior authorization request or make note of the clinical criteria before prescribing these medications.

Questions? We're here to help.

If you need additional help, please contact your provider advocate or call Provider Services at **888-887-9003**, 8 a.m.–6 p.m. CT, Monday–Friday. For chat options, connect with us through chat 24/7 in the [UnitedHealthcare Provider Portal](#).