

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

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.

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

Drug Requiring Prior Authorization	
Label Name	GCN
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 Health and Human Services (HHS) Psychotropic Medication Utilization Parameters 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 #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, dexamethylphenidate, Evekeo regular tablets, Evekeo ODT, 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

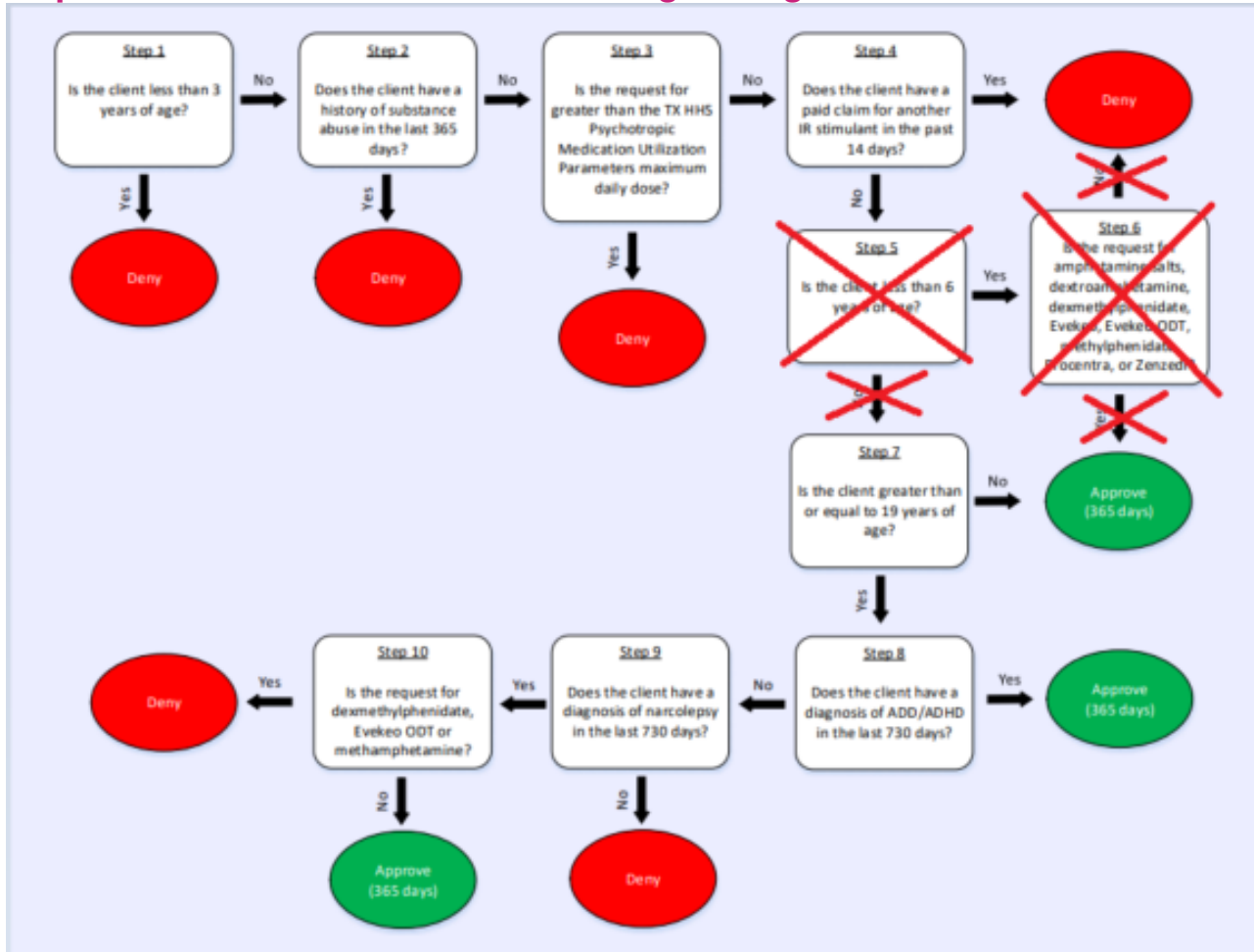
☐ No – Deny

10. Is the request for dexamethylphenidate, 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:

Step 2 (history of substance abuse) Required quantity: 1 Look back timeframe: 365 days	
History of Substance Abuse Diagnoses	
ICD-10 Code	Description
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

Step 2 (history of substance abuse) Required quantity: 1 Look back timeframe: 365 days	
History of Substance Abuse Diagnoses	
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

Step 2 (history of substance abuse) Required quantity: 1 Look back timeframe: 365 days	
History of Substance Abuse Diagnoses	
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

Step 2 (history of substance abuse) Required quantity: 1 Look back timeframe: 365 days	
History of Substance Abuse Diagnoses	
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

Step 2 (history of substance abuse) Required quantity: 1 Look back timeframe: 365 days	
History of Substance Abuse Diagnoses	
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

Step 2 (history of substance abuse) Required quantity: 1 Look back timeframe: 365 days	
History of Substance Abuse Diagnoses	
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

Step 2 (history of substance abuse) Required quantity: 1 Look back timeframe: 365 days	
History of Substance Abuse Diagnoses	
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

Step 2 (history of substance abuse) Required quantity: 1 Look back timeframe: 365 days	
History of Substance Abuse Diagnoses	
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

Step 2 (history of substance abuse) Required quantity: 1 Look back timeframe: 365 days	
History of Substance Abuse Diagnoses	
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

Step 2 (history of substance abuse) Required quantity: 1 Look back timeframe: 365 days	
History of Substance Abuse Diagnoses	
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

Active Ingredient	Drug (brand)	Initial Dosage	Literature Based Maximum Dosage	FDA Approved Maximum Dosage for Children and Adolescents
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
DEXMETHYLPHENIDATE	FOCALIN®	Age ≥ 6 years: 2.5mg twice daily	Age ≥ 6 years: 50mg/day	Approved for children 6 years and older: 20mg/day
DEXTROAMPHETAMINE	DEXEDRINE® ZENZED® 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**

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/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 Zenzedi) 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/DEXTROAMPHETAMINESALTS 10MG TABLET	56971
Step 6 (amphetamine salts immediate release tablets, dextroamphetamine immediate release tablets, dexmethylphenidate, Evekeo tablets, methylphenidate, Procentra, or Zenzedi) Required quantity: 1 <i>This step has been removed</i>	
Label Name	GCN
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
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, Evekeo ODT, methylphenidate, Procentra, or Zenzedi)

Required quantity: 1 — *This step has been removed*

Label Name	GCN
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

ICD-10 Code	Description
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

ICD-10 Code	Description
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	
Label Name	GCN
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.

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
AMPHETAMINE ER 1.25MG/ML SUSP	43864
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

Drugs Requiring Prior Authorization	
Label Name	GCN
APTENSIO XR 50MG CAPSULE	97239
APTENSIO XR 60MG CAPSULE	97240
AZSTARYS 26.1/5.2MG CAPSULE	49319
AZSTARYS 26.1/5.2MG CAPSULE	49322
AZSTARYS 26.1/5.2MG CAPSULE	49323
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

Drugs Requiring Prior Authorization	
Label Name	GCN
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
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 CAP	97234

Drugs Requiring Prior Authorization	
Label Name	GCN
METHYLPHENIDATE ER 15 MG CAP	97235
METHYLPHENIDATE ER 20 MG CAP	97236
METHYLPHENIDATE ER 30 MG CAP	97237
METHYLPHENIDATE ER 40 MG CAP	97238
METHYLPHENIDATE ER 50 MG CAP	97239
METHYLPHENIDATE ER 60 MG CAP	97240
METHYLPHENIDATE ER 10 MG TAB	93075
METHYLPHENIDATE ER 20MG TAB	16180
METHYLPHENIDATE LA 20 MG CAP	20387
METHYLPHENIDATE LA 30 MG CAP	20388
METHYLPHENIDATE LA 40 MG CAP	20391
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
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:

Note: **ADHD** and **Binge Eating Disorder** criteria are applicable to Vyvanse. The client must meet one or the other of the criteria sets but is not required to meet both.

1. Is the request for Mydayis?

☐ 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 less than (<) 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

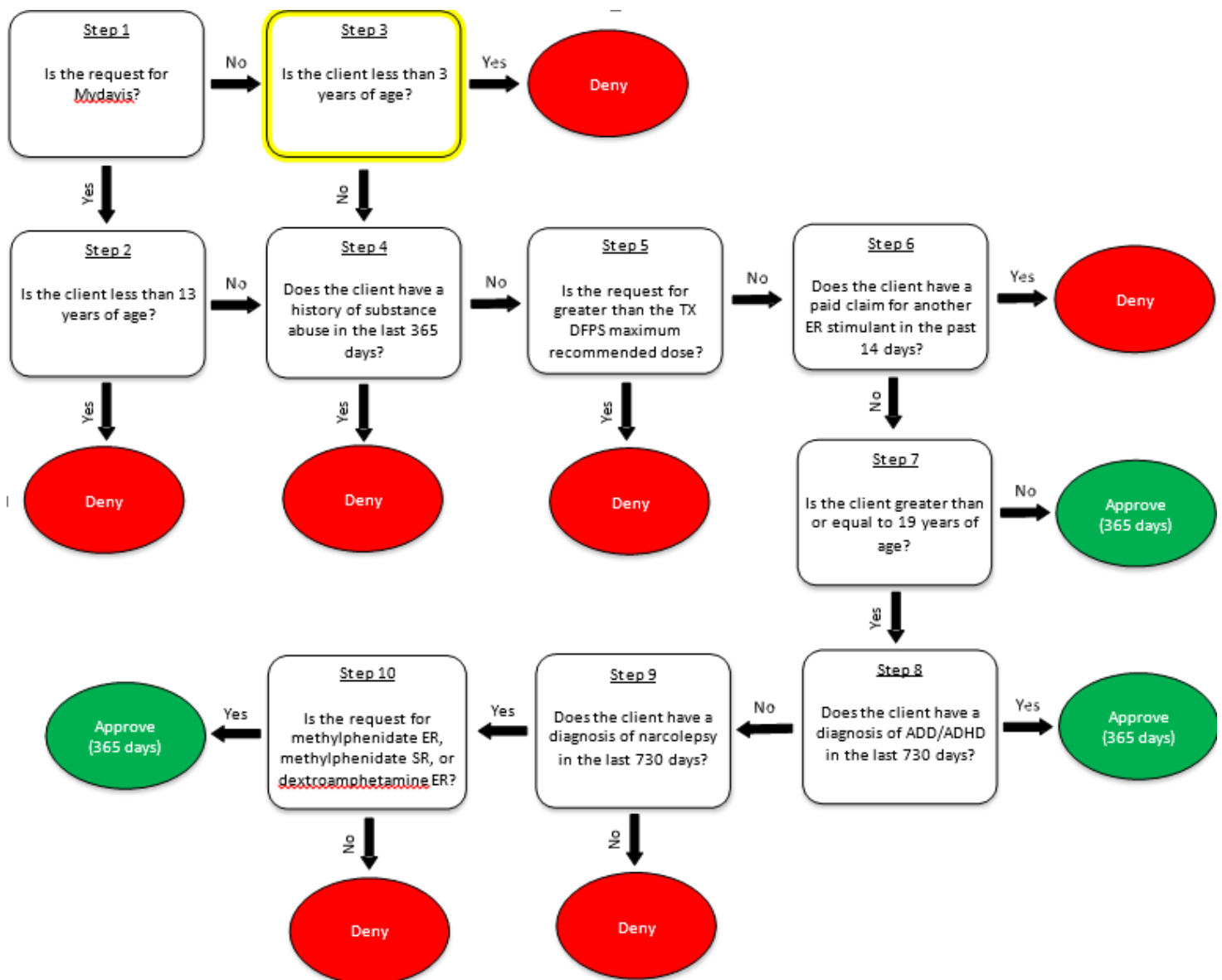
☐ No – Deny

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): 60mg/day	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 (> 50kg): 100mg/day	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): 100mg/day	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	
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
CONCERTA ER 18MG TABLET	12567

Step 6 (paid claim for another ER stimulant) Required quantity: 1 Look back timeframe: 14 days	
ER Stimulants	
Label Name	GCN
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
DESMETHYLPHENIDATE 10MG EXTENDED RELEASE CAPSULE	24734
DESMETHYLPHENIDATE 15MG EXTENDED RELEASE CAPSULE	97111
DESMETHYLPHENIDATE 20MG EXTENDED RELEASE CAPSULE	24735
DESMETHYLPHENIDATE 25MG EXTENDED RELEASE CAPSULE	30305
DESMETHYLPHENIDATE 30MG EXTENDED RELEASE CAPSULE	28035
DESMETHYLPHENIDATE 35MG EXTENDED RELEASE CAPSULE	30306
DESMETHYLPHENIDATE 40MG EXTENDED RELEASE CAPSULE	28933
DESMETHYLPHENIDATE 5MG EXTENDED RELEASE CAPSULE	24733
DEXTROAMPHETAMINE 10MG EXTENDED-RELEASE CAPSULE	19850
DEXTROAMPHETAMINE 15MG EXTENDED-RELEASE CAPSULE	19851
DEXTROAMPHETAMINE 5MG EXTENDED-RELEASE CAPSULE	19852
DYANAVAL 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

Step 6 (paid claim for another ER stimulant) Required quantity: 1 Look back timeframe: 14 days	
ER Stimulants	
Label Name	GCN
FOCALIN XR 40MG CAPSULE	28933
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

Step 6 (paid claim for another ER stimulant) Required quantity: 1 Look back timeframe: 14 days	
ER Stimulants	
Label Name	GCN
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**

Label Name	GCN
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- Atomoxetine:

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
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 – Atomoxetine:

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

☐ Yes – Deny

☐ No – Go to #2

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

☐ Yes – Go to #3

☐ No – Go to #4

3. Does the client have a claim for a mood stabilizer in the last 90 days?

☐ Yes – Go to #4

☐ No – Deny

4. Does the client have a diagnosis of suicidal ideation or suicide attempt in the last 180 days?

☐ Yes – Deny

☐ No – Go to #5

5. Has the client been on an MAO inhibitor in the last 14 days?

☐ Yes – Deny

☐ No – Go to #6

6. Does the client have a diagnosis of hepatic impairment in the last 180 days?

☐ Yes – Deny

☐ No – Go to #7

7. Does the client have a history of severe cardiovascular disease in the last 365 days?

☐ Yes – Deny

☐ No – Go to #8

8. Does the client have a diagnosis of pheochromocytoma or narrow angle glaucoma in the last 365 days?

☐ Yes – Deny

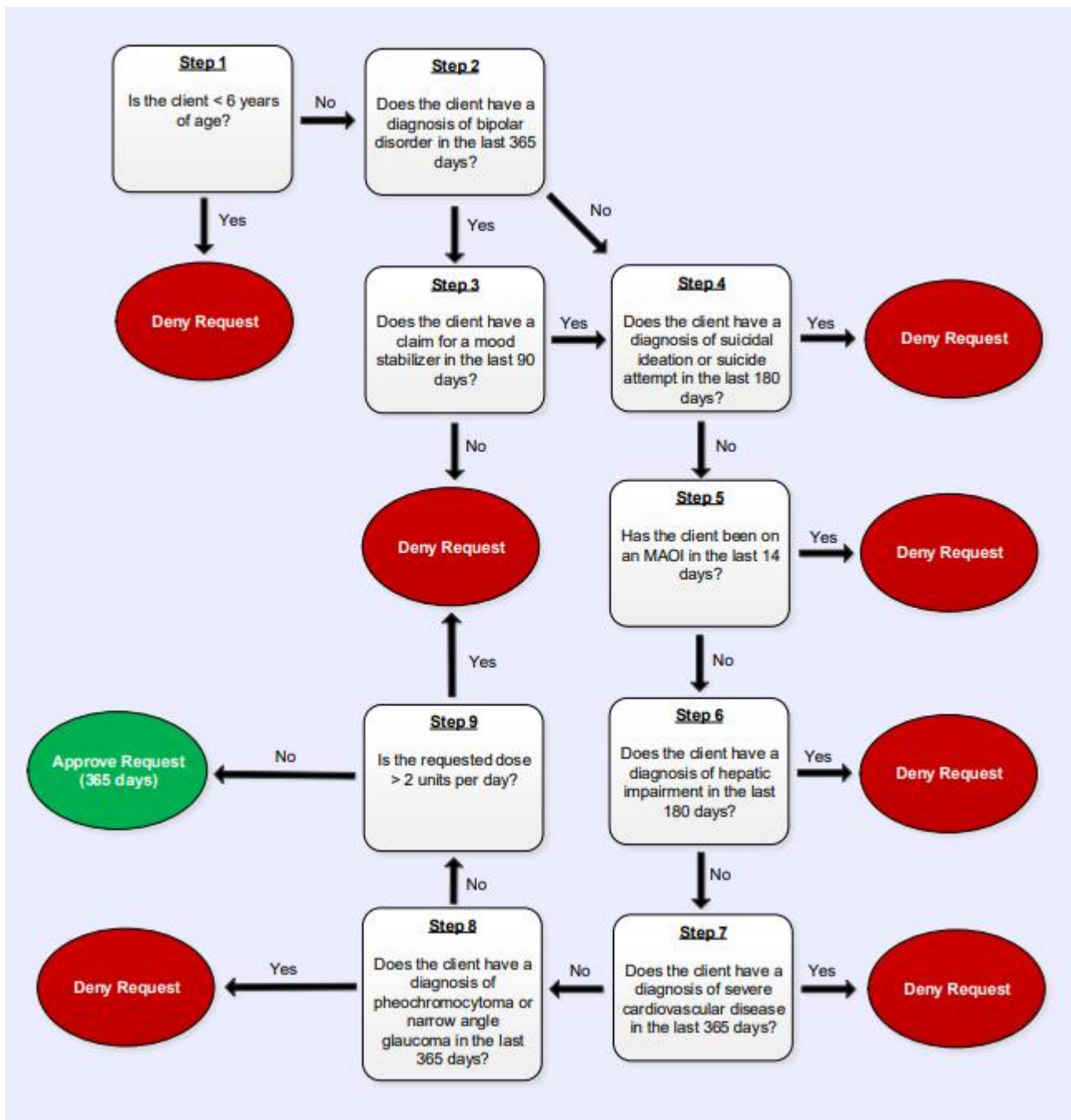
☐ No – Go to #9

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

☐ Yes – Deny

☐ No – Approve (365 days)

Superior HealthPlan Clinical Edit Logic Diagram – Atomoxetine:



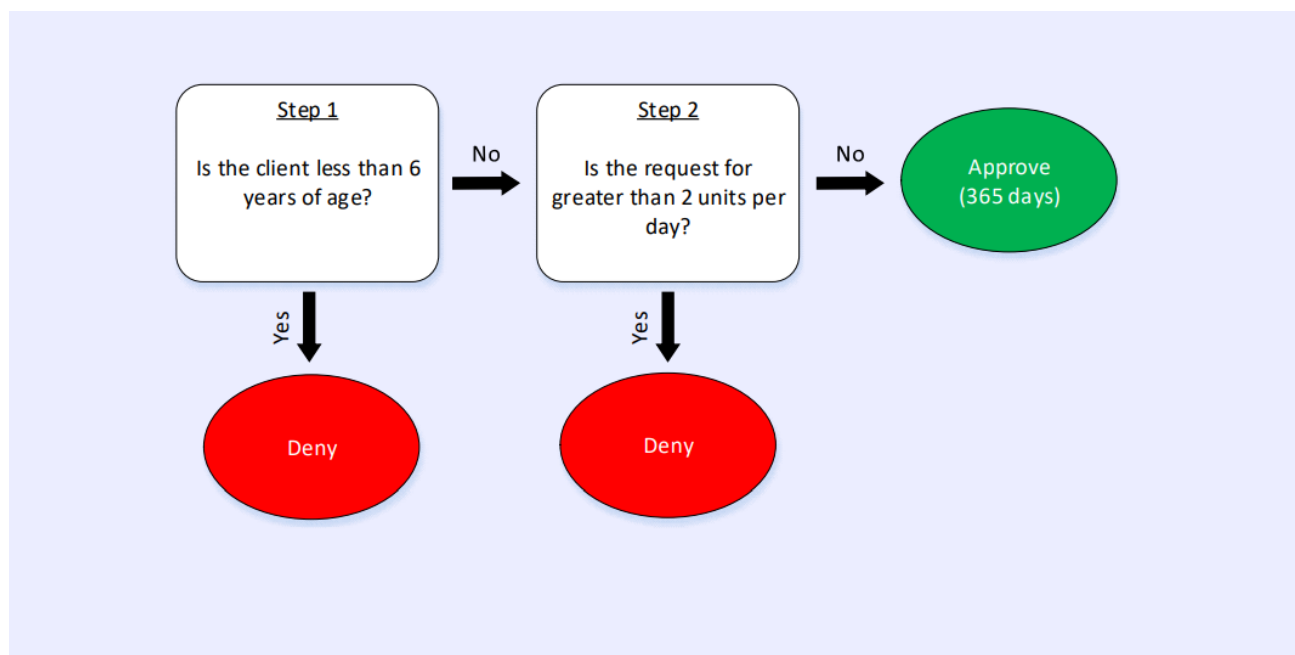
Drugs Requiring Prior Authorization- Guanfacine ER:

Drugs Requiring Prior Authorization	
Label Name	GCN
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

Superior Healthplan Prior Authorization Criteria Logic - Guanfacine 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 – Approve (365 days)

Superior HealthPlan Clinical Edit Logic Diagram – Guanfacine ER:



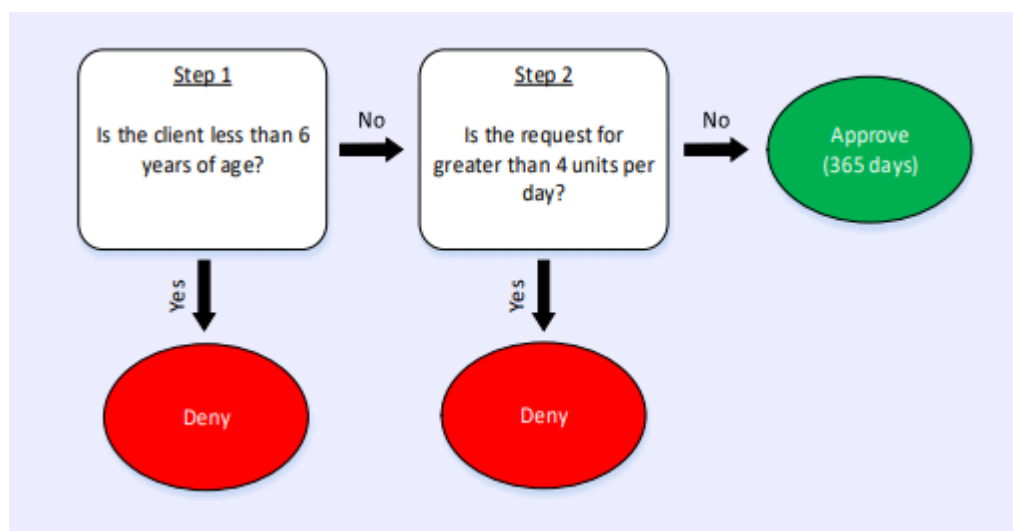
Drugs Requiring Prior Authorization - Clonidine ER:

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 – Approve (365 days)

Superior HealthPlan Clinical Edit Logic Diagram- Clonidine ER:



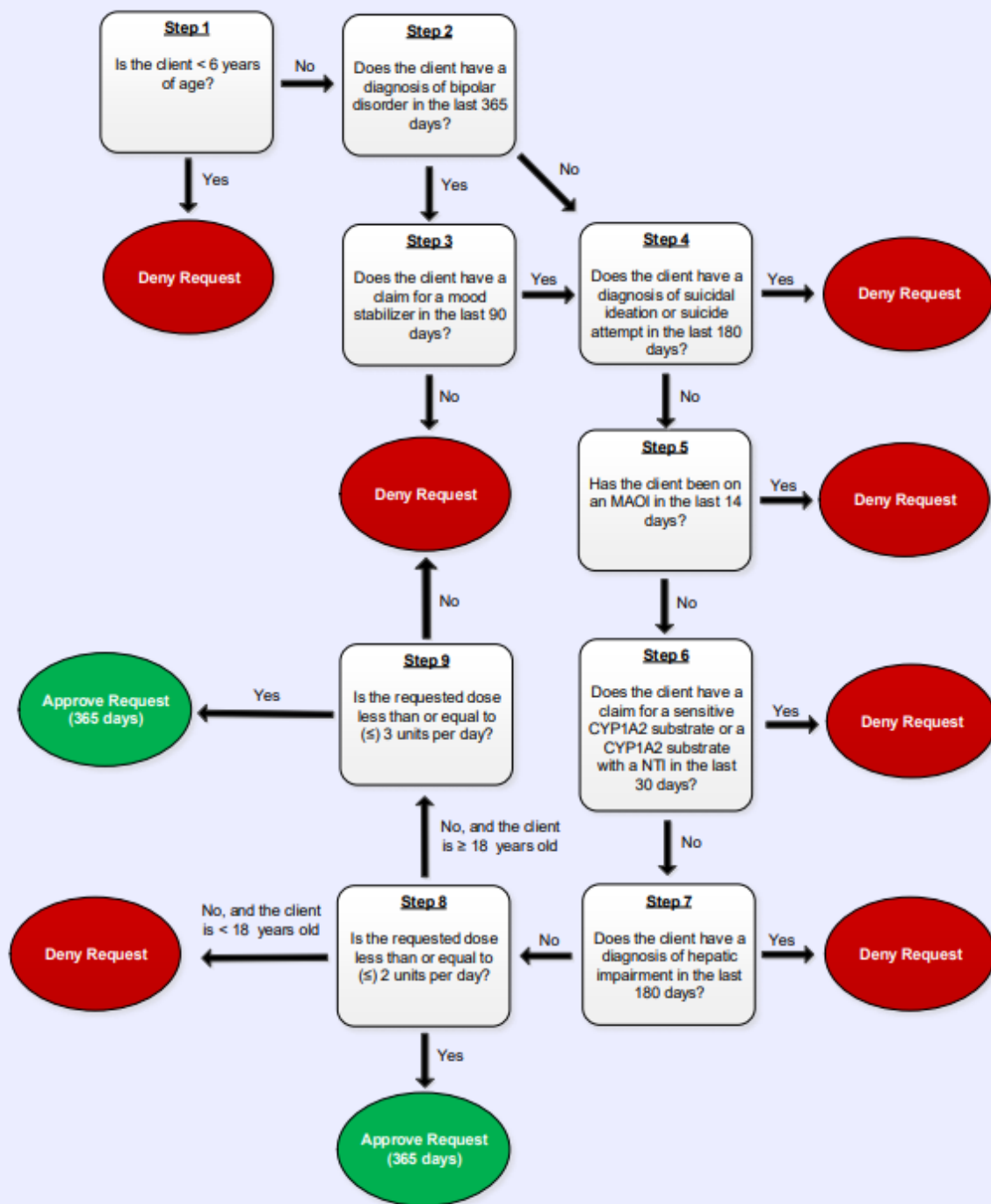
Drugs Requiring Prior Authorization – Qelbree (viloxazine)

Drugs Requiring Prior Authorization	
Label Name	GCN
QELBREE ER 100 MG CAPSULE	49447
QELBREE ER 150 MG CAPSULE	49449
QELBREE ER 200 MG CAPSULE	49452

Superior HealthPlan Prior Authorization Criteria Logic – Qelbree (viloxazine)

1. Is the client less than (<) 6 years of age?
☐ Yes – Deny
☐ No – Go #2
2. Does the client have a diagnosis of bipolar disorder in the last 365 days?
☐ Yes – Go to #3
☐ No – Go to #4
3. Does the client have a claim for a mood stabilizer in the last 90 days?
☐ Yes – Go to #4
☐ No – Deny
4. Does the client have a diagnosis of suicidal ideation or suicide attempt in the last 180 days?
☐ Yes – Deny
☐ No – Go to #5
5. Has the client been on a MAO inhibitor in the last 14 days?
☐ Yes – Deny
☐ No – Go to #6
6. Does the client have a claim for a sensitive CYP1A2 substrate or a CYP1A2 substrate with a narrow therapeutic index in the last 30 days?
☐ Yes – Deny
☐ No – Go to #7
7. Does the client have a diagnosis of hepatic impairment in the last 180 days?
☐ Yes – Deny
☐ No – Go to #8
8. Is the requested dose less than or equal to ($\leq$) 2 units per day?
☐ Yes – Approve (365 days)
☐ No – Deny

Superior HealthPlan Clinical Edit Logic Diagram- Qelbree (viloxazine):



Clinical Criteria Supporting Tables – Non-stimulant Agents

Diagnosis of bipolar disorder	
ICD-10 Code	Description
F310	BIPOLAR DISORDER, CURRENT EPISODE HYPOMANIC
F3110	BIPOLAR DISORDER, CURRENT EPISODE MANIC WITHOUT PSYCHOTIC FEATURES UNSPECIFIED
F3111	BIPOLAR DISORDER, CURRENT EPISODE MANIC WITHOUT PSYCHOTIC FEATURES MILD
F3112	BIPOLAR DISORDER, CURRENT EPISODE MANIC WITHOUT PSYCHOTIC FEATURES MODERATE
F3113	BIPOLAR DISORDER, CURRENT EPISODE MANIC WITHOUT PSYCHOTIC FEATURES SEVERE
F312	BIPOLAR DISORDER, CURRENT EPISODE MANIC SEVERE WITH PSYCHOTIC FEATURES
F3130	BIPOLAR DISORDER, CURRENT EPISODE DEPRESSED, MILD OR MODERATE SEVERITY UNSPECIFIED
F3131	BIPOLAR DISORDER, CURRENT EPISODE DEPRESSED, MILD
F3132	BIPOLAR DISORDER, CURRENT EPISODE DEPRESSED, MODERATE
F314	BIPOLAR DISORDER, CURRENT EPISODE DEPRESSED, SEVERE, WITHOUT PSYCHOTIC FEATURES
F315	BIPOLAR DISORDER, CURRENT EPISODE DEPRESSED, SEVERE, WITH PSYCHOTIC FEATURES
F3160	BIPOLAR DISORDER, CURRENT EPISODE MIXED UNSPECIFIED
F3161	BIPOLAR DISORDER, CURRENT EPISODE MIXED MILD
F3162	BIPOLAR DISORDER, CURRENT EPISODE MIXED MODERATE
F3163	BIPOLAR DISORDER, CURRENT EPISODE MIXED SEVERE, WITHOUT PSYCHOTIC FEATURES
F3164	BIPOLAR DISORDER, CURRENT EPISODE MIXED SEVERE, WITH PSYCHOTIC FEATURES
F3170	BIPOLAR DISORDER, CURRENTLY IN REMISSION MOST RECENT EPISODE UNSPECIFIED
F3171	BIPOLAR DISORDER, IN PARTIAL REMISSION, MOST RECENT EPISODE HYPOMANIC
F3172	BIPOLAR DISORDER, IN FULL REMISSION, MOST RECENT EPISODE HYPOMANIC
F3173	BIPOLAR DISORDER, IN PARTIAL REMISSION, MOST RECENT EPISODE MANIC
F3174	BIPOLAR DISORDER, IN FULL REMISSION, MOST RECENT EPISODE MANIC
F3175	BIPOLAR DISORDER, IN PARTIAL REMISSION, MOST RECENT EPISODE DEPRESSED
F3176	BIPOLAR DISORDER, IN FULL REMISSION, MOST RECENT EPISODE DEPRESSED
F3177	BIPOLAR DISORDER, IN PARTIAL REMISSION, MOST RECENT EPISODE MIXED
F3178	BIPOLAR DISORDER, IN FULL REMISSION, MOST RECENT EPISODE MIXED
F3181	BIPOLAR II DISORDER

F3189	OTHER BIPOLAR DISORDER
F319	BIPOLAR DISORDER, UNSPECIFIED

Mood stabilizers	
GCN	Label Name
18537	ABILIFY 10 MG TABLET
18538	ABILIFY 15 MG TABLET
26305	ABILIFY 2 MG TABLET
18539	ABILIFY 20 MG TABLET
18541	ABILIFY 30 MG TABLET
20173	ABILIFY 5 MG TABLET
37681	ABILIFY MAINTENA ER 300 MG SYR
34284	ABILIFY MAINTENA ER 300 MG VL
37682	ABILIFY MAINTENA ER 400 MG SYR
34285	ABILIFY MAINTENA ER 400 MG VL
44439	ABILIFY MYCITE 10 MG KIT
44441	ABILIFY MYCITE 15 MG KIT
44437	ABILIFY MYCITE 2 MG KIT
44442	ABILIFY MYCITE 20 MG KIT
44443	ABILIFY MYCITE 30 MG KIT
44438	ABILIFY MYCITE 5 MG KIT
24062	ARIPIPRAZOLE 1 MG/ML SOLUTION
18537	ARIPIPRAZOLE 10 MG TABLET
18538	ARIPIPRAZOLE 15 MG TABLET
26305	ARIPIPRAZOLE 2 MG TABLET
18539	ARIPIPRAZOLE 20 MG TABLET
18541	ARIPIPRAZOLE 30 MG TABLET
20173	ARIPIPRAZOLE 5 MG TABLET
26445	ARIPIPRAZOLE ODT 10 MG TABLET
26448	ARIPIPRAZOLE ODT 15 MG TABLET
27528	ASENAPINE 10 MG TABLET SL
21636	ASENAPINE 5 MG TABLET SL
17460	CARBAMAZEPINE 100 MG TAB CHEW
47500	CARBAMAZEPINE 100 MG/5 ML SUSP
17450	CARBAMAZEPINE 200 MG TABLET
23934	CARBAMAZEPINE ER 100 MG CAP
27820	CARBAMAZEPINE ER 100 MG TABLET
23932	CARBAMAZEPINE ER 200 MG CAP
27821	CARBAMAZEPINE ER 200 MG TABLET

23933	CARBAMAZEPINE ER 300 MG CAP
27822	CARBAMAZEPINE ER 400 MG TABLET
23934	CARBATROL ER 100 MG CAPSULE
23932	CARBATROL ER 200 MG CAPSULE
23933	CARBATROL ER 300 MG CAPSULE
17400	DEPAKOTE DR 125 MG SPRINKLE
17292	DEPAKOTE DR 125 MG TABLET
17290	DEPAKOTE DR 250 MG TABLET
17291	DEPAKOTE DR 500 MG TABLET
18754	DEPAKOTE ER 250 MG TABLET
18040	DEPAKOTE ER 500 MG TABLET
17400	DIVALPROEX DR 125 MG SPRINKLE
17292	DIVALPROEX DR 125 MG TAB
17290	DIVALPROEX DR 250 MG TAB
17291	DIVALPROEX DR 500 MG TAB
18754	DIVALPROEX SOD ER 250 MG TAB
18040	DIVALPROEX SOD ER 500 MG TAB
17450	EPITOL 200 MG TABLET
13781	EQUETRO 100 MG CAPSULE
13805	EQUETRO 200 MG CAPSULE
13818	EQUETRO 300 MG CAPSULE
13331	GEODON 20 MG CAPSULE
17037	GEODON 20 MG VIAL
13332	GEODON 40 MG CAPSULE
13333	GEODON 60 MG CAPSULE
13334	GEODON 80 MG CAPSULE
64316	LAMICTAL 100 MG TABLET
64324	LAMICTAL 150 MG TABLET
64325	LAMICTAL 200 MG TABLET
64322	LAMICTAL 25 MG DISPER TABLET
64317	LAMICTAL 25 MG TABLET
64323	LAMICTAL 5 MG DISPER TABLET
23254	LAMICTAL ODT 100 MG TABLET
23274	LAMICTAL ODT 200 MG TABLET
23201	LAMICTAL ODT 25 MG TABLET
23096	LAMICTAL ODT 50 MG TABLET
23294	LAMICTAL ODT START KIT (BLUE)
23309	LAMICTAL ODT START KIT (GREEN)
23293	LAMICTAL ODT START KT (ORANGE)
23969	LAMICTAL TAB START KIT (BLUE)
23972	LAMICTAL TAB START KIT (GREEN)

23973	LAMICTAL TB START KIT (ORANGE)
24703	LAMICTAL XR 100 MG TABLET
24739	LAMICTAL XR 200 MG TABLET
24693	LAMICTAL XR 25 MG TABLET
30787	LAMICTAL XR 250 MG TABLET
29725	LAMICTAL XR 300 MG TABLET
24697	LAMICTAL XR 50 MG TABLET
24851	LAMICTAL XR START KIT (BLUE)
24856	LAMICTAL XR START KIT (GREEN)
24869	LAMICTAL XR START KIT (ORANGE)
64316	LAMOTRIGINE 100 MG TABLET
64324	LAMOTRIGINE 150 MG TABLET
64325	LAMOTRIGINE 200 MG TABLET
64322	LAMOTRIGINE 25 MG DISPER TAB
64317	LAMOTRIGINE 25 MG TABLET
64323	LAMOTRIGINE 5 MG DISPER TABLET
24703	LAMOTRIGINE ER 100 MG TABLET
24739	LAMOTRIGINE ER 200 MG TABLET
24693	LAMOTRIGINE ER 25 MG TABLET
30787	LAMOTRIGINE ER 250 MG TABLET
29725	LAMOTRIGINE ER 300 MG TABLET
24697	LAMOTRIGINE ER 50 MG TABLET
23254	LAMOTRIGINE ODT 100 MG TABLET
23274	LAMOTRIGINE ODT 200 MG TABLET
23201	LAMOTRIGINE ODT 25 MG TABLET
23096	LAMOTRIGINE ODT 50 MG TABLET
23294	LAMOTRIGINE ODT KIT (BLUE)
23309	LAMOTRIGINE ODT KIT (GREEN)
23293	LAMOTRIGINE ODT KIT (ORANGE)
33147	LATUDA 120 MG TABLET
31226	LATUDA 20 MG TABLET
29366	LATUDA 40 MG TABLET
35192	LATUDA 60 MG TABLET
29367	LATUDA 80 MG TABLET
15741	LITHIUM 8 MEQ/5 ML SOLUTION
15711	LITHIUM CARBONATE 150 MG CAP
15710	LITHIUM CARBONATE 300 MG CAP
15721	LITHIUM CARBONATE 300 MG TAB
15712	LITHIUM CARBONATE 600 MG CAP
15731	LITHIUM CARBONATE ER 300 MG TB
15730	LITHIUM CARBONATE ER 450 MG TB

15731	LITHOBID ER 300 MG TABLET
15082	OLANZAPINE 10 MG TABLET
17407	OLANZAPINE 10 MG VIAL
15085	OLANZAPINE 15 MG TABLET
15084	OLANZAPINE 2.5 MG TABLET
15086	OLANZAPINE 20MG TABLET
15083	OLANZAPINE 5 MG TABLET
15081	OLANZAPINE 7.5 MG TABLET
92008	OLANZAPINE ODT 10 MG TABLET
34022	OLANZAPINE ODT 15 MG TABLET
34023	OLANZAPINE ODT 20MG TABLET
92007	OLANZAPINE ODT 5MG TABLET
20870	OLANZAPINE/FLUOXETINE 12-25 MG
20872	OLANZAPINE/FLUOXETINE 12-50 MG
98648	OLANZAPINE/FLUOXETINE 3-25 MG
20868	OLANZAPINE/FLUOXETINE 6-25 MG
20869	OLANZAPINE/FLUOXETINE 6-50 MG
67662	QUETIAPINE 100 MG TABLET
67663	QUETIAPINE 200 MG TABLET
67661	QUETIAPINE 25 MG TABLET
67665	QUETIAPINE 300 MG TABLET
26411	QUETIAPINE 400 MG TABLET
26409	QUETIAPINE 50 MG TABLET
16193	QUETIAPINE ER 150 MG TABLET
98522	QUETIAPINE ER 200 MG TABLET
98523	QUETIAPINE ER 300 MG TABLET
98524	QUETIAPINE ER 400 MG TABLET
98994	QUETIAPINE ER 50 MG TABLET
92892	RISPERDAL 0.5 MG TABLET
16136	RISPERDAL 1 MG TABLET
16135	RISPERDAL 1 MG/ML SOLUTION
16137	RISPERDAL 2 MG TABLET
16138	RISPERDAL 3 MG TABLET
16139	RISPERDAL 4 MG TABLET
98414	RISPERDAL CONSTA 12.5 MG SYR
20217	RISPERDAL CONSTA 25 MG SYR
20218	RISPERDAL CONSTA 37.5 MG SYR
20219	RISPERDAL CONSTA 50 MG SYR
24448	RISPERIDONE 0.25 MG ODT
92872	RISPERIDONE 0.25 MG TABLET
19541	RISPERIDONE 0.5 MG ODT

92892	RISPERIDONE 0.5 MG TABLET
19178	RISPERIDONE 1 MG ODT
16136	RISPERIDONE 1 MG TABLET
16135	RISPERIDONE 1 MG/ML SOLUTION
19179	RISPERIDONE 2 MG ODT
16137	RISPERIDONE 2 MG TABLET
25024	RISPERIDONE 3 MG ODT
16138	RISPERIDONE 3 MG TABLET
25025	RISPERIDONE 4 MG ODT
16139	RISPERIDONE 4 MG TABLET
27528	SAPHRIS 10 MG TAB SUBLINGUAL
38479	SAPHRIS 2.5 MG TABLET SUBLINGUAL
21636	SAPHRIS 5 MG TABLET SUBLINGUAL
67662	SEROQUEL 100 MG TABLET
67663	SEROQUEL 200 MG TABLET
67661	SEROQUEL 25 MG TABLET
67665	SEROQUEL 300 MG TABLET
26411	SEROQUEL 400 MG TABLET
26409	SEROQUEL 50 MG TABLET
16193	SEROQUEL XR 150 MG TABLET
98522	SEROQUEL XR 200 MG TABLET
98523	SEROQUEL XR 300 MG TABLET
98524	SEROQUEL XR 400 MG TABLET
98994	SEROQUEL XR 50 MG TABLET
64316	SUBVENITE 100 MG TABLET
64324	SUBVENITE 150 MG TABLET
64325	SUBVENITE 200 MG TABLET
64317	SUBVENITE 25 MG TABLET
23969	SUBVENITE TAB START KIT (BLUE)
23972	SUBVENITE TAB START KIT(GREEN)
23973	SUBVENITE TAB START KT(ORANGE)
98648	SYMBYAX 3-25 MG CAPSULE
20868	SYMBYAX 6-25 MG CAPSULE
47500	TEGRETOL 100 MG/5 ML SUSP
17450	TEGRETOL 200 MG TABLET
27820	TEGRETOL XR 100 MG TABLET
27821	TEGRETOL XR 200 MG TABLET
27822	TEGRETOL XR 400 MG TABLET
39579	VRAYLAR 1.5 MG CAPSULE
40683	VRAYLAR 1.5 MG-3 MG PACK
39582	VRAYLAR 3 MG CAPSULE

39583	VRAYLAR 4.5 MG CAPSULE
39584	VRAYLAR 6 MG CAPSULE
13331	ZIPRASIDONE 20 MG CAPSULE
17037	ZIPRASIDONE 20 MG/ML VIAL
13332	ZIPRASIDONE 40 MG CAPSULE
13333	ZIPRASIDONE 60 MG CAPSULE
13334	ZIPRASIDONE 80 MG CAPSULE
15082	ZYPREXA 10 MG TABLET
17407	ZYPREXA 10 MG VIAL
15085	ZYPREXA 15 MG TABLET
15084	ZYPREXA 2.5 MG TABLET
15086	ZYPREXA 20 MG TABLET
15083	ZYPREXA 5 MG TABLET
15081	ZYPREXA 7.5 MG TABLET
92008	ZYPREXA ZYDIS 10 MG TABLET
34022	ZYPREXA ZYDIS 15 MG TABLET
34023	ZYPREXA ZYDIS 20 MG TABLET
92007	ZYPREXA ZYDIS 5 MG TABLET

Suicidal ideation or Suicide Attempt	
ICD-10 Code	Description
R45851	SUICIDAL IDEATIONS
T1491XA	SUICIDE ATTEMPT INITIAL ENCOUNTER
T1491XD	SUICIDE ATTEMPT SUBSEQUENT ENCOUNTER
T1491XS	SUICIDE ATTEMPT SEQUELA

MAOI	
GCN	Label Name
27081	AZILECT 0.5 MG TABLET
24654	AZILECT 1 MG TABLET
26614	EMSAM 12MG/24 HOURS PATCH
26612	EMSAM 6MG/24 HOURS PATCH
26871	LINEZOLID 100MG/5ML SUSP
26870	LINEZOLID 600MG TABLET
26873	LINEZOLID 600MG/300ML IV SOLN
16416	MARPLAN 10 MG TABLET
16417	NARDIL 15 MG TABLET
16418	PARNATE 10 MG TABLET
16417	PHENELZINE SULFATE 15 MG TAB
27081	RASAGILINE MESYLATE 0.5 MG TAB

24654	RASAGILINE MESYLATE 1 MG TAB
15603	SELEGILINE 5MG CAPSULE
15600	SELEGILINE 5MG TABLET
16418	TRANLYCYPROMINE 10MG TABLET
22783	ZELAPAR 1.25MG ODT TABLET
26871	ZYVOX 100 MG/5 ML SUSPENSION
26870	ZYVOX 600 MG TABLET
26873	ZYVOX 600 MG/300 ML IV SOLN

Sensitive CYP1A2 substrate or a CYP1A2 substrate with an NTI	
GCN	Label Name
21422	ALOSETRON HCL 0.5 MG TABLET
41607	ALOSETRON HCL 1 MG TABLET
25792	COUMADIN 1 MG TABLET
25790	COUMADIN 10 MG TABLET
25791	COUMADIN 2 MG TABLET
25794	COUMADIN 2.5 MG TABLET
25796	COUMADIN 3 MG TABLET
25797	COUMADIN 4 MG TABLET
25793	COUMADIN 5 MG TABLET
25798	COUMADIN 6 MG TABLET
25795	COUMADIN 7.5 MG TABLET
23161	CYMBALTA 20 MG CAPSULE
23162	CYMBALTA 30 MG CAPSULE
23164	CYMBALTA 60 MG CAPSULE
23161	DULOXETINE HCL DR 20 MG CAP
23162	DULOXETINE HCL DR 30 MG CAP
23164	DULOXETINE HCL DR 60 MG CAP
00352	ELIXOPHYLLINE 80 MG/ 15 ML ELIX
36068	HETLIOZ 20 MG CAPSULE
25792	JANTOVEN 1 MG TABLET
25790	JANTOVEN 10 MG TABLET
25791	JANTOVEN 2 MG TABLET
25794	JANTOVEN 2.5 MG TABLET
25796	JANTOVEN 3 MG TABLET
25797	JANTOVEN 4 MG TABLET
25793	JANTOVEN 5 MG TABLET
25798	JANTOVEN 6 MG TABLET
25795	JANTOVEN 7.5 MG TABLET
21422	LOTRONEX 0.5 MG TABLET
41607	LOTRONEX 1 MG TABLET

25202	RAMELTEON 8 MG TABLET
25202	ROZEREM 8 MG TABLET
00324	THEO-24 ER 100 MG CAPSULE
00325	THEO-24 ER 200 MG CAPSULE
00326	THEO-24 ER 300 MG CAPSULE
00323	THEO-24 ER 400 MG CAPSULE
01080	THEOPHYLLINE 80 MG/15 ML SOLN
00410	THEOPHYLLINE ER 100 MG TABLET
00411	THEOPHYLLINE ER 200 MG TABLET
00413	THEOPHYLLINE ER 300 MG TAB
00415	THEOPHYLLINE ER 400 MG TABLET
00416	THEOPHYLLINE ER 450 MG TAB
00417	THEOPHYLLINE ER 600 MG TABLET
24433	TIZANIDINE HCL 2 MG CAPSULE
14690	TIZANIDINE HCL 2 MG TABLET
24434	TIZANIDINE HCL 4 MG CAPSULE
14693	TIZANIDINE HCL 4 MG TABLET
24435	TIZANIDINE HCL 6 MG CAPSULE
25792	WARFARIN SODIUM 1 MG TABLET
25790	WARFARIN SODIUM 10 MG TABLET
25791	WARFARIN SODIUM 2 MG TABLET
25794	WARFARIN SODIUM 2.5 MG TABLET
25796	WARFARIN SODIUM 3 MG TABLET
25797	WARFARIN SODIUM 4 MG TABLET
25793	WARFARIN SODIUM 5 MG TABLET
25798	WARFARIN SODIUM 6 MG TABLET
25795	WARFARIN SODIUM 7.5 MG TABLET

Hepatic Impairment	
ICD-10 Code	Description
B160	ACUTE HEPATITIS B WITH DELTA-AGENT WITH HEPATIC COMA
B161	ACUTE HEPATITIS B WITH DELTA-AGENT WITHOUT HEPATIC COMA
B162	ACUTE HEPATITIS B WITHOUT DELTA-AGENT WITH HEPATIC COMA
B169	ACUTE HEPATITIS B WITHOUT DELTA-AGENT AND WITHOUT HEPATIC
B170	ACUTE DELTA-(SUPER) INFECTION OF HEPATITIS B CARRIER
B1710	ACUTE HEPATITIS C WITHOUT HEPATIC COMA
B1711	ACUTE HEPATITIS C WITH HEPATIC COMA
B172	ACUTE HEPATITIS E
B178	OTHER SPECIFIED ACUTE VIRAL HEPATITIS
B179	ACUTE VIRAL HEPATITIS, UNSPECIFIED

B180	CHRONIC VIRAL HEPATITIS B WITH DELTA-AGENT
B181	CHRONIC VIRAL HEPATITIS B WITHOUT DELTA-AGENT
B182	CHRONIC VIRAL HEPATITIS C
B188	OTHER CHRONIC VIRAL HEPATITIS
B189	CHRONIC VIRAL HEPATITIS, UNSPECIFIED
B190	UNSPECIFIED VIRAL HEPATITIS WITH HEPATIC COMA
B1910	UNSPECIFIED VIRAL HEPATITIS B WITHOUT HEPATIC COMA
B1911	UNSPECIFIED VIRAL HEPATITIS B WITH HEPATIC COMA
B1920	UNSPECIFIED VIRAL HEPATITIS C WITHOUT HEPATIC COMA
B1921	UNSPECIFIED VIRAL HEPATITIS C WITH HEPATIC COMA
B199	UNSPECIFIED VIRAL HEPATITIS WITHOUT HEPATIC COMA
K700	ALCOHOLIC FATTY LIVER
K7010	ALCOHOLIC HEPATITIS WITHOUT ASCITES
K7011	ALCOHOLIC HEPATITIS WITH ASCITES
K702	ALCOHOLIC FIBROSIS AND SCLEROSIS OF LIVER
K7030	ALCOHOLIC CIRRHOSIS OF LIVER WITHOUT ASCITES
K7031	ALCOHOLIC CIRRHOSIS OF LIVER WITH ASCITES
K7040	ALCOHOLIC HEPATIC FAILURE WITHOUT COMA
K7041	ALCOHOLIC HEPATIC FAILURE WITH COMA
K709	ALCOHOLIC LIVER DISEASE, UNSPECIFIED
K710	TOXIC LIVER DISEASE WITH CHOLESTASIS
K7110	TOXIC LIVER DISEASE WITH HEPATIC NECROSIS WITHOUT COMA
K7111	TOXIC LIVER DISEASE WITH HEPATIC NECROSIS WITH COMA
K712	TOXIC LIVER DISEASE WITH ACUTE HEPATITIS
K713	TOXIC LIVER DISEASE WITH CHRONIC PERSISTENT HEPATITIS
K714	TOXIC LIVER DISEASE WITH CHRONIC LOBULAR HEPATITIS
K7150	TOXIC LIVER DISEASE WITH CHRONIC ACTIVE HEPATITIS WITHOUT
K7151	TOXIC LIVER DISEASE WITH CHRONIC ACTIVE HEPATITIS WITH ASCITES
K716	TOXIC LIVER DISEASE WITH HEPATITIS, NOT ELSEWHERE CLASSIFIED
K717	TOXIC LIVER DISEASE WITH FIBROSIS AND CIRRHOSIS OF LIVER
K718	TOXIC LIVER DISEASE WITH OTHER DISORDERS OF LIVER
K719	TOXIC LIVER DISEASE, UNSPECIFIED
K7200	ACUTE AND SUBACUTE HEPATIC FAILURE WITHOUT COMA
K7201	ACUTE AND SUBACUTE HEPATIC FAILURE WITH COMA
K7210	CHRONIC HEPATIC FAILURE WITHOUT COMA
K7211	CHRONIC HEPATIC FAILURE WITH COMA
K7290	HEPATIC FAILURE, UNSPECIFIED WITHOUT COMA
K7291	HEPATIC FAILURE, UNSPECIFIED WITH COMA
K730	CHRONIC PERSISTENT HEPATITIS, NOT ELSEWHERE CLASSIFIED
K731	CHRONIC LOBULAR HEPATITIS, NOT ELSEWHERE CLASSIFIED
K732	CHRONIC ACTIVE HEPATITIS, NOT ELSEWHERE CLASSIFIED

K738	OTHER CHRONIC HEPATITIS, NOT ELSEWHERE CLASSIFIED
K739	CHRONIC HEPATITIS, UNSPECIFIED
K740	HEPATIC FIBROSIS
K741	HEPATIC SCLEROSIS
K742	HEPATIC FIBROSIS WITH HEPATIC SCLEROSIS
K743	PRIMARY BILIARY CIRRHOSIS
K744	SECONDARY BILIARY CIRRHOSIS
K745	BILIARY CIRRHOSIS, UNSPECIFIED
K7460	UNSPECIFIED CIRRHOSIS OF LIVER
K7469	OTHER CIRRHOSIS OF LIVER
K750	ABSCCESS OF LIVER
K751	PHLEBITIS OF PORTAL VEIN
K752	NONSPECIFIC REACTIVE HEPATITIS
K753	GRANULOMATOUS HEPATITIS, NOT ELSEWHERE CLASSIFIED
K754	AUTOIMMUNE HEPATITIS
K7581	NONALCOHOLIC STEATOHEPATITIS (NASH)
K7589	OTHER SPECIFIED INFLAMMATORY LIVER DISEASES
K759	INFLAMMATORY LIVER DISEASE, UNSPECIFIED
K761	CHRONIC PASSIVE CONGESTION OF LIVER
K763	INFARCTION OF LIVER
K7689	OTHER SPECIFIED DISEASES OF LIVER
K769	LIVER DISEASE, UNSPECIFIED
K77	LIVER DISORDERS IN DISEASES CLASSIFIED ELSEWHERE

Severe Cardiovascular disease	
ICD-10 Code	Description
Q213	TETRALOGY OF FALLOT
Q218	OTHER CONGENITAL MALFORMATIONS OF CARDIAC SEPTA
Q219	CONGENITAL MALFORMATION OF CARDIAC SEPTUM, UNSPECIFIED
Q220	PULMONARY VALVE ATRESIA
Q221	CONGENITAL PULMONARY VALVE STENOSIS
Q222	CONGENITAL PULMONARY VALVE INSUFFICIENCY
Q223	OTHER CONGENITAL MALFORMATIONS OF PULMONARY VALVE
Q224	CONGENITAL TRICUSPID STENOSIS
Q225	EBSTEIN'S ANOMALY
Q226	HYPOPLASTIC RIGHT HEART SYNDROME
Q228	OTHER CONGENITAL MALFORMATIONS OF TRICUSPID VALVE
Q229	CONGENITAL MALFORMATION OF TRICUSPID VALVE, UNSPECIFIED
Q230	CONGENITAL PULMONARY VALVE STENOSIS
Q233	CONGENITAL MITRAL INSUFFICIENCY
Q234	HYPOPLASTIC LEFT HEART SYNDROME

Q240	DEXTROCARDIA
Q241	LEVOCARDIA
Q242	COR TRIATRIATUM
Q243	PULMONARY INFUNDIBULAR STENOSIS
Q244	CONGENITAL SUBAORTIC STENOSIS
Q245	MALFORMATION OF CORONARY VESSELS
Q246	CONGENITAL HEART BLOCK
Q248	OTHER SPECIFIED CONGENITAL MALFORMATIONS OF HEART
Q249	CONGENITAL MALFORMATION OF HEART, UNSPECIFIED
Q251	COARCTATION OF AORTA
Q2521	INTERRUPTION OF AORTIC ARCH
Q2529	OTHER ATRESIA OF AORTA
Q253	SUPRAVALVULAR AORTIC STENOSIS
Q2540	CONGENITAL MALFORMATION OF AORTA UNSPECIFIED
Q2541	ABSENCE AND APLASIA OF AORTA
Q2542	HYPOPLASIA OF AORTA
Q2543	CONGENITAL ANEURYSM OF AORTA
Q2544	CONGENITAL DILATION OF AORTA
Q2545	DOUBLE AORTIC ARCH
Q2546	TORTUOUS AORTIC ARCH
Q2547	RIGHT AORTIC ARCH
Q2548	ANOMALOUS ORIGIN OF SUBCLAVIAN ARTERY
Q2549	OTHER CONGENITAL MALFORMATIONS OF AORTA
Q255	ATRESIA OF PULMONARY ARTERY
Q256	STENOSIS OF PULMONARY ARTERY
Q2571	COARCTATION OF PULMONARY ARTERY
Q2572	CONGENITAL PULMONARY ARTERIOVENOUS MALFORMATION
Q2579	OTHER CONGENITAL MALFORMATIONS OF PULMONARY ARTERY
Q260	CONGENITAL STENOSIS OF VENA CAVA
Q261	PERSISTENT LEFT SUPERIOR VENA CAVA
Q262	TOTAL ANOMALOUS PULMONARY VENOUS CONNECTION
Q263	PARTIAL ANOMALOUS PULMONARY VENOUS CONNECTION
Q268	OTHER CONGENITAL MALFORMATIONS OF GREAT VEINS
Q269	CONGENITAL MALFORMATION OF GREAT VEIN, UNSPECIFIED

Pheochromocytoma or Narrow Angle Glaucoma	
ICD-10 Code	Description
C7410	MALIGNANT NEOPLASM OF MEDULLA OF UNSPECIFIED ADRENAL GLAND
D3500	BENIGN NEOPLASM OF UNSPECIFIED ADRENAL GLAND
H40031	ANATOMICAL NARROW ANGLE RIGHT EYE
H40032	ANATOMICAL NARROW ANGLE LEFT EYE
H40043	ANATOMICAL NARROW ANGLE BILATERAL
H40049	ANATOMICAL NARROW ANGLE UNSPECIFIED EYE

H4020X0	UNSPECIFIED PRIMARY ANGLE-CLOSURE GLAUCOMA, STAGE UNS
H4020X1	UNSPECIFIED PRIMARY ANGLE-CLOSURE GLAUCOMA, MILD STAGE
H4020X2	UNSPECIFIED PRIMARY ANGLE-CLOSURE GLAUCOMA, MODERATE STAGE
H4020X3	UNSPECIFIED PRIMARY ANGLE-CLOSURE GLAUCOMA, SEVERE STAGE
H4020X4	UNSPECIFIED PRIMARY ANGLE-CLOSURE GLAUCOMA, INDETERMINATE STAGE
H40211	ACUTE ANGLE-CLOSURE GLAUCOMA RIGHT EYE
H40212	ACUTE ANGLE-CLOSURE GLAUCOMA LEFT EYE
H40213	ACUTE ANGLE-CLOSURE GLAUCOMA BILATERAL
H40219	ACUTE ANGLE-CLOSURE GLAUCOMA UNSPECIFIED EYE
H402210	CHRONIC ANGLE-CLOSURE GLAUCOMA, RIGHT EYE STAGE UNSPECIFIED
H402211	CHRONIC ANGLE-CLOSURE GLAUCOMA, RIGHT EYE MILD STAGE
H402212	CHRONIC ANGLE-CLOSURE GLAUCOMA, RIGHT EYE MODERATE STAGE
H402213	CHRONIC ANGLE-CLOSURE GLAUCOMA, RIGHT EYE SEVERE STAGE
H402214	CHRONIC ANGLE-CLOSURE GLAUCOMA, RIGHT EYE INDETERMINATE STAGE
H402220	CHRONIC ANGLE-CLOSURE GLAUCOMA, LEFT EYE STAGE UNSPECIFIED
H402221	CHRONIC ANGLE-CLOSURE GLAUCOMA, LEFT EYE MILD STAGE
H402222	CHRONIC ANGLE-CLOSURE GLAUCOMA, LEFT EYE MODERATE STAGE
H402223	CHRONIC ANGLE-CLOSURE GLAUCOMA, LEFT EYE SEVERE STAGE
H402224	CHRONIC ANGLE-CLOSURE GLAUCOMA, LEFT EYE INDETERMINATE STAGE
H402230	CHRONIC ANGLE-CLOSURE GLAUCOMA, BILATERAL STAGE UNSPECIFIED
H402231	CHRONIC ANGLE-CLOSURE GLAUCOMA, BILATERAL MILD STAGE
H402232	CHRONIC ANGLE-CLOSURE GLAUCOMA, BILATERAL MODERATE STAGE
H402233	CHRONIC ANGLE-CLOSURE GLAUCOMA, BILATERAL SEVERE STAGE
H402234	CHRONIC ANGLE-CLOSURE GLAUCOMA, BILATERAL INDETERMINATE STAGE
H402290	CHRONIC ANGLE-CLOSURE GLAUCOMA, UNSPECIFIED EYE STAGE UNSPECIFIED
H402291	CHRONIC ANGLE-CLOSURE GLAUCOMA, UNSPECIFIED EYE MILD STAGE
H402292	CHRONIC ANGLE-CLOSURE GLAUCOMA, UNSPECIFIED EYE MODERATE STAGE
H402293	CHRONIC ANGLE-CLOSURE GLAUCOMA, UNSPECIFIED EYE SEVERE STAGE
H402294	CHRONIC ANGLE-CLOSURE GLAUCOMA, UNSPECIFIED EYE INDETERMINATE STAGE
H40231	INTERMITTENT ANGLE-CLOSURE GLAUCOMA RIGHT EYE
H40232	INTERMITTENT ANGLE-CLOSURE GLAUCOMA LEFT EYE
H40233	INTERMITTENT ANGLE-CLOSURE GLAUCOMA BILATERAL
H40239	INTERMITTENT ANGLE-CLOSURE GLAUCOMA UNSPECIFIED EYE
H40241	RESIDUAL STAGE OF ANGLE-CLOSURE GLAUCOMA RIGHT EYE
H40242	RESIDUAL STAGE OF ANGLE-CLOSURE GLAUCOMA LEFT EYE
H40243	RESIDUAL STAGE OF ANGLE-CLOSURE GLAUCOMA BILATERAL
H40249	RESIDUAL STAGE OF ANGLE-CLOSURE GLAUCOMA UNSPECIFIED EYE

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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	Removed Methylin chewable tablets from "Drugs Requiring PA" as product is no longer eligible for CMS rebates Removed drugs not specifically indicated for narcolepsy from table 8 (including: Aptensio XR, Concerta, Daytrana, Quillichew, Quillivant, Ritalin LA and associated generic products) Added statement that this criteria applies to CHIP, STAR, STAR Kids, STAR Health and STAR+PLUS membership. Added statement: The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit TxVendorDrug.com/formulary/formulary-search.
10/1/2019	Updated dosing guidelines to reflect the Psychotropic Medication Utilization Parameters for Children and Youth in Texas Public Behavioral Health (6th Version). 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. Cross referenced tables and references to VDP criteria. Updated references, tables for step 4 (ER Formulations), step 6, step 8, and step 9
1/25/2020	Added GCNs for Evekeo ODT to drug tables in IR Formulations Updated IR formulations criteria logic and diagram to include Evekeo tablets for ages ≥ 3 and up and narcolepsy as an approvable diagnosis Added GCNs for Adhansia XR to drug tables in ER Formulations.

2/7/2020	Updated IR formulations criteria chart to match P&T approved changes to step 5 and step 6
3/4/2020	Updated IR formulations criteria logic diagram to remove steps 5 and 6. Updated URL link for VDP criteria. Cross referenced tables to VDP criteria: Updated tables for step 4: added GCNs for Amphetamine Sulfate 5mg and 10mg. Removed tables for step 6 (for IR formulations) Added GCN for Adzenys XR-ODT 9.4mg to Drugs Requiring Prior Authorization for ER formulations Updated table for ER formulations: Removed GCN for Metadate ER 20mg tablet ER 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. 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. Added Superior Healthplan Criteria Logic questions for IR and ER formulations, Non-stimulant formulations (except Clonidine ER) and Clonidine ER
9/21/2020	Added GCN for Adzenys ER 1.25 mg/ml susp to tables for ER formulations under step 6
4/20/2021	Added GCN for methylphenidate ER 20mg tablet to ER drug table Added note for Vyvanse: ADHD and Binge Eating Disorder criteria are applicable to Vyvanse. The client must meet one or the other of the criteria sets but is not required to meet both Updated references
4/12/2022	Updated age for Evekeo ODT to ≥ 3 years Added clinical criteria for Qelbree as approved by the DUR Board Added GCNs for Azstarys (49319, 49322 and 49323) to drug table Updated references to Texas Department of Family and Protective Services (DFPS) to Texas Health and Human Services Texas Prior Authorization Program Clinical Criteria ADD/ADHD Medications Updated question 10 on IR formulations to include Evekeo ODT

6/20/2022	Removed requirement for diagnosis check in patients ≥ 18 for non-stimulant agents Updated age for Qelbree (recently updated by the FDA; now indicated for patients ≥ 6 years) Added GCNs for amphetamine ER 1.25 mg/mL suspension (43864), methylphenidate ER capsules (97234, 97235, 97236, 97237, 97238, 97239, 97240) and methylphenidate LA (20387, 20388, 20391) to PA drug table Updated references
11/16/2022	Added Evekeo ODT to IR formulation question 6 in criteria logic and diagram to be approved for patients ages 3-17 years. Updated Qelbree logic diagram, lookback timeframe for suicidal ideation/suicide attempt to 180 days.
01/26/2023	Updated criteria for atomoxetine as approved by the DUR Board Removed requirement for diagnosis check in patients ≥ 18 for clonidine ER