

# Attention Deficit Disorder (ADD) / Attention Deficit Hyperactivity Disorder (ADHD) Clinical Edit Criteria



## Drug/Drug Class

### Attention Deficit Disorder (ADD) / Attention Deficit Hyperactivity Disorder (ADHD) Medications

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. Superior has changed the age limit for all immediate release and extended release stimulants from 6 years of age to 3 years of age. Steps 5 and 6 of the immediate release criteria screening for specific products have been removed to reflect this change. Step 3 of the extended release criteria has been adjusted to reflect this change. Adjusted criteria steps are outlined/highlighted in yellow.

The original clinical edit can be referenced at the Texas Vendor Drug Program website located at: [https://paxpress.txpa.hidinc.com/add\\_adhd\\_agents.pdf](https://paxpress.txpa.hidinc.com/add_adhd_agents.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 Texas Vendor Drug.
- **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 ADD/ADHD Medications Edit.***

## Drugs Requiring Prior Authorization- IR Formulations:

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](http://TxVendorDrug.com/formulary/formulary-search).

Drugs Requiring Prior Authorization	
Label Name	GCN
ADDERALL 10MG TABLET	56971
ADDERALL 12.5MG TABLET	29008
ADDERALL 15MG TABLET	29009
ADDERALL 20MG TABLET	56973
ADDERALL 30MG TABLET	56972
ADDERALL 5MG TABLET	56970
ADDERALL 7.5MG TABLET	29007
AMPHETAMINE SULFATE 5MG TABLET	19822
AMPHETAMINE SULFATE 10MG TABLET	19821
AMPHETAMINE/DEXTROAMPHETAMINE SALTS 10MG TABLET	56971
AMPHETAMINE/DEXTROAMPHETAMINE SALTS 12.5MG TABLET	29008
AMPHETAMINE/DEXTROAMPHETAMINE SALTS 15MG TABLET	29009
AMPHETAMINE/DEXTROAMPHETAMINE SALTS 20MG TABLET	56973
AMPHETAMINE/DEXTROAMPHETAMINE SALTS 30MG TABLET	56972
AMPHETAMINE/DEXTROAMPHETAMINE SALTS 5MG TABLET	56970
AMPHETAMINE/DEXTROAMPHETAMINE SALTS 7.5MG TABLET	29007
DESOXYN 5MG TABLET	19932
DEXMETHYLPHENIDATE 10MG TABLET	14975
DEXMETHYLPHENIDATE 2.5MG TABLET	14973
DEXMETHYLPHENIDATE 5MG TABLET	14974
DEXTROAMPHETAMINE 10MG TABLET	19880
DEXTROAMPHETAMINE 5MG TABLET	19881
DEXTROAMPHETAMINE 5MG/5ML SOLUTION	99801
EVEKEO 10MG TABLET	19821
EVEKEO 5MG TABLET	19822
EVEKEO ODT 10MG	45977
EVEKEO ODT 15MG	45978
EVEKEO ODT 20MG	45979

<b>Drug Requiring Prior Authorization</b>	
<b>Label Name</b>	<b>GCN</b>
EVEKEO ODT 5MG	45976
FOCALIN 10MG TABLET	14975
FOCALIN 2.5MG TABLET	14973
FOCALIN 5MG TABLET	14974
METHAMPHETAMINE 5MG TABLET	19932
METHYLIN 10MG/5ML SOLUTION	22686
METHYLIN 5MG/5ML SOLUTION	22685
METHYLPHENIDATE 10 MG CHEW TB	22684
METHYLPHENIDATE 10MG TABLET	15911
METHYLPHENIDATE 10MG/5ML SOL	22686
METHYLPHENIDATE 2.5 MG CHEW TB	22682
METHYLPHENIDATE 20MG TABLET	15920
METHYLPHENIDATE 5 MG CHEW TB	22683
METHYLPHENIDATE 5MG TABLET	15913
METHYLPHENIDATE 5MG/5ML SOL	22685
PROCENTRA 5MG/5ML SOLUTION	99801
RITALIN 10MG TABLET	15911
RITALIN 20MG TABLET	15920
RITALIN 5MG TABLET	15913
ZENZEDI 10MG TABLET	19880
ZENZEDI 15MG TABLET	19885
ZENZEDI 2.5MG TABLET	34734
ZENZEDI 20MG TABLET	36463
ZENZEDI 30MG TABLET	36464
ZENZEDI 5MG TABLET	19881
ZENZEDI 7.5MG TABLET	34735

## Superior Healthplan Prior Authorization Criteria Logic- IR Formulations:

1. Is the client less than (<) 3 years of age?

- Yes – Deny
- No – Go to #2

2. Does the client have a history of substance abuse in the last 365 days?

- Yes – Deny
- No – Go to #3

3. Is the request for greater than (>) the Texas Department of Family and Protective Services (DFPS) maximum recommended daily dose?

- Yes – Deny
- No – Go to #4

4. Does the client have a paid claim for another IR stimulant in the past 14 days?

- Yes – Deny
- No – Go to #7; (changed from Go to #5)

~~5. Is the client less than (<) 6 years of age?~~

- ~~Yes – Go to #6~~
- ~~No – Go to #7~~

~~6. Is the request for amphetamine sulfate, amphetamine/dextroamphetamine, dextroamphetamine, dexmethylphenidate, Evekeo tablets, methylphenidate, Procentra, or Zenzedi?~~

- ~~Yes – Approve (365 days)~~
- ~~No – Deny~~

7. Is the client greater than or equal to ( $\geq$ ) 19 years of age?

- Yes – Go to #8
- No – Approve (365 days)

8. Does the client have a diagnosis of ADD/ADHD in the last 730 days?

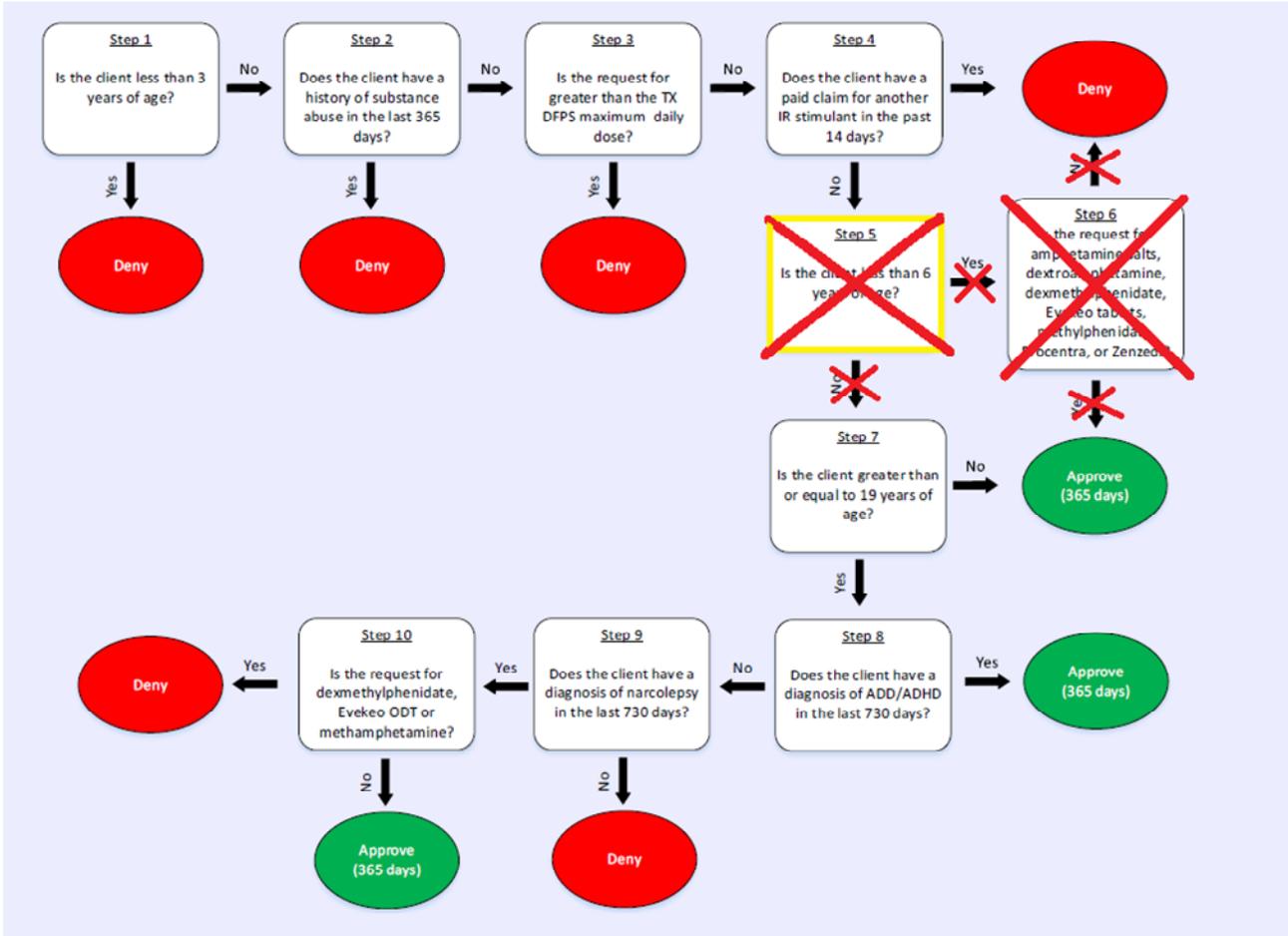
- Yes – Approve (365 days)
- No – Go to #9

9. Does the client have a diagnosis of narcolepsy in the past 730 days?

- Yes – Go to #10
- No – Deny

10. Is the request for dexmethylphenidate, Evekeo ODT or methamphetamine?

- Yes – Deny
- No – Approve (365 days)



Superior HealthPlan Clinical Edit Logic Diagram- IR Formulations:

## Supporting Tables- ADD/ADHD IR Formulation Step Logic:

<b>Step 2 (history of substance abuse)</b> <b>Required quantity: 1</b> <b>Look back timeframe: 365 days</b>	
<b>History of Substance Abuse Diagnoses</b>	
<b>ICD-10 Code</b>	<b>Description</b>
F1010	ALCOHOL ABUSE UNCOMPLICATED
F10120	ALCOHOL ABUSE WITH INTOXICATION UNCOMPLICATED
F10121	ALCOHOL ABUSE WITH INTOXICATION DELIRIUM
F10129	ALCOHOL ABUSE WITH INTOXICATION UNSPECIFIED
F1014	ALCOHOL ABUSE WITH ALCOHOL-INDUCED MOOD DISORDER
F10150	ALCOHOL ABUSE WITH ALCOHOL-INDUCED PSYCHOTIC DISORDER WITH DELUSIONS
F10151	ALCOHOL ABUSE WITH ALCOHOL-INDUCED PSYCHOTIC DISORDER WITH HALLUCINATIONS
F10159	ALCOHOL ABUSE WITH ALCOHOL-INDUCED PSYCHOTIC DISORDER UNSPECIFIED
F10180	ALCOHOL ABUSE WITH ALCOHOL-INDUCED ANXIETY DISORDER
F10181	ALCOHOL ABUSE WITH ALCOHOL-INDUCED SEXUAL DYSFUNCTION
F10182	ALCOHOL ABUSE WITH ALCOHOL-INDUCED SLEEP DISORDER
F10188	ALCOHOL ABUSE WITH OTHER ALCOHOL-INDUCED DISORDER
F1019	ALCOHOL ABUSE WITH UNSPECIFIED ALCOHOL-INDUCED DISORDER
F1020	ALCOHOL DEPENDENCE UNCOMPLICATED
F10220	ALCOHOL DEPENDENCE WITH INTOXICATION UNCOMPLICATED
F10221	ALCOHOL DEPENDENCE WITH INTOXICATION DELIRIUM
F10229	ALCOHOL DEPENDENCE WITH INTOXICATION UNSPECIFIED
F10230	ALCOHOL DEPENDENCE WITH WITHDRAWAL UNCOMPLICATED
F10231	ALCOHOL DEPENDENCE WITH WITHDRAWAL DELIRIUM
F10232	ALCOHOL DEPENDENCE WITH WITHDRAWAL WITH PERCEPTUAL DISTURBANCE
F10239	ALCOHOL DEPENDENCE WITH WITHDRAWAL UNSPECIFIED
F1024	ALCOHOL DEPENDENCE WITH ALCOHOL-INDUCED MOOD DISORDER

**Step 2 (history of substance abuse)**

Required quantity: 1

Look back timeframe: 365 days

**History of Substance Abuse Diagnoses**

F10250	ALCOHOL DEPENDENCE WITH ALCOHOL-INDUCED PSYCHOTIC DISORDER WITH DELUSIONS
F10251	ALCOHOL DEPENDENCE WITH ALCOHOL-INDUCED PSYCHOTIC DISORDER WITH HALLUCINATIONS
F10259	ALCOHOL DEPENDENCE WITH ALCOHOL-INDUCED PSYCHOTIC DISORDER UNSPECIFIED
F1026	ALCOHOL DEPENDENCE WITH ALCOHOL-INDUCED PERSISTING AMNESTIC DISORDER
F1027	ALCOHOL DEPENDENCE WITH ALCOHOL-INDUCED PERSISTING DEMENTIA
F10280	ALCOHOL DEPENDENCE WITH ALCOHOL-INDUCED ANXIETY DISORDER
F10281	ALCOHOL DEPENDENCE WITH ALCOHOL-INDUCED SEXUAL DYSFUNCTION
F10282	ALCOHOL DEPENDENCE WITH ALCOHOL-INDUCED SLEEP DISORDER
F10288	ALCOHOL DEPENDENCE WITH OTHER ALCOHOL-INDUCED DISORDER
F1029	ALCOHOL DEPENDENCE WITH UNSPECIFIED ALCOHOL-INDUCED DISORDER
F1110	OPIOID ABUSE UNCOMPLICATED
F11120	OPIOID ABUSE WITH INTOXICATION UNCOMPLICATED
F11121	OPIOID ABUSE WITH INTOXICATION DELIRIUM
F11122	OPIOID ABUSE WITH INTOXICATION WITH PERCEPTUAL DISTURBANCE
F11129	OPIOID ABUSE WITH INTOXICATION UNSPECIFIED
F1114	OPIOID ABUSE WITH OPIOID-INDUCED MOOD DISORDER
F11150	OPIOID ABUSE WITH OPIOID-INDUCED PSYCHOTIC DISORDER WITH DELUSIONS
F11151	OPIOID ABUSE WITH OPIOID-INDUCED PSYCHOTIC DISORDER WITH HALLUCINATIONS
F11159	OPIOID ABUSE WITH OPIOID-INDUCED PSYCHOTIC DISORDER UNSPECIFIED
F11181	OPIOID ABUSE WITH OPIOID-INDUCED SEXUAL DYSFUNCTION
F11182	OPIOID ABUSE WITH OPIOID-INDUCED SLEEP DISORDER
F11188	OPIOID ABUSE WITH OTHER OPIOID-INDUCED DISORDER
F1119	OPIOID ABUSE WITH UNSPECIFIED OPIOID-INDUCED DISORDER
F1120	OPIOID DEPENDENCE, UNCOMPLICATED
F1121	OPIOID DEPENDENCE, IN REMISSION
F11220	OPIOID DEPENDENCE WITH INTOXICATION UNCOMPLICATED
F11221	OPIOID DEPENDENCE WITH INTOXICATION DELIRIUM

<b>Step 2 (history of substance abuse)</b>	
<b>Required quantity: 1</b>	
<b>Look back timeframe: 365 days</b>	
<b>History of Substance Abuse Diagnoses</b>	
F11222	OPIOID DEPENDENCE WITH INTOXICATION WITH PERCEPTUAL DISTURBANCE
F11229	OPIOID DEPENDENCE WITH INTOXICATION UNSPECIFIED
F1123	OPIOID DEPENDENCE WITH WITHDRAWAL
F1124	OPIOID DEPENDENCE WITH OPIOID-INDUCED MOOD DISORDER
F11250	OPIOID DEPENDENCE WITH OPIOID-INDUCED PSYCHOTIC DISORDER WITH DELUSIONS
F11251	OPIOID DEPENDENCE WITH OPIOID-INDUCED PSYCHOTIC DISORDER WITH HALLUCINATIONS
F11259	OPIOID DEPENDENCE WITH OPIOID-INDUCED PSYCHOTIC DISORDER UNSPECIFIED
F11281	OPIOID DEPENDENCE WITH OPIOID-INDUCED SEXUAL DYSFUNCTION
F11282	OPIOID DEPENDENCE WITH OPIOID-INDUCED SLEEP DISORDER
F11288	OPIOID DEPENDENCE WITH OTHER OPIOID-INDUCED DISORDER
F1129	OPIOID DEPENDENCE WITH UNSPECIFIED OPIOID-INDUCED DISORDER
F1210	CANNABIS ABUSE UNCOMPLICATED
F12120	CANNABIS ABUSE WITH INTOXICATION UNCOMPLICATED
F12121	CANNABIS ABUSE WITH INTOXICATION DELIRIUM
F12122	CANNABIS ABUSE WITH INTOXICATION WITH PERCEPTUAL DISTURBANCE
F12129	CANNABIS ABUSE WITH INTOXICATION UNSPECIFIED
F12150	CANNABIS ABUSE WITH PSYCHOTIC DISORDER WITH DELUSIONS
F12151	CANNABIS ABUSE WITH PSYCHOTIC DISORDER WITH HALLUCINATIONS
F12159	CANNABIS ABUSE WITH PSYCHOTIC DISORDER UNSPECIFIED
F12180	CANNABIS ABUSE WITH CANNABIS-INDUCED ANXIETY DISORDER
F12188	CANNABIS ABUSE WITH OTHER CANNABIS-INDUCED DISORDER
F1219	CANNABIS ABUSE WITH UNSPECIFIED CANNABIS-INDUCED DISORDER
F1220	CANNABIS DEPENDENCE, UNCOMPLICATED
F1221	CANNABIS DEPENDENCE, IN REMISSION
F12220	CANNABIS DEPENDENCE WITH INTOXICATION UNCOMPLICATED
F12221	CANNABIS DEPENDENCE WITH INTOXICATION DELIRIUM
F12222	CANNABIS DEPENDENCE WITH INTOXICATION WITH PERCEPTUAL DISTURBANCE
F12229	CANNABIS DEPENDENCE WITH INTOXICATION UNSPECIFIED
F12250	CANNABIS DEPENDENCE WITH PSYCHOTIC DISORDER WITH DELUSIONS

<b>Step 2 (history of substance abuse)</b>	
<b>Required quantity: 1</b>	
<b>Look back timeframe: 365 days</b>	
<b>History of Substance Abuse Diagnoses</b>	
F12251	CANNABIS DEPENDENCE WITH PSYCHOTIC DISORDER WITH HALLUCINATIONS
F12259	CANNABIS DEPENDENCE WITH PSYCHOTIC DISORDER UNSPECIFIED
F12280	CANNABIS DEPENDENCE WITH CANNABIS-INDUCED ANXIETY DISORDER
F12288	CANNABIS DEPENDENCE WITH OTHER CANNABIS-INDUCED DISORDER
F1229	CANNABIS DEPENDENCE WITH UNSPECIFIED CANNABIS-INDUCED DISORDER
F1310	SEDATIVE, HYPNOTIC OR ANXIOLYTIC ABUSE, UNCOMPLICATED
F13120	SEDATIVE, HYPNOTIC OR ANXIOLYTIC ABUSE WITH INTOXICATION UNCOMPLICATED
F13121	SEDATIVE, HYPNOTIC OR ANXIOLYTIC ABUSE WITH INTOXICATION DELIRIUM
F13129	SEDATIVE, HYPNOTIC OR ANXIOLYTIC ABUSE WITH INTOXICATION UNSPECIFIED
F1314	SEDATIVE, HYPNOTIC OR ANXIOLYTIC ABUSE WITH SEDATIVE, HYPNOTIC OR ANXIOLYTIC-INDUCED MOOD DISORDER
F13150	SEDATIVE, HYPNOTIC OR ANXIOLYTIC ABUSE WITH SEDATIVE, HYPNOTIC OR ANXIOLYTIC-INDUCED PSYCHOTIC DISORDER WITH DELUSIONS
F13151	SEDATIVE, HYPNOTIC OR ANXIOLYTIC ABUSE WITH SEDATIVE, HYPNOTIC OR ANXIOLYTIC-INDUCED PSYCHOTIC DISORDER WITH HALLUCINATIONS
F13159	SEDATIVE, HYPNOTIC OR ANXIOLYTIC ABUSE WITH SEDATIVE, HYPNOTIC OR ANXIOLYTIC-INDUCED PSYCHOTIC DISORDER UNSPECIFIED
F13180	SEDATIVE, HYPNOTIC OR ANXIOLYTIC ABUSE WITH SEDATIVE, HYPNOTIC OR ANXIOLYTIC-INDUCED ANXIETY DISORDER
F13181	SEDATIVE, HYPNOTIC OR ANXIOLYTIC ABUSE WITH SEDATIVE, HYPNOTIC OR ANXIOLYTIC-INDUCED SEXUAL DYSFUNCTION
F13182	SEDATIVE, HYPNOTIC OR ANXIOLYTIC ABUSE WITH SEDATIVE, HYPNOTIC OR ANXIOLYTIC-INDUCED SLEEP DISORDER
F13188	SEDATIVE, HYPNOTIC OR ANXIOLYTIC ABUSE WITH OTHER SEDATIVE, HYPNOTIC OR ANXIOLYTIC-INDUCED DISORDER
F1319	SEDATIVE, HYPNOTIC OR ANXIOLYTIC ABUSE WITH UNSPECIFIED SEDATIVE, HYPNOTIC OR ANXIOLYTIC-INDUCED DISORDER
F1320	SEDATIVE, HYPNOTIC OR ANXIOLYTIC DEPENDENCE UNCOMPLICATED
F1321	SEDATIVE, HYPNOTIC OR ANXIOLYTIC DEPENDENCE IN REMISSION
F13220	SEDATIVE, HYPNOTIC OR ANXIOLYTIC DEPENDENCE WITH INTOXICATION UNCOMPLICATED
F13221	SEDATIVE, HYPNOTIC OR ANXIOLYTIC DEPENDENCE WITH INTOXICATION DELIRIUM

<b>Step 2 (history of substance abuse)</b>	
<b>Required quantity: 1</b>	
<b>Look back timeframe: 365 days</b>	
<b>History of Substance Abuse Diagnoses</b>	
F13229	SEDATIVE, HYPNOTIC OR ANXIOLYTIC DEPENDENCE WITH INTOXICATION, UNSPECIFIED
F13230	SEDATIVE, HYPNOTIC OR ANXIOLYTIC DEPENDENCE WITH WITHDRAWAL UNCOMPLICATED
F13231	SEDATIVE, HYPNOTIC OR ANXIOLYTIC DEPENDENCE WITH WITHDRAWAL DELIRIUM
F13232	SEDATIVE, HYPNOTIC OR ANXIOLYTIC DEPENDENCE WITH WITHDRAWAL WITH PERCEPTUAL DISTURBANCE
F13239	SEDATIVE, HYPNOTIC OR ANXIOLYTIC DEPENDENCE WITH WITHDRAWAL UNSPECIFIED
F1324	SEDATIVE, HYPNOTIC OR ANXIOLYTIC DEPENDENCE WITH SEDATIVE, HYPNOTIC OR ANXIOLYTIC-INDUCED MOOD DISORDER
F13250	SEDATIVE, HYPNOTIC OR ANXIOLYTIC DEPENDENCE WITH SEDATIVE, HYPNOTIC OR ANXIOLYTIC-INDUCED PSYCHOTIC DISORDER UNCOMPLICATED
F13251	SEDATIVE, HYPNOTIC OR ANXIOLYTIC DEPENDENCE WITH SEDATIVE, HYPNOTIC OR ANXIOLYTIC-INDUCED PSYCHOTIC DISORDER WITH HALLUCINATIONS
F13259	SEDATIVE, HYPNOTIC OR ANXIOLYTIC DEPENDENCE WITH SEDATIVE, HYPNOTIC OR ANXIOLYTIC-INDUCED PSYCHOTIC DISORDER, UNSPECIFIED
F1326	SEDATIVE, HYPNOTIC OR ANXIOLYTIC DEPENDENCE WITH SEDATIVE, HYPNOTIC OR ANXIOLYTIC-INDUCED PERSISTING AMNESTIC DISORDER
F1327	SEDATIVE, HYPNOTIC OR ANXIOLYTIC DEPENDENCE WITH SEDATIVE, HYPNOTIC OR ANXIOLYTIC-INDUCED PERSISTING DEMENTIA
F13280	SEDATIVE, HYPNOTIC OR ANXIOLYTIC DEPENDENCE WITH SEDATIVE, HYPNOTIC OR ANXIOLYTIC-INDUCED ANXIETY DISORDER
F13281	SEDATIVE, HYPNOTIC OR ANXIOLYTIC DEPENDENCE WITH SEDATIVE, HYPNOTIC OR ANXIOLYTIC-INDUCED SEXUAL DYSFUNCTION
F13282	SEDATIVE, HYPNOTIC OR ANXIOLYTIC DEPENDENCE WITH SEDATIVE, HYPNOTIC OR ANXIOLYTIC-INDUCED SLEEP DISORDER
F13288	SEDATIVE, HYPNOTIC OR ANXIOLYTIC DEPENDENCE WITH OTHER SEDATIVE, HYPNOTIC OR ANXIOLYTIC-INDUCED DISORDER
F1329	SEDATIVE, HYPNOTIC OR ANXIOLYTIC DEPENDENCE WITH UNSPECIFIED SEDATIVE, HYPNOTIC OR ANXIOLYTIC-INDUCED DISORDER
F1410	COCAINE ABUSE UNCOMPLICATED
F14120	COCAINE ABUSE WITH INTOXICATION UNCOMPLICATED
F14121	COCAINE ABUSE WITH INTOXICATION WITH DELIRIUM
F14122	COCAINE ABUSE WITH INTOXICATION WITH PERCEPTUAL DISTURBANCE

<b>Step 2 (history of substance abuse)</b>	
<b>Required quantity: 1</b>	
<b>Look back timeframe: 365 days</b>	
<b>History of Substance Abuse Diagnoses</b>	
F14129	COCAINE ABUSE WITH INTOXICATION UNSPECIFIED
F1414	COCAINE ABUSE WITH COCAINE-INDUCED MOOD DISORDER
F14150	COCAINE ABUSE WITH COCAINE-INDUCED PSYCHOTIC DISORDER WITH DELUSIONS
F14151	COCAINE ABUSE WITH COCAINE-INDUCED PSYCHOTIC DISORDER WITH HALLUCINATIONS
F14159	COCAINE ABUSE WITH COCAINE-INDUCED PSYCHOTIC DISORDER UNSPECIFIED
F14180	COCAINE ABUSE WITH COCAINE-INDUCED ANXIETY DISORDER
F14181	COCAINE ABUSE WITH COCAINE-INDUCED SEXUAL DYSFUNCTION
F14182	COCAINE ABUSE WITH COCAINE-INDUCED SLEEP DISORDER
F14188	COCAINE ABUSE WITH OTHER COCAINE-INDUCED DISORDER
F1419	COCAINE ABUSE WITH UNSPECIFIED COCAINE-INDUCED DISORDER
F1420	COCAINE DEPENDENCE UNCOMPLICATED
F14220	COCAINE DEPENDENCE WITH INTOXICATION UNCOMPLICATED
F14221	COCAINE DEPENDENCE WITH INTOXICATION DELIRIUM
F14222	COCAINE DEPENDENCE WITH INTOXICATION WITH PERCEPTUAL DISTURBANCE
F14229	COCAINE DEPENDENCE WITH INTOXICATION UNSPECIFIED
F1423	COCAINE DEPENDENCE WITH WITHDRAWAL
F1424	COCAINE DEPENDENCE WITH COCAINE-INDUCED MOOD DISORDER
F14250	COCAINE DEPENDENCE WITH COCAINE-INDUCED PSYCHOTIC DISORDER WITH DELUSIONS
F14251	COCAINE DEPENDENCE WITH COCAINE-INDUCED PSYCHOTIC DISORDER WITH HALLUCINATIONS
F14259	COCAINE DEPENDENCE WITH COCAINE-INDUCED PSYCHOTIC DISORDER UNSPECIFIED
F14280	COCAINE DEPENDENCE WITH COCAINE-INDUCED ANXIETY DISORDER
F14281	COCAINE DEPENDENCE WITH COCAINE-INDUCED SEXUAL DYSFUNCTION
F14282	COCAINE DEPENDENCE WITH COCAINE-INDUCED SLEEP DISORDER
F14288	COCAINE DEPENDENCE WITH OTHER COCAINE-INDUCED DISORDER
F1429	COCAINE DEPENDENCE WITH UNSPECIFIED COCAINE-INDUCED DISORDER
F1510	OTHER STIMULANT ABUSE UNCOMPLICATED
F15120	OTHER STIMULANT ABUSE WITH INTOXICATION UNCOMPLICATED
F15121	OTHER STIMULANT ABUSE WITH INTOXICATION DELIRIUM
F15122	OTHER STIMULANT ABUSE WITH INTOXICATION WITH PERCEPTUAL DISTURBANCE

<b>Step 2 (history of substance abuse)</b>	
<b>Required quantity: 1</b>	
<b>Look back timeframe: 365 days</b>	
<b>History of Substance Abuse Diagnoses</b>	
F15129	OTHER STIMULANT ABUSE WITH INTOXICATION UNSPECIFIED
F1514	OTHER STIMULANT ABUSE WITH STIMULANT-INDUCED MOOD DISORDER
F15150	OTHER STIMULANT ABUSE WITH STIMULANT-INDUCED PSYCHOTIC DISORDER WITH DELUSIONS
F15151	OTHER STIMULANT ABUSE WITH STIMULANT-INDUCED PSYCHOTIC DISORDER WITH HALLUCINATIONS
F15159	OTHER STIMULANT ABUSE WITH STIMULANT-INDUCED PSYCHOTIC DISORDER UNSPECIFIED
F15180	OTHER STIMULANT ABUSE WITH STIMULANT-INDUCED ANXIETY DISORDER
F15181	OTHER STIMULANT ABUSE WITH STIMULANT-INDUCED SEXUAL DYSFUNCTION
F15182	OTHER STIMULANT ABUSE WITH STIMULANT-INDUCED SLEEP DISORDER
F15188	OTHER STIMULANT ABUSE WITH OTHER STIMULANT-INDUCED DISORDER
F1519	OTHER STIMULANT ABUSE WITH UNSPECIFIED STIMULANT-INDUCED DISORDER
F1520	OTHER STIMULANT DEPENDENCE UNCOMPLICATED
F15220	OTHER STIMULANT DEPENDENCE WITH INTOXICATION UNCOMPLICATED
F15221	OTHER STIMULANT DEPENDENCE WITH INTOXICATION DELIRIUM
F15222	OTHER STIMULANT DEPENDENCE WITH INTOXICATION WITH PERCEPTUAL DISTURBANCE
F15229	OTHER STIMULANT DEPENDENCE WITH INTOXICATION UNSPECIFIED
F1523	OTHER STIMULANT DEPENDENCE WITH WITHDRAWAL
F1524	OTHER STIMULANT DEPENDENCE WITH STIMULANT-INDUCED MOOD DISORDER
F15250	OTHER STIMULANT DEPENDENCE WITH STIMULANT-INDUCED PSYCHOTIC DISORDER WITH DELUSIONS
F15251	OTHER STIMULANT DEPENDENCE WITH STIMULANT-INDUCED PSYCHOTIC DISORDER WITH HALLUCINATIONS
F15259	OTHER STIMULANT DEPENDENCE WITH STIMULANT-INDUCED PSYCHOTIC DISORDER UNSPECIFIED
F15280	OTHER STIMULANT DEPENDENCE WITH STIMULANT-INDUCED ANXIETY DISORDER
F15281	OTHER STIMULANT DEPENDENCE WITH STIMULANT-INDUCED SEXUAL DYSFUNCTION
F15282	OTHER STIMULANT DEPENDENCE WITH STIMULANT-INDUCED SLEEP DISORDER
F15288	OTHER STIMULANT DEPENDENCE WITH OTHER STIMULANT-INDUCED DISORDER

<b>Step 2 (history of substance abuse)</b>	
<b>Required quantity: 1</b>	
<b>Look back timeframe: 365 days</b>	
<b>History of Substance Abuse Diagnoses</b>	
F1529	OTHER STIMULANT DEPENDENCE WITH UNSPECIFIED STIMULANT-INDUCED DISORDER
F1610	HALLUCINOGEN ABUSE UNCOMPLICATED
F16120	HALLUCINOGEN ABUSE WITH INTOXICATION UNCOMPLICATED
F16121	HALLUCINOGEN ABUSE WITH INTOXICATION WITH DELIRIUM
F16122	HALLUCINOGEN ABUSE WITH INTOXICATION WITH PERCEPTUAL DISTURBANCE
F16129	HALLUCINOGEN ABUSE WITH INTOXICATION UNSPECIFIED
F1614	HALLUCINOGEN ABUSE WITH HALLUCINOGEN-INDUCED MOOD DISORDER
F16150	HALLUCINOGEN ABUSE WITH HALLUCINOGEN-INDUCED PSYCHOTIC DISORDER WITH DELUSIONS
F16151	HALLUCINOGEN ABUSE WITH HALLUCINOGEN-INDUCED PSYCHOTIC DISORDER WITH HALLUCINATIONS
F16159	HALLUCINOGEN ABUSE WITH HALLUCINOGEN-INDUCED PSYCHOTIC DISORDER UNSPECIFIED
F16180	HALLUCINOGEN ABUSE WITH HALLUCINOGEN-INDUCED ANXIETY DISORDER
F16183	HALLUCINOGEN ABUSE WITH HALLUCINOGEN PERSISTING PERCEPTION DISORDER (FLASHBACKS)
F16188	HALLUCINOGEN ABUSE WITH OTHER HALLUCINOGEN-INDUCED DISORDER
F1619	HALLUCINOGEN ABUSE WITH UNSPECIFIED HALLUCINOGEN-INDUCED DISORDER
F1620	HALLUCINOGEN DEPENDENCE UNCOMPLICATED
F16220	HALLUCINOGEN DEPENDENCE WITH INTOXICATION UNCOMPLICATED
F16221	HALLUCINOGEN DEPENDENCE WITH INTOXICATION WITH DELIRIUM
F16229	HALLUCINOGEN DEPENDENCE WITH INTOXICATION UNSPECIFIED
F1624	HALLUCINOGEN DEPENDENCE WITH HALLUCINOGEN-INDUCED MOOD DISORDER
F16250	HALLUCINOGEN DEPENDENCE WITH HALLUCINOGEN-INDUCED PSYCHOTIC DISORDER WITH DELUSIONS
F16251	HALLUCINOGEN DEPENDENCE WITH HALLUCINOGEN-INDUCED PSYCHOTIC DISORDER WITH HALLUCINATIONS
F16259	HALLUCINOGEN DEPENDENCE WITH HALLUCINOGEN-INDUCED PSYCHOTIC DISORDER UNSPECIFIED
F16280	HALLUCINOGEN DEPENDENCE WITH HALLUCINOGEN-INDUCED ANXIETY DISORDER
F16283	HALLUCINOGEN DEPENDENCE WITH HALLUCINOGEN PERSISTING PERCEPTION DISORDER (FLASHBACKS)
F16288	HALLUCINOGEN DEPENDENCE WITH OTHER HALLUCINOGEN-INDUCED DISORDER

<b>Step 2 (history of substance abuse)</b>	
<b>Required quantity: 1</b>	
<b>Look back timeframe: 365 days</b>	
<b>History of Substance Abuse Diagnoses</b>	
F1629	HALLUCINOGEN DEPENDENCE WITH UNSPECIFIED HALLUCINOGEN-INDUCED DISORDER
F1810	INHALANT ABUSE UNCOMPLICATED
F18120	INHALANT ABUSE WITH INTOXICATION UNCOMPLICATED
F18121	INHALANT ABUSE WITH INTOXICATION DELIRIUM
F18129	INHALANT ABUSE WITH INTOXICATION UNSPECIFIED
F1814	INHALANT ABUSE WITH INHALANT-INDUCED MOOD DISORDER
F18150	INHALANT ABUSE WITH INHALANT-INDUCED PSYCHOTIC DISORDER WITH DELUSIONS
F18151	INHALANT ABUSE WITH INHALANT-INDUCED PSYCHOTIC DISORDER WITH HALLUCINATIONS
F18159	INHALANT ABUSE WITH INHALANT-INDUCED PSYCHOTIC DISORDER UNSPECIFIED
F1817	INHALANT ABUSE WITH INHALANT-INDUCED DEMENTIA
F18180	INHALANT ABUSE WITH INHALANT-INDUCED ANXIETY DISORDER
F18188	INHALANT ABUSE WITH OTHER INHALANT-INDUCED DISORDER
F1819	INHALANT ABUSE WITH UNSPECIFIED INHALANT-INDUCED DISORDER
F1820	INHALANT DEPENDENCE, UNCOMPLICATED
F18220	INHALANT DEPENDENCE WITH INTOXICATION UNCOMPLICATED
F18221	INHALANT DEPENDENCE WITH INTOXICATION DELIRIUM
F18229	INHALANT DEPENDENCE WITH INTOXICATION UNSPECIFIED
F1824	INHALANT DEPENDENCE WITH INHALANT-INDUCED MOOD DISORDER
F18250	INHALANT DEPENDENCE WITH INHALANT-INDUCED PSYCHOTIC DISORDER WITH DELUSIONS
F18251	INHALANT DEPENDENCE WITH INHALANT-INDUCED PSYCHOTIC DISORDER WITH HALLUCINATIONS
F18259	INHALANT DEPENDENCE WITH INHALANT-INDUCED PSYCHOTIC DISORDER, UNSPECIFIED
F1827	INHALANT DEPENDENCE WITH INHALANT-INDUCED DEMENTIA
F18280	INHALANT DEPENDENCE WITH INHALANT-INDUCED ANXIETY DISORDER
F18288	INHALANT DEPENDENCE WITH OTHER INHALANT-INDUCED DISORDER
F1829	INHALANT DEPENDENCE WITH UNSPECIFIED INHALANT-INDUCED DISORDER
F1910	OTHER PSYCHOACTIVE SUBSTANCE ABUSE UNCOMPLICATED
F19120	OTHER PSYCHOACTIVE SUBSTANCE ABUSE WITH INTOXICATION UNCOMPLICATED

<b>Step 2 (history of substance abuse)</b>	
<b>Required quantity: 1</b>	
<b>Look back timeframe: 365 days</b>	
<b>History of Substance Abuse Diagnoses</b>	
F19121	OTHER PSYCHOACTIVE SUBSTANCE ABUSE WITH INTOXICATION DELIRIUM
F19122	OTHER PSYCHOACTIVE SUBSTANCE ABUSE WITH INTOXICATION WITH PERCEPTUAL DISTURBANCES
F19129	OTHER PSYCHOACTIVE SUBSTANCE ABUSE WITH INTOXICATION UNSPECIFIED
F1914	OTHER PSYCHOACTIVE SUBSTANCE ABUSE WITH PSYCHOACTIVE SUBSTANCE-INDUCED MOOD DISORDER
F19150	OTHER PSYCHOACTIVE SUBSTANCE ABUSE WITH PSYCHOACTIVE SUBSTANCE-INDUCED PSYCHOTIC DISORDER WITH DELUSIONS
F19151	OTHER PSYCHOACTIVE SUBSTANCE ABUSE WITH PSYCHOACTIVE SUBSTANCE-INDUCED PSYCHOTIC DISORDER WITH HALLUCINATIONS
F19159	OTHER PSYCHOACTIVE SUBSTANCE ABUSE WITH PSYCHOACTIVE SUBSTANCE-INDUCED PSYCHOTIC DISORDER UNSPECIFIED
F1916	OTHER PSYCHOACTIVE SUBSTANCE ABUSE WITH PSYCHOACTIVE SUBSTANCE-INDUCED PERSISTING AMNESTIC DISORDER
F1917	OTHER PSYCHOACTIVE SUBSTANCE ABUSE WITH PSYCHOACTIVE SUBSTANCE-INDUCED PERSISTING DEMENTIA
F19180	OTHER PSYCHOACTIVE SUBSTANCE ABUSE WITH PSYCHOACTIVE SUBSTANCE-INDUCED ANXIETY DISORDER
F19181	OTHER PSYCHOACTIVE SUBSTANCE ABUSE WITH PSYCHOACTIVE SUBSTANCE-INDUCED SEXUAL DYSFUNCTION
F19182	OTHER PSYCHOACTIVE SUBSTANCE ABUSE WITH PSYCHOACTIVE SUBSTANCE-INDUCED SLEEP DISORDER
F19188	OTHER PSYCHOACTIVE SUBSTANCE ABUSE WITH OTHER PSYCHOACTIVE SUBSTANCE-INDUCED DISORDER
F1919	OTHER PSYCHOACTIVE SUBSTANCE ABUSE WITH UNSPECIFIED PSYCHOACTIVE SUBSTANCE-INDUCED DISORDER
F1920	OTHER PSYCHOACTIVE SUBSTANCE DEPENDENCE UNCOMPLICATED
F19220	OTHER PSYCHOACTIVE SUBSTANCE DEPENDENCE WITH INTOXICATION, UNCOMPLICATED
F19221	OTHER PSYCHOACTIVE SUBSTANCE DEPENDENCE WITH INTOXICATION DELIRIUM
F19222	OTHER PSYCHOACTIVE SUBSTANCE DEPENDENCE WITH INTOXICATION WITH PERCEPTUAL DISTURBANCE
F19229	OTHER PSYCHOACTIVE SUBSTANCE DEPENDENCE WITH INTOXICATION UNSPECIFIED
F19230	OTHER PSYCHOACTIVE SUBSTANCE DEPENDENCE WITH WITHDRAWAL UNCOMPLICATED
F19231	OTHER PSYCHOACTIVE SUBSTANCE DEPENDENCE WITH WITHDRAWAL DELIRIUM
F19232	OTHER PSYCHOACTIVE SUBSTANCE DEPENDENCE WITH WITHDRAWAL WITH PERCEPTUAL DISTURBANCE
F19239	OTHER PSYCHOACTIVE SUBSTANCE DEPENDENCE WITH WITHDRAWAL UNSPECIFIED

<b>Step 2 (history of substance abuse)</b>	
<b>Required quantity: 1</b>	
<b>Look back timeframe: 365 days</b>	
<b>History of Substance Abuse Diagnoses</b>	
F1924	OTHER PSYCHOACTIVE SUBSTANCE DEPENDENCE WITH PSYCHOACTIVE SUBSTANCE-INDUCED MOOD DISORDER
F19250	OTHER PSYCHOACTIVE SUBSTANCE DEPENDENCE WITH PSYCHOACTIVE SUBSTANCE-INDUCED PSYCHOTIC DISORDER WITH DELUSIONS
F19251	OTHER PSYCHOACTIVE SUBSTANCE DEPENDENCE WITH PSYCHOACTIVE SUBSTANCE-INDUCED PSYCHOTIC DISORDER WITH HALLUCINATIONS
F19259	OTHER PSYCHOACTIVE SUBSTANCE DEPENDENCE WITH PSYCHOACTIVE SUBSTANCE-INDUCED PSYCHOTIC DISORDER UNSPECIFIED
F1926	OTHER PSYCHOACTIVE SUBSTANCE DEPENDENCE WITH PSYCHOACTIVE SUBSTANCE-INDUCED PERSISTING AMNESTIC DISORDER
F1927	OTHER PSYCHOACTIVE SUBSTANCE DEPENDENCE WITH PSYCHOACTIVE SUBSTANCE-INDUCED PERSISTING DEMENTIA
F19280	OTHER PSYCHOACTIVE SUBSTANCE DEPENDENCE WITH PSYCHOACTIVE SUBSTANCE-INDUCED ANXIETY DISORDER
F19281	OTHER PSYCHOACTIVE SUBSTANCE DEPENDENCE WITH PSYCHOACTIVE SUBSTANCE-INDUCED SEXUAL DYSFUNCTION
F19282	OTHER PSYCHOACTIVE SUBSTANCE DEPENDENCE WITH PSYCHOACTIVE SUBSTANCE-INDUCED SLEEP DISORDER
F19288	OTHER PSYCHOACTIVE SUBSTANCE DEPENDENCE WITH OTHER PSYCHOACTIVE SUBSTANCE-INDUCED DISORDER
F1929	OTHER PSYCHOACTIVE SUBSTANCE DEPENDENCE WITH UNSPECIFIED PSYCHOACTIVE SUBSTANCE-INDUCED DISORDER

**Step 3 (Texas DFPS maximum recommended dose) Required quantity: 1**

**TX DFPS Recommended Dosage**

<b>Active Ingredient</b>	<b>Drug (brand)</b>	<b>Initial Dosage</b>	<b>Literature Based Maximum Dosage</b>	<b>FDA Approved Maximum Dosage for Children and Adolescents</b>
AMPHETAMINE/ DEXTROAMPHETAMINE SALTS	ADDERALL®	Age 3-5 years: 2.5mg/day  Age ≥ 6 years: 5-10mg/day	Age 3-5 years: 30mg/day  Age ≥ 6 years (≤ 50kg): 40mg/day  Age ≥ 6 years (> 50kg): 60mg/day	Approved for children 3 years and older: 40mg/day
AMPHETAMINE SULFATE	EVEKEO®	Age 3-5 years: 2.5-5mg/day  Age ≥ 6 years: 5-10mg/day	Age ≥ 3 years: 40mg/day	Approved for children 3 years and older: 40mg/day
	EVEKEO ODT®	Age ≥ 6 years: 5mg/day	Ages 6-17 years: 40mg/day	Ages 6-17 years: 40mg/day
DESMETHYLPHENIDATE	FOCALIN®	Age ≥ 6 years: 2.5mg twice daily	Age ≥ 6 years: 50mg/day	Approved for children 6 years and older: 20mg/day
DEXTROAMPHETAMINE	DEXEDRINE® ZENZEDI® PROCENTRA®	Age 3-5 years: 2.5mg/day  Age ≥ 6 years: 5mg/day	Age 3-5 years: 30mg/day  Age ≥ 6 years (≤ 50kg): 40mg/day  Age ≥ 6 years (> 50kg): 60mg/day	Approved for children 3 years and older: 40mg/day
METHAMPHETAMINE	DESOXYN®	5mg daily	N/A	Approved for children 6 years and older: 25mg/day
METHYLPHENIDATE	RITALIN® METHYLIN®	Age 3-5 years: 2.5mg twice daily  Age ≥ 6 years: 5mg twice daily	Age 3-5 years: 22.5mg/day  Age ≥ 6 years (≤ 50kg): 60mg/day  Age ≥ 6 years (> 50kg): 100mg/day	Approved for children 6 years and older: 60mg/day

**Step 4 (paid claim for another IR stimulant)**

Required quantity: 1

Look back timeframe: 14 days

**IR Stimulants**

<b>Label Name</b>	<b>GCN</b>
ADDERALL 10MG TABLET	56971
ADDERALL 12.5MG TABLET	29008
ADDERALL 15MG TABLET	29009
ADDERALL 20MG TABLET	56973
ADDERALL 30MG TABLET	56972
ADDERALL 5MG TABLET	56970
ADDERALL 7.5MG TABLET	29007
AMPHETAMINE SULFATE 5MG TABLET	19822
AMPHETAMINE SULFATE 10MG TABLET	19821
AMPHETAMINE/DEXTROAMPHETAMINESALTS 10MG TABLET	56971
AMPHETAMINE/DEXTROAMPHETAMINESALTS 12.5MG TABLET	29008
AMPHETAMINE/DEXTROAMPHETAMINESALTS 15MG TABLET	29009
AMPHETAMINE/DEXTROAMPHETAMINESALTS 20MG TABLET	56973
AMPHETAMINE/DEXTROAMPHETAMINESALTS 30MG TABLET	56972
AMPHETAMINE/DEXTROAMPHETAMINESALTS 5MG TABLET	56970
AMPHETAMINE/DEXTROAMPHETAMINESALTS 7.5MG TABLET	29007
DESOXYN 5MG TABLET	19932
DEXMETHYLPHENIDATE 10MG TABLET	14975
DEXMETHYLPHENIDATE 2.5MG TABLET	14973
DEXMETHYLPHENIDATE 5MG TABLET	14974
DEXTROAMPHETAMINE 10MG TABLET	19880
DEXTROAMPHETAMINE 5MG TABLET	19881
DEXTROAMPHETAMINE 5MG/5ML	99801
EVEKEO 10MG TABLET	19821
EVEKEO 5MG TABLET	19822
EVEKEO ODT 10MG	45977
EVEKEO ODT 15MG	45978
EVEKEO ODT 20MG	45979
EVEKEO ODT 5MG	45976
FOCALIN 10MG TABLET	14975
FOCALIN 2.5MG TABLET	14973
FOCALIN 5MG TABLET	14974
METHAMPHETAMINE 5MG TABLET	19932

Step 4 (paid claim for another IR stimulant)	
Required quantity: 1	
Look back timeframe: 14 days	
IR Stimulants	
Label Name	GCN
METHYLIN 10MG/5ML SOLUTION	22686
METHYLIN 5MG/5ML SOLUTION	22685
METHYLPHENIDATE 10 MG CHEW TB	22684
METHYLPHENIDATE 10MG TABLET	15911
METHYLPHENIDATE 10MG/5ML	22686
METHYLPHENIDATE 2.5 MG CHEW TB	22682
METHYLPHENIDATE 20MG TABLET	15920
METHYLPHENIDATE 5 MG CHEW TB	22683
METHYLPHENIDATE 5MG TABLET	15913
METHYLPHENIDATE 5MG/5ML SOLUTION	22685
PROCENTRA 5MG/5ML SOLUTION	99801
RITALIN 10MG TABLET	15911
RITALIN 20MG TABLET	15920
RITALIN 5MG TABLET	15913
ZENZEDI 10MG TABLET	19880
ZENZEDI 15MG TABLET	19885
ZENZEDI 2.5MG TABLET	34734
ZENZEDI 20MG TABLET	36463
ZENZEDI 30MG TABLET	36464
ZENZEDI 5MG TABLET	19881
ZENZEDI 7.5MG TABLET	34735

Step 6 (amphetamine salts immediate release tablets, dextroamphetamine immediate release tablets, dexmethylphenidate, Evekeo tablets, methylphenidate, Procentra, or Zenedi)	
Required quantity: 1	
<i>This step has been removed</i>	
Label Name	GCN
ADDERALL 10MG TABLET	56971
ADDERALL 12.5MG TABLET	29008
ADDERALL 15MG TABLET	29009
ADDERALL 20MG TABLET	56973
ADDERALL 30MG TABLET	56972
ADDERALL 5MG TABLET	56970
ADDERALL 7.5MG TABLET	29007
AMPHETAMINE SULFATE 5MG TABLET	19822
AMPHETAMINE SULFATE 10MG TABLET	19821
AMPHETAMINE/DEXTROAMPHETAMINE SALTS 10MG TABLET	56971

**Step 6 (amphetamine salts immediate release tablets, dextroamphetamine immediate release tablets, dexmethylphenidate, Evekeo tablets, methylphenidate, Procentra, or Zenzedi)**

**Required quantity: 1**

*This step has been removed*

<b>Label Name</b>	<b>GCN</b>
AMPHETAMINE /DETRIOAMPHETAMINESALTS 12.5MG TABLET	29008
AMPHETAMINE/DEXTROAMPHETAMINESALTS 15MG TABLET	29009
AMPHETAMINE/DEXTROAMPHETAMINESALTS 20MG TABLET	56973
AMPHETAMINE/DEXTROAMPHETAMINESALTS 30MG TABLET	56972
AMPHETAMINE/DEXTROAMPHETAMINESALTS 5MG TABLET	56970
AMPHETAMINE/DEXTROAMPHETAMINESALTS 7.5MG TABLET	29007
DEXMETHYLPHENIDATE 10MG TABLET	14975
DEXMETHYLPHENIDATE 2.5MG TABLET	14973
DEXMETHYLPHENIDATE 5MG TABLET	14974
DEXTROAMPHETAMINE 10MG TABLET	19880
DEXTROAMPHETAMINE 5MG TABLET	19881
DEXTROAMPHETAMINE 5MG/5ML SOLUTION	99801
EVEKEO 10MG TABLET	19821
EVEKEO 5MG TABLET	19822
FOCALIN 10MG TABLET	14975
FOCALIN 2.5MG TABLET	14973
FOCALIN 5MG TABLET	14974
METHYLIN 10MG/5ML SOLUTION	22686
METHYLIN 5MG/5ML SOLUTION	22685
METHYLPHENIDATE 10 MG CHEW TB	22684
METHYLPHENIDATE 10MG TABLET	15911
METHYLPHENIDATE 10MG/5ML SOL	22686
METHYLPHENIDATE 2.5 MG CHEW TB	22682
METHYLPHENIDATE 20MG TABLET	15920
METHYLPHENIDATE 5 MG CHEW TB	22683
METHYLPHENIDATE 5MG TABLET	15913
METHYLPHENIDATE 5MG/5ML SOLUTION	22685
PROCENTRA 5MG/5ML SOLUTION	99801
RITALIN 10MG TABLET	15911
RITALIN 20MG TABLET	15920
RITALIN 5MG TABLET	15913
ZENZEDI 10MG TABLET	19880

**Step 6 (amphetamine salts immediate release tablets, dextroamphetamine immediate release tablets, dexamethylphenidate, Evekeo tablets, methylphenidate, Procentra, or Zenzedi)**

**Required quantity: 1**

*This step has been removed*

<b>Label Name</b>	<b>GCN</b>
ZENZEDI 15MG TABLET	19885
ZENZEDI 2.5MG TABLET	34734
ZENZEDI 20MG TABLET	36463
ZENZEDI 30MG TABLET	36464
ZENZEDI 5MG TABLET	19881
ZENZEDI 7.5MG TABLET	34735

**Step 8 (diagnosis of ADD or ADHD)**

**Required quantity: 1**

**Look back timeframe: 730 days**

**ADD/ADHD Diagnoses**

<b>ICD-10 Code</b>	<b>Description</b>
F900	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, PREDOMINANTLY INATTENTIVE TYPE
F901	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, PREDOMINANTLY HYPERACTIVE TYPE
F902	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE
F908	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, OTHER TYPE
F909	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE

**Step 9 (diagnosis of narcolepsy)**

**Required diagnosis: 1**

**Look back timeframe: 730 days**

**Narcolepsy Diagnoses**

<b>ICD-10 Code</b>	<b>Description</b>
G47419	NARCOLEPSY WITHOUT CATAPLEXY
G47411	NARCOLEPSY WITH CATAPLEXY
G47429	NARCOLEPSY IN CONDITIONS CLASSIFIED ELSEWHERE WITHOUT CATAPLEXY
G47421	NARCOLEPSY IN CONDITIONS CLASSIFIED ELSEWHERE WITH CATAPLEXY

**Step 10 (dexamethylphenidate immediate release, Evekeo ODT or methamphetamine)****Required quantity: 1**

<b>Label Name</b>	<b>GCN</b>
DESOXYN 5MG TABLET	19932
DEXMETHYLPHENIDATE 2.5MG TABLET	14973
DEXMETHYLPHENIDATE 5MG TABLET	14974
DEXMETHYLPHENIDATE 10MG TABLET	14975
EVEKEO ODT 10MG	45977
EVEKEO ODT 15MG	45978
EVEKEO ODT 20MG	45979
EVEKEO ODT 5MG	45976
FOCALIN 2.5MG TABLET	14973
FOCALIN 5MG TABLET	14974
FOCALIN 10MG TABLET	14975
METHAMPHETAMINE 5MG TABLET	19932

## Drugs Requiring Prior Authorization- ER Formulations:

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](http://TxVendorDrug.com/formulary/formulary-search).

Drugs Requiring Prior Authorization	
Label Name	GCN
ADDERALL XR 10MG CAPSULE	14635
ADDERALL XR 15MG CAPSULE	17468
ADDERALL XR 20MG CAPSULE	14636
ADDERALL XR 25MG CAPSULE	17469
ADDERALL XR 30MG CAPSULE	14637
ADDERALL XR 5MG CAPSULE	17459
ADHANSIA XR 25MG CAPSULE	44356
ADHANSIA XR 35MG CAPSULE	44358
ADHANSIA XR 45MG CAPSULE	44362
ADHANSIA XR 55MG CAPSULE	44363
ADHANSIA XR 70MG CAPSULE	44364
ADHANSIA XR 85MG CAPSULE	44365
ADZENYS ER 1.25 MG/ML SUSP	43864
ADZENYS XR-ODT 3.1MG TABLET	40647
ADZENYS XR-ODT 6.3MG TABLET	40648
ADZENYS XR-ODT 9.4MG TABLET	40649
ADZENYS XR-ODT 12.5MG TABLET	40650
ADZENYS XR-ODT 15.7MG TABLET	40653
ADZENYS XR-ODT 18.8MG TABLET	40654
AMPHETAMINE/DEXTROAMPHETAMINESALTS 10MG EXTENDED-RELEASE CAPSULE	14635
AMPHETAMINE/DEXTROAMPHETAMINESALTS 15MG EXTENDED-RELEASE CAPSULE	17468
AMPHETAMINE/DEXTROAMPHETAMINESALTS 20MG EXTENDED-RELEASE CAPSULE	14636
AMPHETAMINE/DEXTROAMPHETAMINESALTS 25MG EXTENDED-RELEASE CAPSULE	17469
AMPHETAMINE/DEXTROAMPHETAMINESALTS 30MG EXTENDED-RELEASE CAPSULE	14637
AMPHETAMINE/DEXTROAMPHETAMINESALTS 5MG EXTENDED-RELEASE CAPSULE	17459
APTENSIO XR 10MG CAPSULE	97234
APTENSIO XR 15MG CAPSULE	97235
APTENSIO XR 20MG CAPSULE	97236
APTENSIO XR 30MG CAPSULE	97237
APTENSIO XR 40MG CAPSULE	97238
APTENSIO XR 50MG CAPSULE	97239
APTENSIO XR 60MG CAPSULE	97240

Drugs Requiring Prior Authorization	
Label Name	GCN
CONCERTA ER 18MG TABLET	12567
CONCERTA ER 27MG TABLET	17123
CONCERTA ER 36MG TABLET	12568
CONCERTA ER 54MG TABLET	12248
COTEMPLA XR-ODT 17.3MG TABLET	43535
COTEMPLA XR-ODT 25.9MG TABLET	43536
COTEMPLA XR-ODT 8.6MG TABLET	43534
DAYTRANA 10MG/9HR PATCH	26801
DAYTRANA 15MG/9HR PATCH	26802
DAYTRANA 20MG/9HR PATCH	26803
DAYTRANA 30MG/9HR PATCH	26804
DEXEDRINE SPANSULE 10MG	19850
DEXEDRINE SPANSULE 15MG	19851
DEXEDRINE SPANSULE 5MG	19852
DEXMETHYLPHENIDATE 10MG EXTENDED RELEASE CAPSULE	24734
DEXMETHYLPHENIDATE 15MG EXTENDED RELEASE CAPSULE	97111
DEXMETHYLPHENIDATE 20MG EXTENDED RELEASE CAPSULE	24735
DEXMETHYLPHENIDATE 25MG EXTENDED RELEASE CAPSULE	30305
DEXMETHYLPHENIDATE 30MG EXTENDED RELEASE CAPSULE	28035
DEXMETHYLPHENIDATE 35MG EXTENDED RELEASE CAPSULE	30306
DEXMETHYLPHENIDATE 40MG EXTENDED RELEASE CAPSULE	28933
DEXMETHYLPHENIDATE 5MG EXTENDED RELEASE CAPSULE	24733
DEXTROAMPHETAMINE 10MG EXTENDED-RELEASE CAPSULE	19850
DEXTROAMPHETAMINE 15MG EXTENDED-RELEASE CAPSULE	19851
DEXTROAMPHETAMINE 5MG EXTENDED-RELEASE CAPSULE	19852
DYANAVEL XR 2.5MG/ML SUSP	39686
FOCALIN XR 10MG CAPSULE	24734
FOCALIN XR 15MG CAPSULE	97111
FOCALIN XR 20MG CAPSULE	24735
FOCALIN XR 25MG CAPSULE	30305
FOCALIN XR 30MG CAPSULE	28035
FOCALIN XR 35MG CAPSULE	30306
FOCALIN XR 40MG CAPSULE	28933

<b>Drugs Requiring Prior Authorization</b>	
<b>Label Name</b>	<b>GCN</b>
FOCALIN XR 5MG CAPSULE	24733
JORNAY PM 100 MG CAPSULE	45110
JORNAY PM 20 MG CAPSULE	45106
JORNAY PM 40 MG CAPSULE	45107
JORNAY PM 60 MG CAPSULE	45108
JORNAY PM 80 MG CAPSULE	45109
METHYLPHENIDATE 10MG EXTENDED- RELEASE CAPSULE	21763
METHYLPHENIDATE 18MG EXTENDED- RELEASE TABLET	12567
METHYLPHENIDATE 20MG EXTENDED- RELEASE CAPSULE	20387
METHYLPHENIDATE 20MG SUSTAINED- RELEASE TABLET	16180
METHYLPHENIDATE 27MG EXTENDED- RELEASE TABLET	17123
METHYLPHENIDATE 30MG EXTENDED- RELEASE CAPSULE	20388
METHYLPHENIDATE 36MG EXTENDED- RELEASE TABLET	12568
METHYLPHENIDATE 40MG EXTENDED- RELEASE CAPSULE	20391
METHYLPHENIDATE 54MG EXTENDED- RELEASE TABLET	12248
METHYLPHENIDATE 60MG EXTENDED- RELEASE CAPSULE	36195
METHYLPHENIDATE 72 MG EXTENDED- RELEASE TABLET	44239
METHYLPHENIDATE CD 10MG EXTENDED- RELEASE CAPSULE	20384
METHYLPHENIDATE CD 20MG EXTENDED- RELEASE CAPSULE	20385
METHYLPHENIDATE CD 30MG EXTENDED- RELEASE CAPSULE	20386
METHYLPHENIDATE CD 40MG EXTENDED- RELEASE CAPSULE	26734
METHYLPHENIDATE CD 50MG EXTENDED- RELEASE CAPSULE	26735
METHYLPHENIDATE CD 60MG EXTENDED- RELEASE CAPSULE	26736
METHYLPHENIDATE ER 10 MG TAB	93075
MYDAYIS ER 12.5 MG CAPSULE	43538
MYDAYIS ER 25 MG CAPSULE	43539
MYDAYIS ER 37.5 MG CAPSULE	43542
MYDAYIS ER 50 MG CAPSULE	43543
QUILLICHEW ER 20MG CHEW TAB	40289
QUILLICHEW ER 30MG CHEW TAB	40292

Drugs Requiring Prior Authorization	
Label Name	GCN
QUILLICHEW ER 40MG CHEW TAB	40293
QUILLIVANT XR 25MG/5ML SUSP	33887
RITALIN LA 10MG CAPSULE	21763
RITALIN LA 20MG CAPSULE	20387
RITALIN LA 30MG CAPSULE	20388
RITALIN LA 40MG CAPSULE	20391
VYVANSE 10MG CAPSULE	37674
VYVANSE 10MG CHEWABLE TABLET	42969
VYVANSE 20MG CAPSULE	99366
VYVANSE 20MG CHEWABLE TABLET	43058
VYVANSE 30MG CAPSULE	98071
VYVANSE 30MG CHEWABLE TABLET	43059
VYVANSE 40MG CAPSULE	99367
VYVANSE 40MG CHEWABLE TABLET	43063
VYVANSE 50MG CAPSULE	98072
VYVANSE 50MG CHEWABLE TABLET	43064
VYVANSE 60MG CAPSULE	99368
VYVANSE 60MG CHEWABLE TABLET	43065
VYVANSE 70MG CAPSULE	98073

## Superior Healthplan Prior Authorization Criteria Logic-ER Formulations:

1. Is the request for Mydays?

Yes – Go to #2

No – Go to #3

2. Is the client less than (<) 13 years of age?

Yes – Deny

No – Go to #4

3. **Is the client less than (<) 3 years of age?** (changed from < 6 years of age)

Yes – Deny

No – Go to #4

4. Does the client have a history of substance abuse in the last 365 days?

Yes – Deny

No – Go to #5

5. Is the request for greater than (>) the Texas Department of Family and Protective Services (DFPS) maximum recommended dose?

Yes – Deny

No – Go to #6

6. Does the client have a paid claim for another ER stimulant in the past 14 days?

Yes – Deny

No – Go to #7

7. Is the client greater than or equal to ( $\geq$ ) 19 years of age?

Yes – Go to #8

No – Approve (365 days)

8. Does the client have a diagnosis of ADD/ADHD in the last 730 days?

Yes – Approve (365 days)

No – Go to #9

9. Does the client have a diagnosis of narcolepsy in the last 730 days?

Yes – Go to #10

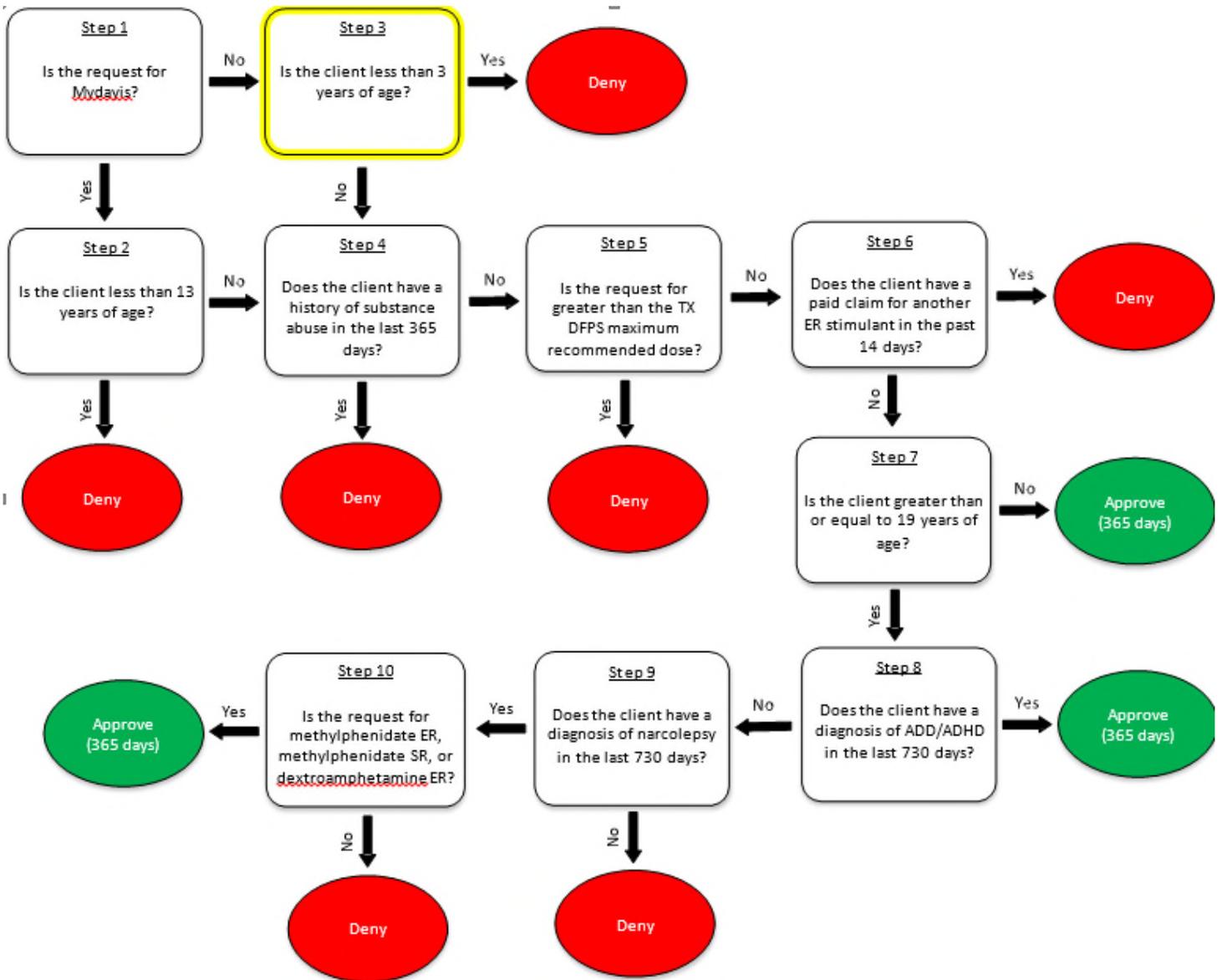
No – Deny

10. Is the request for methylphenidate extended release tablets, methylphenidate sustained release tablets, or dextroamphetamine extended release capsules?

Yes – Approve (365 days)

No – Deny

## Superior HealthPlan Clinical Edit Logic Diagram- ER Formulations:



## Supporting Tables- ER Formulation Step Logic:

### Step 4 (history of substance abuse)

Required quantity: 1

Look back timeframe: 365 days

For the list of diagnosis codes that pertain to this step, see the [History of Substance Abuse Diagnoses](#) table in the previous “Supporting Tables” section.

### Step 5 (Texas DFPS maximum recommended dose) Required quantity: 1

#### TX DFPS Recommended Dosage

Active Ingredient	Drug (brand)	Initial Dosage	Literature Based Maximum Dosage	FDA Approved Maximum Dosage for Children and Adolescents
AMPHETAMINE SALTS	MYDAYIS™	Age 13-17 years: 12.5mg/day	Age ≥13 years: 25mg/day	Age 13-17 years: 25mg Age > 17 years: 50mg
AMPHETAMINE/ DEXTROAMPHETAMINE SALTS	ADDERALL® XR	Age 6-12 years: 5-10mg/day Age ≥ 13 years:	Age ≥ 6 years (≤ 50kg): 30mg/day Age ≥ 6 years (> 50kg):	Approved for children 6 years and older: 30mg/day
AMPHETAMINE/ DEXTROAMPHETAMINE SALTS	DYANAVEL™ XR	Age ≥ 6 years: 2.5– 5mg/day	≥ 6 years: 20mg/day	Approved for children 6 years and older: 20mg/day
AMPHETAMINE/ DEXTROAMPHETAMINE SALTS	ADZENYS XR-ODT™	Age 6-17 years: 6.3mg/day	Age 6-12 years: 18.8mg daily Age 13-17 years: 12.5mg daily	Age 6-12 years: 18.8mg daily Age 13-17 years: 12.5mg daily
DEXMETHYLPHENIDATE	FOCALIN® XR	Age ≥ 6 years: 5- 10mg/day	Age ≥ 6 years: 50mg/day	Approved for children 6 years and older: 30mg/day
DEXTROAMPHETAMINE	DEXEDRINE SPANSULE®	Age ≥ 6 years: 5mg/day	Age ≥ 6 years (≤ 50kg): 40mg/day Age ≥ 6 years (> 50kg): 60mg/day	Approved for children 6 years and older: 40mg/day
LISDEXAMFETAMINE	VYVANSE® capsule VYVANSE® chewable tablet	Age ≥ 6 years: 30mg/day	Age ≥ 6 years: 70mg/day	Approved for children 6 years and older: 70mg/day
METHYLPHENIDATE	ADHANSIA XR™	Age ≥ 6 years: 25mg/day	Age 6-17 years:85mg/day Age ≥18 years: 100mg/day	Age 6-17 years:85mg/day Age ≥18 years: 100mg/day
	APTENSIO XR®	Age ≥ 6 years: 10 mg/day	Age 3-5 years: 22.5mg/day Age ≥ 6 years and ≤ 50kg: 60mg/day Age ≥ 6 years and > 50kg: 100mg/day	Approved for children 6 years and older: 60mg/day
	METADATE® CD QUILLICHEW ER™ QUILLIVANT XR®	Age ≥ 6 years: 20mg/day	Age 3-5 years: 22.5mg/day Age ≥ 6 years (≤ 50kg): 60mg/day Age ≥ 6 years (>	Approved for children 6 years and older: 60mg/day

METADATE® ER METHYLIN® ER RITALIN® SR	Age ≥ 3 years: 10mg/day	Age 3-5 years: 22.5mg/day Age ≥ 6 years and ≤ 50kg: 60mg/day Age ≥ 6 years and > 50kg: 100mg/day	Approved for children 6 years and older: 60mg/day
CONCERTA®	Age ≥ 6 years: 18mg/day	Age 3-5 years: 36mg/day Age ≥ 6 years: 72mg/day	Age 6-12 years: 54mg/day Age 13-17 years: lesser of 72mg/day or 2mg/kg/day
COTEMPLA® XR-ODT	Age ≥ 6 years: 17.3mg/day	Age 6-17 years: 51.8mg/day	Approved for children 6 years and older: 51.8mg/day
DAYTRANA® TD	Age ≥ 6 years: 10mg/day	Age 3-5 years: 20mg/day Age ≥ 6 years: 30mg/day	Approved for children 6 years and older: 30mg/day
RITALIN® LA	Age ≥ 6 years: 10 - 20mg/day	Age 3-5 years: 22.5mg/day Age ≥ 6 years (≤ 50kg): 60mg/day Age ≥ 6 years (> 50kg):	Approved for children 6 years and older: 60mg/day
JORNAY PM™	Age ≥ 6 years: 20mg/day	Age ≥ 6 years: 100mg/day	Age ≥ 6 years: 100mg/day

**Step 6 (paid claim for another ER stimulant)**

Required quantity: 1

Look back timeframe: 14 days

**ER Stimulants**

<b>Label Name</b>	<b>GCN</b>
ADDERALL XR 10MG CAPSULE	14635
ADDERALL XR 15MG CAPSULE	17468
ADDERALL XR 20MG CAPSULE	14636
ADDERALL XR 25MG CAPSULE	17469
ADDERALL XR 30MG CAPSULE	14637
ADDERALL XR 5MG CAPSULE	17459
ADHANSIA XR 25MG CAPSULE	44356
ADHANSIA XR 35MG CAPSULE	44358
ADHANSIA XR 45MG CAPSULE	44362
ADHANSIA XR 55MG CAPSULE	44363
ADHANSIA XR 70MG CAPSULE	44364
ADHANSIA XR 85MG CAPSULE	44365
ADZENYS XR-ODT 3.1MG TABLET	40647
ADZENYS XR-ODT 6.3MG TABLET	40648
ADZENYS XR-ODT 9.4MG TABLET	40649
ADZENYS XR-ODT 12.5MG TABLET	40650
ADZENYS XR-ODT 15.7MG TABLET	40653
ADZENYS XR-ODT 18.8MG TABLET	40654
AMPHETAMINE/DEXTROAMPHETAMINESALTS 10MG EXTENDED-RELEASE CAPSULE	14635
AMPHETAMINE/DEXTROAMPHETAMINESALTS 15MG EXTENDED-RELEASE CAPSULE	17468
AMPHETAMINE/DEXTROAMPHETAMINESALTS 20MG EXTENDED-RELEASE CAPSULE	14636
AMPHETAMINE/DEXTROAMPHETAMINESALTS 25MG EXTENDED-RELEASE CAPSULE	17469
AMPHETAMINE/DEXTROAMPHETAMINESALTS 30MG EXTENDED-RELEASE CAPSULE	14637
AMPHETAMINE/DEXTROAMPHETAMINESALTS 5MG EXTENDED-RELEASE CAPSULE	17459
APTENSIO XR 10MG CAPSULE	97234
APTENSIO XR 15MG CAPSULE	97235
APTENSIO XR 20MG CAPSULE	97236
APTENSIO XR 30MG CAPSULE	97237
APTENSIO XR 40MG CAPSULE	97238
APTENSIO XR 50MG CAPSULE	97239
APTENSIO XR 60MG CAPSULE	97240
CONCERTA ER 18MG TABLET	12567
CONCERTA ER 27MG TABLET	17123

**Step 6 (paid claim for another ER stimulant)**

Required quantity: 1

Look back timeframe: 14 days

**ER Stimulants**

<b>Label Name</b>	<b>GCN</b>
CONCERTA ER 36MG TABLET	12568
CONCERTA ER 54MG TABLET	12248
COTEMPLA XR-ODT 17.3MG TABLET	43535
COTEMPLA XR-ODT 25.9MG TABLET	43536
COTEMPLA XR-ODT 8.6MG TABLET	43534
DAYTRANA 10MG/9HR PATCH	26801
DAYTRANA 15MG/9HR PATCH	26802
DAYTRANA 20MG/9HR PATCH	26803
DAYTRANA 30MG/9HR PATCH	26804
DEXEDRINE SPANSULE 10MG	19850
DEXEDRINE SPANSULE 15MG	19851
DEXEDRINE SPANSULE 5MG	19852
DEXMETHYLPHENIDATE 10MG EXTENDED RELEASE CAPSULE	24734
DEXMETHYLPHENIDATE 15MG EXTENDED RELEASE CAPSULE	97111
DEXMETHYLPHENIDATE 20MG EXTENDED RELEASE CAPSULE	24735
DEXMETHYLPHENIDATE 25MG EXTENDED RELEASE CAPSULE	30305
DEXMETHYLPHENIDATE 30MG EXTENDED RELEASE CAPSULE	28035
DEXMETHYLPHENIDATE 35MG EXTENDED RELEASE CAPSULE	30306
DEXMETHYLPHENIDATE 40MG EXTENDED RELEASE CAPSULE	28933
DEXMETHYLPHENIDATE 5MG EXTENDED RELEASE CAPSULE	24733
DEXTROAMPHETAMINE 10MG EXTENDED- RELEASE CAPSULE	19850
DEXTROAMPHETAMINE 15MG EXTENDED- RELEASE CAPSULE	19851
DEXTROAMPHETAMINE 5MG EXTENDED- RELEASE CAPSULE	19852
DYANAVEL 2.5MG/ML SUSP	39686
FOCALIN XR 10MG CAPSULE	24734
FOCALIN XR 15MG CAPSULE	97111
FOCALIN XR 20MG CAPSULE	24735
FOCALIN XR 25MG CAPSULE	30305
FOCALIN XR 30MG CAPSULE	28035
FOCALIN XR 35MG CAPSULE	30306
FOCALIN XR 40MG CAPSULE	28933

**Step 6 (paid claim for another ER stimulant)**

Required quantity: 1

Look back timeframe: 14 days

**ER Stimulants**

<b>Label Name</b>	<b>GCN</b>
FOCALIN XR 5MG CAPSULE	24733
JORNAY PM 100 MG CAPSULE	45110
JORNAY PM 20 MG CAPSULE	45106
JORNAY PM 40 MG CAPSULE	45107
JORNAY PM 60 MG CAPSULE	45108
JORNAY PM 80 MG CAPSULE	45109
METHYLPHENIDATE 10MG EXTENDED- RELEASE CAPSULE	21763
METHYLPHENIDATE 18MG EXTENDED- RELEASE TABLET	12567
METHYLPHENIDATE 20MG EXTENDED- RELEASE CAPSULE	20387
METHYLPHENDIATE 20MG EXTENDED- RELEASE TABLET	16180
METHYLPHENIDATE 27MG EXTENDED- RELEASE TABLET	17123
METHYLPHENIDATE 30MG EXTENDED- RELEASE CAPSULE	20388
METHYLPHENIDATE 36MG EXTENDED- RELEASE TABLET	12568
METHYLPHENIDATE 40MG EXTENDED- RELEASE CAPSULE	20391
METHYLPHENIDATE 54MG EXTENDED- RELEASE TABLET	12248
METHYLPHENIDATE 60MG EXTENDED- RELEASE CAPSULE	36195
METHYLPHENIDATE 72MG EXTENDED- RELEASE TABLET	44239
METHYLPHENIDATE CD 10MG EXTENDED- RELEASE CAPSULE	20384
METHYLPHENIDATE CD 20MG EXTENDED- RELEASE CAPSULE	20385
METHYLPHENIDATE CD 30MG EXTENDED- RELEASE CAPSULE	20386
METHYLPHENIDATE CD 40MG EXTENDED- RELEASE CAPSULE	26734
METHYLPHENIDATE CD 50MG EXTENDED- RELEASE CAPSULE	26735
METHYLPHENIDATE CD 60MG EXTENDED- RELEASE CAPSULE	26736
METHYLPHENIDATE ER 10 MG TAB	93075
MYDAYIS ER 12.5 MG CAPSULE	43538

<b>Step 6 (paid claim for another ER stimulant)</b>	
<b>Required quantity: 1</b>	
<b>Look back timeframe: 14 days</b>	
<b>ER Stimulants</b>	
<b>Label Name</b>	<b>GCN</b>
MYDAYIS ER 25 MG CAPSULE	43539
MYDAYIS ER 37.5 MG CAPSULE	43542
MYDAYIS ER 50 MG CAPSULE	43543
QUILLICHEW ER 20MG CHEW TAB	40289
QUILLICHEW ER 30MG CHEW TAB	40292
QUILLICHEW ER 40MG CHEW TAB	40293
QUILLIVANT XR 25MG/5ML SUSP	33887
RITALIN LA 10MG CAPSULE	21763
RITALIN LA 20MG CAPSULE	20387
RITALIN LA 30MG CAPSULE	20388
RITALIN LA 40MG CAPSULE	20391
VYVANSE 10MG CAPSULE	37674
VYVANSE 10MG CHEWABLE TABLET	42969
VYVANSE 20MG CAPSULE	99366
VYVANSE 20MG CHEWABLE TABLET	43058
VYVANSE 30MG CAPSULE	98071
VYVANSE 30MG CHEWABLE TABLET	43059
VYVANSE 40MG CAPSULE	99367
VYVANSE 40MG CHEWABLE TABLET	43063
VYVANSE 50MG CAPSULE	98072
VYVANSE 50MG CHEWABLE TABLET	43064
VYVANSE 60MG CAPSULE	99368
VYVANSE 60MG CHEWABLE TABLET	43065
VYVANSE 70MG CAPSULE	98073

**Step 8 (diagnosis of ADD or ADHD)**  
**Required quantity: 1**  
**Look back timeframe: 730 days**

For the list of diagnoses that pertain to this step, see the [ADD/ADHD Diagnoses](#) table in the previous “Supporting Tables” section.

**Step 9 (diagnosis of narcolepsy)**  
**Required diagnosis: 1**  
**Look back timeframe: 730 days**

For the list of diagnoses that pertain to this step, see the [Narcolepsy Diagnoses](#) table in the previous “Supporting Tables” section.

**Step 10 (methylphenidate extended release tablets, methylphenidate sustained release tablets, or dextroamphetamine extended release capsules)**

**Required quantity: 1**

<b>Label Name</b>	<b>GCN</b>
DEXEDRINE SPANSULE 10MG	19850
DEXEDRINE SPANSULE 15MG	19851
DEXEDRINE SPANSULE 5MG	19852
DEXTROAMPHETAMINE 5MG EXTENDED- RELEASE CAPSULE	19852
DEXTROAMPHETAMINE 10MG EXTENDED- RELEASE CAPSULE	19850
DEXTROAMPHETAMINE 15MG EXTENDED- RELEASE CAPSULE	19851
METHYLPHENIDATE 20MG SUSTAINED- RELEASE TABLET	16180
METHYLPHENIDATE ER 10 MG TAB	93075

## Drugs Requiring Prior Authorization- Non-stimulant Formulations (Except Clonidine ER):

Drugs Requiring Prior Authorization	
Label Name	GCN
ATOMOXETINE HCL 100MG CAPSULE	26539
ATOMOXETINE HCL 10MG CAPSULE	18776
ATOMOXETINE HCL 18MG CAPSULE	18777
ATOMOXETINE HCL 25MG CAPSULE	18778
ATOMOXETINE HCL 40MG CAPSULE	18779
ATOMOXETINE HCL 60MG CAPSULE	18781
ATOMOXETINE HCL 80MG CAPSULE	26538
GUANFACINE HCL ER 1MG TABLET	27576
GUANFACINE HCL ER 2MG TABLET	27578
GUANFACINE HCL ER 3MG TABLET	27579
GUANFACINE HCL ER 4MG TABLET	27582
INTUNIV ER 1MG TABLET	27576
INTUNIV ER 2MG TABLET	27578
INTUNIV ER 3MG TABLET	27579
INTUNIV ER 4MG TABLET	27582
STRATTERA 100MG CAPSULE	26539
STRATTERA 10MG CAPSULE	18776
STRATTERA 18MG CAPSULE	18777
STRATTERA 25MG CAPSULE	18778
STRATTERA 40MG CAPSULE	18779
STRATTERA 60MG CAPSULE	18781
STRATTERA 80MG CAPSULE	26538

## Superior Healthplan Prior Authorization Criteria Logic- Non-stimulant Formulations (Except Clonidine ER):

1. Is the client less than (<) 6 years of age?

Yes – Deny

No – Go to #2

2. Is the request for greater than (>) 2 units per day?

Yes – Deny

No – Go to #3

3. Is the client greater than or equal to ( $\geq$ ) 19 years of age?

Yes – Go to #4

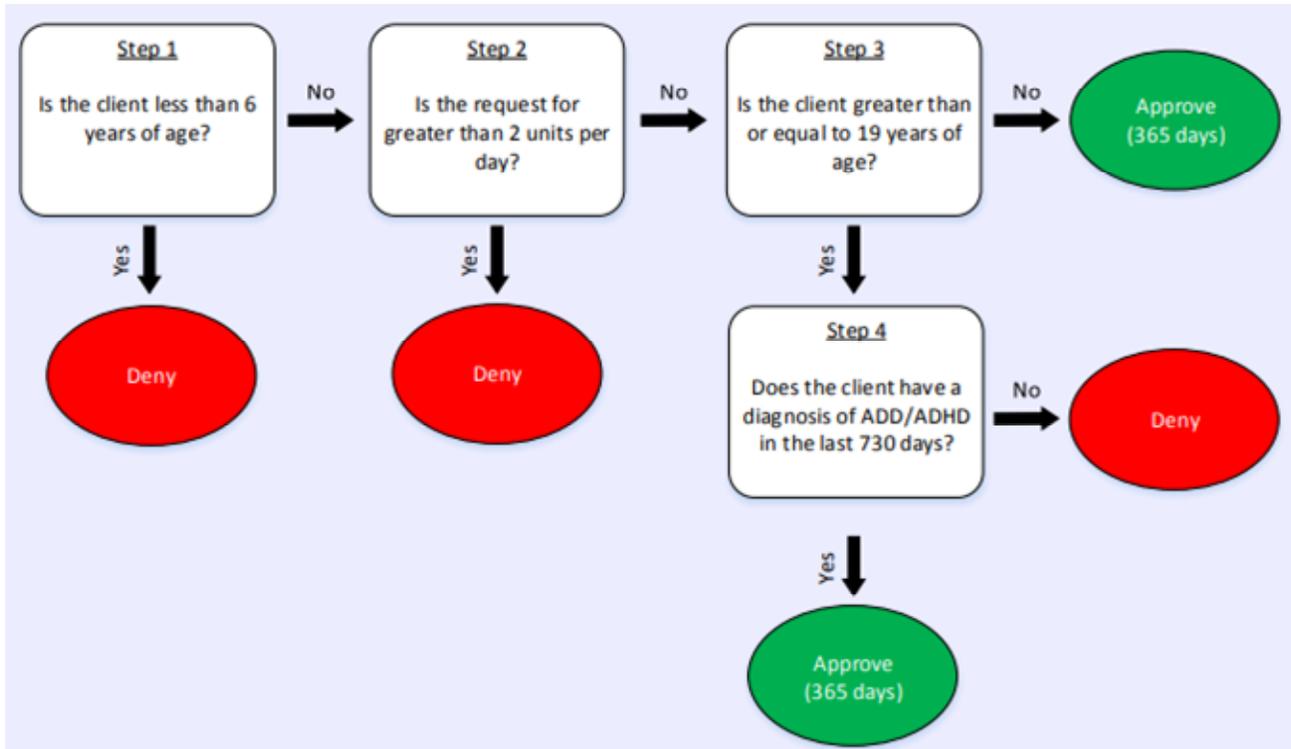
No – Approve (365 days)

4. Does the client have a diagnosis of ADD/ADHD in the last 730 days?

Yes – Approve (365 days)

No – Deny

## Superior HealthPlan Clinical Edit Logic Diagram - Non-stimulant Formulations (Except Clonidine ER):



## Supporting Tables - Non-stimulant Formulations (Except Clonidine ER):

<p><b>Step 4 (diagnosis of ADD or ADHD)</b>  <b>Required quantity: 1</b>  <b>Look back timeframe: 730 days</b></p>
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For the list of diagnoses that pertain to this step, please see the [ADD/ADHD Diagnoses](#) table in a previous “Supporting Tables” section.

## Drugs Requiring Prior Authorization- Clonidine ER:

Drugs Requiring Prior Authorization	
Label Name	GCN
CLONIDINE HCL ER 0.1MG TABLET	29139

## Superior Healthplan Prior Authorization Criteria Logic - Clonidine ER:

1. Is the client less than (<) 6 years of age?

Yes – Deny

No - Go to #2

2. Is the request for greater than (>) 4 units per day?

Yes – Deny

No – Go to #3

3. Is the client greater than or equal to ( $\geq$ ) 19 years of age?

Yes – Go to #4

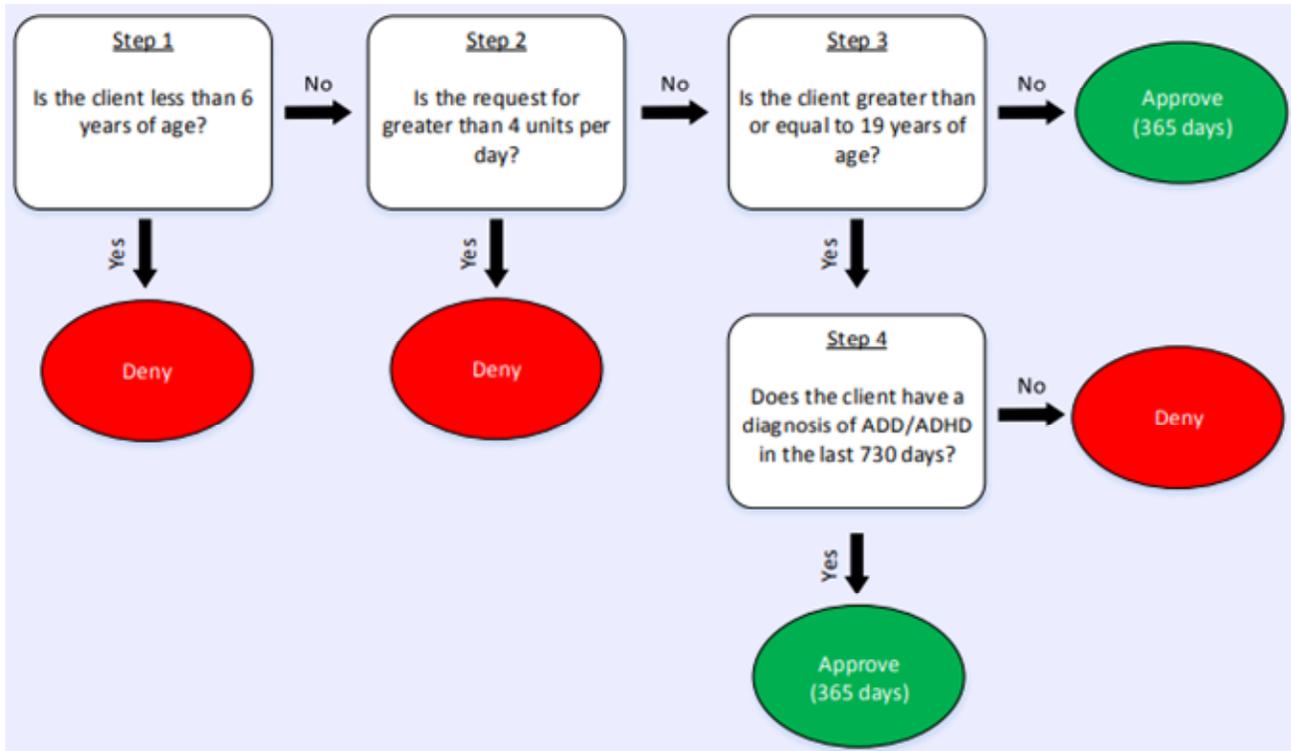
No – Approve (365 days)

4. Does the client have a diagnosis of ADD/ADHD in the last 730 days?

Yes – Approve (365 days)

No – Deny

## Superior HealthPlan Clinical Edit Logic Diagram- Clonidine ER:



## Supporting Tables- Clonidine ER:

<p><b>Step 4 (diagnosis of ADD or ADHD)</b> <b>Required quantity: 1</b> <b>Look back timeframe: 730 days</b></p>
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For the list of diagnoses that pertain to this step, please see the [ADD/ADHD Diagnoses](#) table in a previous "Supporting Tables" section.

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## Publication History:

Publication Date	Notes
03/09/2015	Clinical edit added, updated per VDP publication history on main edit cross reference.
07/04/2018	The age limit for all IR and ER stimulants has been lowered from 6 years of age to 3 years of age, 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.
05/20/2019	<p>Removed Methylin chewable tablets from “Drugs Requiring PA” as product is no longer eligible for CMS rebates</p> <p>Removed drugs not specifically indicated for narcolepsy from table 8 (including: Aptensio XR, Concerta, Daytrana, Quillichew, Quillivant, Ritalin LA and associated generic products)</p> <p>Added statement that this criteria applies to CHIP, STAR, STAR Kids, STAR Health and STAR+PLUS membership.</p> <p>Added statement: The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit <a href="http://TxVendorDrug.com/formulary/formulary-search">TxVendorDrug.com/formulary/formulary-search</a>.</p>
10/1/2019	<p>Updated dosing guidelines to reflect the Psychotropic Medication Utilization Parameters for Children and Youth in Texas Public Behavioral Health (6th Version).</p> <p>Added GCNs for Jornay PM, dexamethylphenidate 25mg and 35mg extended release capsules, methylphenidate 60mg and 72mg extended release capsules, methylphenidate 10mg extended release capsules, Adzenys ER 1.25 mg/ml susp and removed Metadate CD from Drugs Requiring Prior Authorization: ER Formulations.</p> <p>Cross referenced tables and references to VDP criteria. Updated references, tables for step 4 (ER Formulations), step 6, step 8, and step 9</p>

<p>1/25/20</p>	<p>Added GCNs for Evekeo ODT to drug tables in IR Formulations</p> <p>Updated IR formulations criteria logic and diagram to include Evekeo tablets for ages <math>\geq 3</math> and up and narcolepsy as an approvable diagnosis</p> <p>Added GCNs for Adhansia XR to drug tables in ER Formulations.</p>
<p>2/7/20</p>	<p>Updated IR formulations criteria chart to match P&amp;T approved changes to step 5 and step 6</p>
<p>3/4/20</p>	<p>Updated IR formulations criteria logic diagram to remove steps 5 and 6.</p> <p>Updated URL link for VDP criteria.</p> <p>Cross referenced tables to VDP criteria:  Updated tables for step 4: added GCNs for Amphetamine Sulfate 5mg and 10mg.</p> <p>Removed tables for step 6 (for IR formulations)</p> <p>Added GCN for Adzenys XR-ODT 9.4mg to Drugs Requiring Prior Authorization for ER formulations</p> <p>Updated table for ER formulations: Removed GCN for Metadate ER 20mg tablet ER</p> <p>Changed table for ER formulations step 4 to step 6 to match VDP criteria:  Removed GCNs for Adzenys ER 1.25mg/mg Susp and Metadate ER 20mg tablet ER.</p> <p>Changed table for ER formulations step 8 to step 10 to match VDP criteria:  Added GCNs for Dexedrine Spansule 10mg, 15mg and 5mg and Removed GCN for Metadate ER 20mg tablet ER.</p> <p>Added Superior Healthplan Criteria Logic questions for IR and ER formulations, Non-stimulant formulations (except Clonidine ER) and Clonidine ER</p>