



Antipsychotics Clinical Edit Criteria

Drug/Drug Class

Antipsychotics – (all drugs except Lybalvi)

Antipsychotics – Lybalvi

Antipsychotics – Cobenfy (xanomeline and trospium chloride)

Superior HealthPlan follows the guidance of the Texas Vendor Drug Program (VDP) for all clinical edit criteria. This clinical edit criteria applies to all Superior HealthPlan STAR, STAR Health, STAR Kids, STAR+PLUS and CHIP members. Superior has adjusted the clinical criteria to ease the prior authorization process regarding this clinical edit. Step 6 of the criteria that checks for 1 claim for an antipsychotic in the last 90 days has been removed. Step 14 of the criteria that checks for 2 or more active claims for different antipsychotic agents in the last 90 days has been removed. For all products (except Lybalvi and Rexulti), steps 8 and 10 are adjusted to approve for 365 days if answered “Yes” rather than “Go to step #14”. Adjusted criteria steps are outlined/highlighted in yellow. Lybalvi has been set to follow a separate criteria logic.

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

Clinical Edit information included in this document:

Antipsychotics – (all drugs except Lybalvi)

Antipsychotics – Lybalvi

Antipsychotics – Cobenfy (xanomeline and trospium chloride)

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

Please note: All tables are provided by original Texas VDP Antipsychotics Edit.

Drugs Requiring Prior Authorization- Antipsychotics:

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

Antipsychotics – First Generation		
Label Name	GCN	HIC4
AMITRIPTYLINE/PERPHENAZINE 2-10	16674	H2JB/H2GE
AMITRIPTYLINE/PERPHENAZINE 2-25	16676	H2JB/H2GE
AMITRIPTYLINE/PERPHENAZINE 4-10	16675	H2JB/H2GE
AMITRIPTYLINE/PERPHENAZINE 4-25	16677	H2JB/H2GE
AMITRIPTYLINE/PERPHENAZINE 4-50	16678	H2JB/H2GE
CHLORPROMAZINE 10 MG TABLET	14431	H2GA
CHLOPPROMAZINE 25MG/ML AMP	14331	H2GA
CHLORPROMAZINE 25MG/ML VIAL	14421	H2GA
CHLORPROMAZINE 25 MG TABLET	14432	H2GA
CHLORPROMAZINE 50 MG TABLET	14433	H2GA
CHLORPROMAZINE 100 MG TABLET	14434	H2GA
CHLORPROMAZINE 200 MG TABLET	14435	H2GA
CHLORPROMAZINE 30MG/ML CONC	14391	H2GA
CHLORPROMAZINE 100MG/ML CONC	14390	H2GA
FLUPHENAZINE 1 MG TABLET	14602	H2GD
FLUPHENAZINE 2.5 MG TABLET	14604	H2GD
FLUPHENAZINE 5 MG TABLET	14605	H2GD
FLUPHENAZINE 10 MG TABLET	14603	H2GD
FLUPHENAZINE 5 MG/ML CONC	14590	H2GD
FLUPHENAZINE 2.5 MG/5 ML ELIX	14580	H2GD
FLUPHENAZINE 2.5 MG/ML VIAL	14571	H2GD
FLUPHENAZINE DEC 125 MG/5 ML	14540	H2GD
HALDOL DECANOATE 50 AMPUL	14800	H2LH
HALDOL DECANOATE 100 AMPUL	14801	H2LH
HALOPERIDOL 0.5 MG TABLET	15530	H2LH
HALOPERIDOL 1 MG TABLET	15531	H2LH
HALOPERIDOL 2 MG TABLET	15533	H2LH
HALOPERIDOL 5 MG TABLET	15535	H2LH
HALOPERIDOL 10 MG TABLET	15532	H2LH
HALOPERIDOL 20 MG TABLET	15534	H2LH
HALOPERIDOL 1MG/ML SOLUTION	15522	H2LH
HALOPERIDOL DEC 100 MG/ML AMP	14801	H2LH
HALOPERIDOL DECAN 50 MG/ML AMP	14800	H2LH
HALOPERIDOL DEC 100 MG/ML VIAL	14781	H2LH

HALOPERIDOL DEC 50 MG/ML VIAL	14780	H2LH
HALOPERIDOL LAC 2 MG/ML CONC	15520	H2LH
HALOPERIDOL LAC 5 MG/ML AMPULE	15490	H2LH
HALOPERIDOL LAC 5 MG/ML VIAL	15500	H2LH
LOXAPINE 5 MG CAPSULE	15562	H7UA
LOXAPINE 10 MG CAPSULE	15560	H7UA
LOXAPINE 25 MG CAPSULE	15561	H7UA
LOXAPINE 50 MG CAPSULE	15563	H7UA
MOLINDONE HCL 5 MG TABLET	15653	H7SA
MOLINDONE HCL 10 MG TABLET	15650	H7SA
MOLINDONE HCL 25 MG TABLET	15652	H7SA
ORAP 1 MG TABLET	11153	H2LG
ORAP 2 MG TABLET	11150	H2LG
PERPHENAZINE 2 MG TABLET	14651	H2GE
PERPHENAZINE 4 MG TABLET	14652	H2GE
PERPHENAZINE 8 MG TABLET	14653	H2GE
PERPHENAZINE 16 MG TABLET	14650	H2GE
PIMOZIDE 1 MG TABLET	11153	H7RB
PIMOZIDE 2 MG TABLET	11150	H7RB
THIORIDAZINE 10 MG TABLET	14882	H2GH
THIORIDAZINE 25 MG TABLET	14880	H2GH
THIORIDAZINE 50 MG TABLET	14881	H2GH
THIORIDAZINE 100 MG TABLET	14883	H2GH
THIOTHIXENE 1 MG CAPSULE	15690	H2LT
THIOTHIXENE 2 MG CAPSULE	15692	H2LT
THIOTHIXENE 5 MG CAPSULE	15694	H2LT
THIOTHIXENE 10 MG CAPSULE	15691	H2LT
TRIFLUOPERAZINE 1 MG TABLET	14830	H2GG
TRIFLUOPERAZINE 2 MG TABLET	14832	H2GG
TRIFLUOPERAZINE 5 MG TABLET	14833	H2GG
TRIFLUOPERAZINE 10 MG TABLET	14831	H2GG

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

ABILIFY MYCITE 10MG KIT	44439	H7XA
ABILIFY MYCITE 15MG KIT	44441	H7XA
ABILIFY MYCITE 20MG KIT	44442	H7XA
ABILIFY MYCITE 30MG KIT	44443	H7XA
ARIPIRAZOLE 1MG/ML SOLUTION	24062	H7XA
ARIPIRAZOLE 2MG TABLET	26305	H7XA
ARIPIRAZOLE 5MG TABLET	20173	H7XA
ARIPIRAZOLE 10MG TABLET	18537	H7XA
ARIPIRAZOLE 15MG TABLET	18538	H7XA
ARIPIRAZOLE 20MG TABLET	18539	H7XA
ARIPIRAZOLE 30MG TABLET	18541	H7XA
ARIPIRAZOLE ODT 10MG TABLET	26445	H7XA
ARIPIRAZOLE ODT 15MG TABLET	26448	H7XA
ASENAPINE 10 MG TABLET SL	27528	H7TI
ASENAPINE 2.5 MG TABLET SL	38479	H7TI
ASENAPINE 5 MG TABLET SL	21636	H7TI
CAPLYTA 42 MG CAPSULE	47492	H7TM
CLOZAPINE 12.5MG TABLET	20334	H2LS
CLOZAPINE 25 MG TABLET	18141	H2LS
CLOZAPINE 50 MG TABLET	18143	H2LS
CLOZAPINE 100 MG TABLET	18142	H2LS
CLOZAPINE 200 MG TABLET	31672	H2LS
CLOZAPINE ODT 12.5MG TABLET	98791	H2LS
CLOZAPINE ODT 25MG TABLET	21784	H2LS
CLOZAPINE ODT 100MG TABLET	21785	H2LS
CLOZAPINE ODT 150MG TABLET	28873	H2LS
CLOZAPINE ODT 200MG TABLET	28874	H2LS
CLOZARIL 25 MG TABLET	18141	H2LS
CLOZARIL 100 MG TABLET	18142	H2LS
FANAPT 1 MG TABLET	28025	H7TK
FANAPT 2 MG TABLET	28026	H7TK
FANAPT 4 MG TABLET	28027	H7TK
FANAPT 6 MG TABLET	28028	H7TK
FANAPT 8 MG TABLET	28029	H7TK
FANAPT 10 MG TABLET	28030	H7TK
FANAPT 12 MG TABLET	28033	H7TK
FANAPT TITRATION PACK	28034	H7TK
GEODON 20 MG CAPSULE	13331	H2GD
GEODON 40 MG CAPSULE	13332	H2GD
GEODON 60 MG CAPSULE	13333	H2GD

GEODON 80 MG CAPSULE	13334	H2GD
GEODON 20 MG VIAL	17037	H2GD
INVEGA ER 1.5 MG TABLET	27685	H7TH
INVEGA ER 3 MG TABLET	97769	H7TH
INVEGA ER 6 MG TABLET	97770	H7TH
INVEGA ER 9 MG TABLET	97771	H7TH
LATUDA 20 MG TABLET	31226	H7TL
LATUDA 40 MG TABLET	29366	H7TL
LATUDA 60 MG TABLET	35192	H7TL
LATUDA 80 MG TABLET	29367	H7TL
LATUDA 120 MG TABLET	33147	H7TL
LURASIDONE 20 MG TABLET	31226	H7TL
LURASIDONE 40 MG TABLET	29366	H7TL
LURASIDONE 60 MG TABLET	35192	H7TL
LURASIDONE 80 MG TABLET	29367	H7TL
LURASIDONE 120 MG TABLET	33147	H7TL
LYBALVI 5/10 MG TABLET	49724	H7TD
LYBALVI 10/10 MG TABLET	49726	H7TD
LYBALVI 15/10 MG TABLET	49727	H7TD
LYBALVI 20/10 MG TABLET	49739	H7TD
OLANZAPINE 2.5 MG TABLET	15084	H7TD
OLANZAPINE 5 MG TABLET	15083	H7TD
OLANZAPINE 7.5 MG TABLET	15081	H7TD
OLANZAPINE 10 MG TABLET	15082	H7TD
OLANZAPINE 10 MG VIAL	17407	H7TD
OLANZAPINE 15 MG TABLET	15085	H7TD
OLANZAPINE 20MG TABLET	15086	H7TD
OLANZAPINE ODT 5MG TABLET	92007	H7TD
OLANZAPINE ODT 10 MG TABLET	92008	H7TD
OLANZAPINE ODT 15 MG TABLET	34022	H7TD
OLANZAPINE ODT 20MG TABLET	34023	H7TD
OLANZAPINE/FLUOXETINE 3-25 MG	98648	H7TD/H2JS
OLANZAPINE/FLUOXETINE 6-25 MG	20868	H7TD/H2JS
OLANZAPINE/FLUOXETINE 6-50 MG	20869	H7TD/H2JS
OLANZAPINE/FLUOXETINE 12-25 MG	20870	H7TD/H2JS
OLANZAPINE/FLUOXETINE 12-50 MG	20872	H7TD/H2JS
OPIPZA 10 MG FILM	56139	H7XA
OPIPZA 2 MG FILM	56137	H7XA
OPIPZA 5 MG FILM	56138	H7XA
PALIPERIDONE ER 1.5 MG TABLET	27685	H7TH

PALIPERIDONE ER 3 MG TABLET	97769	H7TH
PALIPERIDONE ER 6 MG TABLET	97770	H7TH
PALIPERIDONE ER 9 MG TABLET	97771	H7TH
QUETIAPINE 25 MG TABLET	67661	H7TF
QUETIAPINE 50 MG TABLET	26409	H7TF
QUETIAPINE 100 MG TABLET	67662	H7TF
QUETIAPINE 200 MG TABLET	67663	H7TF
QUETIAPINE 300 MG TABLET	67665	H7TF
QUETIAPINE 400 MG TABLET	26411	H7TF
QUETIAPINE ER 150 MG TABLET	16193	H7TF
QUETIAPINE ER 200 MG TABLET	98522	H7TF
QUETIAPINE ER 300 MG TABLET	98523	H7TF
QUETIAPINE ER 400 MG TABLET	98524	H7TF
QUETIAPINE ER 50 MG TABLET	98994	H7TF
REXULTI 0.25MG TABLET	38278	H7XB
REXULTI 0.5MG TABLET	38476	H7XB
REXULTI 1MG TABLET	38589	H7XB
REXULTI 2MG TABLET	38609	H7XB
REXULTI 3MG TABLET	38618	H7XB
REXULTI 4MG TABLET	38619	H7XB
RISPERDAL 1 MG/ML SOLUTION	16135	H7TA
RISPERDAL 0.25 MG TABLET	92872	H7TA
RISPERDAL 0.5 MG TABLET	92892	H7TA
RISPERDAL 1 MG TABLET	16136	H7TA
RISPERDAL 2 MG TABLET	16137	H7TA
RISPERDAL 3 MG TABLET	16138	H7TA
RISPERDAL 4 MG TABLET	16139	H7TA
RISPERIDONE 0.25 MG ODT	24448	H7TA
RISPERIDONE 0.5 MG ODT	19541	H7TA
RISPERIDONE 1 MG ODT	19178	H7TA
RISPERIDONE 2 MG ODT	19179	H7TA
RISPERIDONE 3 MG ODT	25024	H7TA
RISPERIDONE 4 MG ODT	25025	H7TA
RISPERIDONE 1 MG/ML SOLUTION	16135	H7TA
RISPERIDONE 0.25 MG TABLET	92872	H7TA
RISPERIDONE 0.5 MG TABLET	92892	H7TA
RISPERIDONE 1 MG TABLET	16136	H7TA
RISPERIDONE 2 MG TABLET	16137	H7TA
RISPERIDONE 3 MG TABLET	16138	H7TA
RISPERIDONE 4 MG TABLET	16139	H7TA

SAPHRIS 2.5 MG TABLET SUBLINGUAL	38479	H7TI
SAPHRIS 5 MG TABLET SUBLINGUAL	21636	H7TI
SAPHRIS 10 MG TAB SUBLINGUAL	27528	H7TI
SECUADO 3.8MG/24 HR PATCH	47229	H7TI
SECUADO 5.7 MG/24 HR PATCH	47232	H7TI
SECUADO 7.6 MG/24 HR PATCH	47233	H7TI
SEROQUEL 25 MG TABLET	67661	H7TF
SEROQUEL 50 MG TABLET	26409	H7TF
SEROQUEL 100 MG TABLET	67662	H7TF
SEROQUEL 200 MG TABLET	67663	H7TF
SEROQUEL 300 MG TABLET	67665	H7TF
SEROQUEL 400 MG TABLET	26411	H7TF
SEROQUEL XR 50 MG TABLET	98994	H7TF
SEROQUEL XR 150 MG TABLET	16193	H7TF
SEROQUEL XR 200 MG TABLET	98522	H7TF
SEROQUEL XR 300 MG TABLET	98523	H7TF
SEROQUEL XR 400 MG TABLET	98524	H7TF
SYMBYAX 3-25 MG CAPSULE	98648	H7TD/H2JS
SYMBYAX 6-25 MG CAPSULE	20868	H7TD/H2JS
SYMBYAX 12-25 MG CAPSULE	20870	H7TD/H2JS
SYMBYAX 6-50 MG CAPSULE	20869	H7TD/H2JS
SYMBYAX 12-50 MG CAPSULE	20872	H7TD/H2JS
VRAYLAR 1.5 MG CAPSULE	39579	H8WA
VRAYLAR 1.5 MG-3 MG PACK	40683	H8WA
VRAYLAR 3 MG CAPSULE	39582	H8WA
VRAYLAR 4.5 MG CAPSULE	39583	H8WA
VRAYLAR 6 MG CAPSULE	39584	H8WA
VERSACLOZ 50MG/ML SUSPENSION	14336	H2LS
ZIPRASIDONE 20 MG CAPSULE	13331	H7TG
ZIPRASIDONE 20 MG/ML VIAL	17037	H7TG
ZIPRASIDONE 40 MG CAPSULE	13332	H7TG
ZIPRASIDONE 60 MG CAPSULE	13333	H7TG
ZIPRASIDONE 80 MG CAPSULE	13334	H7TG
ZYPREXA 2.5 MG TABLET	15084	H7TD
ZYPREXA 5 MG TABLET	15083	H7TD
ZYPREXA 7.5 MG TABLET	15081	H7TD
ZYPREXA 10 MG TABLET	15082	H7TD
ZYPREXA 10 MG VIAL	17407	H7TD
ZYPREXA 15 MG TABLET	15085	H7TD
ZYPREXA 20 MG TABLET	15086	H7TD

ZYPREXA ZYDIS 5 MG TABLET	92007	H7TD
ZYPREXA ZYDIS 10 MG TABLET	92008	H7TD
ZYPREXA ZYDIS 15 MG TABLET	34022	H7TD
ZYPREXA ZYDIS 20 MG TABLET	34023	H7TD

Antipsychotics – Second Generation (Long-Acting Injectables)		
Label Name	GCN	HIC4
ABILIFY ASIMUTUFII 720 MG/2.4 ML	54058	H7XA
ABILIFY ASIMUTUFII 960MG/3.2 ML	54059	H7XA
ABILIFY MAINTENA ER 300MG SYR	37681	H7XA
ABILIFY MAINTENA ER 300MG VL	34284	H7XA
ABILIFY MAINTENA ER 400MG SYR	37682	H7XA
ABILIFY MAINTENA ER 400MG VL	34285	H7XA
ARISTADA ER 441MG/1.6ML SYRINGE	39726	H7XA
ARISTADA ER 662MG/2.4ML SYRINGE	39727	H7XA
ARISTADA ER 882MG/3.2ML SYRINGE	39728	H7XA
ARISTADA ER 1064MG/3.9ML SYRINGE	43488	H7XA
ARISTADA INITIO ER 675MG/2.4ML	44941	H7XA
ERZOFRI 351 MG/2.25 ML SYRINGES	56074	H7TH
INVEGA HAFYERA 1,092 MG/3.5 ML	50889	H7TH
INVEGA HAFYERA 1,560 MG/5 ML	50891	H7TH
INVEGA SUSTENNA 39 MG PREF SYR	27414	H7TH
INVEGA SUSTENNA 78 MG PREF SYR	27415	H7TH
INVEGA SUSTENNA 117 MG PREF SYR	27416	H7TH
INVEGA SUSTENNA 156 MG PREF SYR	27417	H7TH
INVEGA SUSTENNA 234 MG PREF SYR	27418	H7TH
INVEGA TRINZA 273MG/0.875ML	38697	H7TH
INVEGA TRINZA 410MG/1.315ML	38698	H7TH
INVEGA TRINZA 546MG/1.75ML	38699	H7TH
INVEGA TRINZA 819MG/2.625ML	38702	H7TH
PERSERIS ER 120MG SYRINGE KIT	45128	H7TA
PERSERIS ER 90MG SYRINGE KIT	45127	H7TA
RISPERDAL CONSTA 12.5 MG SYR	98414	H7TA
RISPERDAL CONSTA 25 MG SYR	20217	H7TA
RISPERDAL CONSTA 37.5 MG SYR	20218	H7TA
RISPERDAL CONSTA 50 MG SYR	20219	H7TA
RYKINDO ER 25 MG VIAL KIT	20217	H7TA
RYKINDO ER 37.5 MG VIAL KIT	20218	H7TA

RYKINDO ER 50 MG VIAL KIT	20219	H7TA
UZEDY ER 250 MG/0.7 ML SYRINGE	54107	H7TA
UZEDY ER 50 MG/0.14 ML SYRINGE	54098	H7TA
UZEDY ER 75 MG/0.21 ML SYRINGE	54099	H7TA
UZEDY ER 100 MG/0.28 ML SYRINGE	54104	H7TA
UZEDY ER 125 MG/0.35 ML SYRINGE	51479	H7TA
UZEDY ER 150 MG/0.42 ML SYRINGE	54105	H7TA
UZEDY ER 200 MG/0.56 ML SYRINGE	54106	H7TA
ZYPREXA RELPREVV 210 MG VIAL	27855	H7TD
ZYPREXA RELPREVV 300 MG VIAL	27849	H7TD
ZYPREXA RELPREVV 405 MG VIAL	27848	H7TD

Prior Authorization Criteria Logic- Antipsychotics (all drugs except Lybalvi):

1. Is the incoming claim for a first-generation antipsychotic?
 Yes – Go to #7; ~~changed from Go to #6~~
 No – Go to #2
2. Is the client less than (<) 3 years of age?
 Yes - Deny
 No - Go to #3
3. Is the client greater than (>) 5 years of age?
 Yes – And the request is for an agent other than Rexulti, Go to #7; ~~changed from go to #6~~
 Yes – And the request is for Rexulti, Go to #5
 No – Go to #4
4. Is the incoming request for aripiprazole or risperidone (excluding long-acting preparations)?
 Yes – Go to #7; ~~changed from go to #6~~
 No – Deny
5. Is the client greater than or equal to (\geq) 13 years of age?
 Yes – Go to # 7; ~~changed from go to #6~~
 No – Deny
6. ~~Does the client have 1 claim for an antipsychotic in the last 90 days?~~
 ~~Yes – Go to #7~~
 ~~No – Approve (90 days)~~
7. Does the client have a **diagnosis of major depressive disorder (MDD)** in the last 365 days?
 Yes – Go to #8
 No –Go to #10
8. Does the client have 1 claim for an **antidepressant agent** in the last 60 days?
 Yes – And the request is for an agent other than Rexulti, Approve (365 days)
 Yes – And the request is for Rexulti, Go to #9
 No – Go to #10
9. Is the client greater than or equal to (\geq) 18 years of age?
 Yes – Approve (365 days)
 No – Go to #10
10. Does the client have a diagnosis included in **Table A** or **B** in the last 730 days?
 Yes – Approve (365 days)
 No – And the request is for Rexulti, go to #11
 No – And the request is for an agent other than Rexulti, Deny
11. Does the client have a diagnosis of agitation associated with dementia due to Alzheimer’s disease in the last 730 days?
 Yes – Approve (365 days), ~~changed from Go to #14~~

No – Deny

12. Does the client have 90 days therapy with an opioid agent in the last 120 days?

Yes – Go to #13

No – Go to #14

13. Has the client been opioid free for at least 14 days for long-acting opioids and at least 7 days for short-acting opioids?

Yes – Go to #14

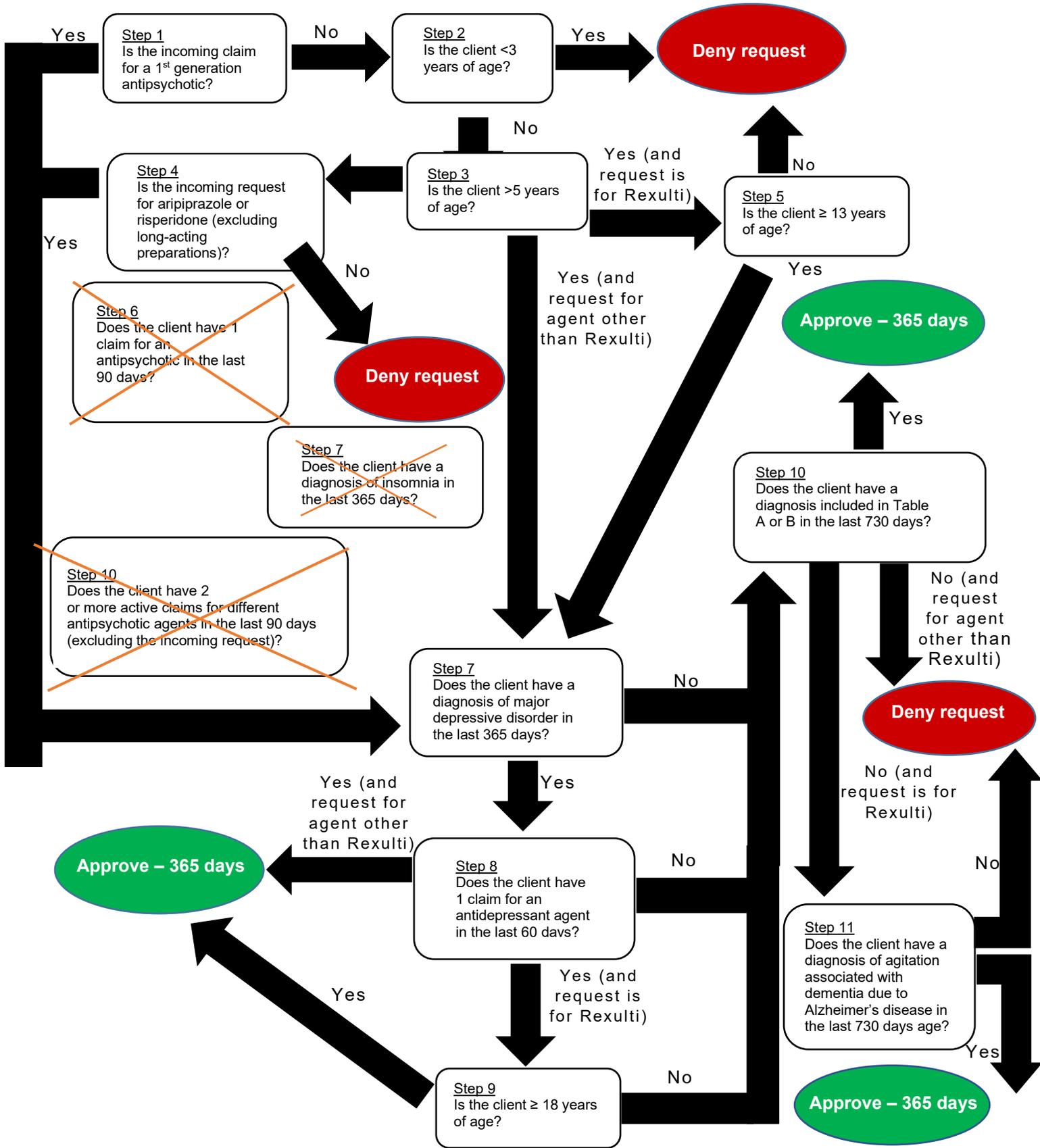
No – Deny

14. Will the client have concurrent therapy with 2 or more antipsychotics with unique active pharmaceutical agents (excluding the incoming request)?

Yes – Deny

No – Approve (365 days)

Superior HealthPlan Clinical Edit Logic Diagram- Antipsychotics (excluding Lybalvi):



Prior Authorization Criteria Logic Antipsychotics - Lybalvi:

1. ~~Is the incoming claim for a first-generation antipsychotic? Not applicable to Lybalvi~~
 Yes — Go to #6; changed from Go to #5
 No — Go to #2
2. Is the client less than (<) 3 years of age?
 Yes - Deny
 No - Go to #3
3. Is the client greater than (>) 5 years of age?
 Yes — Go to #7; changed from Go to #6
 No — Deny; changed from Go to #4
4. ~~Is the incoming request for aripiprazole or risperidone (excluding long-acting preparations)?~~
 Yes — Go to #6
 No — Deny
5. ~~Is the client greater than or equal to (≥) 13 years of age? Not applicable to Lybalvi~~
 Yes — Go to #6
 No — Deny
6. ~~Does the client have 1 claim for an antipsychotic in the last 90 days?~~
 Yes — Go to #7
 No — Approve (90 days)
7. Does the client have a **diagnosis of major depressive disorder (MDD)** in the last 365 days?
 Yes — Go to #8
 No — Go to #10
8. Does the client have 1 claim for an **antidepressant agent** in the last 60 days?
 Yes — Approve (365 days); changed from Go to #11
 No — Go to #10
9. ~~Is the client greater than or equal to (≥) 18 years of age? Not applicable to Lybalvi~~
 Yes — Go to #14
 No — Go to #10
10. Does the client have a diagnosis included in **Table A** or **B** in the last 730 days?
 Yes — Go to #12
 No — Deny
11. ~~Does the client have a diagnosis of agitation associated with dementia due to Alzheimer's disease in the last 730 days?~~
 Yes — Go to #14

No – Deny

12. Does the client have 90 days therapy with an opioid agent in the last 120 days?

Yes – Go to #13

No – Approve (365 days)

13. Has the client been opioid free for at least 14 days for long-acting opioids and at least 7 days for short-acting opioids?

Yes – Approve (365 days)

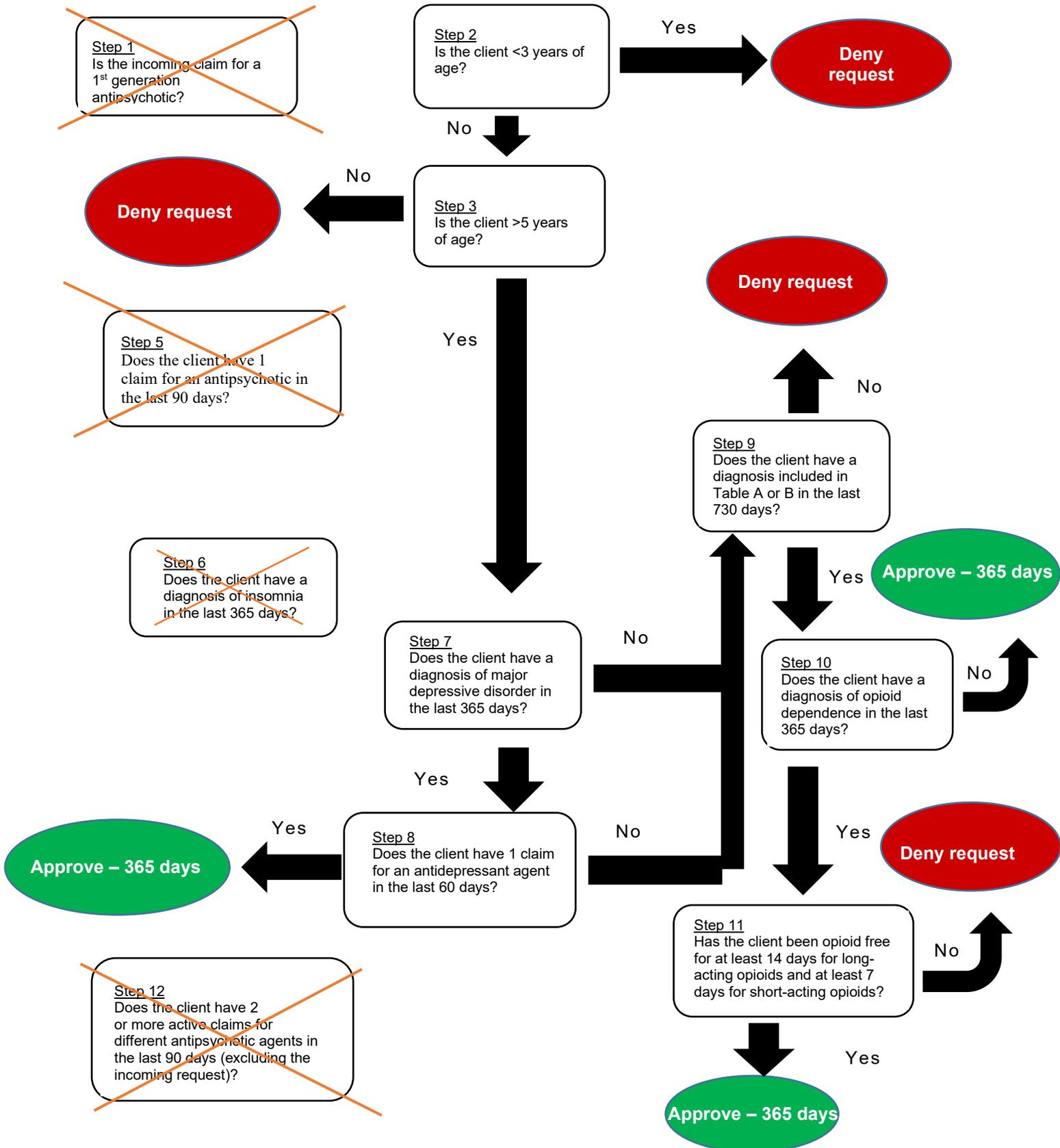
No – Deny

~~14. Will the client have concurrent therapy with 2 or more antipsychotics with unique active pharmaceutical agents (excluding the incoming request)?~~

~~Yes – Deny~~

~~No – Approve (365 days)~~

Superior HealthPlan Clinical Edit Logic Diagram - Lybalvi:



Drugs Requiring Prior Authorization- Antipsychotics, Cobenfy:

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

Antipsychotics - Cobenfy		
Label Name	GCN	HIC4
COBENFY 50 MG-20 MG CAPSULE	56278	J1AM/J2EH
COBENFY 100 MG-20 MG CAPSULE	56276	J1AM/J2EH
COBENFY 125 MG-30 MG CAPSULE	56271	J1AM/J2EH
COBENFY STARTER PACK	56277	J1AM/J2EH

Superior HealthPlan Clinical Criteria Logic Antipsychotics – Cobenfy

1. Is the client greater than or equal to (\geq) 18 years of age?
 Yes – Go to #2
 No – Deny

2. Does the client have a **diagnosis of schizophrenia** in the last 730 days?
 Yes – Go to #3
 No – Deny

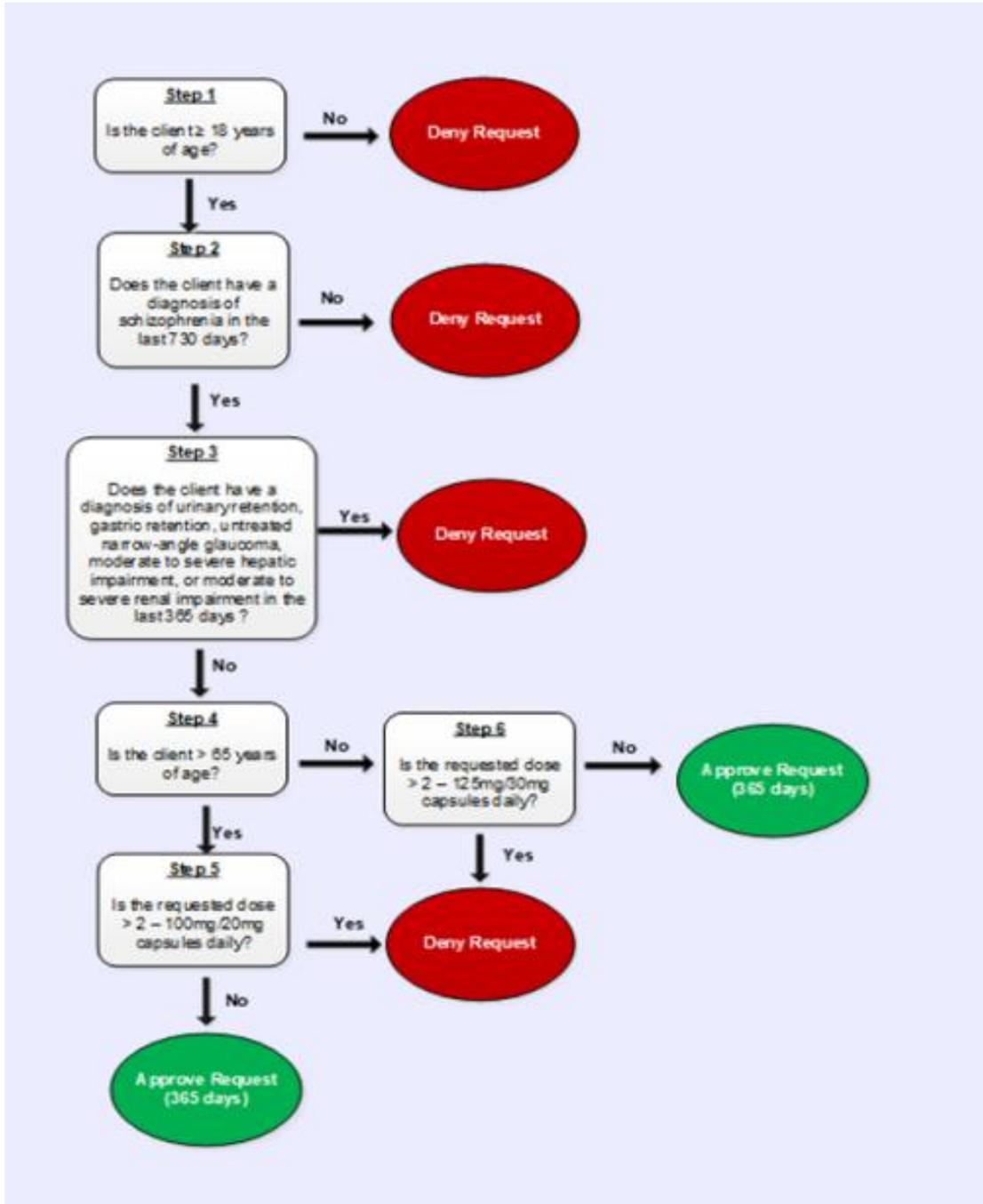
3. Does the client have a **diagnosis of urinary retention, gastric retention, untreated narrow-angle glaucoma, moderate to severe hepatic impairment, or moderate to severe renal impairment** in the last 365 days?
 Yes – Deny
 No – Go to #4

4. Is the client greater than ($>$) 65 years of age?
 Yes – Go to #5
 No – Go to #6

5. Is the requested dose greater than ($>$) 2 – 100mg/20mg capsules daily?
 Yes – Deny
 No – Approve (365 days)

6. Is the requested dose greater than ($>$) 2 – 125mg/30mg capsules daily?
 Yes – Deny
 No – Approve (365 days)

Superior HealthPlan Clinical Edit Logic Diagram- Antipsychotics, Cobenfy (xanomeline and trospium chloride)



Supporting Tables- Antipsychotics Step Logic:

Step 7/Step 6 (for Lybalvi) (Diagnosis of Insomnia) Required quantity: 1 Look back timeframe: 365 days	
ICD-10 Code	Description
F5101	PRIMARY INSOMNIA
F5102	ADJUSTMENT INSOMNIA
F5103	PARADOXICAL INSOMNIA
F5104	PSYCHOPHYSIOLOGIC INSOMNIA
F5105	INSOMNIA DUE TO OTHER MENTAL DISORDER
F5109	OTHER INSOMNIA NOT DUE TO A SUBSTANCE OR KNOWN PHYSIOLOGICAL CONDITION
G4700	INSOMNIA, UNSPECIFIED
G4701	INSOMNIA DUE TO MEDICAL CONDITION
G4709	OTHER INSOMNIA

Step 8/Step 7 (for Lybalvi) (Diagnosis of Major Depressive Disorder [MDD]) Required quantity: 1 Look back timeframe: 365 days	
ICD-10 Code	Description
F341	DYSTHYMIC DISORDER
F320	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, MILD
F321	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, MODERATE
F322	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, SEVERE WITHOUT PSYCHOTIC FEATURES
F323	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, SEVERE WITH PSYCHOTIC FEATURES
F324	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, IN PARTIAL REMISSION
F325	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, IN FULL REMISSION
F328	OTHER DEPRESSIVE EPISODES
F329	OTHER DEPRESSIVE EPISODES
F330	MAJOR DEPRESSIVE DISORDER, RECURRENT, MILD
F331	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE
F332	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES

F333	MAJOR DEPRESSIVE DISORDER, RECURRENT, SEVERE WITH PSYCHOTIC SYMPTOMS
F3340	MAJOR DEPRESSIVE DISORDER, RECURRENT, IN REMISSION, UNSPECIFIED
F3341	MAJOR DEPRESSIVE DISORDER, RECURRENT, IN PARTIAL REMISSION
F3342	MAJOR DEPRESSIVE DISORDER, RECURRENT, IN FULL REMISSION
F338	OTHER RECURRENT DEPRESSIVE DISORDERS
F339	MAJOR DEPRESSIVE DISORDER, RECURRENT, UNSPECIFIED

Step 9/Step 8 (for Lybalvi) (Claim for an antidepressant agent) Required quantity: 1 Look back timeframe: 60 days	
GCN	Description
26198	APLENZIN ER 174MG TABLET
16996	APLENZIN ER 348MG TABLET
17050	APLENZIN ER 522MG TABLET
16387	BUPROPION ER 100MG TABLET
27901	BUPROPION ER 150MG TABLET
16385	BUPROPION HCL 100MG TABLET
16384	BUPROPION HCL 75MG TABLET
16386	BUPROPION SR 150MG TABLET
17573	BUPROPION SR 200MG TABLET
20317	BUPROPION XL 150MG TABLET
20318	BUPROPION XL 300MG TABLET
33081	BUPROPION XL 450MG TABLET
16345	CELEXA 10MG TABLET
16342	CELEXA 20MG TABLET
16343	CELEXA 40MG TABLET
16345	CITALOPRAM 10MG TABLET
16344	CITALOPRAM 10MG/5ML SOLUTION
16342	CITALOPRAM 20MG TABLET
16343	CITALOPRAM 40MG TABLET
23161	CYMBALTA 20 MG CAPSULE
23162	CYMBALTA 30 MG CAPSULE
23164	CYMBALTA 60 MG CAPSULE
34482	DESVENLAFAXINE ER 100MG TABLET
34470	DESVENLAFAXINE ER 50MG TABLET
38222	DESVENLAFAXINE SUC ER 25 MG TAB
99451	DESVENLAFAXINE SUC ER 50 MG TAB
99452	DESVENLAFAXINE SUC ER 100 MG TAB

23161	DULOXETINE HCL DR 20 MG CAP
23162	DULOXETINE HCL DR 30 MG CAP
23164	DULOXETINE HCL DR 60 MG CAP
16818	EFFEXOR XR 150MG CAPSULE
16816	EFFEXOR XR 37.5MG CAPSULE
16817	EFFEXOR XR 75MG CAPSULE
26614	EMSAM 12MG/24HR PATCH
26612	EMSAM 6MG/24HR PATCH
26613	EMSAM 9MG/24HR PATCH
17851	ESCITALOPRAM 10MG TABLET
17987	ESCITALOPRAM 20MG TABLET
18975	ESCITALOPRAM 5MG TABLET
19035	ESCITALOPRAM 5MG/5ML SOLUTION
35335	FETZIMA 20-40MG TITRATION PAK
35334	FETZIMA ER 120MG CAPSULE
35327	FETZIMA ER 20MG CAPSULE
35328	FETZIMA ER 40MG CAPSULE
35329	FETZIMA ER 80MG CAPSULE
16353	FLUOXETINE 10MG CAPSULE
16356	FLUOXETINE 10MG TABLET
16354	FLUOXETINE 20MG CAPSULE
16359	FLUOXETINE 20MG TABLET
16357	FLUOXETINE 20MG/5ML SOLUTION
16355	FLUOXETINE 40MG CAPSULE
30817	FLUOXETINE 60MG TABLET
12929	FLUOXETINE DR 90MG CAPSULE
16347	FLUVOXAMIINE 25MG TABLET
16349	FLUVOXAMINE 100MG TABLET
16348	FLUVOXAMINE 50MG TABLET
99481	FLUVOXAMINE ER 100MG CAPSULE
99482	FLUVOXAMINE ER 150MG CAPSULE
33081	FORFIVO XL 450MG TABLET
17851	LEXAPRO 10MG TABLET
17987	LEXAPRO 20MG TABLET
18975	LEXAPRO 5 MG TABLET
16416	MARPLAN 10MG TABLET
12529	MIRTAZAPINE 15MG ODT
16732	MIRTAZAPINE 15MG TABLET
12531	MIRTAZAPINE 30MG ODT
16733	MIRTAZAPINE 30MG TABLET
13041	MIRTAZAPINE 45MG ODT
16734	MIRTAZAPINE 45MG TABLET

21817	MIRTAZAPINE 7.5MG TABLET
16417	NARDIL 15MG TABLET
16406	NEFAZODONE 100MG TABLET
16407	NEFAZODONE 150MG TABLET
16408	NEFAZODONE 200MG TABLET
16409	NEFAZODONE 250MG TABLET
16404	NEFAZODONE 50MG TABLET
16364	PAROXETINE 10MG TABLET
16366	PAROXETINE 20MG TABLET
16367	PAROXETINE 30MG TABLET
16368	PAROXETINE 40MG TABLET
17078	PAROXETINE CR 12.5MG TABLET
17077	PAROXETINE CR 25MG TABLET
17079	PAROXETINE CR 37.5MG TABLET
34876	PAROXETINE MESYLATE 7.5MG CAP
16369	PAXIL 10MG/5ML SUSPENSION
16364	PAXIL 10MG TABLET
33780	PAXIL 20MG TABLET
33781	PAXIL 30MG TABLET
16368	PAXIL 40MG TABLET
17078	PAXIL CR 12.5MG TABLET
17077	PAXIL CR 25MG TABLET
17079	PAXIL CR 37.5MG TABLET
16417	PHENELZINE SULFATE 15MG TABLET
99452	PRISTIQ ER 100MG TABLET
38222	PRISTIQ ER 25MG TABLET
99451	PRISTIQ ER 50MG TABLET
47251	PROZAC 10MG PULVULE
47250	PROZAC 20MG PULVULE
16355	PROZAC 40MG PULVULE
12529	REMERON 15MG SOLTAB
16732	REMERON 15MG TABLET
12531	REMERON 30MG SOLTAB
16733	REMERON 30MG TABLET
13041	REMERON 45MG SOLTAB
16375	SERTRALINE 100MG TABLET
16376	SERTRALINE 20MG/ML ORAL CONCENTRATE
16373	SERTRALINE 25MG TABLET
16374	SERTRALINE 50MG TABLET
16418	TRANLYCYPROMINE 10MG TABLET
16392	TRAZODONE 100MG TABLET
16393	TRAZODONE 150MG TABLET

16394	TRAZODONE 300MG TABLET
16391	TRAZODONE 50MG TABLET
35346	TRINTELLIX 5 MG TABLET
35347	TRINTELLIX 10 MG TABLET
35349	TRINTELLIX 20 MG TABLET
16815	VENLAFAXINE 100MG TABLET
16811	VENLAFAXINE 25MG TABLET
16812	VENLAFAXINE 37.5MG TABLET
16813	VENLAFAXINE 50MG TABLET
16814	VENLAFAXINE 75MG TABLET
16818	VENLAFAXINE ER 150MG CAPSULE
14353	VENLAFAXINE ER 150MG TABLET
14354	VENLAFAXINE ER 225MG TABLET
16816	VENLAFAXINE ER 37.5MG CAPSULE
14349	VENLAFAXINE ER 37.5MG TABLET
16817	VENLAFAXINE ER 75MG CAPSULE
14352	VENLAFAXINE ER 75MG TABLET
29916	VIIBRYD 10MG TABLET
29917	VIIBRYD 20MG TABLET
29918	VIIBRYD 40MG TABLET
16386	WELLBUTRIN SR 150MG TABLET
17573	WELLBUTRIN SR 200MG TABLET
16387	WELLBUTRIN SR 100MG TABLET
20317	WELLBUTRIN XL 150MG TABLET
20318	WELLBUTRIN XL 300MG TABLET
16375	ZOLOFT 100MG TABLET
16373	ZOLOFT 25MG TABLET
16374	ZOLOFT 50MG TABLET

Step 11/Step 9 (for Lybalvi) (Table A) Required quantity: 1 Look back timeframe: 730 days	
ICD-10 Code	Description
F200	PARANOID SCHIZOPHRENIA
F201	DISORGANIZEDSCHIZOPHRENIA
F202	CATATONICSCHIZOPHRENIA
F203	UNDIFFERENTIATEDSCHIZOPHRENIA
F205	RESIDUALSCHIZOPHRENIA
F2081	SCHIZOPHRENIFORMDISORDER
F2089	OTHERSCHIZOPHRENIA
F209	SCHIZOPHRENIA, UNSPECIFIED

F21	SCHIZOTYPAL DISORDER
F22	DELUSIONAL DISORDERS
F23	BRIEF PSYCHOTIC DISORDER
F24	SHARED PSYCHOTIC DISORDER
F250	SCHIZOAFFECTIVE DISORDER, BIPOLAR TYPE
F251	SCHIZOAFFECTIVE DISORDER, DEPRESSIVE TYPE
F258	OTHER SCHIZOAFFECTIVE DISORDERS
F259	SCHIZOAFFECTIVE DISORDER, UNSPECIFIED
F28	OTHER PSYCHOTIC DISORDER NOT DUE TO A SUBSTANCE OR KNOWN PHYSIOLOGICAL CONDITION
F29	UNSPECIFIED PSYCHOSIS NOT DUE TO A SUBSTANCE OR KNOWN PHYSIOLOGICAL CONDITION
F3010	MANIC EPISODE WITHOUT PSYCHOTIC SYMPTOMS UNSPECIFIED
F3011	MANIC EPISODE WITHOUT PSYCHOTIC SYMPTOMS MILD
F3012	MANIC EPISODE WITHOUT PSYCHOTIC SYMPTOMS MODERATE
F3013	MANIC EPISODE, SEVERE, WITHOUT PSYCHOTIC SYMPTOMS
F302	MANIC EPISODE, SEVERE WITH PSYCHOTIC SYMPTOMS
F303	MANIC EPISODE IN PARTIAL REMISSION
F304	MANIC EPISODE IN FULL REMISSION
F308	OTHER MANIC EPISODES
F309	MANIC EPISODE, UNSPECIFIED
F310	BIPOLAR DISORDER, CURRENT EPISODE HYPOMANIC
F3110	BIPOLAR DISORDER, CURRENT EPISODE MANIC WITHOUT PSYCHOTIC FEATURES UNSPECIFIED
F3111	BIPOLAR DISORDER, CURRENT EPISODE MANIC WITHOUT PSYCHOTIC FEATURES MILD
F3112	BIPOLAR DISORDER, CURRENT EPISODE MANIC WITHOUT PSYCHOTIC FEATURES MODERATE
F3113	BIPOLAR DISORDER, CURRENT EPISODE MANIC WITHOUT PSYCHOTIC FEATURES SEVERE
F312	BIPOLAR DISORDER, CURRENT EPISODE MANIC SEVERE WITH PSYCHOTIC FEATURES
F3130	BIPOLAR DISORDER, CURRENT EPISODE DEPRESSED, MILD OR MODERATE SEVERITY UNSPECIFIED
F3131	BIPOLAR DISORDER, CURRENT EPISODE DEPRESSED, MILD
F3132	BIPOLAR DISORDER, CURRENT EPISODE DEPRESSED, MODERATE
F314	BIPOLAR DISORDER, CURRENT EPISODE DEPRESSED, SEVERE, WITHOUT PSYCHOTIC FEATURES
F315	BIPOLAR DISORDER, CURRENT EPISODE DEPRESSED, SEVERE, WITH PSYCHOTIC FEATURES
F3160	BIPOLAR DISORDER, CURRENT EPISODE MIXED UNSPECIFIED
F3161	BIPOLAR DISORDER, CURRENT EPISODE MIXED MILD
F3162	BIPOLAR DISORDER, CURRENT EPISODE MIXED MODERATE
F3163	BIPOLAR DISORDER, CURRENT EPISODE MIXED SEVERE, WITHOUT PSYCHOTIC FEATURES

F3164	BIPOLAR DISORDER, CURRENT EPISODE MIXED SEVERE, WITH PSYCHOTIC FEATURES
F3170	BIPOLAR DISORDER, CURRENTLY IN REMISSION MOST RECENT EPISODE UNSPECIFIED
F3171	BIPOLAR DISORDER, IN PARTIAL REMISSION, MOST RECENT EPISODE HYPOMANIC
F3172	BIPOLAR DISORDER, IN FULL REMISSION, MOST RECENT EPISODE HYPOMANIC
F3173	BIPOLAR DISORDER, IN PARTIAL REMISSION, MOST RECENT EPISODE MANIC
F3174	BIPOLAR DISORDER, IN FULL REMISSION, MOST RECENT EPISODE MANIC
F3175	BIPOLAR DISORDER, IN PARTIAL REMISSION, MOST RECENT EPISODE DEPRESSED
F3176	BIPOLAR DISORDER, IN FULL REMISSION, MOST RECENT EPISODE DEPRESSED
F3177	BIPOLAR DISORDER, IN PARTIAL REMISSION, MOST RECENT EPISODE MIXED
F3178	BIPOLAR DISORDER, IN FULL REMISSION, MOST RECENT EPISODE MIXED
F3181	BIPOLAR II DISORDER
F3189	OTHER BIPOLAR DISORDER
F319	BIPOLAR DISORDER, UNSPECIFIED
F340	CYCLOTHYMIC DISORDER
F341	DYSTHYMIC DISORDER
F3481	DISRUPTIVE MOOD DYSREGULATION DISORDER
F3489	OTHER SPECIFIED PERSISTENT MOOD DISORDERS
F349	PERSISTENT MOOD [AFFECTIVE] DISORDER, UNSPECIFIED
F39	UNSPECIFIED MOOD [AFFECTIVE] DISORDER
F840	AUTISTIC DISORDER
F842	RETT'S SYNDROME
F843	OTHER CHILDHOOD DISINTEGRATIVE DISORDER
F845	ASPERGER'S SYNDROME
F848	OTHER PERVASIVE DEVELOPMENTAL DISORDERS
F849	PERVASIVE DEVELOPMENTAL DISORDER, UNSPECIFIED
F952	TOURETTE'S DISORDER

Step 11/Step 9 (for Lybalvi) (Table B) Required quantity: 1 Look back timeframe: 730 days	
ICD-10 Code	Description
F22	DELUSIONAL DISORDERS
F23	BRIEF PSYCHOTIC DISORDER
F24	SHARED PSYCHOTIC DISORDER

F29	UNSPECIFIED PSYCHOSIS NOT DUE TO A SUBSTANCE OR KNOWN PHYSIOLOGICAL CONDITION
F6381	INTERMITTENT EXPLOSIVE DISORDER
F911	CONDUCT DISORDER, CHILDHOOD-ONSET TYPE
F912	CONDUCT DISORDER, ADOLESCENT-ONSET TYPE
F913	OPPOSITIONAL DEFIANT DISORDER
F919	CONDUCT DISORDER, UNSPECIFIED

Step 12 (All drugs except Lybalvi) - (Diagnosis of agitation associated with dementia due to Alzheimer's disease)

Required quantity: 1

Look back timeframe: 730 days

ICD-10 Code	Description
G300	ALZHEIMER'S DISEASE WITH EARLY ONSET
G301	ALZHEIMER'S DISEASE WITH LATE ONSET
G308	OTHER ALZHEIMER'S DISEASE
G309	ALZHEIMER'S DISEASE, UNSPECIFIED

Step 10/11 - Opioids

Label Name	GCN
ACETAMIN-CAFF-DIHYDROCOD 320.5	37532
ACETAMINOPHEN-COD #2 TABLET	70131
ACETAMINOPHEN-COD #3 TABLET	70134
ACETAMINOPHEN-COD #4 TABLET	70136
ACETAMINOPHEN-CODEINE 120-12 MG/5 ML	55402
ACTIQ 1,200 MCG LOZENGE	19193
ACTIQ 1,600 MCG LOZENGE	19194
ACTIQ 200 MCG LOZENGE	19204
ACTIQ 400 MCG LOZENGE	19206
ACTIQ 600 MCG LOZENGE	19191
ACTIQ 800 MCG LOZENGE	19192
APADAZ 4.08-325 MG TABLET	45987
APADAZ 6.12-325 MG TABLET	44508
APADAZ 8.16-325 MG TABLET	45986
ASCOMP WITH CODEINE CAPSULE	69500
BELBUCA 75 MCG FILM	39959
BELBUCA 150 MCG FILM	39965
BELBUCA 300 MCG FILM	39966
BELBUCA 450 MCG FILM	39967

BELBUCA 600 MCG FILM	39968
BELBUCA 750 MCG FILM	39969
BELBUCA 900 MCG FILM	39975
BELLADONNA-OPIUM 30-16.2MG SUPP	70741
BELLADONNA-OPIUM 60-16.2MG SUPP	70742
BUPRENORPHINE 10 MCG/HR PATCH	25309
BUPRENORPHINE 15 MCG/HR PATCH	35214
BUPRENORPHINE 20 MCG/HR PATCH	25312
BUPRENORPHINE 5 MCG/HR PATCH	25308
BUPRENORPHINE 7.5 MCG/HR PATCH	36946
BUTALB-ACETAMINOPH-CAFF-CODEIN	34988
BUTALB-CAFF-ACETAMINOPH-CODEIN	70140
BUTALBITAL COMP-CODEINE #3 CAP	69500
BUTORPHANOL 10 MG/ML SPRAY	20351
BUTRANS 10 MCG/HR PATCH	25309
BUTRANS 15 MCG/HR PATCH	35214
BUTRANS 20 MCG/HR PATCH	25312
BUTRANS 5 MCG/HR PATCH	25308
BUTRANS 7.5 MCG/HR PATCH	36946
CARISOPRODOL CPD-CODEINE TABLET	13995
CODEINE-GUAIFEN 10-100MG/5ML	91713
CODEINE SULFATE 30 MG TABLET	16241
CODEINE SULFATE 60 MG TABLET	16242
DEMEROL 100 MG/ML AMPUL	25626
DEMEROL 100 MG/ML VIAL	15960
DEMEROL 50 MG/ML AMPUL	25605
DEMEROL 50 MG/ML AMPUL	25608
DEMEROL 50 MG/ML VIAL	15962
DEMEROL 75 MG/1.5 ML AMPUL	25607
DILAUDID 2 MG TABLET	16141
DILAUDID 4 MG TABLET	16143
DILAUDID 8 MG TABLET	16144
DILAUDID-5 1 MG/ML LIQUID	20251
DOLOPHINE HCL 10 MG TABLET	16420
DSUVIA 30 MCG SUBLINGUAL TAB	45928
DURAGESIC 100 MCG/HR PATCH	19203
DURAGESIC 12 MCG/HR PATCH	24635
DURAGESIC 25 MCG/HR PATCH	19200
DURAGESIC 50 MCG/HR PATCH	19201
DURAGESIC 75 MCG/HR PATCH	19202

DVORAH 325-30-16MG TABLET	43264
EMBEDA ER 100-4 MG CAPSULE	37692
EMBEDA ER 20-0.8MG CAPSULE	37685
EMBEDA ER 30-1.2MG CAPSULE	37686
EMBEDA ER 50-2MG CAPSULE	37687
EMBEDA ER 60-2.4MG CAPSULE	37688
EMBEDA ER 80-3.2MG CAPSULE	37689
ENDOCET 10-325 MG TABLET	14966
ENDOCET 5-325 TABLET	70491
ENDOCET 7.5-325 MG TABLET	14965
FENTANYL 100 MCG/HR PATCH	19203
FENTANYL 12 MCG/HR PATCH	24635
FENTANYL 25 MCG/HR PATCH	19200
FENTANYL 37.5 MCG/HR PATCH	37952
FENTANYL 50 MCG/HR PATCH	19201
FENTANYL 62.5MCG/HR PATCH	37947
FENTANYL 75 MCG/HR PATCH	19202
FENTANYL 87.5 MCG/HR PATCH	37948
FENTANYL CIT OTFC 1,200 MCG	19193
FENTANYL CIT OTFC 1,600 MCG	19194
FENTANYL CITRATE OTFC 200 MCG	19204
FENTANYL CITRATE OTFC 400 MCG	19206
FENTANYL CITRATE OTFC 600 MCG	19191
FENTANYL CITRATE OTFC 800 MCG	19192
FENTORA 100 MCG BUCCAL TABLET	97280
FENTORA 200 MCG BUCCAL TABLET	97281
FENTORA 400 MCG BUCCAL TABLET	97283
FENTORA 600 MCG BUCCAL TABLET	97284
FENTORA 800 MCG BUCCAL TABLET	97285
FIORINAL-COD 30-50-325-40 CAP	69500
GUAIFEN-CODEINE 100-10 MG/5 ML	91713
GUAIAUSSIN AC LIQUID	91713
HYDROCODON-ACETAMIN 7.5-325/15 ML	21146
HYDROCODON-ACETAMINOPH 2.5-325	70337
HYDROCODON-ACETAMINOPH 7.5-300	26709
HYDROCODON-ACETAMINOPH 7.5-325	12488
HYDROCODON-ACETAMINOPHEN 5-300	26470
HYDROCODON-ACETAMINOPHEN 5-325	12486
HYDROCODON-ACETAMINOPHN 10-300	22929
HYDROCODON-ACETAMINOPHN 10-325	70330

HYDROCODONE BT-IBUPROFEN TAB	63101
HYDROCODONE-CHLORPHEN ER SUSP	13974
HYDROCOD-HOMATROPINE SYRUP	13973
HYDROCOD-HOMATROP 5-1.5 MG TAB	96041
HYDROCODONE BT-IBUPROFEN TAB	63101
HYDROCODONE-IBUPROFEN 10-200	99371
HYDROCODONE-IBUPROFEN 5-200	22678
HYDROMET SYRUP	13973
HYDROMORPHONE 1 MG/ML SOLUTION	20251
HYDROMORPHONE 10 MG/ML VIAL	20451
HYDROMORPHONE 2 MG TABLET	16141
HYDROMORPHONE 3 MG SUPPOS	16130
HYDROMORPHONE 4 MG TABLET	16143
HYDROMORPHONE 8 MG TABLET	16144
HYDROMORPHONE HCL ER 12 MG TAB	28427
HYDROMORPHONE HCL ER 16 MG TAB	33142
HYDROMORPHONE HCL ER 32 MG TAB	33088
HYDROMORPHONE HCL ER 8 MG TAB	33143
HYSINGLA ER 100MG TABLET	37546
HYSINGLA ER 120MG TABLET	37547
HYSINGLA ER 20MG TABLET	37539
HYSINGLA ER 30MG TABLET	37541
HYSINGLA ER 40MG TABLET	37543
HYSINGLA ER 60MG TABLET	37544
HYSINGLA ER 80MG TABLET	37545
KADIAN ER 100 MG CAPSULE	26494
KADIAN ER 200 MG CAPSULE	98135
KADIAN ER 50 MG CAPSULE	26493
KADIAN ER 80 MG CAPSULE	97508
LAZANDA 300MCG NASAL SPRAY	41539
LEVORPHANOL 2MG TABLET	16350
LORCET 5-325 MG TABLET	12486
LORCET HD 10-325 MG TABLET	70330
LORCET PLUS 7.5-325 MG TABLET	12488
MEPERIDINE 100 MG TABLET	15990
MEPERIDINE 100 MG/ML VIAL	25627
MEPERIDINE 25 MG/ML VIAL	25613
MEPERIDINE 50 MG TABLET	15991
MEPERIDINE 50 MG/5 ML SOLUTION	15980
MEPERIDINE 50 MG/ML VIAL	25609

METHADONE 10 MG/5 ML SOLUTION	16410
METHADONE 10 MG/ML ORAL CONC	16415
METHADONE 40 MG TABLET DISPR	16423
METHADONE 5 MG/5 ML SOLUTION	16400
METHADONE HCL 10 MG TABLET	16420
METHADONE HCL 5 MG TABLET	16422
METHADOSE 10 MG/ML ORAL CONC	16415
METHADOSE 40 MG TABLET DISPR	16423
MORPHABOND ER 100 MG TABLET	39856
MORPHABOND ER 15 MG TABLET	39853
MORPHABOND ER 30 MG TABLET	39854
MORPHABOND ER 60 MG TABLET	39855
MORPHINE 10 MG/ML CARPUJECT	33312
MORPHINE 2 MG/ML CARPUJECT	33308
MORPHINE 4 MG/ML CARPUJECT	33309
MORPHINE 8 MG/ML SYRINGE	33765
MORPHINE SULF 10 MG/5 ML SOLN	16060
MORPHINE SULF 100 MG/5 ML SOLN	16063
MORPHINE SULF 20 MG/5 ML SOLN	16062
MORPHINE SULF CR 15 MG TABLET	16643
MORPHINE SULF CR 30 MG TABLET	16640
MORPHINE SULF CR 60 MG TABLET	16641
MORPHINE SULF ER 100 MG TABLET	16642
MORPHINE SULF ER 200 MG TABLET	16078
MORPHINE SULFATE 50 MG/ML VIAL	16271
MORPHINE SULFATE ER 100MG CAP	26494
MORPHINE SULFATE ER 10MG CAP	26490
MORPHINE SULFATE ER 120MG CAP	17189
MORPHINE SULFATE ER 20MG CAP	26492
MORPHINE SULFATE ER 30MG CAP	17193
MORPHINE SULFATE ER 30MG CAP	97534
MORPHINE SULFATE ER 40MG CAP	33158
MORPHINE SULFATE ER 45MG CAP	16212
MORPHINE SULFATE ER 50MG CAP	26493
MORPHINE SULFATE ER 60MG CAP	17192
MORPHINE SULFATE ER 60MG CAP	97535
MORPHINE SULFATE ER 75MG CAP	16213
MORPHINE SULFATE ER 80 MG CAP	97508
MORPHINE SULFATE ER 90MG CAP	17191
MORPHINE SULFATE IR 15 MG TAB	16070

MORPHINE SULFATE IR 30 MG TAB	16071
MS CONTIN 100 MG TABLET	16642
MS CONTIN 15 MG TABLET	16643
MS CONTIN 200 MG TABLET	16078
MS CONTIN 60 MG TABLET	16641
MS CONTIN CR 30 MG TABLET	16640
NALBUPHINE 10 MG/ML AMPUL	16360
NALBUPHINE 200 MG/10 ML VIAL	16371
NALOCET 2.5-300 MG TABLET	26953
NINJACOF-XG LIQUID	30677
NORCO 10-325 TABLET	70330
NUCYNTA 100 MG TABLET	26165
NUCYNTA 50 MG TABLET	26163
NUCYNTA 75 MG TABLET	26164
NUCYNTA ER 100MG TABLET	29788
NUCYNTA ER 150MG TABLET	29789
NUCYNTA ER 200MG TABLET	29791
NUCYNTA ER 250MG TABLET	29792
NUCYNTA ER 50MG TABLET	29787
OPIUM TINCTURE 10 MG/ML	16471
OXYCODONE CONC 20 MG/ML SOLN	16281
OXYCODONE HCL 10 MG TABLET	16291
OXYCODONE HCL 10 MG TABLET ER	37158
OXYCODONE HCL 15 MG TABLET	20091
OXYCODONE HCL 15 MG TABLET ER	37159
OXYCODONE HCL 20 MG TABLET	21194
OXYCODONE HCL 20 MG TABLET ER	37161
OXYCODONE HCL 30 MG TABLET	20092
OXYCODONE HCL 30 MG TABLET ER	37162
OXYCODONE HCL 40 MG TABLET ER	37163
OXYCODONE HCL 60 MG TABLET ER	37164
OXYCODONE HCL 5 MG CAPSULE	16285
OXYCODONE HCL 5 MG TABLET	16290
OXYCODONE HCL 5 MG/5 ML SOL	16280
OXYCODONE HCL ER 80 MG TABLET	37165
OXYCODONE-ACETAMINOPHEN 10-325	14966
OXYCODONE-ACETAMINOPHEN 2.5-325	70492
OXYCODONE-ACETAMINOPHEN 7.5-325	14965
OXYCODONE-ACETAMINOPHEN 5-325	70491
OXYCODONE-ASA 4.8355-325	26836

OXYCODONE-IBUPROFEN 5-400 TAB	23827
OXYCONTIN 10 MG TABLET	37158
OXYCONTIN 15 MG TABLET	37159
OXYCONTIN 20 MG TABLET	37161
OXYCONTIN 30 MG TABLET	37162
OXYCONTIN 40 MG TABLET	37163
OXYCONTIN 60 MG TABLET	37164
OXYCONTIN 80 MG TABLET	37165
OXYMORPHONE HCL 10 MG TABLET	27244
OXYMORPHONE HCL 5 MG TABLET	27243
OXYMORPHONE HCL ER 10 MG TAB	27248
OXYMORPHONE HCL ER 15 MG TAB	99493
OXYMORPHONE HCL ER 20 MG TAB	27249
OXYMORPHONE HCL ER 30 MG TAB	99494
OXYMORPHONE HCL ER 40 MG TAB	27253
OXYMORPHONE HCL ER 5 MG TABLET	27247
OXYMORPHONE HCL ER 7.5 MG TAB	99492
PENTAZOCINE-NALOXONE TABLET	71060
PERCOCET 10-325 MG TABLET	14966
PERCOCET 2.5-325 MG TABLET	70492
PERCOCET 5-325 MG TABLET	70491
PERCOCET 7.5-325 MG TABLET	14965
PROMETHAZINE-CODEINE SYRUP	13971
ROXICODONE 15 MG TABLET	20091
ROXICODONE 30 MG TABLET	20092
SUBSYS 100 MCG SPRAY	31187
SUBSYS 200 MCG SPRAY	31189
SUBSYS 400 MCG SPRAY	31188
SUBSYS 600 MCG SPRAY	31192
SUBSYS 800 MCG SPRAY	31193
SUBSYS 1,200 MCG SPRAY	31596
SUBSYS 1,600 MCG SPRAY	31597
TRAMADOL ER 100 MG TABLET	99151
TRAMADOL ER 200 MG TABLET	99152
TRAMADOL ER 300 MG TABLET	99153
TRAMADOL HCL 50 MG TABLET	07221
TRAMADOL HCL 75 MG TABLET	56518
TRAMADOL HCL ER 100 MG CAPSULE	30382
TRAMADOL HCL ER 100 MG TABLET	26387
TRAMADOL HCL ER 200 MG CAPSULE	30383
TRAMADOL HCL ER 200 MG TABLET	50417

TRAMADOL HCL ER 300 MG CAPSULE	30384
TRAMADOL-ACETAMINOPHN 37.5-325	13909
TYLENOL WITH CODEINE #3 TABLET	70134
TYLENOL WITH CODEINE #4 TABLET	70136
ULTRACET TABLET	13909
ULTRAM 50 MG TABLET	07221
VICODIN 5-300 MG TABLET	26470
VICODIN ES 7.5-300 MG TABLET	26709
VICODIN HP 10-300 MG TABLET	22929
VIRTUSSIN AC LIQUID	91713
VIRTUSSIN DAC LIQUID	54670
XTAMPZA ER 13.5 MG CAPSULE	41273
XTAMPZA ER 18 MG CAPSULE	41274
XTAMPZA ER 27 MG CAPSULE	41275
XTAMPZA ER 36 MG CAPSULE	41276
XTAMPZA ER 9 MG CAPSULE	41272

Step 12 (2 active claims for different antipsychotic agents (M1C4) excluding the incoming request)

Required quantity: 2

Look back timeframe: 90 days

Step 2 (diagnosis of Schizophrenia)

Required quantity: 1

Look back timeframe: 730 days

ICD-10 Code	Description
F200	PARANOID SCHIZOPHRENIA
F201	DISORGANIZED SCHIZOPHRENIA
F202	CATATONIC SCHIZOPHRENIA
F203	UNDIFFERENTIATED SCHIZOPHRENIA
F205	RESIDUAL SCHIZOPHRENIA
F2081	SCHIZOPHRENIFORM DISORDER
F2089	OTHER SCHIZOPHRENIA
F209	SCHIZOPHRENIA, UNSPECIFIED
F21	SCHIZOTYPAL DISORDER

Step 3 (diagnosis of Urinary Retention, Gastric Retention, Untreated Narrow-Angle Glaucoma, Moderate to Severe Hepatic Impairment, or Moderate to Severe Renal Impairment)

Required quantity: 1

Look back timeframe: 365 days

ICD-10 Code	Description
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
H40031	ANATOMICAL NARROW ANGLE, RIGHT EYE
H40032	ANATOMICAL NARROW ANGLE, LEFT EYE
H40033	ANATOMICAL NARROW ANGLE, BILATERAL
H40039	ANATOMICAL NARROW ANGLE, UNSPECIFIED EYE
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
H4020XO	UNSPECIFIED PRIMARY ANGLE-CLOSURE GLAUCOMA, STAGE UNSPECIFIED
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
K3184	GASTROPARESIS
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 ASCITES
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
K7589	OTHER SPECIFIED INFLAMMATORY LIVER DISEASES
N1830	CHRONIC KIDNEY DISEASE, STAGE 3 UNSPECIFIED (eGFR 59-30 mL/min)
N1831	CHRONIC KIDNEY DISEASE, STAGE 3A (eGFR 59-45 mL/min)
N1832	CHRONIC KIDNEY DISEASE, STAGE 3B (eGFR 44-30 mL/min)
N184	CHRONIC KIDNEY DISEASE, STAGE 4 (SEVERE) (eGFR 29-15 mL/min)
N185	CHRONIC KIDNEY DISEASE, STAGE 5 (eGFR < 15 mL/min)
N186	END STAGE RENAL DISEASE
R330	DRUG INDUCED RETENTION OF URINE
R338	OTHER RETENTION OF URINE
R339	RETENTION OF URINE, UNSPECIFIED

Clinical Edit References:

1. Clinical Pharmacology [online database]. Tampa, FL: Elsevier / Gold Standard, Inc. 2022. Available at www.clinicalpharmacology.com. Accessed on January 31, 2025.
2. Micromedex [online database]. Available at www.micromedexsolutions.com. Accessed on January 31, 2025.
3. 2023 ICD-10-CM Diagnosis Codes, Volume 1. 2023. Available at www.icd9data.com. Accessed on June 15, 2023.
4. Treatment of Patients with Major Depressive Disorder. American Psychiatric Association Practice Guidelines. November 2010. Reaffirmed 2016.
5. Practice Parameter for the Use of Atypical Antipsychotic Medications in Children and Adolescents. American Academy of Child and Adolescent Psychiatry. 2014.
6. Schutte-Rodin S, Broch L, Buysse D, et al. Clinical Guideline for the Evaluation and Management of Chronic Insomnia in Adults. *Journal of Clinical Sleep Medicine* 2008;4(5):487-504.
7. Ramakrishnan K, Scheid DC. Treatment Options for Insomnia. *Am Fam Physician*. 2007 Aug 15;76(4):517-526.
8. Ramar K, Olson EJ. Management of Common Sleep Disorders. *Am Fam Physician*. 2013 Aug 15;88(4):231-238.
9. Drugs for Insomnia. Treatment Guidelines from The Medical Letter. July 1, 2012;119:57.
10. Brooks JO, Goldberg JF, Ketter TA, et al. Safety and Tolerability Associated With Second-Generation Antipsychotic Polytherapy in Bipolar Disorder: Findings From the Systematic Treatment Enhancement Program for Bipolar Disorder. *J Clin Psychiatry* 2011;72(2):240-47.
11. Treatment of Patients with Schizophrenia, Third Edition. American Psychiatric Association Practice Guidelines. 2021.
12. Clinical Practice Guideline for Pharmacological Treatment of Chronic Insomnia in Adults: An American Academy of Sleep Medicine Clinical Practice Guideline. *Journal of Sleep Medicine*. 2017 Feb.
13. Qaseem, A.M., Kansagara, D., Forcica, M.A., Cooke, M., & Denberg, T.D. Management of Chronic Insomnia Disorder in Adults: A Clinical Practice Guideline from the American College of Physicians. 2016 July; 165(2), 279.
14. Treatment of Patients with Bipolar Disorder, Second Edition. American Psychiatric Association Practice Guidelines. April 2002.
15. Keepers GA, Fochtmann, Anzia JM, et al The American Psychiatric Association Practice Guideline for the Treatment of Patients with Schizophrenia. Third Edition. December 2019.
16. Cobenfy Prescribing Information. Princeton, NJ. Briston-Myers Squibb. September 2024.

Publication History:

Publication Date	Notes
03/01/2012	Clinical edit added at health plan with required updates per VDP original edit over the years.
07/04/2018	Steps 9 and 10 of the criteria that check for 2 or more active claims for different antipsychotic agents in the last 180 days and the last 30 days have been removed. Steps 7 and 8 are adjusted to approve for 365 days if answered "Yes" rather than "Go to step #9", which eases PA requirement. Reference tables, diagnosis codes, references, and publication table per UCMC Chapter 3 requirements. All tables are cross referenced to VDP criteria.
03/11/2019	Added GCNs for Perseris to 'Drugs Requiring PA'
05/20/2019	All tables are cross referenced to VDP criteria. Added GCNs for Aristada Initio and Aristada ER 1064mg/3.9ml syringe to 'Drugs Requiring PA' Added statement that this criteria applies to CHIP, STAR Kids, Star Health, STAR and STAR+PLUS members Updated criteria logic and diagram to match VDP criteria by inserting question 5 "Does the client have 1 claim for an antipsychotic in the last 90 days?" Added statement: The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit TxVendorDrug.com/formulary/formulary-search . on each 'Drug Requiring PA' table
10/1/2019	Added GCNs for Abilify MyCite to Drugs Requiring Prior Authorization table
9/21/2020	Added GCNs for Caplyta and Secaudo to Drugs Requiring Prior Authorization table (Antipsychotics-Second Generation)
9/21/2020	Added GCNs for Caplyta and Secaudo to Drugs Requiring Prior Authorization table (Antipsychotics-Second Generation)
2/23/2021	Added GCNs for fluphenazine decanoate and haloperidol decanoate to Drugs Requiring Prior Authorization table (Antipsychotics-Second Generation)
4/20/2021	Added GCNs for chlorpromazine ampule (14331), fluphenazine vial (14571), haloperidol lactate (15490 and 15500) and quetiapine ER (16193, 98522, 98523, 98524 and 98944). Updated Table 7. Updated references.
1/3/2022	Added Lybalvi to clinical edit Separated criteria for Lybalvi vs. non-Lybalvi products Updated tables to match VDP criteria November 11/16/21 version Updated references to match VDP references
6/20/22	Added GCNs for asenapine and Invega Hafyera to Drugs requiring PA table Removed GCNs for Fazaclo and Risperdal M tab (products discontinued) from Drugs requiring PA table Updated references to match VDP references
8/10/22	Updated Table B to match VDP (added F913)
9/29/23	Updated paragraph details regarding ease of PA requirements to align with criteria Updated to most recent URL link per VDP website

	<p>Added GCNs for Clozapine ODT 150mg, 200mg, Lurasidone, Ziprasidone 20mg/ml vial, Abilify Asimutufii and Uzedry Drugs Requiring Prior Authorization table (Antipsychotics-Second Generation)</p> <p>Updated Antipsychotic clinical criteria logic and diagram to include all references to Rexulti and adjusted criteria steps accordingly</p> <p>Updated criteria steps outlined in Supporting Tables to match criteria steps</p>
2/20/2024	<p>Removed step 7/step 6 (for Lybalvi) check for insomnia diagnosis, it is not an approvable diagnosis. Adjusted criteria steps accordingly. Updated Clinical Edit Logic Diagrams accordingly. Removed Step 7/6 Diagnosis of Insomnia Table.</p> <p>Added GCNs for Rykindo (20217, 20218, 20219) to Antipsychotics – Second Generation LAI PA drug table</p> <p>Added Step 12 diagnosis of agitation associated with dementia due to Alzheimer’s disease table</p> <p>Remove GCN 22613 Emsam 9mg/24hr patch from table regarding claim for an antidepressant agent</p> <p>Updated References</p>
06/17/2024	<p>Added GCNs for Chlorpromazine (14421), Haldol decanoate (14800, 14801) to Antipsychotics – First Generation drug table</p> <p>Updated Antipsychotic clinical criteria logic</p> <p>Updated Antipsychotic – Lybalvi clinical criteria logic</p>
9/30/2024	<p>Removed Manual PA required from Lybalvi criteria logic</p>
11/27/2024	<p>Added GCN for Erzofri (56074) to PA drug table</p> <p>Updated GCN for olanzapine 10mg vial from 11814 to 17407</p> <p>Added GCNs for Opipza (56137, 56138, 56139) to Drugs Requiring PA table</p>
02/28/2025	<p>Removed GCNs for haloperidol 1mg/mL solution (15522), clozapine (20334), and haloperidol lactate 5mg/mL ampule (15490) – products have been discontinued</p> <p>Added GCN for tramadol (56518) to opioid table</p> <p>Added criteria for Cobenfy as approved by the DUR Board</p> <p>Updated References</p>