



Antipsychotics Clinical Edit Criteria

Drug/Drug Class

Antipsychotics

Superior HealthPlan follows the guidance of the Texas Vendor Drug Program (VDP) for all clinical edit criteria. This clinical edit criteria applies to all Superior HealthPlan STAR, STAR Health, STAR Kids, STAR+PLUS and CHIP members. Superior has adjusted the clinical criteria to ease the prior authorization process regarding this clinical edit. Step 5 has been removed. Steps 10 and 11 of the criteria that check for 2 or more active claims for different antipsychotic agents in the last 180 days and the last 30 days have been removed. Steps 8 and 9 are adjusted to approve for 365 days if answered “Yes” rather than “Go to step #10”. Adjusted criteria steps are outlined/highlighted in yellow.

The original clinical edit can be referenced at the VDP website located at:
<https://paxpress.txpa.hidinc.com/antipsychotics.pdf>

Clinical Edit information included in this document:

- **Drugs included in the edit:** List of medications included in this clinical edit logic.
- **Logic diagram:** Visual depiction of the clinical edit criteria logic, per drug formulation.
- **Supporting tables:** List of diagnosis codes or drug information and additional step logic, claims and look-back period information.
- **Clinical edit references:** Clinical edit references as provided by VDP.
- **Publication history:** Review when the eased criteria was put into production and any updates since this time.

Please note: All tables are provided by original Texas Vendor Drug Program Antipsychotics Edit.

Drugs Requiring Prior Authorization- Antipsychotics:

The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit TxVendorDrug.com/formulary/formulary-search.

Antipsychotics – First Generation		
Label Name	GCN	HIC4
AMITRIPTYLINE/PERPHENAZINE 2-10	16674	H2JB/H2GE
AMITRIPTYLINE/PERPHENAZINE 2-25	16676	H2JB/H2GE
AMITRIPTYLINE/PERPHENAZINE 4-10	16675	H2JB/H2GE
AMITRIPTYLINE/PERPHENAZINE 4-25	16677	H2JB/H2GE
AMITRIPTYLINE/PERPHENAZINE 4-50	16678	H2JB/H2GE
CHLORPROMAZINE 10 MG TABLET	14431	H2GA
CHLORPROMAZINE 25 MG TABLET	14432	H2GA
CHLORPROMAZINE 50 MG TABLET	14433	H2GA
CHLORPROMAZINE 100 MG TABLET	14434	H2GA
CHLORPROMAZINE 200 MG TABLET	14435	H2GA
CHLORPROMAZINE 30MG/ML CONC	14391	H2GA
CHLORPROMAZINE 100MG/ML CONC	14390	H2GA
FLUPHENAZINE 1 MG TABLET	14602	H2GD
FLUPHENAZINE 2.5 MG TABLET	14604	H2GD
FLUPHENAZINE 5 MG TABLET	14605	H2GD
FLUPHENAZINE 10 MG TABLET	14603	H2GD
FLUPHENAZINE 5 MG/ML CONC	14590	H2GD
FLUPHENAZINE 2.5 MG/5 ML ELIX	14580	H2GD
HALOPERIDOL 0.5 MG TABLET	15530	H2LH
HALOPERIDOL 1 MG TABLET	15531	H2LH
HALOPERIDOL 2 MG TABLET	15533	H2LH
HALOPERIDOL 5 MG TABLET	15535	H2LH
HALOPERIDOL 10 MG TABLET	15532	H2LH
HALOPERIDOL 20 MG TABLET	15534	H2LH
HALOPERIDOL 1MG/ML SOLUTION	15522	H2LH
HALOPERIDOL LAC 2 MG/ML CONC	15520	H2LH
LOXAPINE 5 MG CAPSULE	15562	H7UA
LOXAPINE 10 MG CAPSULE	15560	H7UA
LOXAPINE 25 MG CAPSULE	15561	H7UA
LOXAPINE 50 MG CAPSULE	15563	H7UA
MOLINDONE HCL 5 MG TABLET	15653	H7SA
MOLINDONE HCL 10 MG TABLET	15650	H7SA

Antipsychotics – First Generation		
Label Name	GCN	HIC4
MOLINDONE HCL 25 MG TABLET	15652	H7SA
ORAP 1 MG TABLET	11153	H2LG
ORAP 2 MG TABLET	11150	H2LG
PERPHENAZINE 2 MG TABLET	14651	H2GE
PERPHENAZINE 4 MG TABLET	14652	H2GE
PERPHENAZINE 8 MG TABLET	14653	H2GE
PERPHENAZINE 16 MG TABLET	14650	H2GE
PIMOZIDE 1 MG TABLET	11153	H7RB
PIMOZIDE 2 MG TABLET	11150	H7RB
THIORIDAZINE 10 MG TABLET	14882	H2GH
THIORIDAZINE 25 MG TABLET	14880	H2GH
THIORIDAZINE 50 MG TABLET	14881	H2GH
THIORIDAZINE 100 MG TABLET	14883	H2GH
THIOTHIXENE 1 MG CAPSULE	15690	H2LT
THIOTHIXENE 2 MG CAPSULE	15692	H2LT
THIOTHIXENE 5 MG CAPSULE	15694	H2LT
THIOTHIXENE 10 MG CAPSULE	15691	H2LT
TRIFLUOPERAZINE 1 MG TABLET	14830	H2GG
TRIFLUOPERAZINE 2 MG TABLET	14832	H2GG
TRIFLUOPERAZINE 5 MG TABLET	14833	H2GG
TRIFLUOPERAZINE 10 MG TABLET	14831	H2GG

Antipsychotics – Second Generation (Oral/Regular Acting Injectables)		
Label Name	GCN	HIC4
ABILIFY 1 MG/ML SOLUTION	24062	H7XA
ABILIFY 2 MG TABLET	26305	H7XA
ABILIFY 5 MG TABLET	20173	H7XA
ABILIFY 10 MG TABLET	18537	H7XA
ABILIFY 15 MG TABLET	18538	H7XA
ABILIFY 20 MG TABLET	18539	H7XA
ABILIFY 30 MG TABLET	18541	H7XA
ABILIFY DISCMELT 10 MG TABLET	26445	H7XA
ABILIFY DISCMELT 15 MG TABLET	26448	H7XA
ABILIFY MYCITE 2MG KIT	44437	H7XA
ABILIFY MYCITE 5MG KIT	44438	H7XA
ABILIFY MYCITE 10MG KIT	44439	H7XA
ABILIFY MYCITE 15MG KIT	44441	H7XA
ABILIFY MYCITE 20MG KIT	44442	H7XA
ABILIFY MYCITE 30MG KIT	44443	H7XA
ARIPIPRAZOLE 1MG/ML SOLUTION	24062	H7XA
ARIPIPRAZOLE 2MG TABLET	26305	H7XA
ARIPIPRAZOLE 5MG TABLET	20173	H7XA
ARIPIPRAZOLE 10MG TABLET	18537	H7XA

Antipsychotics – Second Generation (Oral/Regular Acting Injectables)		
Label Name	GCN	HIC4
ARIPRAZOLE 15MG TABLET	18538	H7XA
ARIPRAZOLE 20MG TABLET	18539	H7XA
ARIPRAZOLE 30MG TABLET	18541	H7XA
ARIPRAZOLE ODT 10MG TABLET	26445	H7XA
ARIPRAZOLE ODT 15MG TABLET	26448	H7XA
CLOZAPINE 12.5MG TABLET	20334	H2LS
CLOZAPINE 25 MG TABLET	18141	H2LS
CLOZAPINE 50 MG TABLET	18143	H2LS
CLOZAPINE 100 MG TABLET	18142	H2LS
CLOZAPINE 200 MG TABLET	31672	H2LS
CLOZAPINE ODT 12.5MG TABLET	98791	H2LS
CLOZAPINE ODT 25MG TABLET	21784	H2LS
CLOZAPINE ODT 100MG TABLET	21785	H2LS
CLOZARIL 25 MG TABLET	18141	H2LS
CLOZARIL 100 MG TABLET	18142	H2LS
FANAPT 1 MG TABLET	28025	H7TK
FANAPT 2 MG TABLET	28026	H7TK
FANAPT 4 MG TABLET	28027	H7TK
FANAPT 6 MG TABLET	28028	H7TK
FANAPT 8 MG TABLET	28029	H7TK
FANAPT 10 MG TABLET	28030	H7TK
FANAPT 12 MG TABLET	28033	H7TK
FANAPT TITRATION PACK	28034	H7TK
FAZACLO 12.5 MG ODT	98791	H2LS
FAZACLO 25 MG ODT	21784	H2LS
FAZACLO 100 MG ODT	21785	H2LS
FAZACLO 150 MG ODT	28873	H2LS
FAZACLO 200 MG ODT	28874	H2LS
GEODON 20 MG CAPSULE	13331	H2GD
GEODON 40 MG CAPSULE	13332	H2GD
GEODON 60 MG CAPSULE	13333	H2GD
GEODON 80 MG CAPSULE	13334	H2GD
GEODON 20 MG VIAL	17037	H2GD
INVEGA ER 1.5 MG TABLET	27685	H7TH
INVEGA ER 3 MG TABLET	97769	H7TH
INVEGA ER 6 MG TABLET	97770	H7TH
INVEGA ER 9 MG TABLET	97771	H7TH

Antipsychotics – Second Generation (Oral/Regular Acting Injectables)		
Label Name	GCN	HIC4
LATUDA 20 MG TABLET	31226	H7TL
LATUDA 40 MG TABLET	29366	H7TL
LATUDA 60 MG TABLET	35192	H7TL
LATUDA 80 MG TABLET	29367	H7TL
LATUDA 120 MG TABLET	33147	H7TL
OLANZAPINE 2.5 MG TABLET	15084	H7TD
OLANZAPINE 5 MG TABLET	15083	H7TD
OLANZAPINE 7.5 MG TABLET	15081	H7TD
OLANZAPINE 10 MG TABLET	15082	H7TD
OLANZAPINE 10 MG VIAL	11814	H7TD
OLANZAPINE 15 MG TABLET	15085	H7TD
OLANZAPINE 20MG TABLET	15086	H7TD
OLANZAPINE ODT 5MG TABLET	92007	H7TD
OLANZAPINE ODT 10 MG TABLET	92008	H7TD
OLANZAPINE ODT 15 MG TABLET	34022	H7TD
OLANZAPINE ODT 20MG TABLET	34023	H7TD
OLANZAPINE/FLUOXETINE 3-25 MG	98648	H7TD/H2JS
OLANZAPINE/FLUOXETINE 6-25 MG	20868	H7TD/H2JS
OLANZAPINE/FLUOXETINE 6-50 MG	20869	H7TD/H2JS
OLANZAPINE/FLUOXETINE 12-25 MG	20870	H7TD/H2JS
OLANZAPINE/FLUOXETINE 12-50 MG	20872	H7TD/H2JS
PALIPERIDONE ER 1.5 MG TABLET	27685	H7TH
PALIPERIDONE ER 3 MG TABLET	97769	H7TH
PALIPERIDONE ER 6 MG TABLET	97770	H7TH
PALIPERIDONE ER 9 MG TABLET	97771	H7TH
QUETIAPINE 25 MG TABLET	67661	H7TF
QUETIAPINE 50 MG TABLET	26409	H7TF
QUETIAPINE 100 MG TABLET	67662	H7TF
QUETIAPINE 200 MG TABLET	67663	H7TF
QUETIAPINE 300 MG TABLET	67665	H7TF
QUETIAPINE 400 MG TABLET	26411	H7TF
REXULTI 0.25MG TABLET	38278	H7XB
REXULTI 0.5MG TABLET	38476	H7XB
REXULTI 1MG TABLET	38589	H7XB
REXULTI 2MG TABLET	38609	H7XB
REXULTI 3MG TABLET	38618	H7XB
REXULTI 4MG TABLET	38619	H7XB

Antipsychotics – Second Generation (Oral/Regular Acting Injectables)

Label Name	GCN	HIC4
RISPERDAL 1 MG/ML SOLUTION	16135	H7TA
RISPERDAL 0.25 MG TABLET	92872	H7TA
RISPERDAL 0.5 MG TABLET	92892	H7TA
RISPERDAL 1 MG TABLET	16136	H7TA
RISPERDAL 2 MG TABLET	16137	H7TA
RISPERDAL 3 MG TABLET	16138	H7TA
RISPERDAL 4 MG TABLET	16139	H7TA
RISPERDAL M-TAB 0.5 MG ODT	19541	H7TA
RISPERDAL M-TAB 1 MG ODT	19178	H7TA
RISPERDAL M-TAB 2 MG ODT	19179	H7TA
RISPERDAL M-TAB 3 MG ODT	25024	H7TA
RISPERDAL M-TAB 4 MG ODT	25025	H7TA
RISPERIDONE 0.25 MG ODT	24448	H7TA
RISPERIDONE 0.5 MG ODT	19541	H7TA
RISPERIDONE 1 MG ODT	19178	H7TA
RISPERIDONE 2 MG ODT	19179	H7TA
RISPERIDONE 3 MG ODT	25024	H7TA
RISPERIDONE 4 MG ODT	25025	H7TA
RISPERIDONE 1 MG/ML SOLUTION	16135	H7TA
RISPERIDONE 0.25 MG TABLET	92872	H7TA
RISPERIDONE 0.5 MG TABLET	92892	H7TA
RISPERIDONE 1 MG TABLET	16136	H7TA
RISPERIDONE 2 MG TABLET	16137	H7TA
RISPERIDONE 3 MG TABLET	16138	H7TA
RISPERIDONE 4 MG TABLET	16139	H7TA
SAPHRIS 2.5 MG TABLET SUBLINGUAL	38479	H7TI
SAPHRIS 5 MG TABLET SUBLINGUAL	21636	H7TI
SAPHRIS 10 MG TAB SUBLINGUAL	27528	H7TI
SEROQUEL 25 MG TABLET	67661	H7TF
SEROQUEL 50 MG TABLET	26409	H7TF
SEROQUEL 100 MG TABLET	67662	H7TF
SEROQUEL 200 MG TABLET	67663	H7TF
SEROQUEL 300 MG TABLET	67665	H7TF
SEROQUEL 400 MG TABLET	26411	H7TF
SEROQUEL XR 50 MG TABLET	98994	H7TF
SEROQUEL XR 150 MG TABLET	16193	H7TF
SEROQUEL XR 200 MG TABLET	98522	H7TF

Antipsychotics – Second Generation (Oral/Regular Acting Injectables)		
Label Name	GCN	HIC4
SEROQUEL XR 300 MG TABLET	98523	H7TF
SEROQUEL XR 400 MG TABLET	98524	H7TF
SYMBYAX 3-25 MG CAPSULE	98648	H7TD/H2JS
SYMBYAX 6-25 MG CAPSULE	20868	H7TD/H2JS
SYMBYAX 12-25 MG CAPSULE	20870	H7TD/H2JS
SYMBYAX 6-50 MG CAPSULE	20869	H7TD/H2JS
SYMBYAX 12-50 MG CAPSULE	20872	H7TD/H2JS
VRAYLAR 1.5 MG CAPSULE	39579	H8WA
VRAYLAR 1.5 MG-3 MG PACK	40683	H8WA
VRAYLAR 3 MG CAPSULE	39582	H8WA
VRAYLAR 4.5 MG CAPSULE	39583	H8WA
VRAYLAR 6 MG CAPSULE	39584	H8WA
VERSACLOZ 50MG/ML SUSPENSION	14336	H2LS
ZIPRASIDONE 20 MG CAPSULE	13331	H7TG
ZIPRASIDONE 40 MG CAPSULE	13332	H7TG
ZIPRASIDONE 60 MG CAPSULE	13333	H7TG
ZIPRASIDONE 80 MG CAPSULE	13334	H7TG
ZYPREXA 2.5 MG TABLET	15084	H7TD
ZYPREXA 5 MG TABLET	15083	H7TD
ZYPREXA 7.5 MG TABLET	15081	H7TD
ZYPREXA 10 MG TABLET	15082	H7TD
ZYPREXA 10 MG VIAL	17407	H7TD
ZYPREXA 15 MG TABLET	15085	H7TD
ZYPREXA 20 MG TABLET	15086	H7TD
ZYPREXA ZYDIS 5 MG TABLET	92007	H7TD
ZYPREXA ZYDIS 10 MG TABLET	92008	H7TD
ZYPREXA ZYDIS 15 MG TABLET	34022	H7TD
ZYPREXA ZYDIS 20 MG TABLET	34023	H7TD

Antipsychotics – Second Generation (Long-Acting Injectables)		
Label Name	GCN	HIC4
ABILIFY MAINTENA ER 300MG SYR	37681	H7XA
ABILIFY MAINTENA ER 300MG VL	34284	H7XA
ABILIFY MAINTENA ER 400MG SYR	37682	H7XA
ABILIFY MAINTENA ER 400MG VL	34285	H7XA
ARISTADA ER 441MG/1.6ML SYRINGE	39726	H7XA

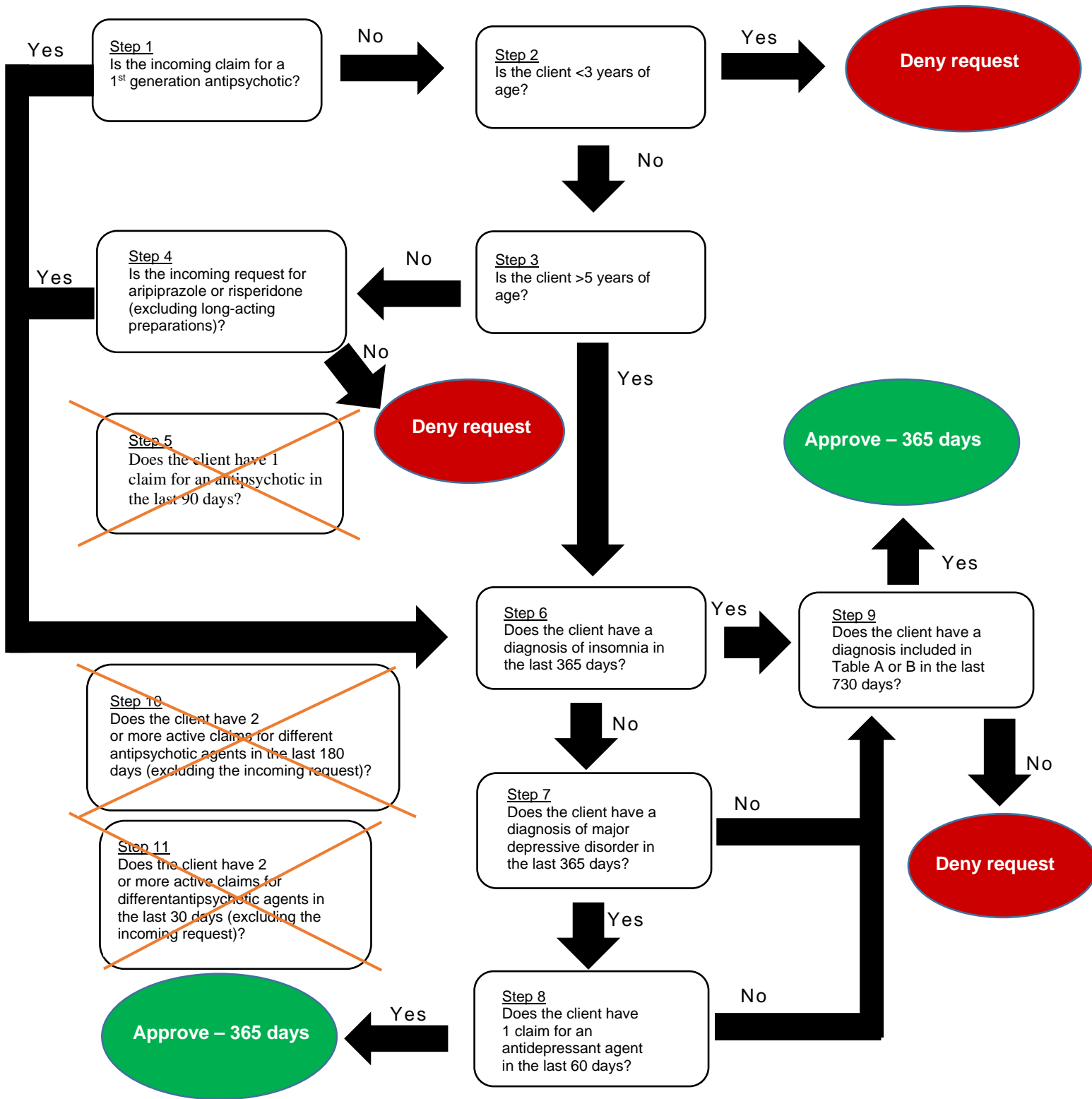
Antipsychotics – Second Generation (Long-Acting Injectables)

Label Name	GCN	HIC4
ARISTADA ER 662MG/2.4ML SYRINGE	39727	H7XA
ARISTADA ER 882MG/3.2ML SYRINGE	39728	H7XA
ARISTADA ER 1064MG/3.9ML SYRINGE	43488	H7XA
ARISTADA INITIO ER 675MG/2.4ML	44941	H7XA
INVEGA SUSTENNA 39 MG PREF SYR	27414	H7TH
INVEGA SUSTENNA 78 MG PREF SYR	27415	H7TH
INVEGA SUSTENNA 117 MG PREF SYR	27416	H7TH
INVEGA SUSTENNA 156 MG PREF SYR	27417	H7TH
INVEGA SUSTENNA 234 MG PREF SYR	27418	H7TH
INVEGA TRINZA 273MG/0.875ML	38697	H7TH
INVEGA TRINZA 410MG/1.315ML	38698	H7TH
INVEGA TRINZA 546MG/1.75ML	38699	H7TH
INVEGA TRINZA 819MG/2.625ML	38702	H7TH
PERSERIS ER 120MG SYRINGE KIT	45128	H7TA
PERSERIS ER 90MG SYRINGE KIT	45127	H7TA
RISPERDAL CONSTA 12.5 MG SYR	98414	H7TA
RISPERDAL CONSTA 25 MG SYR	20217	H7TA
RISPERDAL CONSTA 37.5 MG SYR	20218	H7TA
RISPERDAL CONSTA 50 MG SYR	20219	H7TA
ZYPREXA RELPREVV 210 MG VIAL	27855	H7TD
ZYPREXA RELPREVV 300 MG VIAL	27849	H7TD
ZYPREXA RELPREVV 405 MG VIAL	27848	H7TD

Prior Authorization Criteria Logic- Antipsychotics:

1. Is the incoming claim for a first generation antipsychotic?
 Yes – Go to #6; **changed from Go to #5**
 No – Go to #2
2. Is the client less than (<) 3 years of age?
 Yes - Deny
 No - Go to #3
3. Is the client greater than (>) 5 years of age?
 Yes – Go to #6; **changed from Go to #5**
 No – Go to #4
4. Is the incoming request for aripiprazole or risperidone?
 Yes – Go to #6; **changed from Go to #5**
 No – Deny
5. **Does the client have 1 claim for an antipsychotic in the last 90 days?**
 Yes – Go to #6
 No – Approve (90 days)
6. Does the client have a **diagnosis of insomnia** in the last 365 days?
 Yes – Go to #9
 No – Go to #7
7. Does the client have a **diagnosis of major depressive disorder (MDD)** in the last 365 days?
 Yes – Go to #8
 No – Go to #9
8. Does the client have 1 claim for an **antidepressant agent** in the last 60 days?
 Yes – Approve (365 days); changed from Go to #10
 No – Go to #9
9. Does the client have a diagnosis included in **Table A** or **B** in the last 730 days?
 Yes – Approve (365 days); changed from Go to #10
 No – Deny
10. **Does the client have 2 or more active claims for different antipsychotic agents (HIC4) in the last 180 days (excluding the incoming request)?**
 Yes – Go to #14
 No – Approve (365 days)
11. **Does the client have 2 or more active claims for different antipsychotic agents (HIC4) in the last 30 days (excluding the incoming request)?**
 Yes – Deny
 No – Approve (365 days)

Superior HealthPlan Clinical Edit Logic Diagram- Antipsychotics:



Supporting Tables- Antipsychotics Step Logic:

Step 6 (diagnosis of Insomnia) Required quantity: 1 Look back timeframe: 365 days	
ICD-10 Code	Description
F5101	PRIMARY INSOMNIA
F5102	ADJUSTMENT INSOMNIA
F5103	PARADOXICAL INSOMNIA
F5104	PSYCHOPHYSIOLOGIC INSOMNIA
F5105	INSOMNIA DUE TO OTHER MENTAL DISORDER
F5109	OTHER INSOMNIA NOT DUE TO A SUBSTANCE OR KNOWN PHYSIOLOGICAL CONDITION
G4700	INSOMNIA, UNSPECIFIED
G4701	INSOMNIA DUE TO MEDICAL CONDITION
G4709	OTHER INSOMNIA

Step 7 (diagnosis of Major Depressive Disorder [MDD]) Required quantity: 1 Look back timeframe: 365 days	
ICD-10 Code	Description
F341	DYSTHYMIC DISORDER
F320	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, MILD
F321	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, MODERATE
F322	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, SEVERE WITHOUT PSYCHOTIC FEATURES
F323	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, SEVERE WITH PSYCHOTIC FEATURES
F324	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, IN PARTIAL REMISSION
F325	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, IN FULL REMISSION
F328	OTHER DEPRESSIVE EPISODES
F329	OTHER DEPRESSIVE EPISODES
F330	MAJOR DEPRESSIVE DISORDER, RECURRENT, MILD
F331	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE

Step 7 (diagnosis of Major Depressive Disorder [MDD])	
Required quantity: 1	
Look back timeframe: 365 days	
F332	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES
F333	MAJOR DEPRESSIVE DISORDER, RECURRENT, SEVERE WITH PSYCHOTIC SYMPTOMS
F3340	MAJOR DEPRESSIVE DISORDER, RECURRENT, IN REMISSION, UNSPECIFIED
F3341	MAJOR DEPRESSIVE DISORDER, RECURRENT, IN PARTIAL REMISSION
F3342	MAJOR DEPRESSIVE DISORDER, RECURRENT, IN FULL REMISSION
F338	OTHER RECURRENT DEPRESSIVE DISORDERS
F339	MAJOR DEPRESSIVE DISORDER, RECURRENT, UNSPECIFIED

Step 8 (claim for an antidepressant agent)	
Required quantity: 1	
Look back timeframe: 60 days	
GCN	Description
26198	APLENZIN ER 174MG TABLET
16996	APLENZIN ER 348MG TABLET
17050	APLENZIN ER 522MG TABLET
34876	BRISDELLE 7.5MG CAPSULE
16387	BUPROPION ER 100MG TABLET
27901	BUPROPION ER 150MG TABLET
16385	BUPROPION HCL 100MG TABLET
16384	BUPROPION HCL 75MG TABLET
16386	BUPROPION SR 150MG TABLET
17573	BUPROPION SR 200MG TABLET
20317	BUPROPION XL 150MG TABLET
20318	BUPROPION XL 300MG TABLET
13130	CELEXA 20MG TABLET
16345	CITALOPRAM 10MG TABLET
16344	CITALOPRAM 10MG/5ML SOLUTION
16342	CITALOPRAM 20MG TABLET
34671	CITALOPRAM 20MG/10ML SOLUTION
16343	CITALOPRAM 40MG TABLET
23161	CYMBALTA 20 MG CAPSULE
23162	CYMBALTA 30 MG CAPSULE
23164	CYMBALTA 60 MG CAPSULE
34482	DESVENLAFAXINE ER 100MG TABLET

Step 8 (claim for an antidepressant agent)**Required quantity: 1****Look back timeframe: 60 days**

GCN	Description
34470	DESVENLAFAXINE ER 50MG TABLET
38222	DESVENLAFAXINE SUC ER 25 MG TAB
99451	DESVENLAFAXINE SUC ER 50 MG TAB
99452	DESVENLAFAXINE SUC ER 100 MG TAB
23161	DULOXETINE HCL DR 20 MG CAP
23162	DULOXETINE HCL DR 30 MG CAP
23164	DULOXETINE HCL DR 60 MG CAP
16818	EFFEXOR XR 150MG CAPSULE
16816	EFFEXOR XR 37.5MG CAPSULE
16817	EFFEXOR XR 75MG CAPSULE
26614	EMSAM 12MG/24HR PATCH
26612	EMSAM 6MG/24HR PATCH
26613	EMSAM 9MG/24HR PATCH
17851	ESCITALOPRAM 10MG TABLET
17987	ESCITALOPRAM 20MG TABLET
18975	ESCITALOPRAM 5MG TABLET
19035	ESCITALOPRAM 5MG/5ML SOLUTION
35335	FETZIMA 20-40MG TITRATION PAK
35334	FETZIMA ER 120MG CAPSULE
35327	FETZIMA ER 20MG CAPSULE
35328	FETZIMA ER 40MG CAPSULE
35329	FETZIMA ER 80MG CAPSULE
16353	FLUOXETINE 10MG CAPSULE
16356	FLUOXETINE 10MG TABLET
16354	FLUOXETINE 20MG CAPSULE
16359	FLUOXETINE 20MG TABLET
16357	FLUOXETINE 20MG/5ML SOLUTION
16355	FLUOXETINE 40MG CAPSULE
30817	FLUOXETINE 60MG TABLET
12929	FLUOXETINE DR 90MG CAPSULE
16347	FLUVOXAMIINE 25MG TABLET
16349	FLUVOXAMINE 100MG TABLET
16348	FLUVOXAMINE 50MG TABLET
99481	FLUVOXAMINE ER 100MG CAPSULE
99482	FLUVOXAMINE ER 150MG CAPSULE
33081	FORFIVO XL 450MG TABLET
35584	KHEDEZLA ER 100MG TABLET

Step 8 (claim for an antidepressant agent)**Required quantity: 1****Look back timeframe: 60 days**

GCN	Description
35582	KHEDEZLA ER 50MG TABLET
17851	LEXAPRO 10MG TABLET
17987	LEXAPRO 20MG TABLET
18975	LEXAPRO 5 MG TABLET
19035	LEXAPRO 5MG/5ML SOLUTION
16416	MARPLAN 10MG TABLET
12529	MIRTAZAPINE 15MG ODT
16732	MIRTAZAPINE 15MG TABLET
12531	MIRTAZAPINE 30MG ODT
16733	MIRTAZAPINE 30MG TABLET
13041	MIRTAZAPINE 45MG ODT
16734	MIRTAZAPINE 45MG TABLET
21817	MIRTAZAPINE 7.5MG TABLET
16417	NARDIL 15MG TABLET
16406	NEFAZODONE 100MG TABLET
16407	NEFAZODONE 150MG TABLET
16408	NEFAZODONE 200MG TABLET
16409	NEFAZODONE 250MG TABLET
16404	NEFAZODONE 50MG TABLET
16418	PARNATE 10MG TABLET
16364	PAROXETINE 10MG TABLET
16369	PAROXETINE 10MG/5ML SUSPENSION
16366	PAROXETINE 20MG TABLET
16367	PAROXETINE 30MG TABLET
16368	PAROXETINE 40MG TABLET
17078	PAROXETINE CR 12.5MG TABLET
17077	PAROXETINE CR 25MG TABLET
17079	PAROXETINE CR 37.5MG TABLET
33780	PAXIL 20MG TABLET
33781	PAXIL 30MG TABLET
20854	PEXEVA 10MG TABLET
20855	PEXEVA 20MG TABLET
20856	PEXEVA 30MG TABLET
20857	PEXEVA 40MG TABLET
16417	PHENELZINE SULFATE 15MG TABLET
99452	PRISTIQ ER 100MG TABLET
99451	PRISTIQ ER 50MG TABLET

Step 8 (claim for an antidepressant agent)**Required quantity: 1****Look back timeframe: 60 days**

GCN	Description
47251	PROZAC 10MG PULVULE
47250	PROZAC 20MG PULVULE
48551	PROZAC 20MG/5ML SOLUTION
12529	REMERON 15MG SOLTAB
16732	REMERON 15MG TABLET
12531	REMERON 30MG SOLTAB
16733	REMERON 30MG TABLET
13041	REMERON 45MG SOLTAB
16734	REMERON 45MG TABLET
16375	SERTRALINE 100MG TABLET
16376	SERTRALINE 20MG/ML ORAL CONCENTRATE
16373	SERTRALINE 25MG TABLET
16374	SERTRALINE 50MG TABLET
16418	TRANLYCYPROMINE 10MG TABLET
16392	TRAZODONE 100MG TABLET
15400	TRAZODONE 100MG TABLET
16393	TRAZODONE 150MG TABLET
15402	TRAZODONE 150MG TABLET
16394	TRAZODONE 300MG TABLET
16391	TRAZODONE 50MG TABLET
15401	TRAZODONE 50MG TABLET
35346	TRINTELLIX 5 MG TABLET
35347	TRINTELLIX 10 MG TABLET
35349	TRINTELLIX 20 MG TABLET
16815	VENLAFAXINE 100MG TABLET
16811	VENLAFAXINE 25MG TABLET
16812	VENLAFAXINE 37.5MG TABLET
16813	VENLAFAXINE 50MG TABLET
16814	VENLAFAXINE 75MG TABLET
16818	VENLAFAXINE ER 150MG CAPSULE
14353	VENLAFAXINE ER 150MG TABLET
14354	VENLAFAXINE ER 225MG TABLET
16816	VENLAFAXINE ER 37.5MG CAPSULE
14349	VENLAFAXINE ER 37.5MG TABLET
16817	VENLAFAXINE ER 75MG CAPSULE
14352	VENLAFAXINE ER 75MG TABLET
29916	VIIBRYD 10MG TABLET

Step 8 (claim for an antidepressant agent) Required quantity: 1 Look back timeframe: 60 days	
GCN	Description
29917	VIIBRYD 20MG TABLET
29918	VIIBRYD 40MG TABLET
31956	VIIBRYD TITRATION PACK
18100	WELLBUTRIN 75MG TABLET
18102	WELLBUTRIN SR 150MG TABLET
20202	ZOLOFT 100MG TABLET
20200	ZOLOFT 25MG TABLET
20201	ZOLOFT 50MG TABLET

Step 9 (Table A) Required quantity: 1 Look back timeframe: 730 days	
ICD-10 Code	Description
F200	PARANOID SCHIZOPHRENIA
F201	DISORGANIZED SCHIZOPHRENIA
F202	CATATONIC SCHIZOPHRENIA
F203	UNDIFFERENTIATED SCHIZOPHRENIA
F205	RESIDUAL SCHIZOPHRENIA
F2081	SCHIZOPHRENIFORM DISORDER
F2089	OTHER SCHIZOPHRENIA
F209	SCHIZOPHRENIA, UNSPECIFIED
F21	SCHIZOTYPAL DISORDER
F22	DELUSIONAL DISORDERS
F23	BRIEF PSYCHOTIC DISORDER
F24	SHARED PSYCHOTIC DISORDER
F250	SCHIZOAFFECTIVE DISORDER, BIPOLAR TYPE
F251	SCHIZOAFFECTIVE DISORDER, DEPRESSIVE TYPE
F258	OTHER SCHIZOAFFECTIVE DISORDERS
F259	SCHIZOAFFECTIVE DISORDER, UNSPECIFIED
F28	OTHER PSYCHOTIC DISORDER NOT DUE TO A SUBSTANCE OR KNOWN PHYSIOLOGICAL CONDITION
F29	UNSPECIFIED PSYCHOSIS NOT DUE TO A SUBSTANCE OR KNOWN PHYSIOLOGICAL CONDITION
F3010	MANIC EPISODE WITHOUT PSYCHOTIC SYMPTOMS UNSPECIFIED
F3011	MANIC EPISODE WITHOUT PSYCHOTIC SYMPTOMS MILD

Step 9 (Table A)	
Required quantity: 1	
Look back timeframe: 730 days	
F3012	MANIC EPISODE WITHOUT PSYCHOTIC SYMPTOMS MODERATE
F3013	MANIC EPISODE, SEVERE, WITHOUT PSYCHOTIC SYMPTOMS
F302	MANIC EPISODE, SEVERE WITH PSYCHOTIC SYMPTOMS
F303	MANIC EPISODE IN PARTIAL REMISSION
F304	MANIC EPISODE IN FULL REMISSION
F308	OTHER MANIC EPISODES
F309	MANIC EPISODE, UNSPECIFIED
F310	BIPOLAR DISORDER, CURRENT EPISODE HYPOMANIC
F3110	BIPOLAR DISORDER, CURRENT EPISODE MANIC WITHOUT PSYCHOTIC FEATURES UNSPECIFIED
F3111	BIPOLAR DISORDER, CURRENT EPISODE MANIC WITHOUT PSYCHOTIC FEATURES MILD
F3112	BIPOLAR DISORDER, CURRENT EPISODE MANIC WITHOUT PSYCHOTIC FEATURES MODERATE
F3113	BIPOLAR DISORDER, CURRENT EPISODE MANIC WITHOUT PSYCHOTIC FEATURES SEVERE
F312	BIPOLAR DISORDER, CURRENT EPISODE MANIC SEVERE WITH PSYCHOTIC FEATURES
F3130	BIPOLAR DISORDER, CURRENT EPISODE DEPRESSED, MILD OR MODERATE SEVERITY UNSPECIFIED
F3131	BIPOLAR DISORDER, CURRENT EPISODE DEPRESSED, MILD
F3132	BIPOLAR DISORDER, CURRENT EPISODE DEPRESSED, MODERATE
F314	BIPOLAR DISORDER, CURRENT EPISODE DEPRESSED, SEVERE, WITHOUT PSYCHOTIC FEATURES
F315	BIPOLAR DISORDER, CURRENT EPISODE DEPRESSED, SEVERE, WITH PSYCHOTIC FEATURES
F3160	BIPOLAR DISORDER, CURRENT EPISODE MIXED UNSPECIFIED
F3161	BIPOLAR DISORDER, CURRENT EPISODE MIXED MILD
F3162	BIPOLAR DISORDER, CURRENT EPISODE MIXED MODERATE
F3163	BIPOLAR DISORDER, CURRENT EPISODE MIXED SEVERE, WITHOUT PSYCHOTIC FEATURES
F3164	BIPOLAR DISORDER, CURRENT EPISODE MIXED SEVERE, WITH PSYCHOTIC FEATURES
F3170	BIPOLAR DISORDER, CURRENTLY IN REMISSION MOST RECENT EPISODE UNSPECIFIED
F3171	BIPOLAR DISORDER, IN PARTIAL REMISSION, MOST RECENT EPISODE HYPOMANIC
F3172	BIPOLAR DISORDER, IN FULL REMISSION, MOST RECENT EPISODE HYPOMANIC
F3173	BIPOLAR DISORDER, IN PARTIAL REMISSION, MOST RECENT EPISODE MANIC
F3174	BIPOLAR DISORDER, IN FULL REMISSION, MOST RECENT EPISODE MANIC

Step 9 (Table A)	
Required quantity: 1	
Look back timeframe: 730 days	
F3175	BIPOLAR DISORDER, IN PARTIAL REMISSION, MOST RECENT EPISODE DEPRESSED
F3176	BIPOLAR DISORDER, IN FULL REMISSION, MOST RECENT EPISODE DEPRESSED
F3177	BIPOLAR DISORDER, IN PARTIAL REMISSION, MOST RECENT EPISODE MIXED
F3178	BIPOLAR DISORDER, IN FULL REMISSION, MOST RECENT EPISODE MIXED
F3181	BIPOLAR II DISORDER
F3189	OTHER BIPOLAR DISORDER
F319	BIPOLAR DISORDER, UNSPECIFIED
F340	CYCLOTHYMIC DISORDER
F341	DYSTHYMIC DISORDER
F3481	DISRUPTIVE MOOD DYSREGULATION DISORDER
F3489	OTHER SPECIFIED PERSISTENT MOOD DISORDERS
F349	PERSISTENT MOOD [AFFECTIVE] DISORDER, UNSPECIFIED
F39	UNSPECIFIED MOOD [AFFECTIVE] DISORDER
F840	AUTISTIC DISORDER
F842	RETT'S SYNDROME
F843	OTHER CHILDHOOD DISINTEGRATIVE DISORDER
F845	ASPERGER'S SYNDROME
F848	OTHER PERVASIVE DEVELOPMENTAL DISORDERS
F849	PERVASIVE DEVELOPMENTAL DISORDER, UNSPECIFIED
F952	TOURETTE'S DISORDER

Step 9 (Table B)	
Required quantity: 1	
Look back timeframe: 730 days	
ICD-10 Code	Description
F22	DELUSIONAL DISORDERS
F23	BRIEF PSYCHOTIC DISORDER
F24	SHARED PSYCHOTIC DISORDER
F29	UNSPECIFIED PSYCHOSIS NOT DUE TO A SUBSTANCE OR KNOWN PHYSIOLOGICAL CONDITION
F6381	INTERMITTENT EXPLOSIVE DISORDER
F911	CONDUCT DISORDER, CHILDHOOD-ONSET TYPE
F912	CONDUCT DISORDER, ADOLESCENT-ONSET TYPE

Step 9 (Table B) Required quantity: 1 Look back timeframe: 730 days	
F913	OPPOSITIONAL DEFIANT DISORDER
F919	CONDUCT DISORDER, UNSPECIFIED

Step 10 (2 active claims for different antipsychotic agents (HIC4) excluding the incoming request)
Required quantity: 2
Look back timeframe: 180 days

Step 11 (2 active claims for different antipsychotic agents (HIC4) excluding the incoming request)
Required quantity: 2
Look back timeframe: 30 days

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Publication History:

Publication Date	Notes
03/01/2012	Clinical edit added at health plan with required updates per VDP original edit over the years.
07/04/2018	Steps 9 and 10 of the criteria that check for 2 or more active claims for different antipsychotic agents in the last 180 days and the last 30 days have been removed. Steps 7 and 8 are adjusted to approve for 365 days if answered "Yes" rather than "Go to step #9", which eases PA requirement. Reference tables, diagnosis codes, references and publication table per UMCM Chapter 3 requirements. All tables are cross referenced to VDP criteria.
03/11/2019	Added GCNs for Perseris to 'Drugs Requiring PA'
05/20/2019	<p>All tables are cross referenced to VDP criteria. Added GCNs for Aristada Initio and Aristada ER 1064mg/3.9ml syringe to 'Drugs Requiring PA'</p> <p>Added statement that this criteria applies to CHIP, STAR Kids, Star Health, STAR and STAR+PLUS members</p> <p>Updated criteria logic and diagram to match VDP criteria by inserting question 5 "Does the client have 1 claim for an antipsychotic in the last 90 days?"</p> <p>Added statement: The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit TxVendorDrug.com/formulary/formulary-search. on each 'Drug Requiring PA' table</p>
10/1/2019	Added GCNs for Abilify MyCite to Drugs Requiring Prior Authorization table