

# Anxiolytics and Sedatives/Hypnotics Clinical Edit Criteria



## Anxiolytics and Sedatives/Hypnotics (ASHs)

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 anxiolytic and sedative/hypnotic clinical criteria to ease the prior authorization process regarding this clinical edit.

Superior HealthPlan has removed step 1 as a requirement from the sedatives/hypnotics-butabarbital, flurazepam, ramelteon, and anxiolytics - chlordiazepoxide, meprobamate & oxazepam, and clorazepate criteria.

The criteria for anxiolytics - alprazolam, clonazepam, diazepam, and lorazepam will not be implemented at this time. Adjusted criteria steps are outlined/highlighted in yellow.

The original clinical edit can be referenced at <https://paxpress.txpa.hidinc.com/ashpdg.pdf>

### Drug/Drug Class:

- Anxiolytics - Alprazolam
- Anxiolytics – Chlordiazepoxide, Meprobamate & Oxazepam
- Anxiolytics – Clonazepam & Diazepam
- Anxiolytics – Clorazepate
- Anxiolytics – Lorazepam
- Sedatives/Hypnotics - Adults
- Sedatives/Hypnotics – Butabarbital
- Sedatives/Hypnotics – Flurazepam
- Sedatives/Hypnotics – Ramelteon
- Sedatives/Hypnotics –Tasimelteon

### Clinical Edit Information Included in this Document:

- **Drugs requiring prior authorization:** the list of drugs requiring prior authorization for these clinical criteria.
- **Prior authorization criteria logic:** a description of how the prior authorization request will be evaluated against the clinical criteria rules.
- **Logic diagram:** a visual depiction of the clinical edit criteria logic.
- **Supporting tables:** a collection of information associated with the steps within the criteria (diagnosis codes, procedure codes, and therapy codes); provided when applicable
- **Clinical Edit References:** clinical edit references as provided by the Texas Vendor Drug Program.
- **Publication history:** to track when the eased criteria was put into production and any updates since this time.

**Please note: All tables are provided by original Anxiolytics and Sedatives/Hypnotics Texas Vendor Drug Program Edit.**

## Drugs Requiring Prior Authorization Anxiolytics – Chlordiazepoxide, Meprobamate & Oxazepam

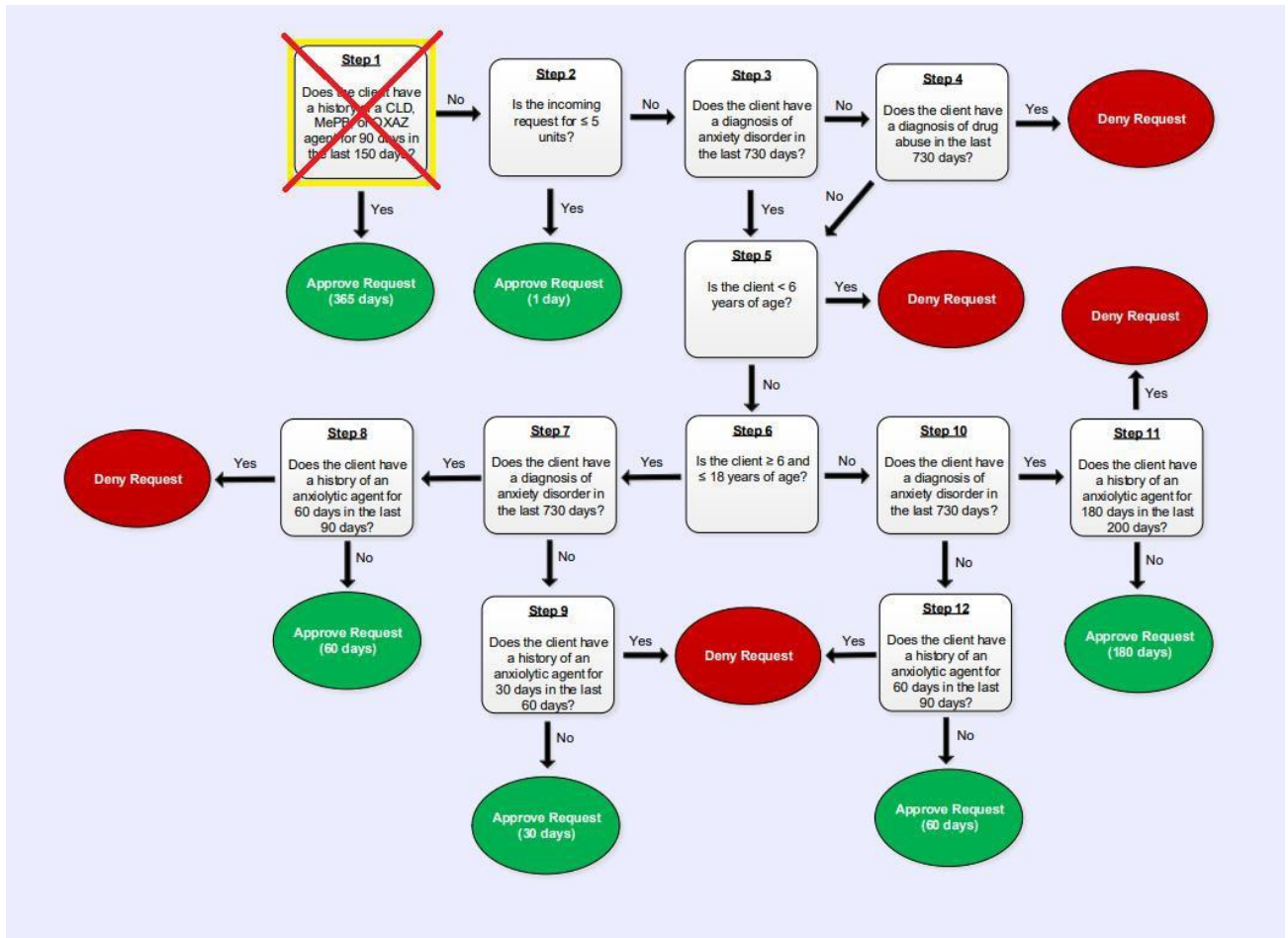
The listed GCNs may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit [TxVendorDrug.com/formulary/formulary-search](http://TxVendorDrug.com/formulary/formulary-search).

Drugs Requiring Prior Authorization	
Label Name	GCN
CHLORDIAZEPOXIDE 5 MG CAPSULE	14033
CHLORDIAZEPOXIDE 10 MG CAPSULE	14031
CHLORDIAZEPOXIDE 25 MG CAPSULE	14032
MEPROBAMATE 200 MG TABLET	13801
MEPROBAMATE 400 MG TABLET	13802
OXAZEPAM 10 MG CAPSULE	14230
OXAZEPAM 15 MG CAPSULE	14231
OXAZEPAM 30 MG CAPSULE	14232

## Superior HealthPlan Clinical Criteria Logic Anxiolytics – Chlordiazepoxide, Meprobamate & Oxazepam

1. Does the client have a history of a chlordiazepoxide (CLD), meprobamate (MePB) or oxazepam (OXAZ) agent for 90 days in the last 150 days?  
 Yes (Approve – 365 days)  
 No (Go to #2)
  
2. Is the incoming request for less than or equal to ( $\leq$ ) 5 units?  
 Yes (Approve – 1 day)  
 No (Go to #3)
  
3. Does the client have a diagnosis of anxiety disorder in the last 730 days?  
 Yes (Go to #5)  
 No (Go to #4)
  
4. Does the client have a diagnosis of drug abuse in the last 730 days?  
 Yes (Deny)  
 No (Go to #5)
  
5. Is the client less than ( $<$ ) 6 years of age?  
 Yes (Deny)  
 No (Go to #6)
  
6. Is the client between 6 and 18 ( $\geq 6$  and  $\leq 18$ ) years of age?  
 Yes (Go to #7)  
 No (Go to #10)
  
7. Does the client have a diagnosis of anxiety disorder in the last 730 days?  
 Yes (Go to #8)  
 No (Go to #9)
  
8. Does the client have a history of an anxiolytic agent for 60 days in the last 90 days?  
 Yes (Deny)  
 No (Approve – 60 days)
  
9. Does the client have a history of an anxiolytic agent for 30 days in the last 60 days?  
 Yes (Deny)  
 No (Approve – 30 days)
  
10. Does the client have a diagnosis of anxiety disorder in the last 730 days?  
 Yes (Go to #11)  
 No (Go to #12)
  
11. Does the client have a history of an anxiolytic agent for 180 days in the last 200 days?  
 Yes (Deny)  
 No (Approve – 180 days)
  
12. Does the client have a history of an anxiolytic agent for 60 days in the last 90 days?  
 Yes (Deny)  
 No (Approve – 60 days)

# Superior HealthPlan Clinical Edit Logic Diagram Anxiolytics – Chlordiazepoxide, Meprobamate & Oxazepam



## Drugs Requiring Prior Authorization Anxiolytics – Clorazepate

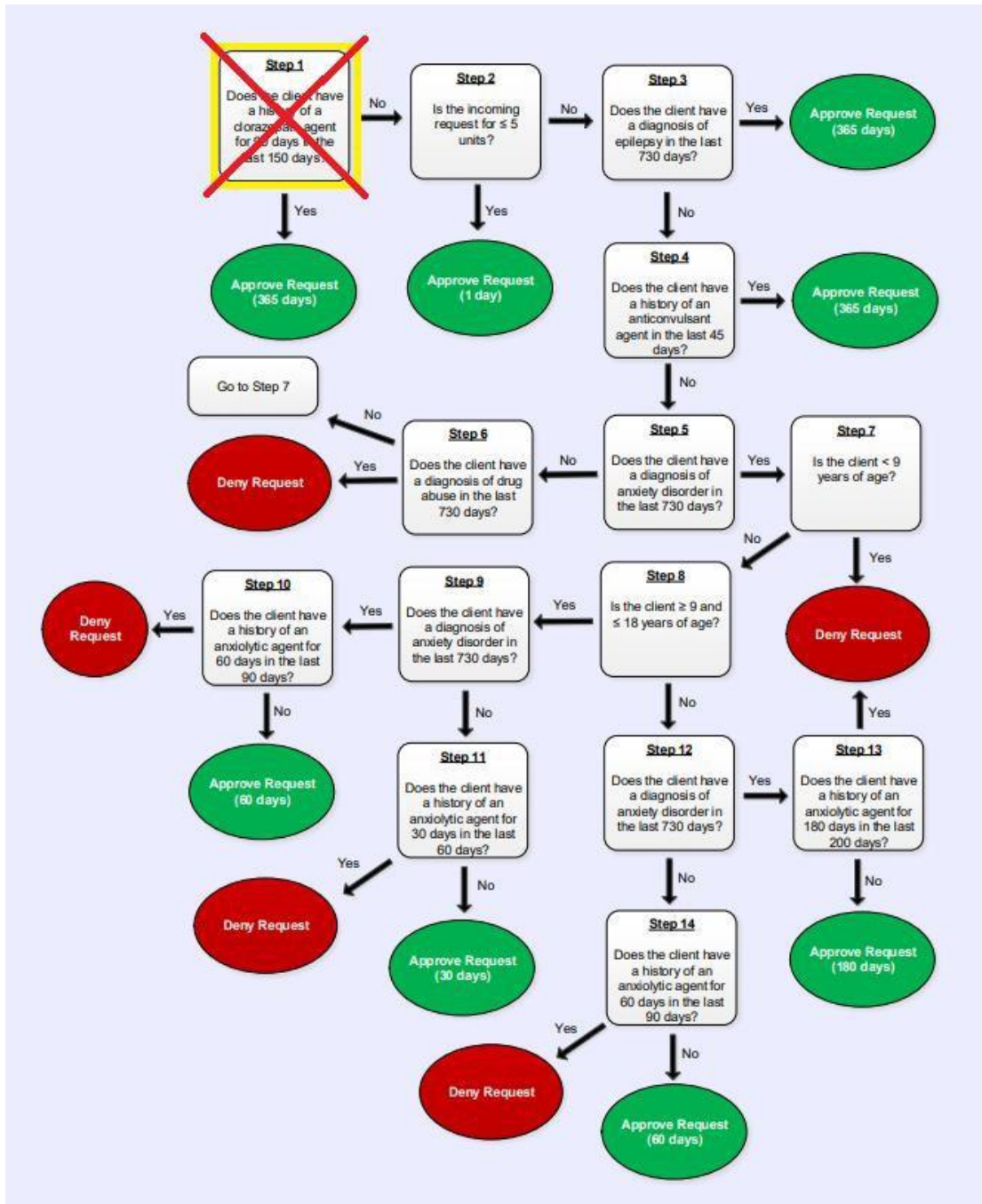
The listed GCNs may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit [TxVendorDrug.com/formulary/formulary-search](http://TxVendorDrug.com/formulary/formulary-search).

Drugs Requiring Prior Authorization	
Label Name	GCN
CLORAZEPATE 3.75 MG TABLET	14092
CLORAZEPATE 7.5MG MG TABLET	14093
CLORAZEPATE 15 MG TABLET	14090
TRANXENE T-TAB 7.5 MG TABLET	14093

## Superior HealthPlan Clinical Criteria Logic Anxiolytics – Clorazepate

1. Does the client have a history of a clorazepate agent for 90 days in the last 150 days?  
 Yes (Approve – 365 days)  
 No (Go to #2)
2. Is the incoming request for less than or equal to ( $\leq$ ) 5 units?  
 Yes (Approve – 1 day)  
 No (Go to #3)
3. Does the client have a diagnosis of epilepsy in the last 730 days?  
 Yes (Approve – 365 days)  
 No (Go to #4)
4. Does the client have a history of an anticonvulsant agent in the last 45 days?  
 Yes (Approve – 365 days)  
 No (Go to #5)
5. Does the client have a diagnosis of anxiety disorder in the last 730 days?  
 Yes (Go to #7)  
 No (Go to #6)
6. Does the client have a diagnosis of drug abuse in the last 730 days?  
 Yes (Deny)  
 No (Go to #7)
7. Is the client less than ( $<$ ) 9 years of age?  
 Yes (Deny)  
 No (Go to #8)
8. Is the client between 9 and 18 ( $\geq 9$  and  $\leq 18$ ) years of age?  
 Yes (Go to #9)  
 No (Go to #12)
9. Does the client have a diagnosis of anxiety disorder in the last 730 days?  
 Yes (Go to #10)  
 No (Go to #1)
10. Does the client have a history of an anxiolytic agent for 60 days in the last 90 days?  
 Yes (Deny)  
 No (Approve – 60 days)
11. Does the client have a history of an anxiolytic agent for 30 days in the last 60 days?  
 Yes (Deny)  
 No (Approve – 30 days)
12. Does the client have a diagnosis of anxiety disorder in the last 730 days?  
 Yes (Go to #13)  
 No (Go to #14)
13. Does the client have a history of an anxiolytic agent for 180 days in the last 200 days?  
 Yes (Deny)  
 No (Approve – 180 days)
14. Does the client have a history of an anxiolytic agent for 60 days in the last 90 days?  
 Yes (Deny)  
 No (Approve – 60 days)

# Superior HealthPlan Clinical Edit Logic Diagram Anxiolytics – Clorazepate



## Drugs Requiring Prior Authorization Sedatives/Hypnotics – Adults

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
AMBIEN 5 MG TABLET	00870
AMBIEN 10 MG TABLET	00871
AMBIEN CR 6.25 MG TABLET	25456
AMBIEN CR 12.5 MG TABLET	25457
BELSOMRA 10 MG TABLET	36968
BELSOMRA 15 MG TABLET	36969
BELSOMRA 20 MG TABLET	36971
BELSOMRA 5 MG TABLET	36967
DAYVIGO 10 MG TABLET	47484
DAYVIGO 5 MG TABLET	47479
EDLUAR 5 MG SL TABLET	26183
EDLUAR 10 MG SL TABLET	26182
ESTAZOLAM 1 MG TABLET	19181
ESTAZOLAM 2 MG TABLET	19182
ESZOPICLONE 1 MG TABLET	23927
ESZOPICLONE 2 MG TABLET	23926
ESZOPICLONE 3 MG TABLET	23925
LUNESTA 1 MG TABLET	23927
LUNESTA 2 MG TABLET	23926
LUNESTA 3 MG TABLET	23925
QUVIVIQ 25 MG TABLET	51785
QUVIVIQ 50 MG TABLET	51787
RESTORIL 7.5 MG CAPSULE	13845
RESTORIL 15 MG CAPSULE	13840
RESTORIL 22.5 MG CAPSULE	24036
RESTORIL 30 MG CAPSULE	13841
TEMAZEPAM 7.5 MG CAPSULE	13845
TEMAZEPAM 15 MG CAPSULE	13840
TEMAZEPAM 22.5 MG CAPSULE	24036
TEMAZEPAM 30 MG CAPSULE	13841
TRIAZOLAM 0.125 MG TABLET	14282
TRIAZOLAM 0.25 MG TABLET	14280
ZALEPLON 5 MG CAPSULE	92713
ZALEPLON 10 MG CAPSULE	92723
ZOLPIDEM TART 1.75 MG TABLET SL	31562
ZOLPIDEM TART 3.5 MG TABLET SL	31563
ZOLPIDEM TART ER 6.25 MG TAB	25456
ZOLPIDEM TART ER 12.5 MG TAB	25457
ZOLPIDEM TARTRATE 5 MG TABLET	00870
ZOLPIDEM TARTRATE 10 MG TABLET	00871



## Superior HealthPlan Clinical Criteria Logic Sedatives/Hypnotics - Adults

1. Is the incoming request for less than or equal to ( $\leq$ ) 5 units?

Yes (Approve – 1 day)

No (Go to #2)

2. Does the client have a diagnosis of insomnia in the last 365 days?

Yes (Go to #3)

No (Deny)

3. Is the client greater than or equal to ( $\geq$ ) 18 years of age?

Yes (Go to #4)

No (Deny)

4. Does the client have a diagnosis of drug abuse/dependence in the last 365 days?

Yes (Deny)

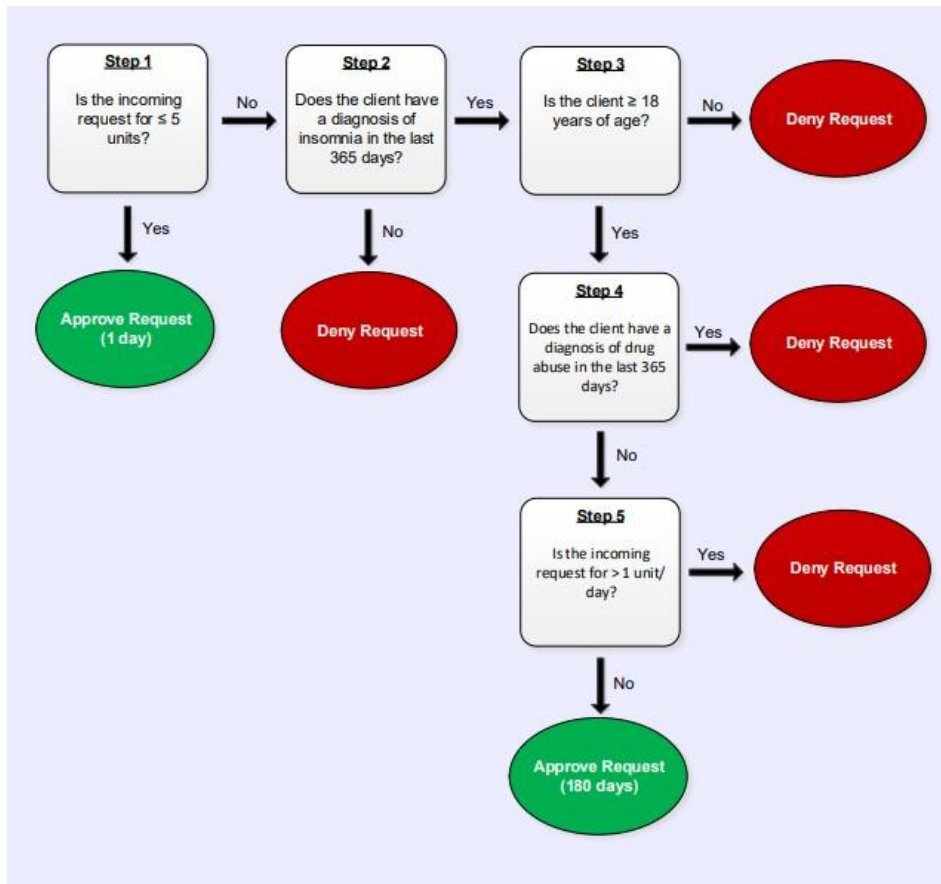
No (Go to #5)

5. Is the incoming request for greater than ( $>$ ) 1 unit/day?

Yes (Deny)

No (Approve – 180 days)

## Superior HealthPlan Clinical Edit Logic Diagram Sedatives/Hypnotics – Adults



## Drugs Requiring Prior Authorization Sedatives/Hypnotics – Butabarbital

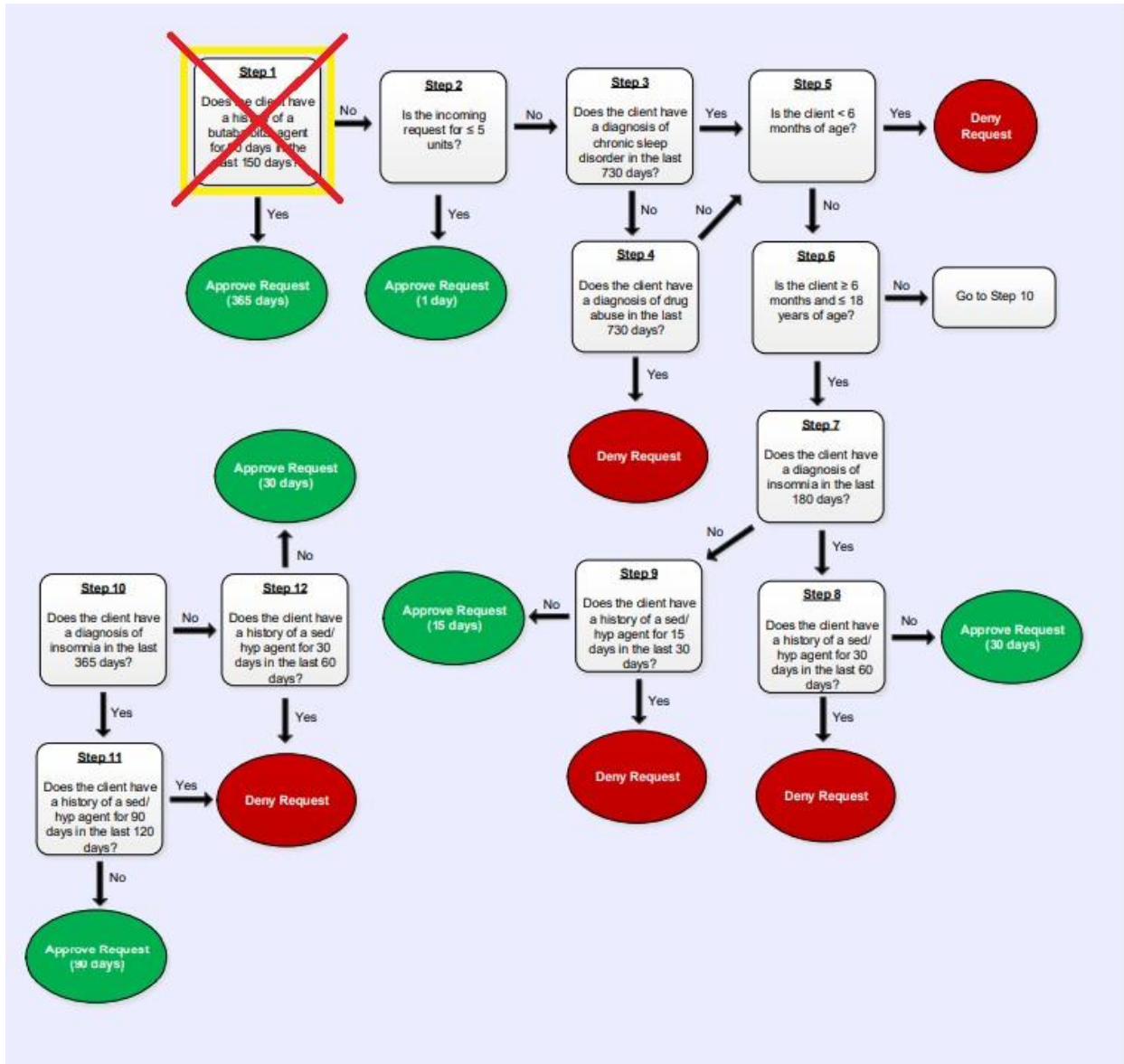
The listed GCNs may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit [TxVendorDrug.com/formulary/formulary-search](http://TxVendorDrug.com/formulary/formulary-search).

Drugs Requiring Prior Authorization	
Label Name	GCN
BUTISOL SODIUM 30 MG TABLET	13102

## Superior HealthPlan Clinical Criteria Logic Sedatives/Hypnotics – Butabarbital

1. Does the client have a history of a butabarbital agent for 90 days in the last 150 days?  
 Yes (Approve – 365 days)  
 No (Go to #2)
  
2. Is the incoming request for less than or equal to ( $\leq$ ) 5 units?  
 Yes (Approve – 1 day)  
 No (Go to #3)
  
3. Does the client have a diagnosis of chronic sleep disorder in the last 730 days?  
 Yes (Go to #3)  
 No (Go to #4)
  
4. Does the client have a diagnosis of drug abuse in the last 730 days?  
 Yes (Deny)  
 No (Go to #5)
  
5. Is the client less than ( $<$ ) 6 months of age?  
 Yes (Deny)  
 No (Go to #6)
  
6. Is the client between 6 months and 18 years ( $\geq$  6 months and  $\leq$  18 years) of age?  
 Yes (Go to #7)  
 No (Go to #10)
  
7. Does the client have a diagnosis of insomnia in the last 180 days?  
 Yes (Go to #8)  
 No (Go to #9)
  
8. Does the client have a history of a sedative/hypnotic agent for 30 days in the last 60 days?  
 Yes (Deny)  
 No (Approve – 30 days)
  
9. Does the client have a history of a sedative/hypnotic agent for 15 days in the last 30 days?  
 Yes (Deny)  
 No (Approve – 15 days)
  
10. Does the client have a diagnosis of insomnia in the last 365 days?  
 Yes (Go to #11)  
 No (Go to #12)
  
11. Does the client have a history of a sedative/hypnotic agent for 90 days in the last 120 days?  
 Yes (Deny)  
 No (Approve – 90 days)
  
12. Does the client have a history of a sedative/hypnotic agent for 30 days in the last 60 days?  
 Yes (Deny)  
 No (Approve – 30 days)

# Superior HealthPlan Clinical Edit Logic Diagram Sedatives/Hypnotics - Butabarbital



## Drugs Requiring Prior Authorization Sedatives/Hypnotics – Flurazepam

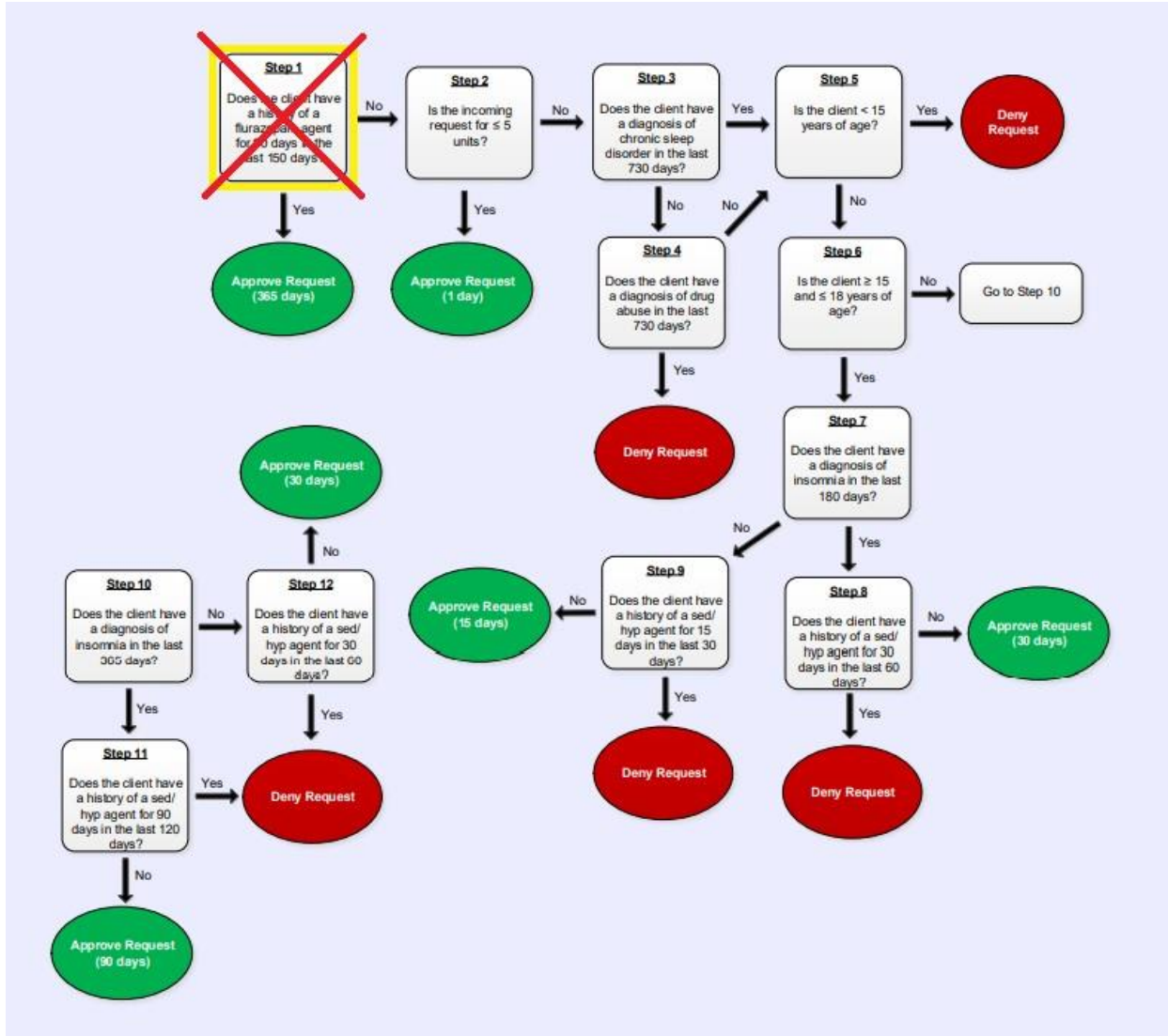
The listed GCNs may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit [TxVendorDrug.com/formulary/formulary-search](http://TxVendorDrug.com/formulary/formulary-search).

Drugs Requiring Prior Authorization	
Label Name	GCN
FLURAZEPAM 15 MG CAPSULE	14250
FLURAZEPAM 30 MG CAPSULE	14251

## Superior HealthPlan Clinical Criteria Logic Sedatives/Hypnotics – Flurazepam

1. Does the client have a history of a flurazepam agent for 90 days in the last 150 days?  
 Yes (Approve – 365 days)  
 No (Go to #2)
  
2. Is the incoming request for less than or equal to ( $\leq$ ) 5 units?  
 Yes (Approve – 1 day)  
 No (Go to #3)
  
3. Does the client have a diagnosis of chronic sleep disorder in the last 730 days?  
 Yes (Go to #5)  
 No (Go to #4)
  
4. Does the client have a diagnosis of drug abuse in the last 730 days?  
 Yes (Deny)  
 No (Go to #5)
  
5. Is the client less than ( $<$ ) 15 years of age?  
 Yes (Deny)  
 No (Go to #6)
  
6. Is the client between 15 and 18 ( $\geq 15$  and  $\leq 18$ ) of age?  
 Yes (Go to #7)  
 No (Go to #10)
  
7. Does the client have a diagnosis of insomnia in the last 180 days?  
 Yes (Go to #8)  
 No (Go to #9)
  
8. Does the client have a history of a sedative/hypnotic agent for 30 days in the last 60 days?  
 Yes (Deny)  
 No (Approve – 30 days)
  
9. Does the client have a history of a sedative/hypnotic agent for 15 days in the last 30 days?  
 Yes (Deny)  
 No (Approve – 15 days)
  
10. Does the client have a diagnosis of insomnia in the last 365 days?  
 Yes (Go to #11)  
 No (Go to #12)
  
11. Does the client have a history of a sedative/hypnotic agent for 90 days in the last 120 days?  
 Yes (Deny)  
 No (Approve – 90 days)
  
12. Does the client have a history of a sedative/hypnotic agent for 30 days in the last 60 days?  
 Yes (Deny)  
 No (Approve – 30 days)

# Superior HealthPlan Clinical Edit Logic Diagram Sedatives/Hypnotics – Flurazepam





## Drugs Requiring Prior Authorization Sedatives/Hypnotics – Rozerem (ramelteon)

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
ROZEREM 8 MG TABLET	25202

## Superior HealthPlan Clinical Criteria Logic Sedatives/Hypnotics – Rozerem (ramelteon)

1. Does the client have a history of the requested agent for 90 days in the last 150 days?

Yes (Approve – 365 days)

No (Go to #2)

2. Is the incoming request for less than or equal to ( $\leq$ ) 5 units?

Yes (Approve – 1 day)

No (Go to #3)

3. Is the client less than (<) 18 years of age?

Yes (Deny)

No (Go to #4)

4. Does the client have a diagnosis of chronic sleep disorder in the last 730 days?

Yes (Go to #6)

No (Go to #5)

5. Does the client have a diagnosis of drug abuse in the last 730 days?

Yes (Go to #6)

No (Go to #7)

6. Does the client have a history of a sedative/hypnotic agent for 30 days in the last 60 days?

Yes (Deny)

No (Approve – 30 days)

7. Does the client have a diagnosis of chronic sleep disorder in the last 365 days?

Yes (Go to #8)

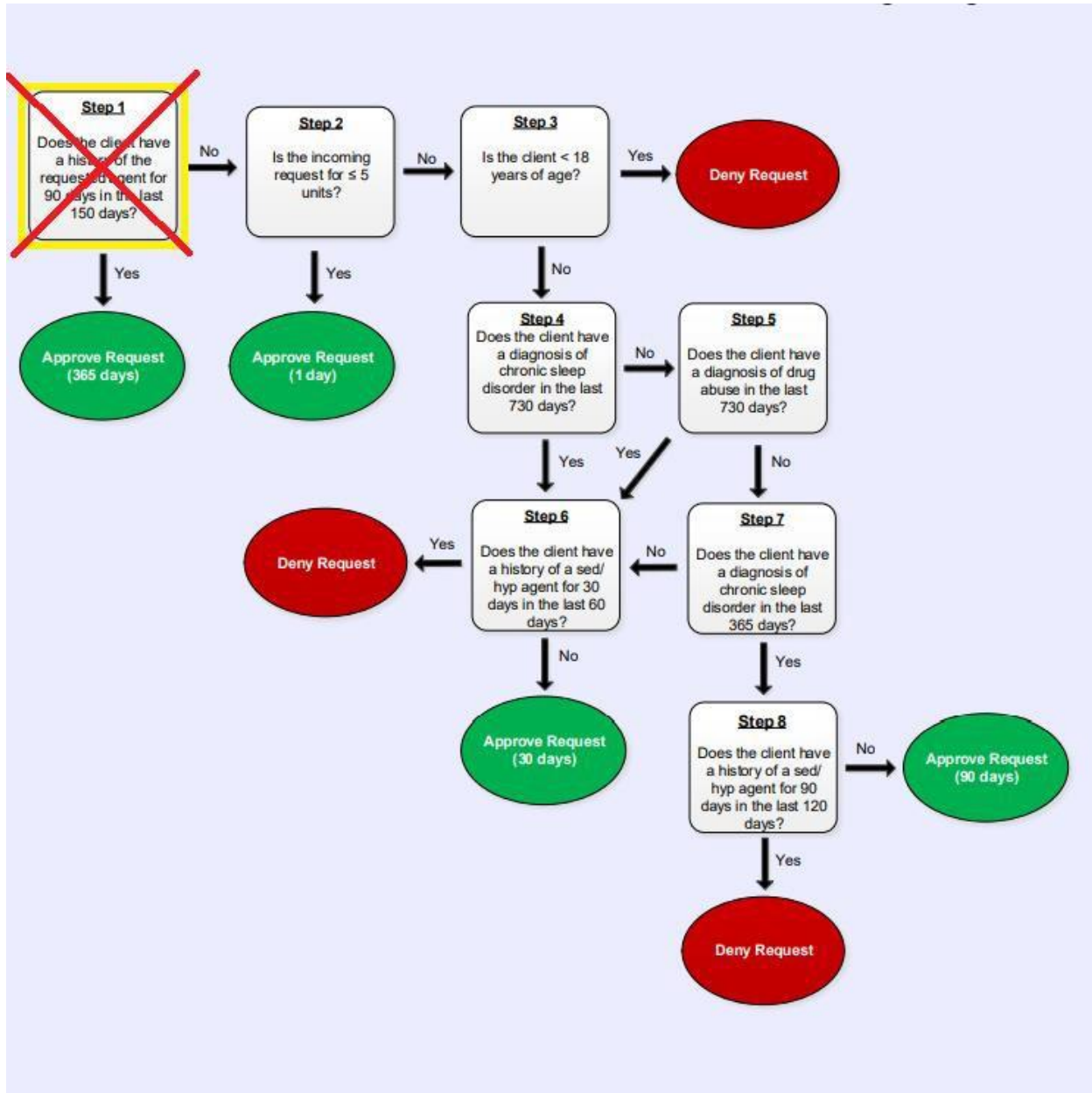
No (Go to #6)

8. Does the client have a history of a sedative/hypnotic agent for 90 days in the last 120 days?

Yes (Deny)

No (Approve – 90 days)

## Superior HealthPlan Clinical Edit Logic Diagram Sedatives/Hypnotics – Rozerem (ramelteon)



## Drugs Requiring Prior Authorization Sedatives/Hypnotics – Hetlioz (tasimelteon)

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
HETLIOZ 20 MG CAPSULE	36068
HETLIOZ LQ 4 MG/ML SUSPENSION	48937

## Superior HealthPlan Clinical Criteria Logic Sedatives/Hypnotics – Hetlioz (tasimelteon)

1. Does the client have a diagnosis of non-24 hour sleep-wake disorder (N24SWD) in the last 730 days?

Yes (Go to #2)

No (Go to #3)

2. Is the client greater than or equal to ( $\geq$ ) 18 years of age?

Yes (Go to #5)

No (Deny)

3. Does the client have a diagnosis of nighttime sleep disturbances in Smith-Magenis Syndrome (SMS) in the last 730 days?

Yes (Go to #4)

No (Deny)

4. Is the client greater than or equal to ( $\geq$ ) 16 years of age?

Yes (Go to #5)

No (Deny)

5. Does the client have a history of severe hepatic impairment in the last 365 days?

Yes (Deny)

No (Go to #6)

6. Is the client currently taking another sedative/hypnotic agent for sleep related disorders?

Yes (Deny)

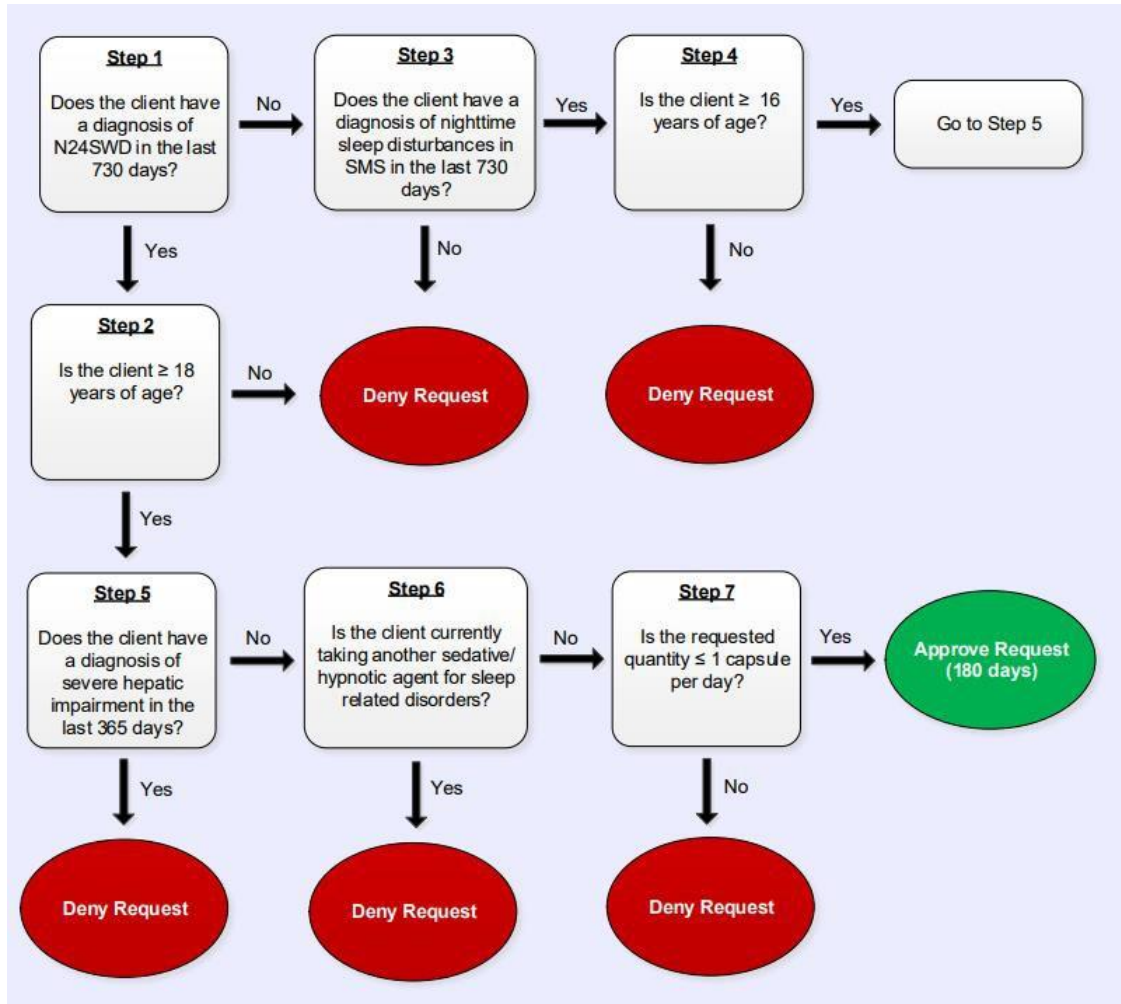
No (Go to #7)

7. Is the requested quantity less than or equal to ( $\leq$ ) 1 capsule daily?

Yes (Approve – 180 days)

No (Deny)

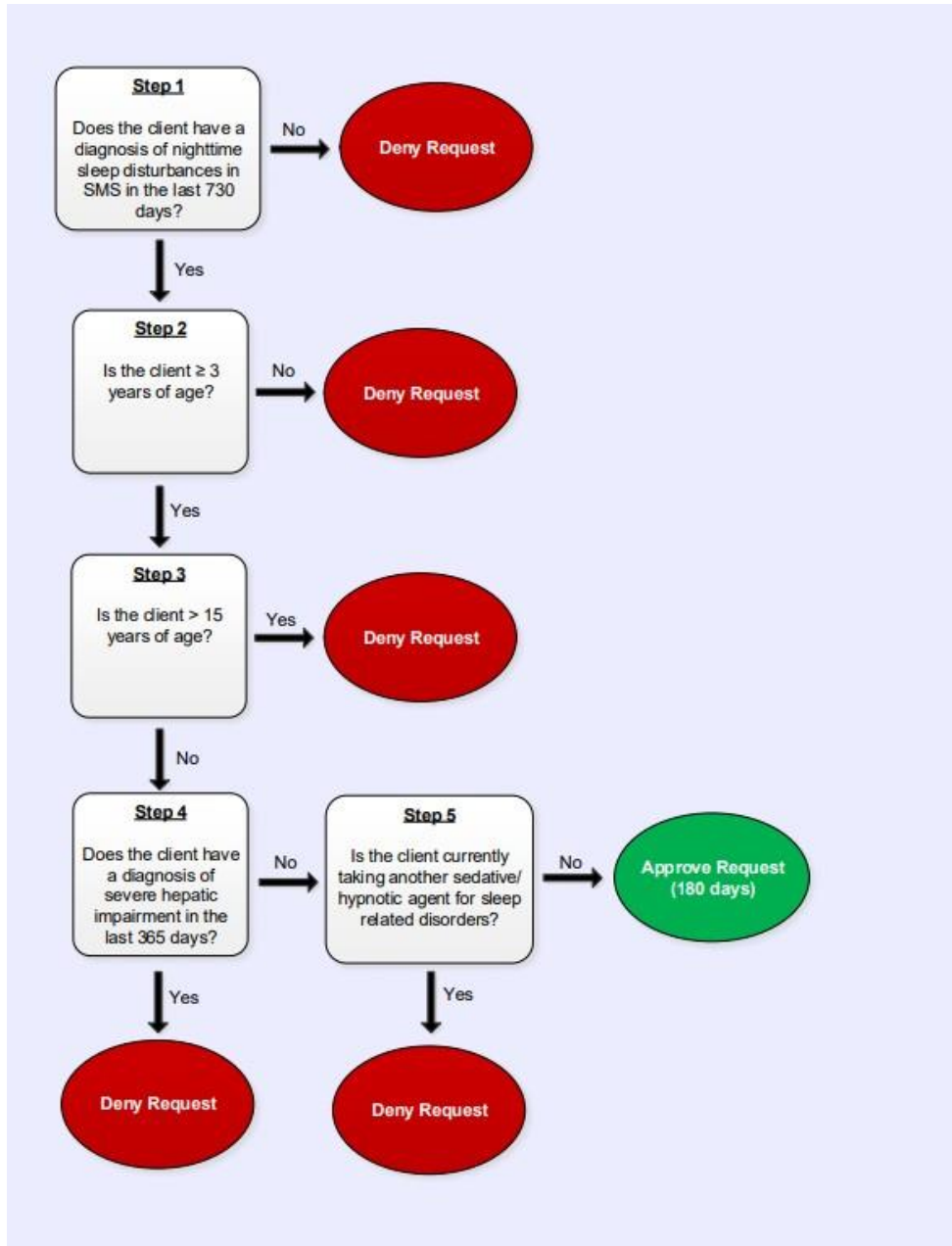
## Superior HealthPlan Clinical Edit Logic Diagram Sedatives/Hypnotics – (Hetlioz) Tasimelteon



## Superior HealthPlan Clinical Criteria Logic Sedatives/Hypnotics – Hetlioz LQ (tasimelteon)

1. Does the client have a diagnosis of Smith-Magenis Syndrome (SMS) in the last 730 days?  
 Yes (Go to #2)  
 No (Deny)
2. Is the client greater than or equal to ( $\geq$ ) 3 years of age?  
 Yes (Go to #3)  
 No (Deny)
3. Is the client greater than ( $>$ ) 15 years of age?  
 Yes (Deny)  
 No (Go to #4)
4. Does the client have a diagnosis of severe hepatic impairment in the last 365 days?  
 Yes (Deny)  
 No (Go to #5)
5. Is the client currently taking another sedative/hypnotic agent for sleep related disorders?  
 Yes (Deny)  
 No (Approve – 180 days)

## Superior HealthPlan Clinical Criteria Logic Sedatives/Hypnotics – Hetlioz LQ (tasimelteon)





## Clinical Criteria Supporting Tables

<b>Anxiety Disorder Diagnoses</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 730 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
F064	ANXIETY DISORDER DUE TO KNOWN PHYSIOLOGICAL CONDITION
F419	ANXIETY DISORDER, UNSPECIFIED
F410	PANIC DISORDER [EPISODIC PAROXYSMAL ANXIETY] WITHOUT ACORAPHOBIA
F411	GENERALIZED ANXIETY DISORDER
F413	OTHER MIXED ANXIETY DISORDERS
F418	OTHER SPECIFIED ANXIETY DISORDERS
F409	PHOBIC ANXIETY DISORDER, UNSPECIFIED
F4001	AGORAPHOBIA WITH PANIC DISORDER
F4002	AGORAPHOBIA WITHOUT PANIC DISORDER
F4000	AGORAPHOBIA, UNSPECIFIED
F4011	SOCIAL PHOBIA, GENERALIZED
F4010	SOCIAL PHOBIA, UNSPECIFIED
F40290	ANDROPHOBIA
F40240	CLAUSTROPHOBIA
F40241	ACROPHOBIA
F408	OTHER PHOBIC ANXIETY DISORDERS
F40291	GYNEPHOBIA
F40298	OTHER SPECIFIED PHOBIA

<b>Chronic Sleep Disorder Diagnoses</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 365 or 730 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
F519	SLEEP DISORDER NOT DUE TO A SUBSTANCE OR KNOWN PHYSIOLOGICAL CONDITION, UNSPECIFIED
F5101	PRIMARY INSOMNIA
F5103	PARADOXICAL INSOMNIA
F5109	OTHER INSOMNIA NOT DUE TO A SUBSTANCE OR KNOWN PHYSIOLOGICAL CONDITION
G4701	INSOMNIA DUE TO MEDICAL CONDITION
F5105	INSOMNIA DUE TO OTHER MENTAL DISORDER
F5104	PSYCHOPHYSIOLOGIC INSOMNIA
G4709	OTHER INSOMNIA
G479	SLEEP DISORDER, UNSPECIFIED
G4700	INSOMNIA, UNSPECIFIED

<b>Drug Abuse Diagnoses</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 730 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
F1129	OPIOID DEPENDENCE WITH UNSPECIFIED OPIOID-INDUCED DISORDER
F1124	OPIOID DEPENDENCE WITH OPIOID-INDUCED MOOD DISORDER
F11282	OPIOID DEPENDENCE WITH OPIOID-INDUCED SLEEP DISORDER
F11288	OPIOID DEPENDENCE WITH OTHER OPIOID-INDUCED DISORDER

F11229	OPIOID DEPENDENCE WITH INTOXICATION, UNSPECIFIED
F11259	OPIOID DEPENDENCE WITH OPIOID-INDUCED PSYCHOTIC DISORDER, UNSPECIFIED
F11281	OPIOID DEPENDENCE WITH OPIOID-INDUCED SEXUAL DYSFUNCTION
F11221	OPIOID DEPENDENCE WITH INTOXICATION DELIRIUM
F11250	OPIOID DEPENDENCE WITH OPIOID-INDUCED PSYCHOTIC DISORDER WITH DELUSIONS
F11251	OPIOID DEPENDENCE WITH OPIOID-INDUCED PSYCHOTIC DISORDER WITH HALLUCINATIONS
F1123	OPIOID DEPENDENCE WITH WITHDRAWAL
F11222	OPIOID DEPENDENCE WITH INTOXICATION WITH PERCEPTUAL DISTURBANCE
F11220	OPIOID DEPENDENCE WITH INTOXICATION, UNCOMPLICATED
F1120	OPIOID DEPENDENCE, UNCOMPLICATED
F1121	OPIOID DEPENDENCE, IN REMISSION
F13288	SEDATIVE, HYPNOTIC OR ANXIOLYTIC DEPENDENCE WITH OTHER SEDATIVE, HYPNOTIC OR ANXIOLYTIC-INDUCED DISORDER
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
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
F1329	SEDATIVE, HYPNOTIC OR ANXIOLYTIC DEPENDENCE WITH UNSPECIFIED SEDATIVE, HYPNOTIC OR ANXIOLYTIC-INDUCED DISORDER
F13250	SEDATIVE, HYPNOTIC OR ANXIOLYTIC DEPENDENCE WITH SEDATIVE, HYPNOTIC OR ANXIOLYTIC-INDUCED PSYCHOTIC DISORDER WITH DELUSIONS

<b>Drug Abuse Diagnoses</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 730 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
F13251	SEDATIVE, HYPNOTIC OR ANXIOLYTIC DEPENDENCE WITH SEDATIVE, HYPNOTIC OR ANXIOLYTIC-INDUCED PSYCHOTIC DISORDER WITH HALLUCINATIONS
F13232	SEDATIVE, HYPNOTIC OR ANXIOLYTIC DEPENDENCE WITH WITHDRAWAL WITH PERCEPTUAL DISTURBANCE
F13239	SEDATIVE, HYPNOTIC OR ANXIOLYTIC DEPENDENCE WITH WITHDRAWAL, UNSPECIFIED
F1327	SEDATIVE, HYPNOTIC OR ANXIOLYTIC DEPENDENCE WITH SEDATIVE, HYPNOTIC OR ANXIOLYTIC-INDUCED PERSISTING DEMENTIA
F13230	SEDATIVE, HYPNOTIC OR ANXIOLYTIC DEPENDENCE WITH WITHDRAWAL, UNCOMPLICATED
F13231	SEDATIVE, HYPNOTIC OR ANXIOLYTIC DEPENDENCE WITH WITHDRAWAL DELIRIUM
F13220	SEDATIVE, HYPNOTIC OR ANXIOLYTIC DEPENDENCE WITH INTOXICATION, UNCOMPLICATED
F13221	SEDATIVE, HYPNOTIC OR ANXIOLYTIC DEPENDENCE WITH INTOXICATION DELIRIUM
F1324	SEDATIVE, HYPNOTIC OR ANXIOLYTIC DEPENDENCE WITH SEDATIVE, HYPNOTIC OR ANXIOLYTIC-INDUCED MOOD DISORDER
F13229	SEDATIVE, HYPNOTIC OR ANXIOLYTIC DEPENDENCE WITH INTOXICATION, UNSPECIFIED
F1320	SEDATIVE, HYPNOTIC OR ANXIOLYTIC DEPENDENCE, UNCOMPLICATED
F1321	SEDATIVE, HYPNOTIC OR ANXIOLYTIC DEPENDENCE, IN REMISSION
F14251	COCAINE DEPENDENCE WITH COCAINE-INDUCED PSYCHOTIC DISORDER WITH HALLUCINATIONS
F14288	COCAINE DEPENDENCE WITH OTHER COCAINE-INDUCED DISORDER
F1429	COCAINE DEPENDENCE WITH UNSPECIFIED COCAINE-INDUCED DISORDER
F14281	COCAINE DEPENDENCE WITH COCAINE-INDUCED SEXUAL DYSFUNCTION
F14282	COCAINE DEPENDENCE WITH COCAINE-INDUCED SLEEP DISORDER
F14222	COCAINE DEPENDENCE WITH INTOXICATION WITH PERCEPTUAL DISTURBANCE
F14259	COCAINE DEPENDENCE WITH COCAINE-INDUCED PSYCHOTIC DISORDER, UNSPECIFIED
F14280	COCAINE DEPENDENCE WITH COCAINE-INDUCED ANXIETY DISORDER
F1424	COCAINE DEPENDENCE WITH COCAINE-INDUCED MOOD DISORDER
F14250	COCAINE DEPENDENCE WITH COCAINE-INDUCED PSYCHOTIC DISORDER WITH DELUSIONS
F14229	COCAINE DEPENDENCE WITH INTOXICATION, UNSPECIFIED
F1423	COCAINE DEPENDENCE WITH WITHDRAWAL
F14220	COCAINE DEPENDENCE WITH INTOXICATION, UNCOMPLICATED
F14221	COCAINE DEPENDENCE WITH INTOXICATION DELIRIUM
F1420	COCAINE DEPENDENCE, UNCOMPLICATED
F1421	COCAINE DEPENDENCE, IN REMISSION

<b>Drug Abuse Diagnoses</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 730 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
F12251	CANNABIS DEPENDENCE WITH PSYCHOTIC DISORDER WITH HALLUCINATIONS
F12288	CANNABIS DEPENDENCE WITH OTHER CANNABIS-INDUCED DISORDER
F1229	CANNABIS DEPENDENCE WITH UNSPECIFIED CANNABIS-INDUCED DISORDER
F12220	CANNABIS DEPENDENCE WITH INTOXICATION, UNCOMPLICATED
F12259	CANNABIS DEPENDENCE WITH PSYCHOTIC DISORDER, UNSPECIFIED
F12280	CANNABIS DEPENDENCE WITH CANNABIS-INDUCED ANXIETY DISORDER
F12222	CANNABIS DEPENDENCE WITH INTOXICATION WITH PERCEPTUAL DISTURBANCE
F12229	CANNABIS DEPENDENCE WITH INTOXICATION, UNSPECIFIED

F12250	CANNABIS DEPENDENCE WITH PSYCHOTIC DISORDER WITH DELUSIONS
F1220	CANNABIS DEPENDENCE, UNCOMPLICATED
F12221	CANNABIS DEPENDENCE WITH INTOXICATION DELIRIUM
F1221	CANNABIS DEPENDENCE, IN REMISSION
F15220	OTHER STIMULANT DEPENDENCE WITH INTOXICATION, UNCOMPLICATED
F1520	OTHER STIMULANT DEPENDENCE, UNCOMPLICATED
F15222	OTHER STIMULANT DEPENDENCE WITH INTOXICATION WITH PERCEPTUAL DISTURBANCE
F1524	OTHER STIMULANT DEPENDENCE WITH STIMULANT-INDUCED MOOD DISORDER
F15221	OTHER STIMULANT DEPENDENCE WITH INTOXICATION DELIRIUM
F15251	OTHER STIMULANT DEPENDENCE WITH STIMULANT-INDUCED PSYCHOTIC DISORDER WITH HALLUCINATIONS
F15229	OTHER STIMULANT DEPENDENCE WITH INTOXICATION, UNSPECIFIED
F1523	OTHER STIMULANT DEPENDENCE WITH WITHDRAWAL
F15281	OTHER STIMULANT DEPENDENCE WITH STIMULANT-INDUCED SEXUAL DYSFUNCTION
F15250	OTHER STIMULANT DEPENDENCE WITH STIMULANT-INDUCED PSYCHOTIC DISORDER WITH DELUSIONS
F15259	OTHER STIMULANT DEPENDENCE WITH STIMULANT-INDUCED PSYCHOTIC DISORDER, UNSPECIFIED
F15280	OTHER STIMULANT DEPENDENCE WITH STIMULANT-INDUCED ANXIETY DISORDER
F1529	OTHER STIMULANT DEPENDENCE WITH UNSPECIFIED STIMULANT-INDUCED DISORDER

<b>Drug Abuse Diagnoses</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 730 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
F15282	OTHER STIMULANT DEPENDENCE WITH STIMULANT-INDUCED SLEEP DISORDER
F15288	OTHER STIMULANT DEPENDENCE WITH OTHER STIMULANT-INDUCED DISORDER
F1521	OTHER STIMULANT DEPENDENCE, IN REMISSION
F1629	HALLUCINOGEN DEPENDENCE WITH UNSPECIFIED HALLUCINOGEN-INDUCED DISORDER
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
F16251	HALLUCINOGEN DEPENDENCE WITH HALLUCINOGEN-INDUCED PSYCHOTIC DISORDER WITH HALLUCINATIONS
F16259	HALLUCINOGEN DEPENDENCE WITH HALLUCINOGEN-INDUCED PSYCHOTIC DISORDER, UNSPECIFIED
F16229	HALLUCINOGEN DEPENDENCE WITH INTOXICATION, UNSPECIFIED
F1624	HALLUCINOGEN DEPENDENCE WITH HALLUCINOGEN-INDUCED MOOD DISORDER
F16250	HALLUCINOGEN DEPENDENCE WITH HALLUCINOGEN-INDUCED PSYCHOTIC DISORDER WITH DELUSIONS
F16220	HALLUCINOGEN DEPENDENCE WITH INTOXICATION, UNCOMPLICATED
F16221	HALLUCINOGEN DEPENDENCE WITH INTOXICATION WITH DELIRIUM
F1620	HALLUCINOGEN DEPENDENCE, UNCOMPLICATED
F1621	HALLUCINOGEN DEPENDENCE, IN REMISSION
F1929	OTHER PSYCHOACTIVE SUBSTANCE DEPENDENCE WITH UNSPECIFIED PSYCHOACTIVE SUBSTANCE-INDUCED DISORDER
F19281	OTHER PSYCHOACTIVE SUBSTANCE DEPENDENCE WITH PSYCHOACTIVE SUBSTANCE-INDUCED SEXUAL DYSFUNCTION
F19251	OTHER PSYCHOACTIVE SUBSTANCE DEPENDENCE WITH PSYCHOACTIVE SUBSTANCE-INDUCED PSYCHOTIC DISORDER WITH HALLUCINATIONS

F19282	OTHER PSYCHOACTIVE SUBSTANCE DEPENDENCE WITH PSYCHOACTIVE SUBSTANCE-INDUCED SLEEP DISORDER
F19288	OTHER PSYCHOACTIVE SUBSTANCE DEPENDENCE WITH OTHER PSYCHOACTIVE SUBSTANCE-INDUCED DISORDER
F1927	OTHER PSYCHOACTIVE SUBSTANCE DEPENDENCE WITH PSYCHOACTIVE SUBSTANCE-INDUCED PERSISTING DEMENTIA
F19280	OTHER PSYCHOACTIVE SUBSTANCE DEPENDENCE WITH PSYCHOACTIVE SUBSTANCE-INDUCED ANXIETY DISORDER

<b>Drug Abuse Diagnoses</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 730 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
F19231	OTHER PSYCHOACTIVE SUBSTANCE DEPENDENCE WITH WITHDRAWAL DELIRIUM
F19259	OTHER PSYCHOACTIVE SUBSTANCE DEPENDENCE WITH PSYCHOACTIVE SUBSTANCE-INDUCED PSYCHOTIC DISORDER, UNSPECIFIED
F1926	OTHER PSYCHOACTIVE SUBSTANCE DEPENDENCE WITH PSYCHOACTIVE SUBSTANCE-INDUCED PERSISTING AMNESTIC DISORDER
F1924	OTHER PSYCHOACTIVE SUBSTANCE DEPENDENCE WITH PSYCHOACTIVE SUBSTANCE-INDUCED MOOD DISORDER
F19250	OTHER PSYCHOACTIVE SUBSTANCE DEPENDENCE WITH PSYCHOACTIVE SUBSTANCE-INDUCED PSYCHOTIC DISORDER WITH DELUSIONS
F19220	OTHER PSYCHOACTIVE SUBSTANCE DEPENDENCE WITH INTOXICATION, UNCOMPLICATED
F19232	OTHER PSYCHOACTIVE SUBSTANCE DEPENDENCE WITH WITHDRAWAL WITH PERCEPTUAL DISTURBANCE
F19239	OTHER PSYCHOACTIVE SUBSTANCE DEPENDENCE WITH WITHDRAWAL, UNSPECIFIED
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
F1920	OTHER PSYCHOACTIVE SUBSTANCE DEPENDENCE, UNCOMPLICATED
F19221	OTHER PSYCHOACTIVE SUBSTANCE DEPENDENCE WITH INTOXICATION DELIRIUM
F18288	INHALANT DEPENDENCE WITH OTHER INHALANT-INDUCED DISORDER
F18280	INHALANT DEPENDENCE WITH INHALANT-INDUCED ANXIETY DISORDER
F18250	INHALANT DEPENDENCE WITH INHALANT-INDUCED PSYCHOTIC DISORDER WITH DELUSIONS
F1829	INHALANT DEPENDENCE WITH UNSPECIFIED INHALANT-INDUCED DISORDER
F18259	INHALANT DEPENDENCE WITH INHALANT-INDUCED PSYCHOTIC DISORDER, UNSPECIFIED
F1827	INHALANT DEPENDENCE WITH INHALANT-INDUCED DEMENTIA
F1824	INHALANT DEPENDENCE WITH INHALANT-INDUCED MOOD DISORDER
F18251	INHALANT DEPENDENCE WITH INHALANT-INDUCED PSYCHOTIC DISORDER WITH HALLUCINATIONS
F18221	INHALANT DEPENDENCE WITH INTOXICATION DELIRIUM

<b>Drug Abuse Diagnoses</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 730 days</b>	

ICD-10 Code	Description
F18220	INHALANT DEPENDENCE WITH INTOXICATION, UNCOMPLICATED
F18229	INHALANT DEPENDENCE WITH INTOXICATION, UNSPECIFIED
F1820	INHALANT DEPENDENCE, UNCOMPLICATED
F1921	OTHER PSYCHOACTIVE SUBSTANCE DEPENDENCE, IN REMISSION
F1821	INHALANT DEPENDENCE, IN REMISSION
F1010	ALCOHOL ABUSE, UNCOMPLICATED
F10129	ALCOHOL ABUSE WITH INTOXICATION, UNSPECIFIED
F10120	ALCOHOL ABUSE WITH INTOXICATION, UNCOMPLICATED
F1290	CANNABIS USE, UNSPECIFIED, UNCOMPLICATED
F1210	CANNABIS ABUSE, UNCOMPLICATED
F1610	HALLUCINOGEN ABUSE, UNCOMPLICATED
F1690	HALLUCINOGEN USE, UNSPECIFIED, UNCOMPLICATED
F16120	HALLUCINOGEN ABUSE WITH INTOXICATION, UNCOMPLICATED
F1310	SEDATIVE, HYPNOTIC OR ANXIOLYTIC ABUSE, UNCOMPLICATED
F13120	SEDATIVE, HYPNOTIC OR ANXIOLYTIC ABUSE WITH INTOXICATION, UNCOMPLICATED
F11120	OPIOID ABUSE WITH INTOXICATION, UNCOMPLICATED
F1110	OPIOID ABUSE, UNCOMPLICATED
F1190	OPIOID USE, UNSPECIFIED, UNCOMPLICATED
F11129	OPIOID ABUSE WITH INTOXICATION, UNSPECIFIED
F14120	COCAINE ABUSE WITH INTOXICATION, UNCOMPLICATED
F1490	COCAINE USE, UNSPECIFIED, UNCOMPLICATED
F1410	COCAINE ABUSE, UNCOMPLICATED
F1590	OTHER STIMULANT USE, UNSPECIFIED, UNCOMPLICATED
F1510	OTHER STIMULANT ABUSE, UNCOMPLICATED
F15120	OTHER STIMULANT ABUSE WITH INTOXICATION, UNCOMPLICATED
F18120	INHALANT ABUSE WITH INTOXICATION, UNCOMPLICATED
F1810	INHALANT ABUSE, UNCOMPLICATED
F1890	INHALANT USE, UNSPECIFIED, UNCOMPLICATED

Epilepsy Diagnoses	
Required diagnosis: 1	
Look back timeframe: 730 days	
ICD-10 Code	Description
G40001	LOCALIZATION-RELATED (FOCAL) (PARTIAL) IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES WITH SEIZURES OF LOCALIZED ONSET, NOT INTRACTABLE WITH STATUS EPILEPTICUS
G40009	LOCALIZATION-RELATED (FOCAL) (PARTIAL) IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES WITH SEIZURES OF LOCALIZED ONSET, NOT INTRACTABLE WITHOUT STATUS EPILEPTICUS
G40011	LOCALIZATION-RELATED (FOCAL) (PARTIAL) IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES WITH SEIZURES OF LOCALIZED ONSET, INTRACTABLE WITH STATUS EPILEPTICUS
G40019	LOCALIZATION-RELATED (FOCAL) (PARTIAL) IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES WITH SEIZURES OF LOCALIZED ONSET, INTRACTABLE WITHOUT STATUS EPILEPTICUS
G40101	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH SIMPLE PARTIAL SEIZURES, NOT INTRACTABLE WITH STATUS EPILEPTICUS



G40109	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH SIMPLE PARTIAL SEIZURES, INTRACTABLE WITHOUT STATUS EPILEPTICUS
G40111	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH SIMPLE PARTIAL SEIZURES, INTRACTABLE WITH STATUS EPILEPTICUS
G40119	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH SIMPLE PARTIAL SEIZURES, INTRACTABLE WITHOUT STATUS EPILEPTICUS
G40201	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH COMPLEX PARTIAL SEIZURES, NOT INTRACTABLE WITH STATUS EPILEPTICUS
G40209	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH COMPLEX PARTIAL SEIZURES, NOT INTRACTABLE WITHOUT STATUS EPILEPTICUS
G40211	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH COMPLEX PARTIAL SEIZURES, INTRACTABLE WITH STATUS EPILEPTICUS
G40219	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH COMPLEX PARTIAL SEIZURES, INTRACTABLE WITHOUT STATUS EPILEPTICUS
G40301	GENERALIZED IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES, NOT INTRACTABLE WITH STATUS EPILEPTICUS
G40309	GENERALIZED IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES, NOT INTRACTABLE WITHOUT STATUS EPILEPTICUS
G40311	GENERALIZED IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES, INTRACTABLE WITH STATUS EPILEPTICUS
G40319	GENERALIZED IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES, INTRACTABLE WITHOUT STATUS EPILEPTICUS
G40A01	ABSENCE EPILEPTIC SYNDROME, NOT INTRACTABLE WITH STATUS EPILEPTICUS
G40A09	ABSENCE EPILEPTIC SYNDROME, NOT INTRACTABLE WITHOUT STATUS EPILEPTICUS
G40A11	ABSENCE EPILEPTIC SYNDROME, INTRACTABLE WITH STATUS EPILEPTICUS
G40A19	ABSENCE EPILEPTIC SYNDROME, INTRACTABLE WITHOUT STATUS EPILEPTICUS
G40B01	JUVENILE MYOCLONIC EPILEPSY, NOT INTRACTABLE WITH STATUS EPILEPTICUS
G40B09	JUVENILE MYOCLONIC EPILEPSY, NOT INTRACTABLE WITHOUT STATUS EPILEPTICUS
G40B11	JUVENILE MYOCLONIC EPILEPSY, INTRACTABLE WITH STATUS EPILEPTICUS
G40B19	JUVENILE MYOCLONIC EPILEPSY, INTRACTABLE WITHOUT STATUS EPILEPTICUS
G40401	OTHER GENERALIZED EPILEPSY AND EPILEPTIC SYNDROMES WITH STATUS EPILEPTICUS
G40409	OTHER GENERALIZED EPILEPSY AND EPILEPTIC SYNDROMES WITHOUT STATUS EPILEPTICUS
G40411	OTHER GENERALIZED EPILEPSY AND EPILEPTIC SYNDROMES, INTRACTABLE WITH STATUS EPILEPTICUS
G40419	OTHER GENERALIZED EPILEPSY AND EPILEPTIC SYNDROMES, INTRACTABLE WITHOUT STATUS EPILEPTICUS
G40501	EPILEPTIC SEIZURES RELATED TO EXTERNAL CAUSES, NOT INTRACTABLE WITH STATUS EPILEPTICUS
G40509	EPILEPTIC SEIZURES RELATED TO EXTERNAL CAUSES, NOT INTRACTABLE WITHOUT STATUS EPILEPTICUS
G40801	OTHER EPILEPSY NOT INTRACTABLE, WITH STATUS EPILEPTICUS
G40802	OTHER EPILEPSY NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS
G40803	OTHER EPILEPSY INTRACTABLE, WITH STATUS EPILEPTICUS
G40804	OTHER EPILEPSY INTRACTABLE, WITHOUT STATUS EPILEPTICUS
G40811	LENNOX-GASTAUT SYNDROME NOT INTRACTABLE, WITH STATUS EPILEPTICUS

G40812	LENNOX-GASTAUT SYNDROME NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS
G40813	LENNOX-GASTAUT SYNDROME INTRACTABLE, WITH STATUS EPILEPTICUS

<b>Epilepsy Diagnoses</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 730 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
G40814	LENNOX-GASTAUT SYNDROME INTRACTABLE, WITHOUT STATUS EPILEPTICUS
G40821	EPILEPTIC SPASMS NOT INTRACTABLE, WITH STATUS EPILEPTICUS
G40822	EPILEPTIC SPASMS NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS
G40823	EPILEPTIC SPASMS INTRACTABLE, WITH STATUS EPILEPTICUS
G40824	EPILEPTIC SPASMS INTRACTABLE, WITHOUT STATUS EPILEPTICUS
G4089	OTHER SEIZURES
G40901	EPILEPSY, UNSPECIFIED, NOT INTRACTABLE WITH STATUS EPILEPTICUS
G40909	EPILEPSY, UNSPECIFIED, NOT INTRACTABLE WITHOUT STATUS EPILEPTICUS
G40911	EPILEPSY, UNSPECIFIED, INTRACTABLE WITH STATUS EPILEPTICUS
G40919	EPILEPSY, UNSPECIFIED, INTRACTABLE WITHOUT STATUS EPILEPTICUS

<b>Insomnia Diagnoses</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 180 or 365 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
F5101	PRIMARY INSOMNIA
F5103	PARADOXICAL INSOMNIA
F5109	OTHER INSOMNIA NOT DUE TO A SUBSTANCE OR KNOWN PHYSIOLOGICAL CONDITION
F5101	PRIMARY INSOMNIA
G4701	INSOMNIA DUE TO MEDICAL CONDITION
F5105	INSOMNIA DUE TO OTHER MENTAL DISORDER
F5104	PSYCHOPHYSIOLOGIC INSOMNIA

<b>Non-24 Sleep-Wake Disorder</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 365 or 730 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
G4724	CIRCADIAN RHYTHM SLEEP DISORDER, FREE RUNNING TYPE

<b>Sedative/Hypnotic Agents</b>	
<b>History of prior therapy in the past 15 or 30 or 90 days</b>	
<b>Required quantity: 1</b>	
<b>Look back timeframe: 30 or 60 or 120 days</b>	
<b>Label Name</b>	<b>GCN</b>
AMBIEN 5 MG TABLET	00870
AMBIEN 10 MG TABLET	00871
AMBIEN CR 6.25 MG TABLET	25456
AMBIEN CR 12.5 MG TABLET	25457



BELSOMRA 10 MG TABLET	36968
BELSOMRA 15 MG TABLET	36969
BELSOMRA 20 MG TABLET	36971
BELSOMRA 5 MG TABLET	36967
DAYVIGO 10 MG TABLET	47484
DAYVIGO 5 MG TABLET	47479
EDLUAR 5 MG SL TABLET	26183
EDLUAR 10 MG SL TABLET	26182
ESTAZOLAM 1 MG TABLET	19181
ESTAZOLAM 2 MG TABLET	19182
ESZOPICLONE 1 MG TABLET	23927
ESZOPICLONE 2 MG TABLET	23926
ESZOPICLONE 3 MG TABLET	23925
INTERMEZZO 1.75 MG TAB SUBLING	31562
INTERMEZZO 3.5 MG TAB SUBLING	31563
LUNESTA 1 MG TABLET	23927
LUNESTA 2 MG TABLET	23926
LUNESTA 3 MG TABLET	23925
QUVIVIQ 25 MG TABLET	51785
QUVIVIQ 50 MG TABLET	51787
RESTORIL 7.5 MG CAPSULE	13845
RESTORIL 15 MG CAPSULE	13840
RESTORIL 22.5 MG CAPSULE	24036
RESTORIL 30 MG CAPSULE	13841
SONATA 5 MG CAPSULE	92713
SONATA 10 MG CAPSULE	92723
TEMAZEPAM 7.5 MG CAPSULE	13845
TEMAZEPAM 15 MG CAPSULE	13840
TEMAZEPAM 22.5 MG CAPSULE	24036
TEMAZEPAM 30 MG CAPSULE	13841
TRIAZOLAM 0.125 MG TABLET	14282
TRIAZOLAM 0.25 MG TABLET	14280
ZALEPLON 5 MG CAPSULE	92713
ZALEPLON 10 MG CAPSULE	92723
ZOLPIDEM TART 1.75 MG TABLET SL	31562
ZOLPIDEM TART 3.5 MG TABLET SL	31563
ZOLPIDEM TART ER 6.25 MG TAB	25456
ZOLPIDEM TART ER 12.5 MG TAB	25457
ZOLPIDEM TARTRATE 5 MG TABLET	00870
ZOLPIDEM TARTRATE 10 MG TABLET	00871

<b>Anticonvulsant Agents</b>	
<b>History of prior therapy</b>	
<b>Required quantity: 1</b>	
<b>Look back timeframe: 45 days</b>	
<b>Label Name</b>	<b>GCN</b>
APTIOM 200 MG TABLET	36098
APTIOM 400 MG TABLET	36099
APTIOM 600 MG TABLET	36106
APTIOM 800 MG TABLET	27409
BANZEL 40MG/ML SUSPENSION	29462
BANZEL 200 MG TABLET	98836

BANZEL 400 MG TABLET	98837
BRIVIACT 10 MG TABLET	40716
BRIVIACT 10 MG/ML ORAL SOLN	40712
BRIVIACT 100 MG TABLET	40723
BRIVIACT 25 MG TABLET	40717
BRIVIACT 50 MG TABLET	40718
BRIVIACT 50 MG/5 ML VIAL	40709
BRIVIACT 75 MG TABLET	40719
CARBAMAZEPINE 100 MG TAB CHEW	17460
CARBAMAZEPINE 100 MG/5 ML SUSP	47500
CARBAMAZEPINE 200 MG TABLET	17450
CARBAMAZEPINE ER 100 MG CAP	23934
CARBAMAZEPINE ER 100 MG TABLET	27820
CARBAMAZEPINE ER 200 MG CAP	23932
CARBAMAZEPINE ER 300 MG CAP	23933
CARBAMAZEPINE XR 200 MG TABLET	27821
CARBAMAZEPINE XR 400 MG TABLET	27822
CARBATROL ER 100 MG CAPSULE	23934
CARBATROL ER 200 MG CAPSULE	23932
CARBATROL ER 300 MG CAPSULE	23933
CELONTIN 300 MG KAPSEAL	17411
DEPAKENE 250 MG CAPSULE	17270
DEPAKENE 250 MG/5 ML SOLUTION	17280
DEPAKOTE 125 MG SPRINKLE CAP	17400
DEPAKOTE DR 125 MG TABLET	17292
DEPAKOTE DR 250 MG TABLET	17290
DEPAKOTE DR 500 MG TABLET	17291
DEPAKOTE ER 250 MG TABLET	18754
DEPAKOTE ER 500 MG TABLET	18040
DILANTIN 30 MG CAPSULE	17701
DILANTIN 100 MG CAPSULE	17700
DILANTIN 50 MG INFATAB	17250
DILANTIN 125 MG/5 ML SUSP	17241
DIVALPROEX SOD DR 125 MG TAB	17292
DIVALPROEX SOD DR 250 MG TAB	17290
DIVALPROEX SOD DR 500 MG TAB	17291
DIVALPROEX SOD ER 250 MG TAB	18754
DIVALPROEX SOD ER 500 MG TAB	18040
DIVALPROEX SODIUM 125 MG CAP	17400
EPIDIOLEX 100 MG/ML SOLUTION	45169
EPITOL 200 MG TABLET	17450
EQUETRO 100 MG CAPSULE	13781
EQUETRO 200 MG CAPSULE	13805
<b>Anticonvulsant Agents</b>	
<b>History of prior therapy</b>	
<b>Required quantity: 1</b>	
<b>Look back timeframe: 45 days</b>	
<b>Label Name</b>	<b>GCN</b>
EQUETRO 300 MG CAPSULE	13818
ETHOSUXIMIDE 250 MG CAPSULE	17420
ETHOSUXIMIDE 250 MG/5 ML SYRP	17430
FELBAMATE 600 MG/5 ML SUSP	38020
FELBAMATE 400 MG TABLET	38021
FELBAMATE 600 MG TABLET	38022

FELBATOL 600 MG/5 ML SUSP	38020
FELBATOL 400 MG TABLET	38021
FELBATOL 600 MG TABLET	38022
FYCOMPA 0.5 MG/ML ORAL SUSP	41309
FYCOMPA 10 MG TABLET	33275
FYCOMPA 12 MG TABLET	33276
FYCOMPA 2 MG TABLET	33271
FYCOMPA 4 MG TABLET	33272
FYCOMPA 6 MG TABLET	33273
FYCOMPA 8 MG TABLET	33274
GABAPENTIN 100 MG CAPSULE	00780
GABAPENTIN 300 MG CAPSULE	00781
GABAPENTIN 400 MG CAPSULE	00782
GABAPENTIN 250 MG/5 ML SOLN	13235
GABAPENTIN 600 MG TABLET	94624
GABAPENTIN 800 MG TABLET	94447
GABITRIL 2 MG TABLET	54681
GABITRIL 4 MG TABLET	37980
GABITRIL 12 MG TABLET	37981
GABITRIL 16 MG TABLET	37982
KEPPRA 100 MG/ML ORAL SOLN	20353
KEPPRA 250 MG TABLET	41587
KEPPRA 500 MG TABLET	41597
KEPPRA 750 MG TABLET	41586
KEPPRA 1,000 MG TABLET	86223
KEPPRA XR 500 MG TABLET	14305
KEPPRA XR 750 MG TABLET	20765
LAMICTAL 100 MG TABLET	64316
LAMICTAL 150 MG TABLET	64324
LAMICTAL 200 MG TABLET	64325
LAMICTAL 25 MG DISPER TABLET	64322
LAMICTAL 25 MG TABLET	64317
LAMICTAL 5 MG DISPER TABLET	64323
LAMICTAL ODT 100 MG TABLET	23254
LAMICTAL ODT 200 MG TABLET	23274
LAMICTAL ODT 25 MG TABLET	23201
LAMICTAL ODT 50 MG TABLET	23096
LAMICTAL ODT START KIT (BLUE)	23294
LAMICTAL ODT START KIT (GREEN)	23309
LAMICTAL ODT START KT (ORANGE)	23293
LAMICTAL TAB START KIT (BLUE)	23969
LAMICTAL TAB START KIT (GREEN)	23972
LAMICTAL TB START KIT (ORANGE)	23973
<b>Anticonvulsant Agents</b>	
<b>History of prior therapy</b>	
<b>Required quantity: 1</b>	
<b>Look back timeframe: 45 days</b>	
<b>Label Name</b>	<b>GCN</b>
LAMICTAL XR 100 MG TABLET	24703
LAMICTAL XR 200 MG TABLET	24739
LAMICTAL XR 25 MG TABLET	24693
LAMICTAL XR 250 MG TABLET	30787
LAMICTAL XR 300 MG TABLET	29725
LAMICTAL XR 50 MG TABLET	24697

LAMICTAL XR START KIT (BLUE)	24851
LAMICTAL XR START KIT (GREEN)	24856
LAMICTAL XR START KIT (ORANGE)	24869
LAMOTRIGINE 100 MG TABLET	64316
LAMOTRIGINE 150 MG TABLET	64324
LAMOTRIGINE 200 MG TABLET	64325
LAMOTRIGINE 25 MG DISPER TAB	64322
LAMOTRIGINE 25 MG TABLET	64317
LAMOTRIGINE 5 MG DISPER TABLET	64323
LAMOTRIGINE ER 100 MG TABLET	24703
LAMOTRIGINE ER 200 MG TABLET	24739
LAMOTRIGINE ER 25 MG TABLET	24693
LAMOTRIGINE ER 250 MG TABLET	30787
LAMOTRIGINE ER 300 MG TABLET	29725
LAMOTRIGINE ER 50 MG TABLET	24697
LAMOTRIGINE ODT 100 MG TABLET	23254
LAMOTRIGINE ODT 200 MG TABLET	23274
LAMOTRIGINE ODT 25 MG TABLET	23201
LAMOTRIGINE ODT 50 MG TABLET	23096
LAMOTRIGINE ODT KIT (BLUE)	23294
LAMOTRIGINE ODT KIT (GREEN)	23309
LAMOTRIGINE ODT KIT (ORANGE)	23293
LEVETIRACETAM 100 MG/ML SOLN	20353
LEVETIRACETAM 250 MG TABLET	41587
LEVETIRACETAM 500 MG TABLET	41597
LEVETIRACETAM 750 MG TABLET	41586
LEVETIRACETAM 1,000 MG TABLET	86223
LEVETIRACETAM ER 500 MG TABLET	14305
LEVETIRACETAM ER 750 MG TABLET	20765
LYRICA 20 MG/ML ORAL SOLUTION	32359
LYRICA 25 MG CAPSULE	23039
LYRICA 50 MG CAPSULE	23046
LYRICA 75 MG CAPSULE	23047
LYRICA 100 MG CAPSULE	23048
LYRICA 150 MG CAPSULE	23049
LYRICA 200 MG CAPSULE	23051

<b>Anticonvulsant Agents</b>	
<b>History of prior therapy</b>	
<b>Required quantity: 1</b>	
<b>Look back timeframe: 45 days</b>	
<b>Label Name</b>	<b>GCN</b>
LYRICA 225 MG CAPSULE	25019
LYRICA 300 MG CAPSULE	23052
MYSOLINE 50 MG TABLET	17322
MYSOLINE 250 MG TABLET	17321
NEURONTIN 100 MG CAPSULE	00780
NEURONTIN 300 MG CAPSULE	00781
NEURONTIN 400 MG CAPSULE	00782
NEURONTIN 250 MG/5 ML SOLN	13235
NEURONTIN 800 MG TABLET	94447
OXCARBAZEPINE 300 MG/5 ML SUSP	21723
OXCARBAZEPINE 150 MG TABLET	21724
OXCARBAZEPINE 300 MG TABLET	21721
OXCARBAZEPINE 600 MG TABLET	21722
OXTELLAR XR 150 MG TABLET	33556
OXTELLAR XR 300 MG TABLET	33557
OXTELLAR XR 600 MG TABLET	33558
PEGANONE 250 MG TABLET	17260
PHENOBARBITAL 20 MG/5 ML ELIX	12956
PHENOBARBITAL 15 MG TABLET	12971
PHENOBARBITAL 16.2 MG TABLET	97706
PHENOBARBITAL 30 MG TABLET	12973
PHENOBARBITAL 32.4 MG TABLET	97965
PHENOBARBITAL 60 MG TABLET	12972
PHENOBARBITAL 64.8 MG TABLET	97966
PHENOBARBITAL 97.2 MG TABLET	97967
PHENOBARBITAL 100 MG TABLET	12975
PHENYTEK 200 MG CAPSULE	15038
PHENYTEK 300 MG CAPSULE	15037
PHENYTOIN 125 MG/5 ML SUSP	17241
PHENYTOIN 50 MG TABLET CHEW	17250
PHENYTOIN SOD EXT 100 MG CAP	17700
PHENYTOIN SOD EXT 200 MG CAP	15038
PHENYTOIN SOD EXT 300 MG CAP	15037
PRIMIDONE 50 MG TABLET	17322
PRIMIDONE 250 MG TABLET	17321
QUDEXY XR 25 MG CAPSULE	36229
QUDEXY XR 50 MG CAPSULE	36232
QUDEXY XR 100 MG CAPSULE	26233
QUDEXY XR 150 MG CAPSULE	36234
QUDEXY XR 200 MG CAPSULE	36235
SABRIL 500 MG POWDER PACKET	64314
SABRIL 500 MG TABLET	64315
SPRITAM 1,000 MG TABLET	36266
SPRITAM 250 MG TABLET	31202
SPRITAM 500 MG TABLET	36046
SPRITAM 750 MG TABLET	36265
TEGRETOL 100 MG/5 ML SUSP	47500

**Anticonvulsant Agents****History of prior therapy**  
**Required quantity: 1**  
**Look back timeframe: 45 days**

<b>Label Name</b>	<b>GCN</b>
TEGRETOL 200 MG TABLET	17450
TEGRETOL XR 100 MG TABLET	27820
TEGRETOL XR 200 MG TABLET	27821
TEGRETOL XR 400 MG TABLET	27822
TIAGABINE HCL 2 MG TABLET	54681
TIAGABINE HCL 4 MG TABLET	37980
TIAGABINE HCL 12 MG TABLET	37981
TIAGABINE HCL 16 MG TABLET	37982
TOPAMAX 15 MG SPRINKLE CAP	36556
TOPAMAX 25 MG SPRINKLE CAP	36557
TOPAMAX 25 MG TABLET	36553
TOPAMAX 50 MG TABLET	36550
TOPAMAX 100 MG TABLET	36551
TOPAMAX 200 MG TABLET	36552
TOPIRAMATE 100 MG TABLET	36551
TOPIRAMATE 15 MG SPRINKLE CAP	36556
TOPIRAMATE 200 MG TABLET	36552
TOPIRAMATE 25 MG SPRINKLE CAP	36557
TOPIRAMATE 25 MG TABLET	36553
TOPIRAMATE 50 MG TABLET	36550
TOPIRAMATE ER 100 MG CAPSULE	36233
TOPIRAMATE ER 150 MG CAPSULE	36234
TOPIRAMATE ER 200 MG CAPSULE	36235
TOPIRAMATE ER 25 MG CAPSULE	36229
TOPIRAMATE ER 50 MG CAPSULE	36232
TRILEPTAL 300 MG/5 ML SUSP	21723
TRILEPTAL 150 MG TABLET	21724
TRILEPTAL 300 MG TABLET	21721
TRILEPTAL 600 MG TABLET	21722
TROKENDI XR 100 MG CAPSULE	35106
TROKENDI XR 200 MG CAPSULE	35107
TROKENDI XR 25 MG CAPSULE	35103
TROKENDI XR 50 MG CAPSULE	35104
VALPROIC ACID 250 MG CAPSULE	17270
VALPROIC ACID 250 MG/5 ML SOLN	17280
VIGABATRIN 500 MG POWDER PACKT	64314
VIGADRONE 500 MG POWDER PACKET	64314
VIMPAT 10 MG/ML SOLUTION	28643
VIMPAT 50 MG TABLET	14338
VIMPAT 100 MG TABLET	14339
VIMPAT 150 MG TABLET	14341
VIMPAT 200 MG TABLET	14342
ZARONTIN 250 MG CAPSULE	17420
ZARONTIN 250 MG/5 ML SYRUP	17430
ZONISAMIDE 25 MG CAPSULE	20831
ZONISAMIDE 50 MG CAPSULE	20833
ZONISAMIDE 100 MG CAPSULE	92219

**Anxiolytic Agents**

History of prior therapy in the past 30, 60 or 180 days

Required quantity: 1

Look back timeframe: 60, 90 or 200 days

<b>Label Name</b>	<b>GCN</b>
ALPRAZOLAM 0.25 MG ODT	24368
ALPRAZOLAM 0.25 MG TABLET	14260
ALPRAZOLAM 0.5 MG ODT	24369
ALPRAZOLAM 0.5 MG TABLET	14261
ALPRAZOLAM 1 MG ODT	24373
ALPRAZOLAM 1 MG TABLET	14262
ALPRAZOLAM 1 MG/ML ORAL CONC	14264
ALPRAZOLAM 2 MG ODT	24374
ALPRAZOLAM 2 MG TABLET	14263
ALPRAZOLAM ER 0.5 MG TABLET	17423
ALPRAZOLAM ER 1 MG TABLET	17424
ALPRAZOLAM ER 2 MG TABLET	17425
ALPRAZOLAM ER 3 MG TABLET	19681
ALPRAZOLAM XR 0.5 MG TABLET	17423
ALPRAZOLAM XR 1 MG TABLET	17424
ALPRAZOLAM XR 2 MG TABLET	17425
ALPRAZOLAM XR 3 MG TABLET	19681
BUSPIRONE HCL 5 MG TABLET	28890
BUSPIRONE HCL 7.5 MG TABLET	13037
BUSPIRONE HCL 10 MG TABLET	28891
BUSPIRONE HCL 15 MG TABLET	28892
BUSPIRONE HCL 30 MG TABLET	92121
CHLORDIAZEPOXIDE 5 MG CAPSULE	14033
CHLORDIAZEPOXIDE 10 MG CAPSULE	14031
CHLORDIAZEPOXIDE 25 MG CAPSULE	14032
CLONAZEPAM 0.125 MG DIS TAB	19467
CLONAZEPAM 0.25 MG DIS TABLET	19468
CLONAZEPAM 0.5 MG DIS TABLET	19469
CLONAZEPAM 0.5 MG TABLET	17470
CLONAZEPAM 1 MG DIS TABLET	19470
CLONAZEPAM 1 MG TABLET	17471
CLONAZEPAM 2 MG DIS TABLET	19472
CLONAZEPAM 2 MG TABLET	17472
CLORAZEPATE 3.75 MG TABLET	14092
CLORAZEPATE 7.5 MG TABLET	14093
CLORAZEPATE 15 MG TABLET	14090
DIAZEPAM 10 MG TABLET	14220
DIAZEPAM 2 MG TABLET	14221
DIAZEPAM 5 MG TABLET	14222
DIAZEPAM 5 MG/5 ML SOLUTION	45560
DIAZEPAM 5 MG/ML ORAL CONC	45500
KLONOPIN 0.5 MG TABLET	17470
KLONOPIN 1 MG TABLET	17471
KLONOPIN 2 MG TABLET	17472
LORAZEPAM 0.5 MG TABLET	14160

**Anxiolytic Agents****History of prior therapy in the past 30, 60 or 180 days****Required quantity: 1****Look back timeframe: 60, 90 or 200 days**

<b>Label Name</b>	<b>GCN</b>
LORAZEPAM 1 MG TABLET	14161
LORAZEPAM 2 MG TABLET	14162
LORAZEPAM 2 MG/ML ORAL CONCENT	19601
LORAZEPAM 2 MG/ML VIAL	14140
LORAZEPAM 4 MG/ML VIAL	14141
LORAZEPAM INTENSOL 2 MG/ML	19601
MEPROBAMATE 200 MG TABLET	13801
MEPROBAMATE 400 MG TABLET	13802
OXAZEPAM 10 MG CAPSULE	14230
OXAZEPAM 15 MG CAPSULE	14231
OXAZEPAM 30 MG CAPSULE	14232
TRANXENE T-TAB 3.75 MG	14092
TRANXENE T-TAB 7.5 MG	14093
XANAX 0.25 MG TABLET	14260
XANAX 0.5 MG TABLET	14261
XANAX 1 MG TABLET	14262
XANAX 2 MG TABLET	14263
XANAX XR 0.5 MG TABLET	17423
XANAX XR 1 MG TABLET	17424
XANAX XR 2 MG TABLET	17425
XANAX XR 3 MG TABLET	19681



## Clinical Criteria References

1. Silber MH. Chronic insomnia. *N Eng J Med* 2005; 353:803–10.
2. Witek MW, Rojas V, Alonso C, et al. Review of benzodiazepine use in children and adolescents. *Psychiatr Quart* 2005; 76:283–96.
3. Davidson JRT. Pharmacotherapy of generalized anxiety disorder. *J Clin Psychiatry* 2001; 62(suppl 11): 46–50.
4. Varley CK, Smith CJ. Anxiety disorders in the child and teen. *Pediatr Clin N Am* 2003; 50: 1107–38.
5. Pelayo R, Chen W, Monzon S, et al. Pediatric sleep pharmacology: You want to give my kid sleeping pills? *Pediatr Clin N Am* 2004; 51:117–34.
6. Eddy M, Walbroehl GS. Insomnia. *Am Fam Phys* 1999;59(7): 1911–6.
7. Infante M, Benca R. Treatment of insomnia. *Prim Psychiatry* 2006; 12:47–56.
8. Zohar J. World Council on Anxiety recommendations for the long-term treatment of anxiety. *CNS Spectr* 2003; 8:5–6.
9. Longo LP, Johnson B. Addiction: Part 1: Benzodiazepines- side effects, abuse risk and alternatives. *Am Fam Physician* 2000 Apr 1; 61(7):2121–8.
10. American Academy of Child and Adolescent Psychiatry. Practice parameters for the assessment and treatment of children and adolescents with anxiety disorders. *J Am Acad Child Adolesc Psychiatry* 1997; 36(Suppl 10):1–30.
11. Demartinis N, Rynn M, Rickels K, Mandos L. Prior benzodiazepine use and buspirone response in the treatment of generalized anxiety disorder. *J Clin Psychiatry* 2000; 61(2):91–4.
12. Owens JA, Babcock D, Blumer J, et al. The use of pharmacotherapy in the treatment of pediatric insomnia in primary care: Rational approaches. A consensus meeting summary. *J Clin Sleep Med* 2005; 1:49–59.
13. Mindell JA, Emslie G, Blumer J, et al. Pharmacologic management of insomnia in children and adolescents: Consensus Statement. *Pediatrics* 2006; 117:1223–32.
14. Owens J. Insomnia in children and adolescents. *J Clin Sleep Med* 2005; 1:454–8.
15. Clinical Pharmacology [online database]. Tampa, FL: Elsevier/Gold Standard, Inc.; 2018. Available at [www.clinicalpharmacology.com](http://www.clinicalpharmacology.com). Accessed on February 23, 2018.
16. Micromedex [online database]. Available at [www.micromedexsolutions.com](http://www.micromedexsolutions.com). Accessed on February 23, 2018.
17. 2014 ICD-9-CM Diagnosis Codes, Volume 1. 2014. Available at <http://www.icd9data.com/>. Accessed on January 2, 2015.
18. 2014 ICD-10-CM Diagnosis Codes, Volume 1. 2014. Available at <http://www.icd10data.com/>. Accessed on January 2, 2015.

19. American Psychiatric Association (APA). Practice guideline for the treatment of patients with panic disorder. 2nd ed. Washington DC: American Psychiatric Association (APS); 2009 Jan. 90 p. Available at [www.psychiatryonline.org](http://www.psychiatryonline.org). Accessed January 2, 2015.
20. Connolly SD, Bernstein GA, et al. Practice Parameter for the Assessment and Treatment of Children and Adolescents With Anxiety Disorders. *J Am Acad Child Adolesc Psychiatry* 2007;46(2):267-283. Available at [www.aacap.org](http://www.aacap.org). Accessed January 2, 2015.
21. Bandelow B, Sher L, Bunevicius R, et al. Guidelines for the pharmacological treatment of anxiety disorders, obsessive-compulsive disorder and posttraumatic stress disorder in primary care. *Int J Psych Clin Pract* 2012;16:77-84.
22. American Geriatrics Society 2015 Beers Criteria Update Expert Panel. American Geriatrics Society 2015 updated Beers Criteria for potentially inappropriate medication use in older adults. *J Am Geriatr Soc*. 2015 Nov;63(11):2227-46.
23. American Psychiatric Association (2013). *Diagnostic and statistical manual of mental disorders* (5th ed). Arlington, VA: American Psychiatric Publishing.
24. American Society of Addiction Medicine (ASAM). Public Policy Statement on Measures to Counteract Prescription Drug Diversion, Misuse and Addiction. Adopted January 2012. Available at [www.asam.org](http://www.asam.org). Accessed January 2, 2015.

## Publication History:

Publication	Notes
05/29/2019	Criteria created and cross referenced to VDP criteria.
04/13/2020	<p>Update URL link to VDP criteria</p> <p>Spelling correction to the word "adult" in Drug/Drug Class description field</p> <p>Updated to include formulary 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>
12/21/20	<p>Updated to include clinical edits for: Anxiolytics-Chlordiazepoxide, Meprobamate &amp; Oxazepam, Anxiolytics-Clorazepate, Sedatives/Hypnotics-Butabarbital, Sedatives/Hypnotics-Flurazepam and Sedatives/Hypnotics-Ramelteon/Tasimelteon.</p> <p>Updated to add benzodiazepines to Sedatives/Hypnotics-Adults clinical edit.</p> <p>Updated to add diagnosis and drug class look back charts.</p>
02/23/21	Added GCNs for Dayvigo to Drugs Requiring Prior Authorization table on page 9
6/21/21	<p>Removed ICD-10 code G4700 from Anxiety Disorders Diagnosis table.</p> <p>Updated drug list on Sedative/Hypnotic Agents look back table.</p>
11/12/2021	<p>Added Chloral Hydrate to sedative/hypnotic class containing butabarbital</p> <p>Removed "Diagnosis codes or drugs in step logic" under Clinical Edit Information Included in this Document, due to redundancy with "Supporting Tables" in the same area</p> <p>Separated and updated Rozerem (ramelteon) and Hetlioz (tasimelteon) clinical criteria and added separate criteria for Hetlioz (tasimelteon) and Hetlioz (tasimelteon) LQ</p> <p>Updated Sedative/Hypnotic - Adults clinical criteria as approved by the DUR Board</p> <p>Removed ICD-10 diagnosis F51.04 (psychophysiologic insomnia) and G47.00 (insomnia, unspecified) from Anxiety Disorder Diagnoses supporting table</p>

<p>12/6/2022</p>	<p>Added GCNs for Dayvigo (47484, 47479) to Sedative/Hypnotic prior use table</p> <p>Removed check for <math>\leq 1</math> days supply on all criteria except Hetlioz</p> <p>Removed ICD-10 code F13.90 (sedative, hypnotic, or anxiolytic use, unspecified, uncomplicated) from the drug abuse diagnosis table</p> <p>Added GCNs for Quviviq (51785, 51787) to PA table in Sedatives/Hypnotics-Adults</p> <p>Revised check for short term therapy for procedures to read, 'Is the incoming request for less than or equal to 5 units?' on all agents except Hetlioz</p> <p>Revised question 6 on clorazepate criteria. If No, go to #7</p>
------------------	---