

**Texas Prior Authorization Program  
Clinical Criteria**

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**Drug/Drug Class**

## **Anxiolytics and Sedatives/Hypnotics (ASHs)**

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

**Note:** Click the hyperlink to navigate directly to that section.

### **Clinical Criteria Information Included in this Document**

- **Drugs requiring prior authorization:** the list of drugs requiring prior authorization for this clinical criteria
- **Prior authorization criteria logic:** a description of how the prior authorization request will be evaluated against the clinical criteria rules
- **Logic diagram:** a visual depiction of the clinical criteria logic
- **Supporting tables:** a collection of information associated with the steps within the criteria (diagnosis codes, procedure codes, and therapy codes); provided when applicable
- **References:** clinical publications and sources relevant to this clinical criteria

**Revision Notes**

Updated lorazepam criteria to allow for approval of lorazepam intensol without diagnosis for pediatric patients < 2 years of age

Lorazepam - added criteria to allow approval for patients with a diagnosis of nausea and vomiting associated with cancer

Added GCNs for Quviviq (51785, 51787) to PA table in Sedatives/Hypnotics-Adults

Revised check for short term therapy for procedures to read, 'Is the incoming request for less than or equal to 5 units?' on all agents except Hetlioz

Revised question 6 on clorazepate criteria. If No, go to #7

Added GCNs for diazepam (45092,14210) and tasimelteon (36068) to PA table

Updated all instances of 'history of drug abuse' to 'history of drug abuse or dependence' in criteria logic and logic diagram

Corrected ramelteon logic and diagram (question #4)



## Anxiolytics and Sedatives/Hypnotics (ASHs)

### Anxiolytics – Alprazolam Drugs Requiring Prior Authorization

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

Drugs Requiring Prior Authorization	
Label Name	GCN
ALPRAZOLAM 0.25MG TABLET	14260
ALPRAZOLAM 0.5MG TABLET	14261
ALPRAZOLAM 1MG TABLET	14262
ALPRAZOLAM 1MG/ML ORAL CONC	14264
ALPRAZOLAM 2MG TABLET	14263
ALPRAZOLAM ER 0.5MG TABLET	17423
ALPRAZOLAM ER 1MG TABLET	17424
ALPRAZOLAM ER 2MG TABLET	17425
ALPRAZOLAM ER 3MG TABLET	19681
ALPRAZOLAM ODT 0.25MG TABLET	24368
ALPRAZOLAM ODT 0.5MG TABLET	24369
ALPRAZOLAM ODT 1MG TABLET	24373
ALPRAZOLAM ODT 2MG TABLET	24374
XANAX 0.25MG TABLET	14260
XANAX 0.5MG TABLET	14261
XANAX 1MG TABLET	14262
XANAX 2MG TABLET	14263
XANAX XR 0.5MG TABLET	17423
XANAX XR 1MG TABLET	17424
XANAX XR 2MG TABLET	17425
XANAX XR 3MG TABLET	19681



## Anxiolytics and Sedatives/Hypnotics

(ASHs)

### Anxiolytics – Alprazolam Clinical Criteria Logic

**Note:** Click the hyperlink to view the supporting table.

1. Does the client have a **diagnosis of drug abuse or dependence** in the last 730 days?  
☐ Yes (Deny)  
☐ No (Go to #2)
2. Is the client less than (<) 18 years of age?  
☐ Yes (Deny)  
☐ No (Go to #3)
3. Does the client have a history of an **alprazolam agent** for greater than (>) 120 days in the last 365 days?  
☐ Yes (Go to #4)  
☐ No (Approve – 120 days)
4. Is the incoming request for less than or equal to ( $\leq$ ) 5 units?  
☐ Yes (Approve – 1 day)  
☐ No (Go to #5)
5. Has the client had 1 claim for a **selective serotonin reuptake inhibitor (SSRI) or a serotonin norepinephrine reuptake inhibitor (SNRI)** in the last 180 days?  
☐ Yes (Go to #6)  
☐ No (Deny)
6. Does the client have a **diagnosis of generalized anxiety disorder (GAD) or panic disorder** in the last 730 days?  
☐ Yes (Approve – 120 days)  
☐ No (Deny)

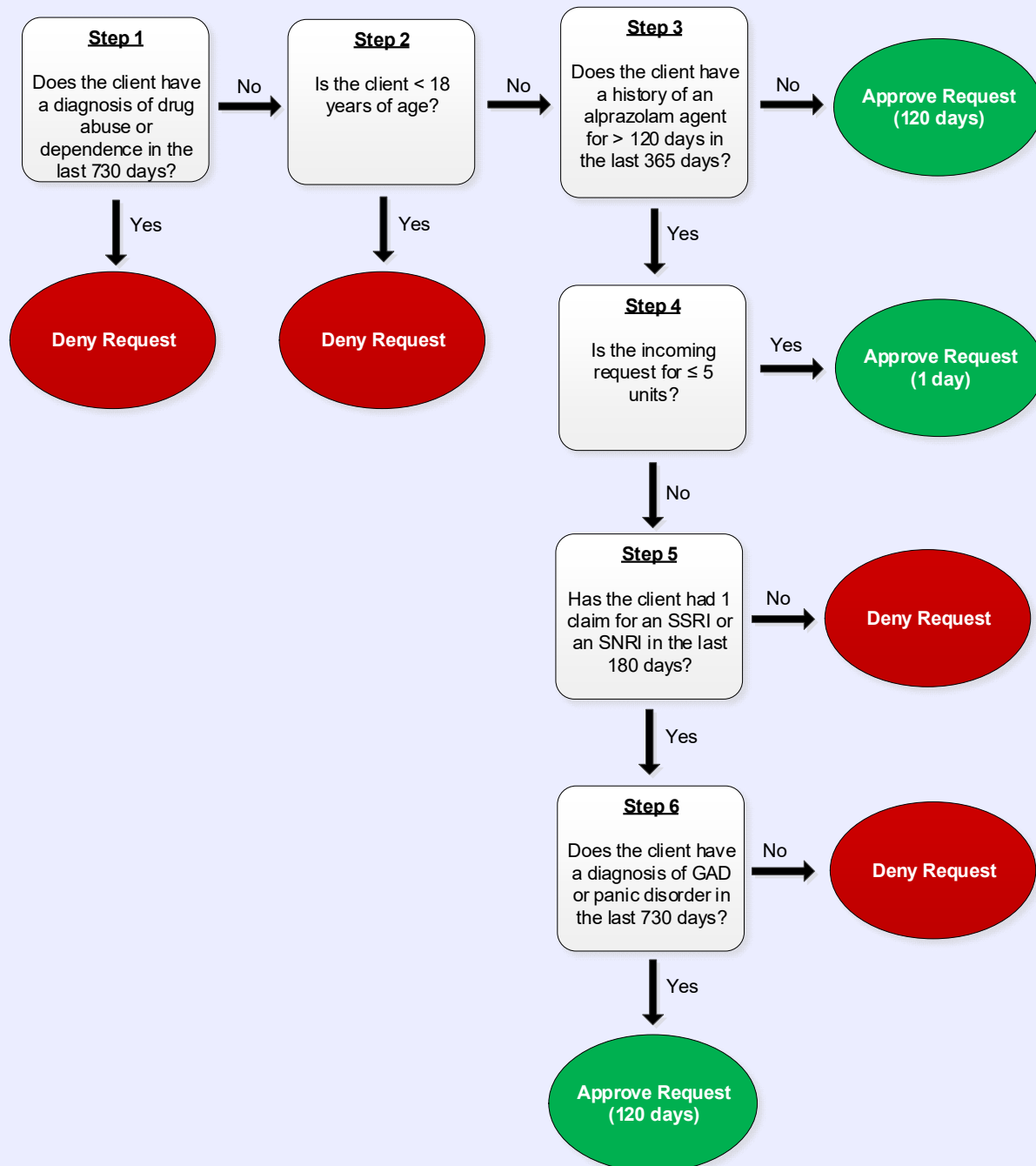


## Anxiolytics and Sedatives/Hypnotics

(ASHs)

### Anxiolytics – Alprazolam

#### Clinical Criteria Logic Diagram





## Anxiolytics and Sedatives/Hypnotics

(ASHs)

### Anxiolytics – Chlordiazepoxide, Meprobamate & Oxazepam

#### Drugs Requiring Prior Authorization

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



## Anxiolytics and Sedatives/Hypnotics

(ASHs)

### Anxiolytics – Chlordiazepoxide, Meprobamate & Oxazepam

#### Clinical Criteria Logic

**Note:** Click the hyperlink to view the supporting table.

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

10. Does the client have a **diagnosis of anxiety disorder** in the last 730 days?  
[ ] Yes (Go to #11)  
[ ] No (Go to #12)
11. Does the client have a history of an **anxiolytic agent** for 180 days in the last 200 days?  
[ ] Yes (Deny)  
[ ] No (Approve – 180 days)
12. Does the client have a history of an **anxiolytic agent** for 60 days in the last 90 days?  
[ ] Yes (Deny)  
[ ] No (Approve – 60 days)



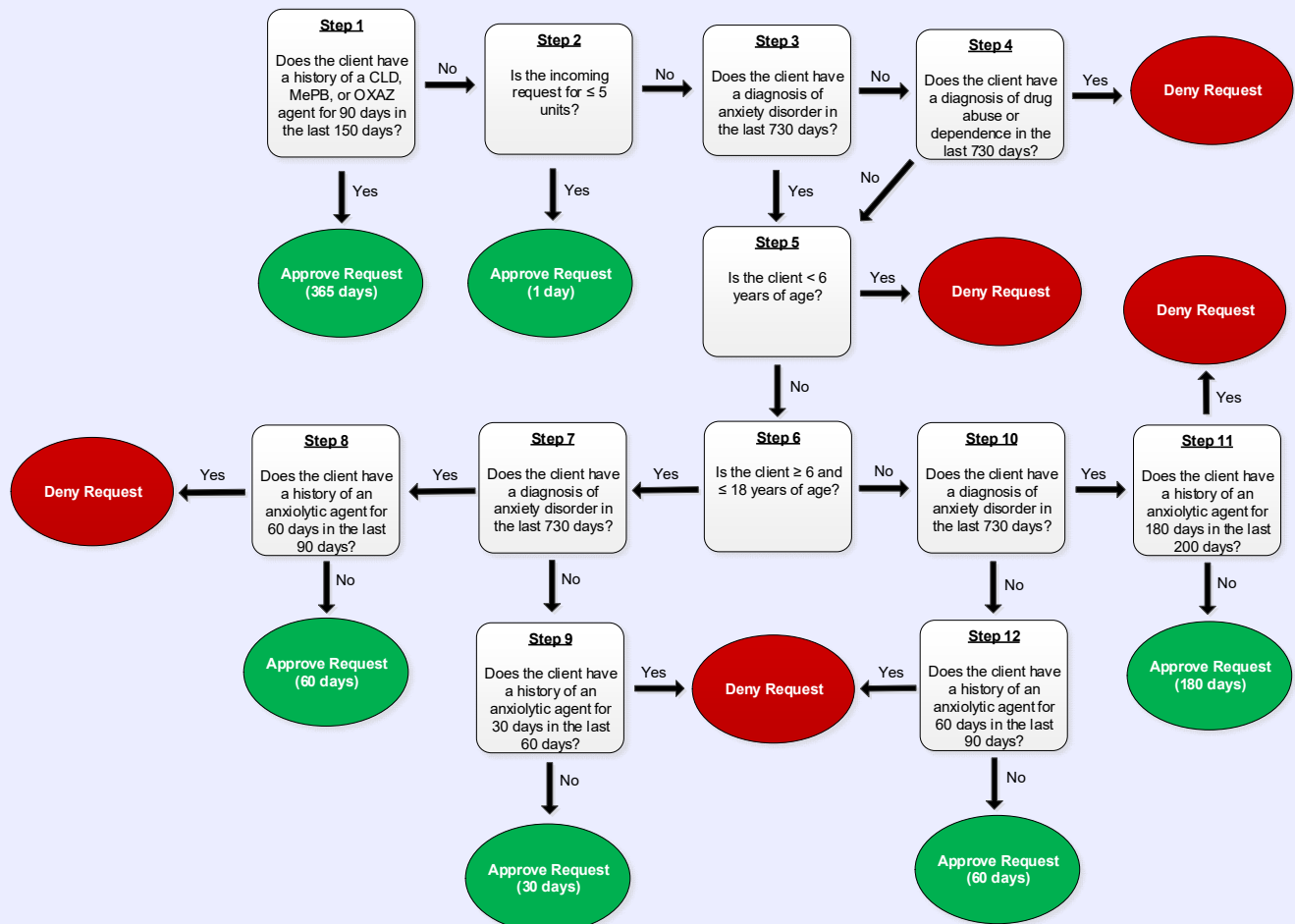


# Anxiolytics and Sedatives/Hypnotics

(ASHs)

Anxiolytics – Chlordiazepoxide, Meprobamate & Oxazepam

## Clinical Criteria Logic Diagram





## Anxiolytics and Sedatives/Hypnotics (ASHs)

### Anxiolytics – Clonazepam & Diazepam Drugs Requiring Prior Authorization

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

Drugs Requiring Prior Authorization	
Label Name	GCN
CLONAZEPAM 0.125 MG DIS TAB	19467
CLONAZEPAM 0.5 MG DIS TABLET	19469
CLONAZEPAM 1 MG DIS TABLET	19470
CLONAZEPAM 0.25 MG ODT	19468
CLONAZEPAM 2 MG ODT	19472
CLONAZEPAM 0.5 MG TABLET	17470
CLONAZEPAM 1 MG TABLET	17471
CLONAZEPAM 2 MG TABLET	17472
DIAZEPAM 10 MG TABLET	14220
DIAZEPAM 10 MG/2 ML CARPUJECT	45092
DIAZEPAM 2 MG TABLET	14221
DIAZEPAM 5 MG TABLET	14222
DIAZEPAM 5 MG/5 ML SOLUTION	45560
DIAZEPAM 5 MG/ML ORAL CONC	45500
DIAZEPAM 50 MG/10 ML VIAL	14210
KLONOPIN 0.5 MG TABLET	17470
KLONOPIN 1 MG TABLET	17471
KLONOPIN 2 MG TABLET	17472



## Anxiolytics and Sedatives/Hypnotics

(ASHs)

### Anxiolytics – Clonazepam & Diazepam Clinical Criteria Logic

**Note:** Click the hyperlink to view the supporting table.

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

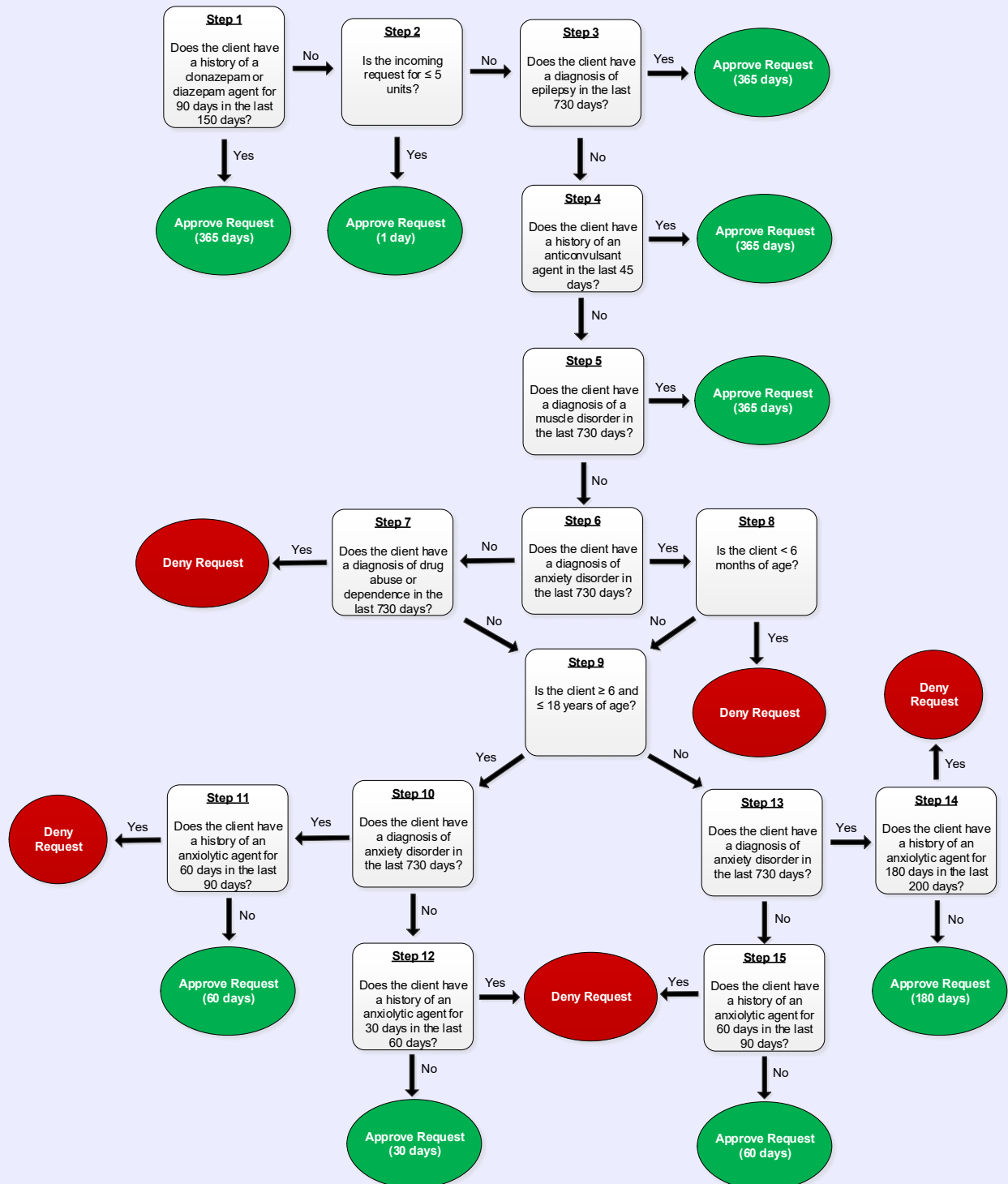
10. Does the client have a **diagnosis of anxiety disorder** in the last 730 days?  
☐ Yes (Go to #11)  
☐ No (Go to #12)
11. Does the client have a history of an **anxiolytic agent** for 60 days in the last 90 days?  
☐ Yes (Deny)  
☐ No (Approve – 60 days)
12. Does the client have a history of an **anxiolytic agent** for 30 days in the last 60 days?  
☐ Yes (Deny)  
☐ No (Approve – 30 days)
13. Does the client have a **diagnosis of anxiety disorder** in the last 730 days?  
☐ Yes (Go to #14)  
☐ No (Go to #15)
14. Does the client have a history of an **anxiolytic agent** for 180 days in the last 200 days?  
☐ Yes (Deny)  
☐ No (Approve – 180 days)
15. Does the client have a history of an **anxiolytic agent** for 60 days in the last 90 days?  
☐ Yes (Deny)  
☐ No (Approve – 60 days)



# Anxiolytics and Sedatives/Hypnotics

(ASHs)

## Anxiolytics – Clonazepam & Diazepam Clinical Criteria Logic Diagram





## Anxiolytics and Sedatives/Hypnotics (ASHs)

### Anxiolytics – Clorazepate Drugs Requiring Prior Authorization

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



## Anxiolytics and Sedatives/Hypnotics

(ASHs)

### Anxiolytics – Clorazepate Clinical Criteria Logic

**Note:** Click the hyperlink to view the supporting table.

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

10. Does the client have a history of an **anxiolytic agent** for 60 days in the last 90 days?
- ☐ Yes (Deny)
  - ☐ No (Approve – 60 days)
11. Does the client have a history of an **anxiolytic agent** for 30 days in the last 60 days?
- ☐ Yes (Deny)
  - ☐ No (Approve – 30 days)
12. Does the client have a **diagnosis of anxiety disorder** in the last 730 days?
- ☐ Yes (Go to #13)
  - ☐ No (Go to #14)
13. Does the client have a history of an **anxiolytic agent** for 180 days in the last 200 days?
- ☐ Yes (Deny)
  - ☐ No (Approve 180 days)
14. Does the client have a history of an **anxiolytic agent** for 60 days in the last 90 days?
- ☐ Yes (Deny)
  - ☐ No (Approve – 60 days)

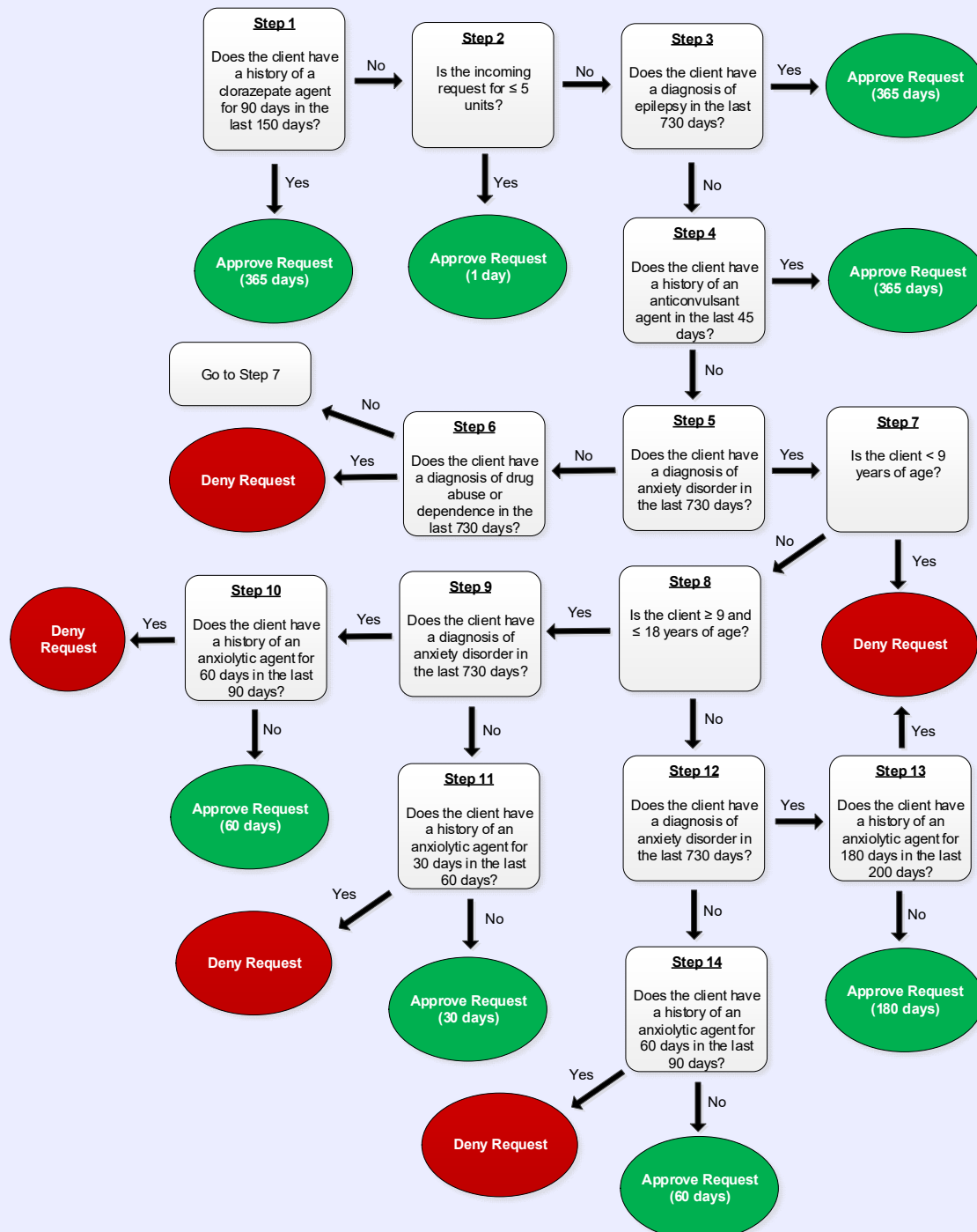




# Anxiolytics and Sedatives/Hypnotics

(ASHs)

## Anxiolytics – Clorazepate Clinical Criteria Logic Diagram





## Anxiolytics and Sedatives/Hypnotics (ASHs)

### Anxiolytics – Lorazepam Drugs Requiring Prior Authorization

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

Drugs Requiring Prior Authorization	
Label Name	GCN
LORAZEPAM 0.5 MG TABLET	14160
LORAZEPAM 1 MG TABLET	14161
LORAZEPAM 2 MG TABLET	14162
LORAZEPAM 2 MG/ML VIAL	14140
LORAZEPAM INTENSOL 2 MG/ML	19601



## Anxiolytics and Sedatives/Hypnotics

(ASHs)

### Anxiolytics – Lorazepam Clinical Criteria Logic

**Note:** Click the hyperlink to view the supporting table.

1. Is the client less than (<) 2 years of age?  
☐ Yes (And the request is for lorazepam oral solution, approve – 365 days)  
☐ Yes (And the request is for lorazepam tablets or vial, deny)  
☐ No (Go to #2)
2. Does the client have a history of a **lorazepam agent** for 90 days in the last 150 days?  
☐ Yes (Approve – 365 days)  
☐ No (Go to #3)
3. Is the incoming request for less than or equal to ( $\leq$ ) 5 units?  
☐ Yes (Approve – 1 day)  
☐ No (Go to #4)
4. Does the client have a **diagnosis of epilepsy** in the last 730 days?  
☐ Yes (Approve – 365 days)  
☐ No (Go to #5)
5. Does the client have a history of an **anticonvulsant agent** in the last 45 days?  
☐ Yes (Approve – 365 days)  
☐ No (Go to #6)
6. Does the client have a history of an **antineoplastic agent, chemotherapy related procedural code, radiation-induced nausea and vomiting, or radiation procedural codes** in the last 365 days?  
☐ Yes (Approve – 365 days)  
☐ No (Go to #7)
7. Does the client have a **diagnosis of muscle disorder** in the last 730 days?  
☐ Yes (Approve – 365 days)  
☐ No (Go to #8)
8. Does the client have a **diagnosis of anxiety disorder** in the last 730 days?  
☐ Yes (Go to #10)  
☐ No (Go to #9)
9. Does the client have a **diagnosis of drug abuse or dependence** in the last 730 days?  
☐ Yes (Deny)  
☐ No (Go to #10)

10. Is the client greater than (>) 2 years of age and less than (<) 12 years of age?

- ☐ Yes (Deny)
- ☐ No (Go to #11)

11. Is the client between 12 and 18 ( $\geq 12$  and  $\leq 18$ ) years of age?

- ☐ Yes (Go to #12)
- ☐ No (Go to #15)

12. Does the client have a **diagnosis of anxiety disorder** in the last 730 days?

- ☐ Yes (Go to #13)
- ☐ No (Go to #14)

13. Does the client have a history of an **anxiolytic agent** for 60 days in the last 90 days?

- ☐ Yes (Deny)
- ☐ No (Approve – 60 days)

14. Does the client have a history of an **anxiolytic agent** for 30 days in the last 60 days?

- ☐ Yes (Deny)
- ☐ No (Approve – 30 days)

15. Does the client have a **diagnosis of anxiety disorder** in the last 730 days?

- ☐ Yes (Go to #16)
- ☐ No (Go to #17)

16. Does the client have a history of an **anxiolytic agent** for 180 days in the last 200 days?

- ☐ Yes (Deny)
- ☐ No (Approve 180 days)

17. Does the client have a history of an **anxiolytic agent** for 60 days in the last 90 days?

- ☐ Yes (Deny)
- ☐ No (Approve – 60 days)

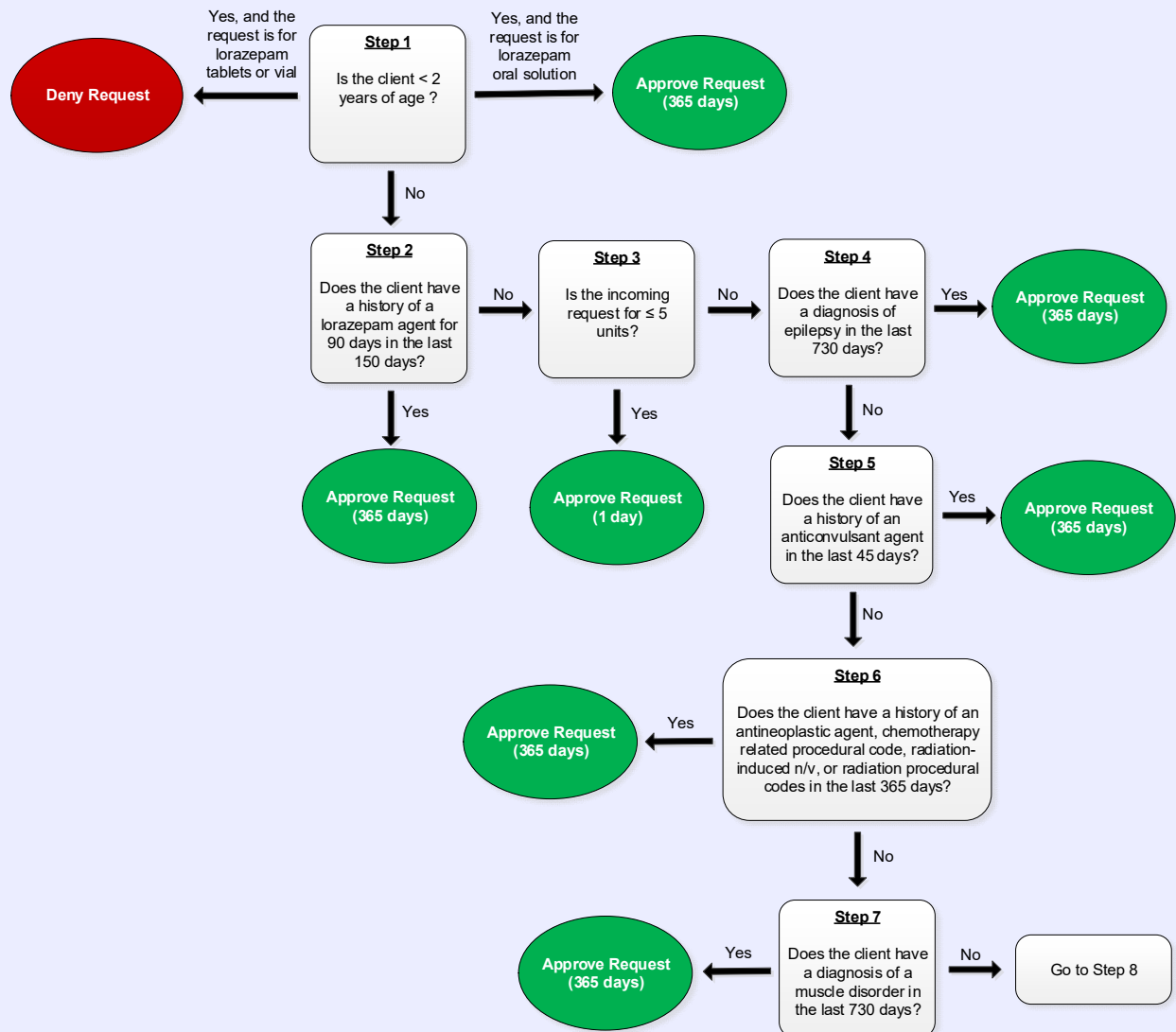


# Anxiolytics and Sedatives/Hypnotics

(ASHs)

## Anxiolytics – Lorazepam Clinical Criteria Logic Diagram

Page 1:



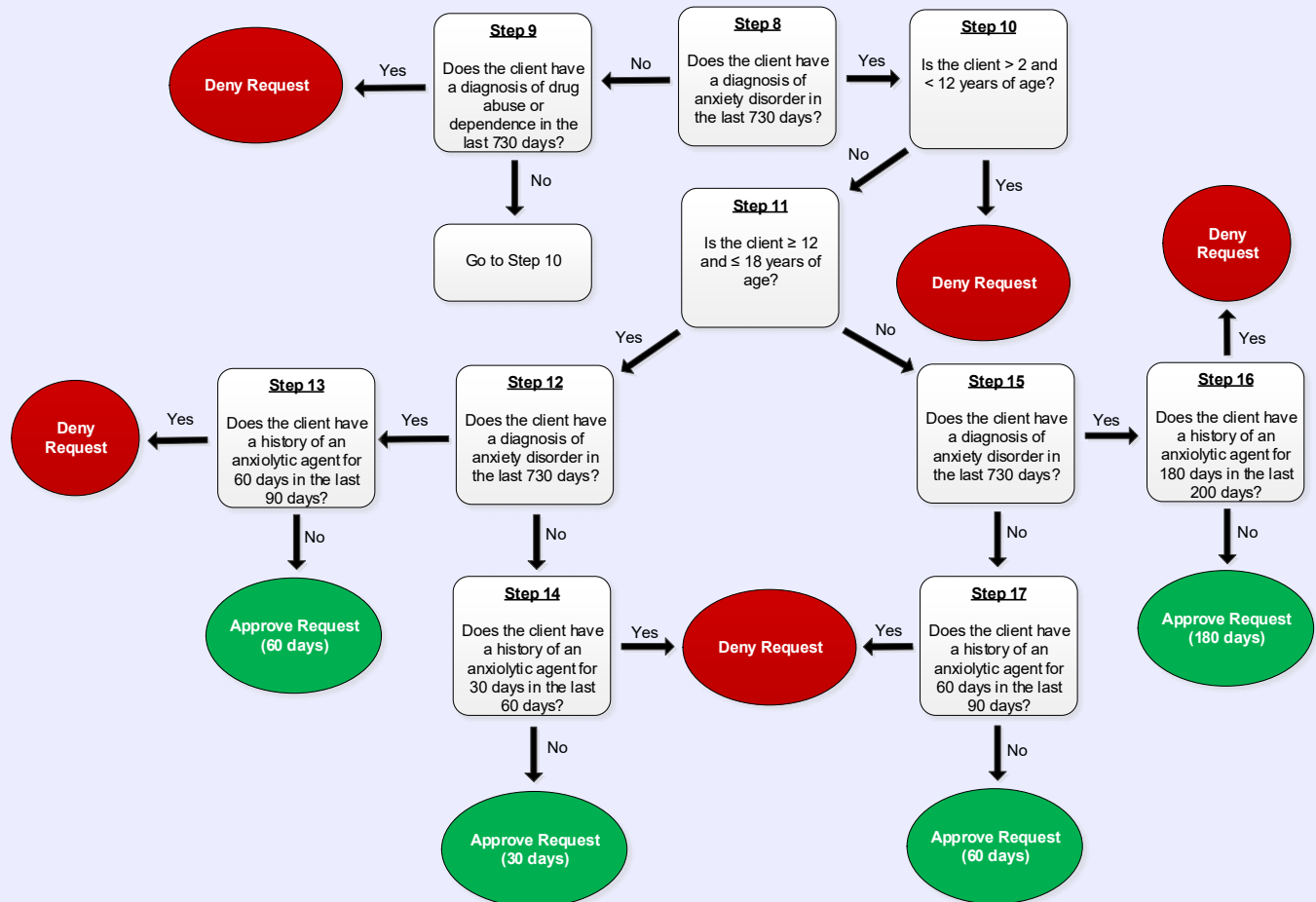


# Anxiolytics and Sedatives/Hypnotics

(ASHs)

## Anxiolytics – Lorazepam Clinical Criteria Logic Diagram

Page 2:





## Anxiolytics and Sedatives/Hypnotics (ASHs)

### Sedatives/Hypnotics – Adults Drugs Requiring Prior Authorization

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Drugs Requiring Prior Authorization	
Label Name	GCN
AMBIEN 5 MG TABLET	00870
AMBIEN 10 MG TABLET	00871
AMBIEN CR 6.25 MG TABLET	25456
AMBIEN CR 12.5 MG TABLET	25457
BELSOMRA 10 MG TABLET	36968
BELSOMRA 15 MG TABLET	36969
BELSOMRA 20 MG TABLET	36971
BELSOMRA 5 MG TABLET	36967
DAYVIGO 10 MG TABLET	47484
DAYVIGO 5 MG TABLET	47479
EDLUAR 5 MG SL TABLET	26183
EDLUAR 10 MG SL TABLET	26182
ESTAZOLAM 1 MG TABLET	19181
ESTAZOLAM 2 MG TABLET	19182
ESZOPICLONE 1 MG TABLET	23927
ESZOPICLONE 2 MG TABLET	23926
ESZOPICLONE 3 MG TABLET	23925
LUNESTA 1 MG TABLET	23927
LUNESTA 2 MG TABLET	23926
LUNESTA 3 MG TABLET	23925
QUVIVIQ 25 MG TABLET	51785
QUVIVIQ 50 MG TABLET	51787
RESTORIL 7.5 MG CAPSULE	13845
RESTORIL 15 MG CAPSULE	13840
RESTORIL 22.5 MG CAPSULE	24036
RESTORIL 30 MG CAPSULE	13841
TEMAZEPAM 7.5 MG CAPSULE	13845
TEMAZEPAM 15 MG CAPSULE	13840
TEMAZEPAM 22.5 MG CAPSULE	24036
TEMAZEPAM 30 MG CAPSULE	13841

Drugs Requiring Prior Authorization	
Label Name	GCN
TRIAZOLAM 0.125 MG TABLET	14282
TRIAZOLAM 0.25 MG TABLET	14280
ZALEPLON 5 MG CAPSULE	92713
ZALEPLON 10 MG CAPSULE	92723
ZOLPIDEM TART 1.75 MG TABLET SL	31562
ZOLPIDEM TART 3.5 MG TABLET SL	31563
ZOLPIDEM TART ER 6.25 MG TAB	25456
ZOLPIDEM TART ER 12.5 MG TAB	25457
ZOLPIDEM TARTRATE 5 MG TABLET	00870
ZOLPIDEM TARTRATE 10 MG TABLET	00871





## Anxiolytics and Sedatives/Hypnotics

(ASHs)

### Sedatives/Hypnotics – Adults

#### Clinical Criteria Logic

**Note:** Click the hyperlink to view the supporting table.

1. Is the incoming request for less than or equal to ( $\leq$ ) 5 units?  
☐ Yes (Approve – 1 day)  
☐ No (Go to #2)
2. Does the client have a **diagnosis of insomnia** in the last 365 days?  
☐ Yes (Go to #3)  
☐ No (Deny)
3. Is the client greater than or equal to ( $\geq$ ) 18 years of age?  
☐ Yes (Go to #4)  
☐ No (Deny)
4. Does the client have a **diagnosis of drug abuse/dependence** in the last 365 days?  
☐ Yes (Deny)  
☐ No (Go to #5)
5. Is the incoming request for greater than ( $>$ ) 1 unit/day?  
☐ Yes (Deny)  
☐ No (Approve – 180 days)

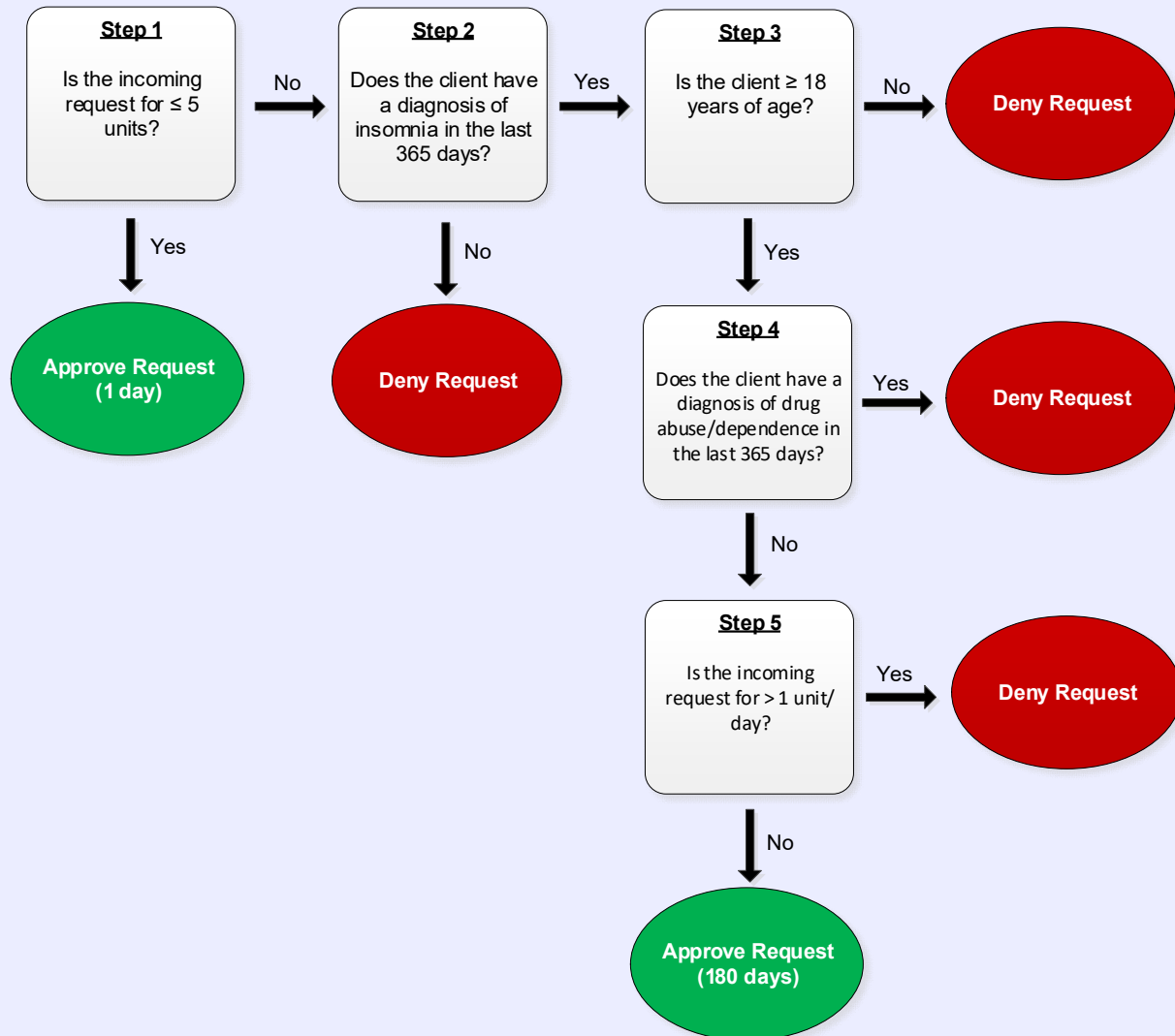


## Anxiolytics and Sedatives/Hypnotics

(ASHs)

### Sedatives/Hypnotics – Adults

#### Clinical Criteria Logic Diagram





## Anxiolytics and Sedatives/Hypnotics (ASHs)

### Sedatives/Hypnotics – Butabarbital Drugs Requiring Prior Authorization

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



## Anxiolytics and Sedatives/Hypnotics

(ASHs)

### Sedatives/Hypnotics – Butabarbital Clinical Criteria Logic

**Note:** Click the hyperlink to view the supporting table.

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

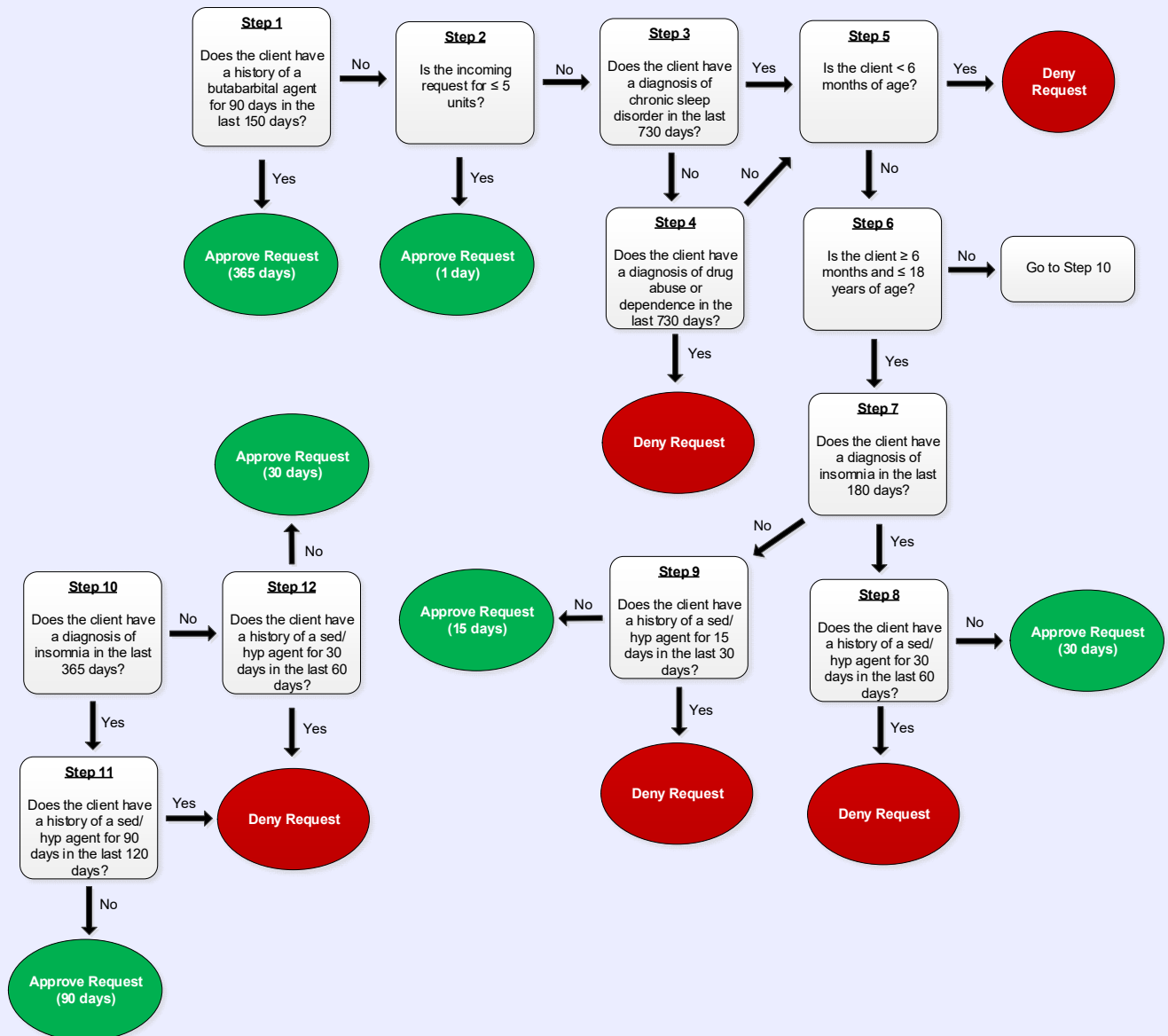
10. Does the client have a **diagnosis of insomnia** in the last 365 days?  
☐ Yes (Go to #11)  
☐ No (Go to #12)
11. Does the client have a history of a **sedative/hypnotic agent** for 90 days in the last 120 days?  
☐ Yes (Deny)  
☐ No (Approve – 90 days)
12. Does the client have a history of a **sedative/hypnotic agent** for 30 days in the last 60 days?  
☐ Yes (Deny)  
☐ No (Approve – 30 days)



# Anxiolytics and Sedatives/Hypnotics

(ASHs)

## Sedatives/Hypnotics – Butabarbital Clinical Criteria Logic Diagram





## Anxiolytics and Sedatives/Hypnotics (ASHs)

### Sedatives/Hypnotics – Flurazepam Drugs Requiring Prior Authorization

*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](https://TxVendorDrug.com/formulary/formulary-search).*

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



## Anxiolytics and Sedatives/Hypnotics

(ASHs)

### Sedatives/Hypnotics – Flurazepam

#### Clinical Criteria Logic

**Note:** Click the hyperlink to view the supporting table.

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



10. Does the client have a **diagnosis of insomnia** in the last 365 days?
- ☐ Yes (Go to #11)
  - ☐ No (Go to #12)
11. Does the client have a history of a **sedative/hypnotic agent** for 90 days in the last 120 days?
- ☐ Yes (Deny)
  - ☐ No (Approve – 90 days)
12. Does the client have a history of a **sedative/hypnotic agent** for 30 days in the last 60 days?
- ☐ Yes (Deny)
  - ☐ No (Approve – 30 days)

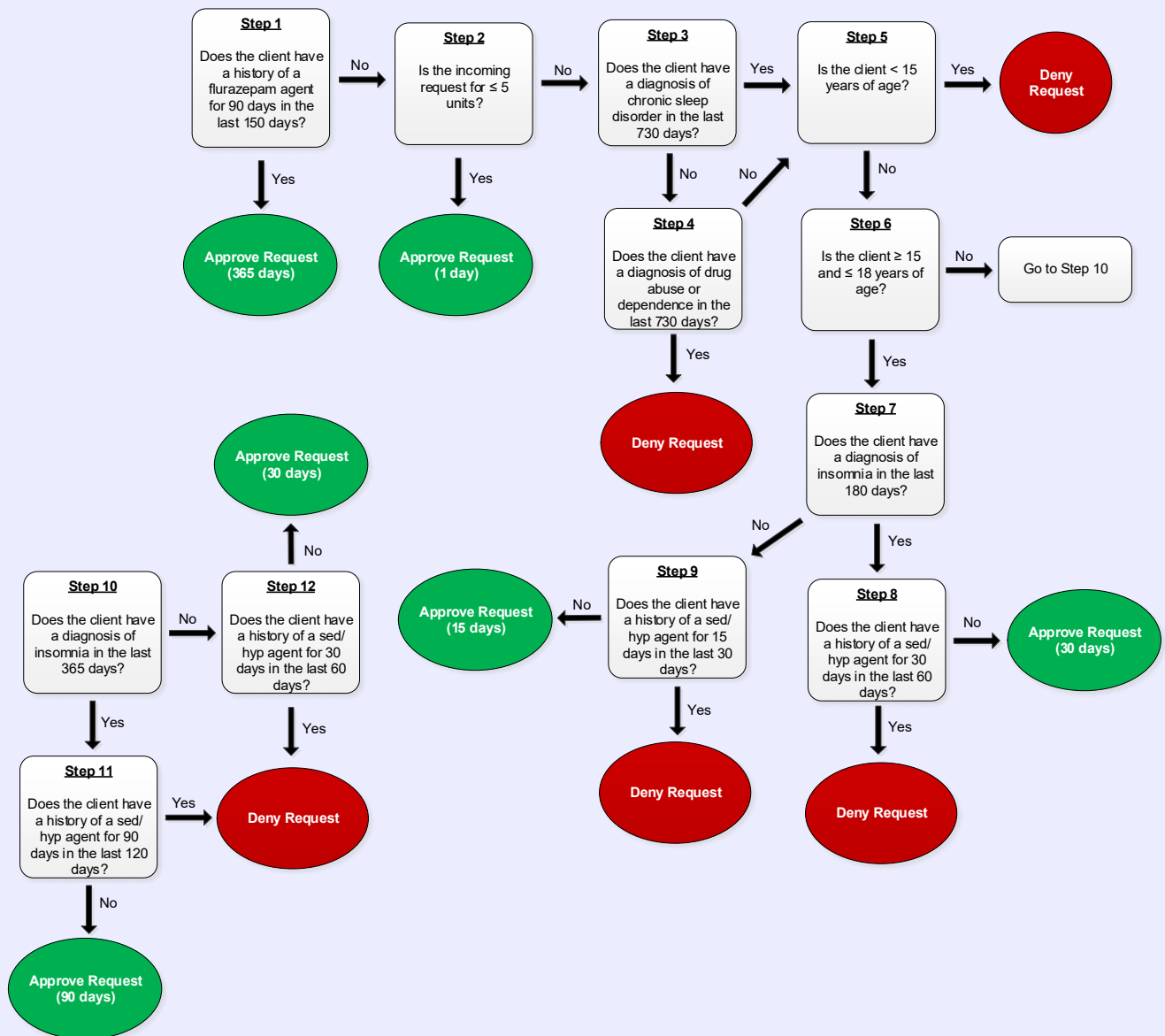


# Anxiolytics and Sedatives/Hypnotics

(ASHs)

## Sedatives/Hypnotics – Flurazepam

### Clinical Criteria Logic Diagram





## Anxiolytics and Sedatives/Hypnotics (ASHs)

### Sedatives/Hypnotics – Ramelteon Drugs Requiring Prior Authorization

*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](https://TxVendorDrug.com/formulary/formulary-search).*

Drugs Requiring Prior Authorization	
Label Name	GCN
ROZEREM 8 MG TABLET	25202



## Anxiolytics and Sedatives/Hypnotics

(ASHs)

### Sedatives/Hypnotics – Ramelteon Clinical Criteria Logic

**Note:** Click the hyperlink to view the supporting table.

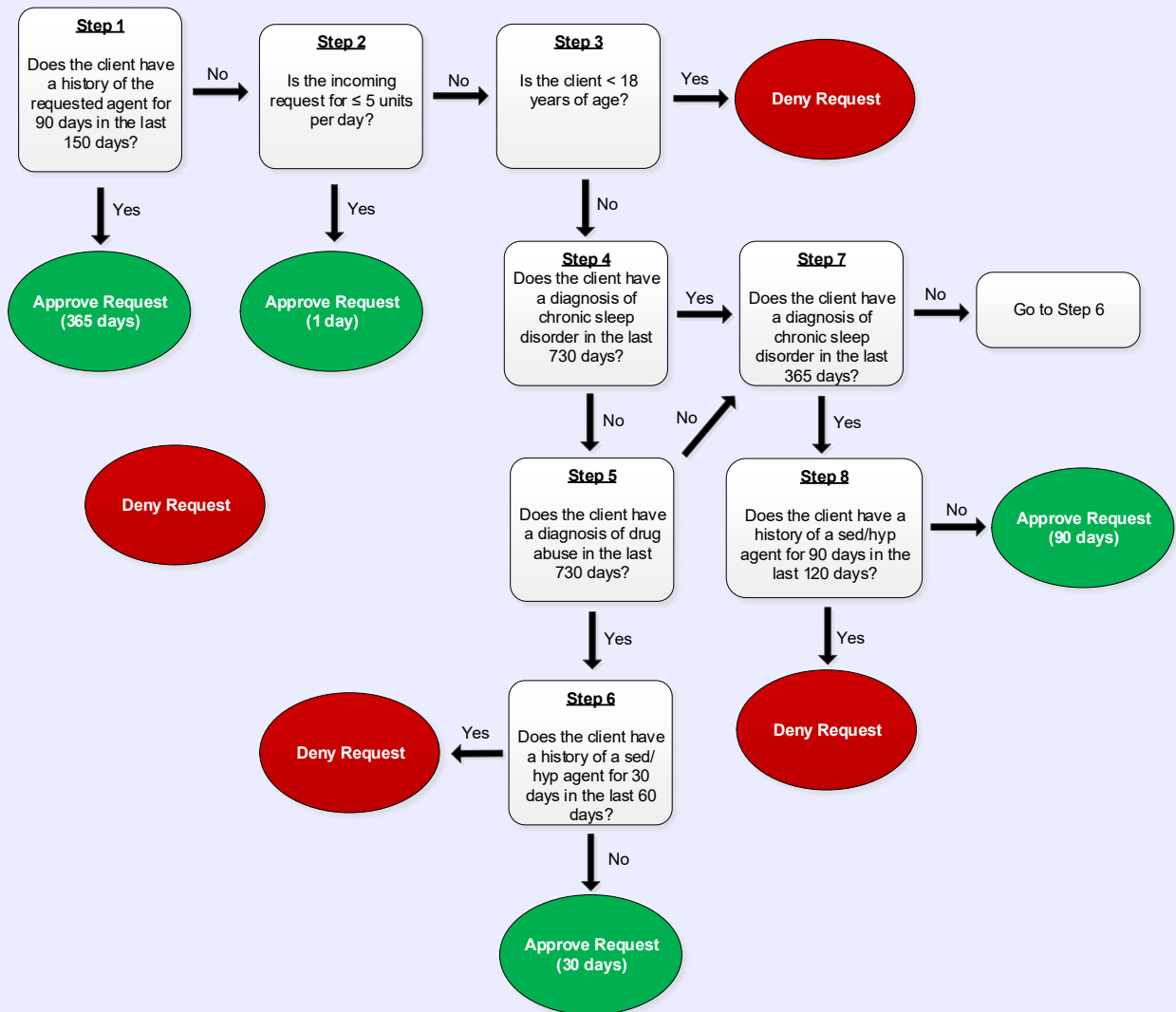
1. Does the client have a history of the requested agent for 90 days in the last 150 days?  
☐ Yes (Approve – 365 days)  
☐ No (Go to #2)
2. Is the incoming request for less than or equal to ( $\leq$ ) 5 units?  
☐ Yes (Approve – 1 day)  
☐ No (Go to #3)
3. Is the client less than ( $<$ ) 18 years of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



# Anxiolytics and Sedatives/Hypnotics

(ASHs)

## Sedatives/Hypnotics – Ramelteon Clinical Criteria Logic Diagram





## Anxiolytics and Sedatives/Hypnotics (ASHs)

Hetlioz (Tasimelteon)

### Drugs Requiring Prior Authorization

Drugs Requiring Prior Authorization	
Label Name	GCN
HETLIOZ 20 MG CAPSULE	36068
HETLIOZ LQ 4 MG/ML SUSPENSION	48937
TASIMELTEON 20 MG CAPSULE	36068



## Anxiolytics and Sedatives/Hypnotics (ASHs)

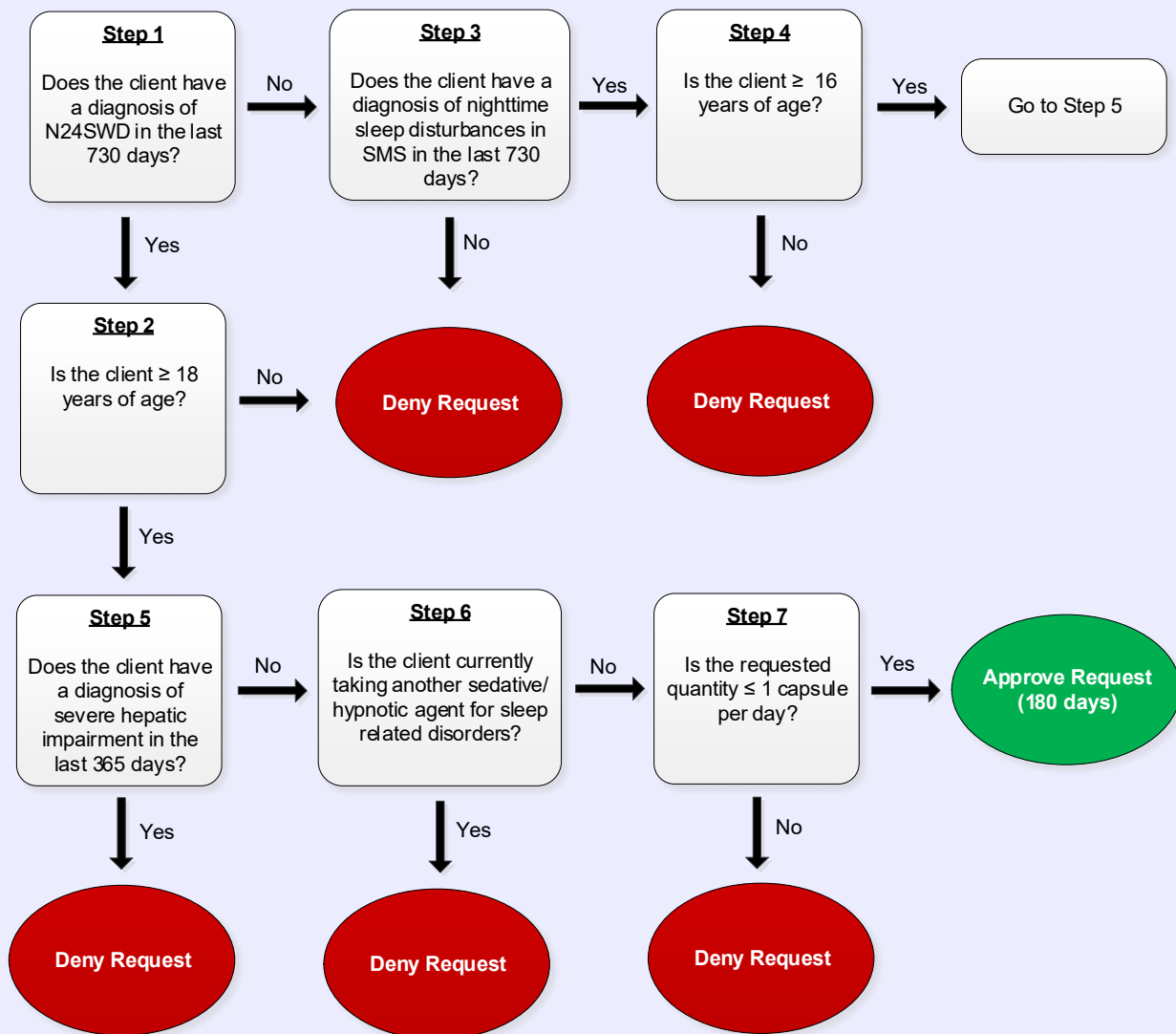
### Hetlioz (Tasimelteon) capsules Clinical Criteria Logic

1. Does the client have a diagnosis of **non-24 hour sleep-wake disorder (N24SWD)** in the last 730 days?  
☐ Yes (Go to #2)  
☐ No (Go to #3)
2. Is the client greater than or equal to ( $\geq$ ) 18 years of age?  
☐ Yes (Go to #5)  
☐ No (Deny)
3. Does the client have a diagnosis of nighttime sleep disturbances in **Smith-Magenis Syndrome (SMS)** in the last 730 days?  
☐ Yes (Go to #4)  
☐ No (Deny)
4. Is the client greater than or equal to ( $\geq$ ) 16 years of age?  
☐ Yes (Go to #5)  
☐ No (Deny)
5. Does the client have a diagnosis of **severe hepatic impairment** in the last 365 days?  
☐ Yes (Deny)  
☐ No (Go to #6)
6. Is the client currently taking another **sedative/hypnotic agent** for sleep related disorders?  
☐ Yes (Deny)  
☐ No (Go to #7)
7. Is the requested quantity less than or equal to ( $\leq$ ) 1 capsule daily?  
☐ Yes (Approve – 180 days)  
☐ No (Deny)



## Anxiolytics and Sedatives/Hypnotics (ASHs)

### Hetlioz (Tasimelteon) capsules Clinical Criteria Logic Diagram







## Anxiolytics and Sedatives/Hypnotics (ASHs)

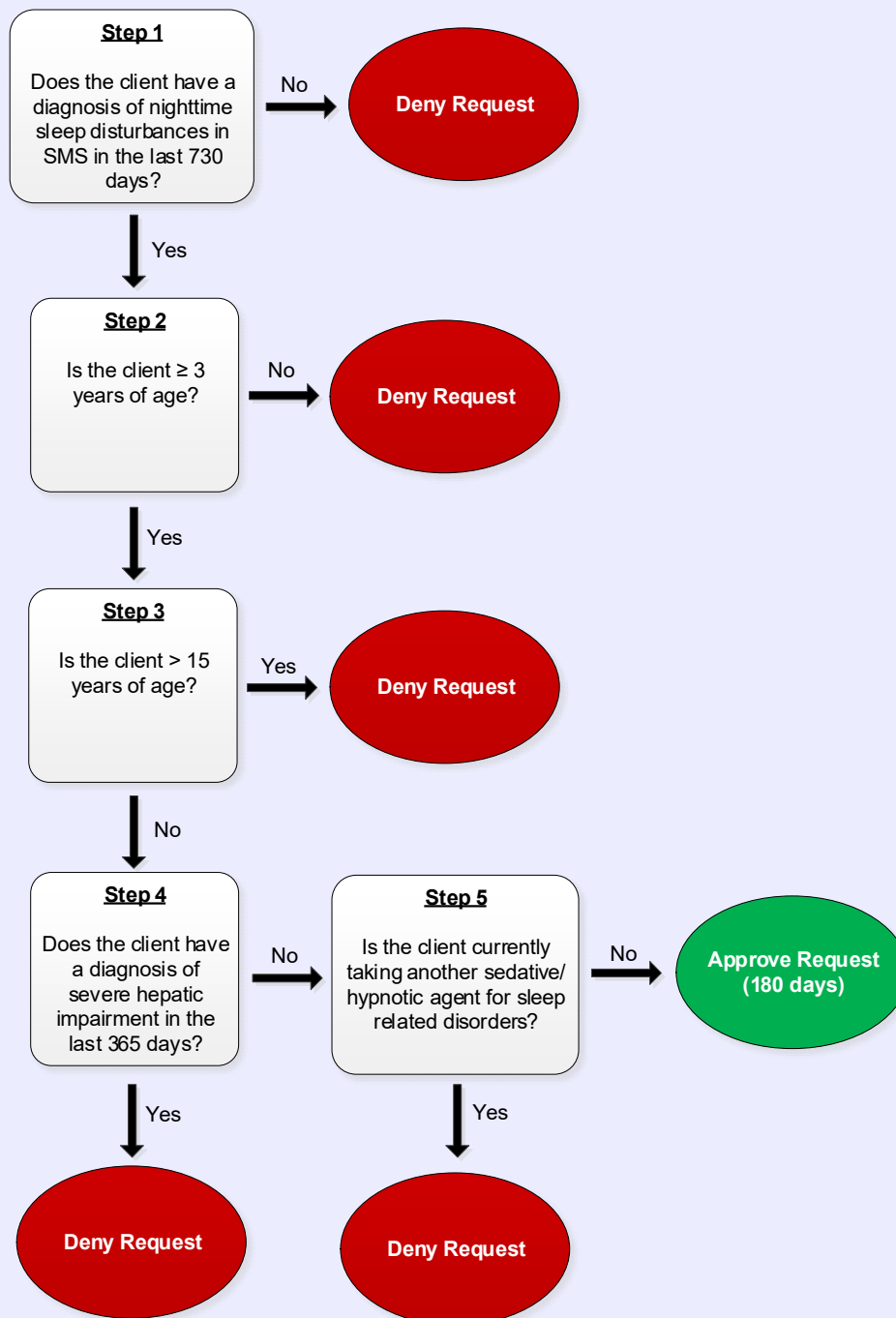
### Hetlioz LQ (Tasimelteon) suspension Clinical Criteria Logic

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



## Anxiolytics and Sedatives/Hypnotics (ASHs)

### Hetlioz LQ (Tasimelteon) suspension Clinical Criteria Logic Diagram





## Anxiolytics and Sedatives/Hypnotics (ASHs)

### Clinical Criteria Supporting Tables

Alprazolam Agents	
<b>History of prior therapy in the last 90 days</b> <b>Required quantity: 1</b> <b>Look back timeframe: 150 days</b>	
Label Name	GCN
ALPRAZOLAM 0.25MG TABLET	14260
ALPRAZOLAM 0.5MG TABLET	14261
ALPRAZOLAM 1MG TABLET	14262
ALPRAZOLAM 1MG/ML ORAL CONC	14264
ALPRAZOLAM 2MG TABLET	14263
ALPRAZOLAM ER 0.5MG TABLET	17423
ALPRAZOLAM ER 1MG TABLET	17424
ALPRAZOLAM ER 2MG TABLET	17425
ALPRAZOLAM ER 3MG TABLET	19681
ALPRAZOLAM ODT 0.25MG TABLET	24368
ALPRAZOLAM ODT 0.5MG TABLET	24369
ALPRAZOLAM ODT 1MG TABLET	24373
ALPRAZOLAM ODT 2MG TABLET	24374
XANAX 0.25MG TABLET	14260
XANAX 0.5MG TABLET	14261
XANAX 1MG TABLET	14262
XANAX 2MG TABLET	14263
XANAX XR 0.5MG TABLET	17423
XANAX XR 1MG TABLET	17424
XANAX XR 2MG TABLET	17425
XANAX XR 3MG TABLET	19681

<b>Anticonvulsant Agents</b>	
<b>History of prior therapy</b>	
<b>Required quantity: 1</b>	
<b>Look back timeframe: 45 days</b>	
<b>Label Name</b>	<b>GCN</b>
APTiom 200 MG TABLET	36098
APTiom 400 MG TABLET	36099
APTiom 600 MG TABLET	36106
APTiom 800MG TABLET	27409
BANZEL 40 MG/ML SUSPENSION	29462
BANZEL 200 MG TABLET	98836
BANZEL 400 MG TABLET	98837
BRIVIACT 10 MG TABLET	40716
BRIVIACT 10 MG/ML ORAL SOLN	40712
BRIVIACT 100 MG TABLET	40723
BRIVIACT 25 MG TABLET	40717
BRIVIACT 50 MG TABLET	40718
BRIVIACT 50 MG/5 ML VIAL	40709
BRIVIACT 75 MG TABLET	40719
CARBAMAZEPINE 100 MG TAB CHEW	17460
CARBAMAZEPINE 100 MG/5 ML SUSP	47500
CARBAMAZEPINE 200 MG TABLET	17450
CARBAMAZEPINE ER 100 MG CAP	23934
CARBAMAZEPINE ER 100 MG TABLET	27820
CARBAMAZEPINE ER 200 MG CAP	23932
CARBAMAZEPINE ER 300 MG CAP	23933
CARBAMAZEPINE XR 200 MG TABLET	27821
CARBAMAZEPINE XR 400 MG TABLET	27822
CARBATROL ER 100 MG CAPSULE	23934
CARBATROL ER 200 MG CAPSULE	23932
CARBATROL ER 300 MG CAPSULE	23933
CELONTIN 300 MG KAPSEAL	17411
DEPAKENE 250 MG CAPSULE	17270
DEPAKENE 250 MG/5 ML SOLUTION	17280
DEPAKOTE 125 MG SPRINKLE CAP	17400
DEPAKOTE DR 125 MG TABLET	17292
DEPAKOTE DR 250 MG TABLET	17290
DEPAKOTE DR 500 MG TABLET	17291
DEPAKOTE ER 250 MG TABLET	18754

<b>Anticonvulsant Agents</b>	
<b>History of prior therapy</b>	
<b>Required quantity: 1</b>	
<b>Look back timeframe: 45 days</b>	
<b>Label Name</b>	<b>GCN</b>
DEPAKOTE ER 500 MG TABLET	18040
DILANTIN 30 MG CAPSULE	17701
DILANTIN 100 MG CAPSULE	17700
DILANTIN 50 MG INFATAB	17250
DILANTIN 125 MG/5 ML SUSP	17241
DIVALPROEX SOD DR 125 MG TAB	17292
DIVALPROEX SOD DR 250 MG TAB	17290
DIVALPROEX SOD DR 500 MG TAB	17291
DIVALPROEX SOD ER 250 MG TAB	18754
DIVALPROEX SOD ER 500 MG TAB	18040
DIVALPROEX SODIUM 125 MG CAP	17400
EPIDIOLEX 100 MG/ML SOLUTION	45169
EPITOL 200 MG TABLET	17450
EQUETRO 100 MG CAPSULE	13781
EQUETRO 200 MG CAPSULE	13805
EQUETRO 300 MG CAPSULE	13818
ETHOSUXIMIDE 250 MG CAPSULE	17420
ETHOSUXIMIDE 250 MG/5 ML SYRP	17430
FELBAMATE 600 MG/5 ML SUSP	38020
FELBAMATE 400 MG TABLET	38021
FELBAMATE 600 MG TABLET	38022
FELBATOL 600 MG/5 ML SUSP	38020
FELBATOL 400 MG TABLET	38021
FELBATOL 600 MG TABLET	38022
FYCOMPA 0.5 MG/ML ORAL SUSP	41309
FYCOMPA 10 MG TABLET	33275
FYCOMPA 12 MG TABLET	33276
FYCOMPA 2 MG TABLET	33271
FYCOMPA 4 MG TABLET	33272
FYCOMPA 6 MG TABLET	33273
FYCOMPA 8 MG TABLET	33274
GABAPENTIN 100 MG CAPSULE	00780
GABAPENTIN 300 MG CAPSULE	00781
GABAPENTIN 400 MG CAPSULE	00782

<b>Anticonvulsant Agents</b>	
<b>History of prior therapy</b>	
<b>Required quantity: 1</b>	
<b>Look back timeframe: 45 days</b>	
<b>Label Name</b>	<b>GCN</b>
GABAPENTIN 250 MG/5 ML SOLN	13235
GABAPENTIN 600 MG TABLET	94624
GABAPENTIN 800 MG TABLET	94447
GABITRIL 2 MG TABLET	54681
GABITRIL 4 MG TABLET	37980
GABITRIL 12 MG TABLET	37981
GABITRIL 16 MG TABLET	37982
KEPPRA 100 MG/ML ORAL SOLN	20353
KEPPRA 250 MG TABLET	41587
KEPPRA 500 MG TABLET	41597
KEPPRA 750 MG TABLET	41586
KEPPRA 1,000 MG TABLET	86223
KEPPRA XR 500 MG TABLET	14305
KEPPRA XR 750 MG TABLET	20765
LAMICTAL 100 MG TABLET	64316
LAMICTAL 150 MG TABLET	64324
LAMICTAL 200 MG TABLET	64325
LAMICTAL 25 MG DISPER TABLET	64322
LAMICTAL 25 MG TABLET	64317
LAMICTAL 5 MG DISPER TABLET	64323
LAMICTAL ODT 100 MG TABLET	23254
LAMICTAL ODT 200 MG TABLET	23274
LAMICTAL ODT 25 MG TABLET	23201
LAMICTAL ODT 50 MG TABLET	23096
LAMICTAL ODT START KIT (BLUE)	23294
LAMICTAL ODT START KIT (GREEN)	23309
LAMICTAL ODT START KT (ORANGE)	23293
LAMICTAL TAB START KIT (BLUE)	23969
LAMICTAL TAB START KIT (GREEN)	23972
LAMICTAL TB START KIT (ORANGE)	23973
LAMICTAL XR 100 MG TABLET	24703
LAMICTAL XR 200 MG TABLET	24739
LAMICTAL XR 25 MG TABLET	24693
LAMICTAL XR 250 MG TABLET	30787

<b>Anticonvulsant Agents</b>	
<b>History of prior therapy</b>	
<b>Required quantity: 1</b>	
<b>Look back timeframe: 45 days</b>	
<b>Label Name</b>	<b>GCN</b>
LAMICTAL XR 300 MG TABLET	29725
LAMICTAL XR 50 MG TABLET	24697
LAMICTAL XR START KIT (BLUE)	24851
LAMICTAL XR START KIT (GREEN)	24856
LAMICTAL XR START KIT (ORANGE)	24869
LAMOTRIGINE 100 MG TABLET	64316
LAMOTRIGINE 150 MG TABLET	64324
LAMOTRIGINE 200 MG TABLET	64325
LAMOTRIGINE 25 MG DISPER TAB	64322
LAMOTRIGINE 25 MG TABLET	64317
LAMOTRIGINE 5 MG DISPER TABLET	64323
LAMOTRIGINE ER 100 MG TABLET	24703
LAMOTRIGINE ER 200 MG TABLET	24739
LAMOTRIGINE ER 25 MG TABLET	24693
LAMOTRIGINE ER 250 MG TABLET	30787
LAMOTRIGINE ER 300 MG TABLET	29725
LAMOTRIGINE ER 50 MG TABLET	24697
LAMOTRIGINE ODT 100 MG TABLET	23254
LAMOTRIGINE ODT 200 MG TABLET	23274
LAMOTRIGINE ODT 25 MG TABLET	23201
LAMOTRIGINE ODT 50 MG TABLET	23096
LAMOTRIGINE ODT KIT (BLUE)	23294
LAMOTRIGINE ODT KIT (GREEN)	23309
LAMOTRIGINE ODT KIT (ORANGE)	23293
LEVETIRACETAM 100 MG/ML SOLN	20353
LEVETIRACETAM 250 MG TABLET	41587
LEVETIRACETAM 500 MG TABLET	41597
LEVETIRACETAM 750 MG TABLET	41586
LEVETIRACETAM 1,000 MG TABLET	86223
LEVETIRACETAM ER 500 MG TABLET	14305
LEVETIRACETAM ER 750 MG TABLET	20765
LYRICA 20 MG/ML ORAL SOLUTION	32359
LYRICA 25 MG CAPSULE	23039
LYRICA 50 MG CAPSULE	23046

<b>Anticonvulsant Agents</b>	
<b>History of prior therapy</b>	
<b>Required quantity: 1</b>	
<b>Look back timeframe: 45 days</b>	
<b>Label Name</b>	<b>GCN</b>
LYRICA 75 MG CAPSULE	23047
LYRICA 100 MG CAPSULE	23048
LYRICA 150 MG CAPSULE	23049
LYRICA 200 MG CAPSULE	23051
LYRICA 225 MG CAPSULE	25019
LYRICA 300 MG CAPSULE	23052
MYSOLINE 50 MG TABLET	17322
MYSOLINE 250 MG TABLET	17321
NEURONTIN 100 MG CAPSULE	00780
NEURONTIN 300 MG CAPSULE	00781
NEURONTIN 400 MG CAPSULE	00782
NEURONTIN 250 MG/5 ML SOLN	13235
NEURONTIN 800 MG TABLET	94447
OXCARBAZEPINE 300 MG/5 ML SUSP	21723
OXCARBAZEPINE 150 MG TABLET	21724
OXCARBAZEPINE 300 MG TABLET	21721
OXCARBAZEPINE 600 MG TABLET	21722
OXTELLAR XR 150 MG TABLET	33556
OXTELLAR XR 300 MG TABLET	33557
OXTELLAR XR 600 MG TABLET	33558
PEGANONE 250 MG TABLET	17260
PHENOBARBITAL 20 MG/5 ML ELIX	12956
PHENOBARBITAL 15 MG TABLET	12971
PHENOBARBITAL 16.2 MG TABLET	97706
PHENOBARBITAL 30 MG TABLET	12973
PHENOBARBITAL 32.4 MG TABLET	97965
PHENOBARBITAL 60 MG TABLET	12972
PHENOBARBITAL 64.8 MG TABLET	97966
PHENOBARBITAL 97.2 MG TABLET	97967
PHENOBARBITAL 100 MG TABLET	12975
PHENYTEK 200 MG CAPSULE	15038
PHENYTEK 300 MG CAPSULE	15037
PHENYTOIN 125 MG/5 ML SUSP	17241
PHENYTOIN 50 MG TABLET CHEW	17250



<b>Anticonvulsant Agents</b>	
<b>History of prior therapy</b>	
<b>Required quantity: 1</b>	
<b>Look back timeframe: 45 days</b>	
<b>Label Name</b>	<b>GCN</b>
PHENYTOIN SOD EXT 100 MG CAP	17700
PHENYTOIN SOD EXT 200 MG CAP	15038
PHENYTOIN SOD EXT 300 MG CAP	15037
PRIMIDONE 50 MG TABLET	17322
PRIMIDONE 250 MG TABLET	17321
QUDEXY XR 25 MG CAPSULE	36229
QUDEXY XR 50 MG CAPSULE	36232
QUDEXY XR 100 MG CAPSULE	26233
QUDEXY XR 150 MG CAPSULE	36234
QUDEXY XR 200 MG CAPSULE	36235
SABRIL 500 MG POWDER PACKET	64314
SABRIL 500 MG TABLET	64315
SPRITAM 1,000 MG TABLET	36266
SPRITAM 250 MG TABLET	31202
SPRITAM 500 MG TABLET	36046
SPRITAM 750 MG TABLET	36265
TEGRETOL 100 MG/5 ML SUSP	47500
TEGRETOL 200 MG TABLET	17450
TEGRETOL XR 100 MG TABLET	27820
TEGRETOL XR 200 MG TABLET	27821
TEGRETOL XR 400 MG TABLET	27822
TIAGABINE HCL 2 MG TABLET	54681
TIAGABINE HCL 4 MG TABLET	37980
TIAGABINE HCL 12 MG TABLET	37981
TIAGABINE HCL 16 MG TABLET	37982
TOPAMAX 15 MG SPRINKLE CAP	36556
TOPAMAX 25 MG SPRINKLE CAP	36557
TOPAMAX 25 MG TABLET	36553
TOPAMAX 50 MG TABLET	36550
TOPAMAX 100 MG TABLET	36551
TOPAMAX 200 MG TABLET	36552
TOPIRAMATE 100 MG TABLET	36551
TOPIRAMATE 15 MG SPRINKLE CAP	36556
TOPIRAMATE 200 MG TABLET	36552

<b>Anticonvulsant Agents</b>	
<b>History of prior therapy</b> <b>Required quantity: 1</b> <b>Look back timeframe: 45 days</b>	
<b>Label Name</b>	<b>GCN</b>
TOPIRAMATE 25 MG SPRINKLE CAP	36557
TOPIRAMATE 25 MG TABLET	36553
TOPIRAMATE 50 MG TABLET	36550
TOPIRAMATE ER 100 MG CAPSULE	36233
TOPIRAMATE ER 150 MG CAPSULE	36234
TOPIRAMATE ER 200 MG CAPSULE	36235
TOPIRAMATE ER 25 MG CAPSULE	36229
TOPIRAMATE ER 50 MG CAPSULE	36232
TRILEPTAL 300 MG/5 ML SUSP	21723
TRILEPTAL 150 MG TABLET	21724
TRILEPTAL 300 MG TABLET	21721
TRILEPTAL 600 MG TABLET	21722
TROKENDI XR 100 MG CAPSULE	35106
TROKENDI XR 200 MG CAPSULE	35107
TROKENDI XR 25 MG CAPSULE	35103
TROKENDI XR 50 MG CAPSULE	35104
VALPROIC ACID 250 MG CAPSULE	17270
VALPROIC ACID 250 MG/5 ML SOLN	17280
VIGABATRIN 500 MG POWDER PACKT	64314
VIGADRONE 500 MG POWDER PACKET	64314
VIMPAT 10 MG/ML SOLUTION	28643
VIMPAT 50 MG TABLET	14338
VIMPAT 100 MG TABLET	14339
VIMPAT 150 MG TABLET	14341
VIMPAT 200 MG TABLET	14342
ZARONTIN 250 MG CAPSULE	17420
ZARONTIN 250 MG/5 ML SYRUP	17430
ZONISAMIDE 25 MG CAPSULE	20831
ZONISAMIDE 50 MG CAPSULE	20833
ZONISAMIDE 100 MG CAPSULE	92219

<b>Antineoplastic Agent</b>	
<b>Required quantity: 1</b>	
<b>Look back timeframe: 365 days</b>	
<b>Label Name</b>	<b>GCN</b>
ABIRATERONE ACETATE 250 MG TAB	29886
ABIRATERONE 500 MG TABLET	43205
AFINITOR 10 MG TABLET	20844
AFINITOR 2.5 MG TABLET	28783
AFINITOR 5 MG TABLET	20784
AFINITOR 7.5 MG TABLET	31396
ALECENSA 150 MG CAPSULE	40299
ALKERAN 2 MG TABLET	38380
ALUNBRIG 180 MG TABLET	44305
ALUNBRIG 30 MG TABLET	43325
ALUNBRIG 90 MG TABLET	43326
ALUNBRIG 90 MG-180 MG TAB PACK	44306
ANASTROZOLE 1 MG TABLET	24410
ARIMIDEX 1 MG TABLET	24410
AROMASIN 25 MG TABLET	92896
AYVAKIT 100MG TABLET	47516
AYVAKIT 200 MG TABLET	47517
AYVAKIT 25 MG TABLET	49825
AYVAKIT 300 MG TABLET	47518
AYVAKIT 50 MG TABLET	49826
AZACITIDINE 100 MG VIAL	22663
BEXAROTENE 75 MG CAPSULE	92373
BICALUTAMIDE 50 MG TABLET	00450
BOSULIF 100 MG TABLET	33199
BOSULIF 500 MG TABLET	33202
BRAFTOVI 75 MG CAPSULE	44925
BRUKINSA 80 MG CAPSULE	47336
CABOMETYX 20 MG TABLET	41146
CABOMETYX 40 MG TABLET	41147
CABOMETYX 60 MG TABLET	41148
CALQUENCE 100 MG CAPSULE	44011
CAPECITABINE 150 MG TABLET	31611
CAPECITABINE 500 MG TABLET	31612
CAPRELSA 100 MG TABLET	29817
CAPRELSA 300 MG TABLET	39818

<b>Antineoplastic Agent</b>	
<b>Required quantity: 1</b>	
<b>Look back timeframe: 365 days</b>	
<b>Label Name</b>	<b>GCN</b>
CASODEX 50 MG TABLET	00450
COMETRIQ 140 MG DAILY-DOSE PK	33903
COMETRIQ 100 MG DAILY-DOSE PK	33904
COMETRIQ 60 MG DAILY-DOSE PK	33905
COSMEGEN 0.5 MG VIAL	96679
CYCLOPHOSPHAMIDE 25 MG CAPSULE	35317
CYCLOPHOSPHAMIDE 25 MG TABLET	38360
CYCLOPHOSPHAMIDE 50 MG CAPSULE	35318
CYCLOPHOSPHAMIDE 50 MG TABLET	38361
CYTARABINE 20 MG/ML VIAL	27365
CYTARABINE 20 MG/ML VIAL	34230
CYTARABINE 20 MG/ML VIAL	97825
CYTARABINE 2 G/20 ML VIAL	34231
DACTINOMYCIN 500 MCG VIAL	96679
EFUDEX 5% CREAM	30781
EMCYT 140 MG CAPSULE	38700
ERIVEDGE 150 MG CAPSULE	31307
ERLOTINIB HCL 100 MG TABLET	23794
ERLOTINIB HCL 150 MG TABLET	23793
ERLOTINIB HCL 25 MG TABLET	23795
ETOPOSIDE 50 MG CAPSULE	07560
ETOPOSIDE 100 MG/5 ML VIAL	07481
ETOPOSIDE 500 MG/25 ML VIAL	07481
ETOPOSIDE 1,000 MG/50 ML VIAL	07481
EVEROLIMUS 10 MG TABLET	20844
EVEROLIMUS 2.5 MG TABLET	28783
EVEROLIMUS 5 MG TABLET	20784
EVEROLIMUS 7.5 MG TABLET	31396
EXEMESTANE 25MG TABLET	92896
EXKIVITY 40 MG CAPSULE	50987
FARESTON 60 MG TABLET	42721
FARYDAK 10 MG CAPSULE	38008
FARYDAK 15 MG CAPSULE	38009
FARYDAK 20 MG CAPSULE	38011
FEMARA 2.5 MG TABLET	49541

<b>Antineoplastic Agent</b>	
<b>Required quantity: 1</b>	
<b>Look back timeframe: 365 days</b>	
<b>Label Name</b>	<b>GCN</b>
FLUTAMIDE 125 MG CAPSULE	25740
FLUOROURACIL 5% CREAM	30781
FOTIVDA 1.34 MG CAPSULE	46287
FOTIVDA 0.89 MG CAPSULE	46162
GAVRETO 100 MG CAPSULE	48566
GAZYVA 1,000 MG/40 ML VIAL	35532
GLEEVEC 100 MG TABLET	19908
GLEEVEC 400 MG TABLET	19907
HYCAMTIN 1 MG CAPSULE	14256
IBRANCE 75 MG CAPSULE	37825
IBRANCE 100 MG CAPSULE	37826
IBRANCE 125 MG CAPSULE	37827
IBRANCE 75 MG TABLET	47256
IBRANCE 100 MG TABLET	47257
IBRANCE 125 MG TABLET	47258
ICLUSIG 10 MG TABLET	49081
ICLUSIG 15 MG TABLET	33873
ICLUSIG 30 MG TABLET	42806
ICLUSIG 45 MG TABLET	33874
IDHIFA 100 MG TABLET	43689
IDHIFA 50MG TABLET	43688
IMBRUVICA 140 MG CAPSULE	35599
IMBRUVICA 70 MG CAPSULE	44475
IMBRUVICA 140 MG TABLET	44465
IMBRUVICA 280 MG TABLET	44466
IMBRUVICA 420 MG TABLET	44467
IMBRUVICA 560 MG TABLET	44468
IMATINIB 100 MG TABLET	19908
IMATINIB 400 MG TABLET	19907
INLYTA 1 MG TABLET	31294
INLYTA 5 MG TABLET	31295
INQOVI 35 MG-100 MG TABLET	48323
INREBIC 100 MG CAPSULE	46818
IRESSA 250 MG TABLET	19586
JAKAFI 5 MG TABLET	30892

<b>Antineoplastic Agent</b>	
<b>Required quantity: 1</b>	
<b>Look back timeframe: 365 days</b>	
<b>Label Name</b>	<b>GCN</b>
JAKAFI 10 MG TABLET	30893
JAKAFI 15 MG TABLET	30894
JAKAFI 20 MG TABLET	30895
JAKAFI 25 MG TABLET	30896
KISQALI 200 MG DAILY DOSE	43162
KISQALI 400 MG DAILY DOSE	43166
KISQALI 600 MG DAILY DOSE	43167
KISQALI FEMARA 200 MG CO-PACK	43366
KISQALI FEMARA 400 MG CO-PACK	43368
KISQALI FEMARA 600 MG CO-PACK	43369
LAPATINIB 250 MG TABLET	98140
LENVIMA 4 MG CAPSULE	38885
LENVIMA 8 MG DAILY DOSE	41403
LENVIMA 10 MG DAILY DOSE	37888
LENVIMA 12 MG DAILY DOSE	45161
LENVIMA 14 MG DAILY DOSE	37887
LENVIMA 18 MG DAILY DOSE	41404
LENVIMA 20 MG DAILY DOSE	37889
LENVIMA 24 MG DAILY DOSE	37886
LETROZOLE 2.5 MG TABLET	49541
LEUKERAN 2 MG TABLET	38370
LONSURF 15 MG-6.14 MG TABLET	39596
LONSURF 20 MG-8.19 MG TABLET	39597
LYNPARZA 100 MG TABLET	43766
LYNPARZA 150 MG TABLET	43765
LYSODREN 500 MG TABLET	38710
MATULANE 50 MG CAPSULE	38740
MEKINIST 2 MG TABLET	34727
MEKINIST 0.5 MG TABLET	34726
MEKTOVI 15 MG TABLET	44926
MELPHALAN 2 MG TABLET	38380
MERCAPTOPURINE 50 MG TABLET	38520
METHOTREXATE 2.5 MG TABLET	38489
METHOTREXATE 50 MG/2 ML VIAL	18936
METHOTREXATE 250 MG/10 ML VIAL	38466

<b>Antineoplastic Agent</b>	
<b>Required quantity: 1</b>	
<b>Look back timeframe: 365 days</b>	
<b>Label Name</b>	<b>GCN</b>
MITOMYCIN 5 MG VIAL	38601
MITOMYCIN 20 MG VIAL	38600
MITOXANTRONE 20 MG/10 ML VIAL	07544
MITOXANTRONE 25 MG/12.5 ML VL	07544
MITOXANTRONE 30 MG/15 ML VIAL	07544
MYLERAN 2 MG TABLET	38420
NERLYNX 40 MG TABLET	43613
NEXAVAR 200 MG TABLET	26263
NINLARO 2.3 MG CAPSULE	40189
NINLARO 3 MG CAPSULE	40193
NINLARO 4 MG CAPSULE	40194
NUBEQA 300 MG TABLET	46746
OFEV 100 MG CAPSULE	37272
OFEV 150 MG CAPSULE	37273
ONUREG 200 MG TABLET	48545
ONUREG 300 MG TABLET	48450
ORGOVYX 120 MG TABLET	49005
PEMAZYRE 13.5 MG TABLET	47935
PEMAZYRE 4.5 MG TABLET	47933
PEMAZYRE 9 MG TABLET	47934
PIQRAY 200 MG DAILY DOSE PACK	46362
PIQRAY 250 MG DAILY DOSE PACK	46359
PIQRAY 300 MG DAILY DOSE PACK	46358
POMALYST 1 MG CAPSULE	34147
POMALYST 2 MG CAPSULE	34148
POMALYST 3 MG CAPSULE	34149
POMALYST 4 MG CAPSULE	34150
PURIXAN 20 MG/ML ORAL SUSP	33277
QINLOCK 50 MG TABLET	48075
RETEVMO 40 MG CAPSULE	48025
RETEVMO 80 MG CAPSULE	48026
REVLIMID 10 MG CAPSULE	26315
REVLIMID 15 MG CAPSULE	27276
REVLIMID 2.5 MG CAPSULE	31911
REVLIMID 20 MG CAPSULE	34743

<b>Antineoplastic Agent</b>	
<b>Required quantity: 1</b>	
<b>Look back timeframe: 365 days</b>	
<b>Label Name</b>	<b>GCN</b>
REVLIMID 25 MG CAPSULE	27277
REVLIMID 5 MG CAPSULE	26314
ROZLYTREK 100 MG CAPSULE	46815
ROZLYTREK 200 MG CAPSULE	46816
RUBRACA 200 MG TABLET	42795
RUBRACA 250 MG TABLET	43453
RUBRACA 300 MG TABLET	42796
RYDAPT 25 MG CAPSULE	43327
SOLTAMOX 10 MG/5 ML SOLN	50377
SOMATULINE DEPOT 120 MG/0.5 ML	15132
SOMATULINE DEPOT 60 MG/0.2 ML	98956
SOMATULINE DEPOT 90 MG/0.3 ML	15127
SPRYCEL 20 MG TABLET	27257
SPRYCEL 50 MG TABLET	27258
SPRYCEL 70 MG TABLET	27259
SPRYCEL 80 MG TABLET	29405
SPRYCEL 100 MG TABLET	99867
SPRYCEL 140MG TABLET	29406
STIVARGA 40MG TABLET	33363
SUNITINIB MALATE 12.5 MG CAP	26452
SUNITINIB MALATE 25 MG CAPSULE	26453
SUNITINIB MALATE 37.5 MG CAP	35596
SUNITINIB MALATE 50 MG CAPSULE	26454
SUTENT 12.5 MG CAPSULE	26452
SUTENT 25 MG CAPSULE	26453
SUTENT 37.5 MG CAPSULE	35596
SUTENT 50 MG CAPSULE	26454
SYNRIBO 3.5 MG/ML VIAL	33734
TABRECTA 150 MG TABLET	48012
TABRECTA 200 MG TABLET	48013
TABLOID 40 MG TABLET	10290
TAFINLAR 50 MG CAPSULE	34723
TAFINLAR 75 MG CAPSULE	34724
TAGRISSO 40 MG TABLET	40132
TAGRISSO 80 MG TABLET	40133



<b>Antineoplastic Agent</b>	
<b>Required quantity: 1</b>	
<b>Look back timeframe: 365 days</b>	
<b>Label Name</b>	<b>GCN</b>
TALZENNA 1 MG CAPSULE	45596
TALZENNA 0.25 MG CAPSULE	45595
TAMOXIFEN 10 MG TABLET	38720
TAMOXIFEN 20 MG TABLET	38721
TARCEVA 25 MG TABLET	23795
TARCEVA 100 MG TABLET	23794
TARCEVA 150 MG TABLET	23793
TARGRETIN 75 MG SOFTGEL	92373
TASIGNA 150 MG CAPSULE	28737
TASIGNA 200 MG CAPSULE	99070
TAZVERIK 200 MG TABLET	47619
TEMODAR 20 MG CAPSULE	92903
TEMODAR 100 MG CAPSULE	92913
TEMODAR 140 MG CAPSULE	98310
TEMODAR 180 MG CAPSULE	98311
TEMODAR 250 MG CAPSULE	92933
TEMOZOLOMIDE 5 MG CAPSULE	92893
TEMOZOLOMIDE 20 MG CAPSULE	92903
TEMOZOLOMIDE 100 MG CAPSULE	92913
TEMOZOLOMIDE 250 MG CAPSULE	92933
TEMOZOLOMIDE 140 MG CAPSULE	98310
TEMOZOLOMIDE 180 MG CAPSULE	98311
TEPMETKO 225 MG TABLET	49154
TIBSOVO 250 MG TABLET	45016
TOREMIFENE CITRATE 60 MG TABLET	42721
TREXALL 5 MG TABLET	13134
TREXALL 7.5 MG TABLET	38485
TREXALL 10 MG TABLET	06484
TREXALL 15 MG TABLET	13135
TRUSELTIQ 100 MG DAILY DOSE PK	49714
TRUSELTIQ 125 MG DAILY DOSE PK	49715
TRUSELTIQ 50 MG DAILY DOSE PK	49708
TRUSELTIQ 75 MG DAILY DOSE PK	49713
TUKYSA 150 MG TABLET	47931
TUKYSA 50 MG TABLET	47929

<b>Antineoplastic Agent</b>	
<b>Required quantity: 1</b>	
<b>Look back timeframe: 365 days</b>	
<b>Label Name</b>	<b>GCN</b>
TYKERB 250 MG TABLET	98140
UKONIQ 200 MG TABLET	49168
VENCLEXTA 10 MG TAB (10 MG X 2)	41049
VENCLEXTA 10 MG TABLET	41049
VENCLEXTA 100 MG TABLET	41052
VENCLEXTA 50 MG TABLET	41051
VENCLEXTA STARTING PACK	41048
VERZENIO 100 MG TABLET	43917
VERZENIO 150 MG TABLET	43916
VERZENIO 200 MG TABLET	43915
VERZENIO 50 MG TABLET	43918
VINBLASTINE 1 MG/ML VIAL	38970
VINCRISTINE 1 MG/ML VIAL	38572
VINCRISTINE 2 MG/2 ML VIAL	97630
VITRAKVI 100 MG CAPSULE	45794
VITRAKVI 20 MG/ML SOLUTION	45789
VITRAKVI 25 MG CAPSULE	45793
VOTRIENT 200 MG TABLET	27829
WELIREG 40 MG TABLET	50046
XALKORI 250 MG CAPSULE	30457
XALKORI 200 MG CAPSULE	30458
XELODA 150 MG TABLET	31611
XELODA 500 MG TABLET	31612
XOSPATA 40 MG TABLET	45803
XPOVIO 100 MG ONCE WEEKLY DOSE	46635
XPOVIO 100 MG ONCE WEEKLY DOSE	49539
XPOVIO 40 MG ONCE WEEKLY DOSE	49534
XPOVIO 40 MG TWICE WEEKLY DOSE	49533
XPOVIO 60 MG ONCE WEEKLY DOSE	46637
XPOVIO 60 MG ONCE WEEKLY DOSE	49537
XPOVIO 80 MG ONCE WEEKLY DOSE	46636
XPOVIO 80 MG ONCE WEEKLY DOSE	49538
XPOVIO 80 MG TWICE WEEKLY DOSE	46634
XTANDI 40MG CAPSULE	33183
XTANDI 40 MG TABLET	46626

<b>Antineoplastic Agent</b>	
<b>Required quantity: 1</b>	
<b>Look back timeframe: 365 days</b>	
<b>Label Name</b>	<b>GCN</b>
XTANDI 80 MG TABLET	48452
YONSA 125 MG TABLET	44795
ZEJULA 100 MG CAPSULE	43217
ZELBORAF 240 MG TABLET	30332
ZOLINZA 100 MG CAPSULE	97345
ZYDELIG 100 MG TABLET	36884
ZYDELIG 150 MG TABLET	36885
ZYTIGA 250MG TABLET	29886
ZYTIGA 500 MG TABLET	43205

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

<b>Anxiolytic Agents</b>	
<b>History of prior therapy in the last 30, 60, or 180 days</b>	
<b>Required quantity: 1</b>	
<b>Look back timeframe: 60, 90, or 200 days</b>	
<b>Label Name</b>	<b>GCN</b>
ALPRAZOLAM 0.25 MG ODT	24368
ALPRAZOLAM 0.25 MG TABLET	14260
ALPRAZOLAM 0.5 MG ODT	24369
ALPRAZOLAM 0.5 MG TABLET	14261
ALPRAZOLAM 1 MG ODT	24373
ALPRAZOLAM 1 MG TABLET	14262
ALPRAZOLAM 1 MG/ML ORAL CONC	14264
ALPRAZOLAM 2 MG ODT	24374
ALPRAZOLAM 2 MG TABLET	14263
ALPRAZOLAM ER 0.5 MG TABLET	17423
ALPRAZOLAM ER 1 MG TABLET	17424
ALPRAZOLAM ER 2 MG TABLET	17425
ALPRAZOLAM ER 3 MG TABLET	19681
ALPRAZOLAM XR 0.5 MG TABLET	17423
ALPRAZOLAM XR 1 MG TABLET	17424
ALPRAZOLAM XR 2 MG TABLET	17425
ALPRAZOLAM XR 3 MG TABLET	19681
BUSPIRONE HCL 5 MG TABLET	28890
BUSPIRONE HCL 7.5 MG TABLET	13037
BUSPIRONE HCL 10 MG TABLET	28891
BUSPIRONE HCL 15 MG TABLET	28892
BUSPIRONE HCL 30 MG TABLET	92121
CHLORDIAZEPOXIDE 5 MG CAPSULE	14033
CHLORDIAZEPOXIDE 10 MG CAPSULE	14031
CHLORDIAZEPOXIDE 25 MG CAPSULE	14032
CLONAZEPAM 0.125 MG DIS TAB	19467
CLONAZEPAM 0.25 MG DIS TABLET	19468
CLONAZEPAM 0.5 MG DIS TABLET	19469
CLONAZEPAM 0.5 MG TABLET	17470
CLONAZEPAM 1 MG DIS TABLET	19470
CLONAZEPAM 1 MG TABLET	17471
CLONAZEPAM 2 MG DIS TABLET	19472
CLONAZEPAM 2 MG TABLET	17472

<b>Anxiolytic Agents</b>	
<b>History of prior therapy in the last 30, 60, or 180 days</b>	
<b>Required quantity: 1</b>	
<b>Look back timeframe: 60, 90, or 200 days</b>	
<b>Label Name</b>	<b>GCN</b>
CLORAZEPATE 3.75 MG TABLET	14092
CLORAZEPATE 7.5 MG TABLET	14093
CLORAZEPATE 15 MG TABLET	14090
DIAZEPAM 10 MG TABLET	14220
DIAZEPAM 2 MG TABLET	14221
DIAZEPAM 5 MG TABLET	14222
DIAZEPAM 5 MG/5 ML SOLUTION	45560
DIAZEPAM 5 MG/ML ORAL CONC	45500
KLONOPIN 0.5 MG TABLET	17470
KLONOPIN 1 MG TABLET	17471
KLONOPIN 2 MG TABLET	17472
LORAZEPAM 0.5 MG TABLET	14160
LORAZEPAM 1 MG TABLET	14161
LORAZEPAM 2 MG TABLET	14162
LORAZEPAM 2 MG/ML ORAL CONCENT	19601
LORAZEPAM 2 MG/ML VIAL	14140
LORAZEPAM 4 MG/ML VIAL	14141
LORAZEPAM INTENSOL 2 MG/ML	19601
MEPROBAMATE 200 MG TABLET	13801
MEPROBAMATE 400 MG TABLET	13802
OXAZEPAM 10 MG CAPSULE	14230
OXAZEPAM 15 MG CAPSULE	14231
OXAZEPAM 30 MG CAPSULE	14232
TRANXENE T-TAB 3.75 MG	14092
TRANXENE T-TAB 7.5 MG	14093
XANAX 0.25 MG TABLET	14260
XANAX 0.5 MG TABLET	14261
XANAX 1 MG TABLET	14262
XANAX 2 MG TABLET	14263
XANAX XR 0.5 MG TABLET	17423
XANAX XR 1 MG TABLET	17424
XANAX XR 2 MG TABLET	17425
XANAX XR 3 MG TABLET	19681

<b>Butabarbital Agents</b>	
<b>History of prior therapy in the last 90 days</b>	
<b>Required quantity: 1</b>	
<b>Look back timeframe: 150 days</b>	
<b>Label Name</b>	<b>GCN</b>
BUTISOL SODIUM 30 MG TABLET	13102

<b>Chemotherapy-related procedural code</b>	
<b>Required quantity: 1</b>	
<b>Look back timeframe: 365 days</b>	
<b>CPT Code</b>	<b>Description</b>
77261	RADIATION THERAPY PLANNING
77262	RADIATION THERAPY PLANNING
77263	RADIATION THERAPY PLANNING
77280	SET RADIATION THERAPY FIELD
77285	SET RADIATION THERAPY FIELD
77290	SET RADIATION THERAPY FIELD
77295	SET RADIATION THERAPY FIELD
77299	RADIATION THERAPY PLANNING
77300	RADIATION THERAPY DOSE PLAN
77301	RADIOLTHERAPY DOS PLAN, IMRT
77305	RADIATION THERAPY DOSE PLAN
77310	RADIATION THERAPY DOSE PLAN
77315	RADIATION THERAPY DOSE PLAN
77321	RADIATION THERAPY PORT PLAN
77326	RADIATION THERAPY DOSE PLAN
77327	RADIATION THERAPY DOSE PLAN
77328	RADIATION THERAPY DOSE PLAN
77331	SPECIAL RADIATION DOSIMETRY
77332	RADIATION TREATMENT AID(S)
77333	RADIATION TREATMENT AID(S)
77334	RADIATION TREATMENT AID(S)
77336	RADIATION PHYSICS CONSULT
77338	DESIGN MLC DEVICE FOR IMRT
77370	RADIATION PHYSICS CONSULT
77371	SRS, MULTISOURCE
77372	SRS, LINEAR BASED
77373	SBRT DELIVERY
77399	EXTERNAL RADIATION DOSIMETRY

<b>Chemotherapy-related procedural code</b>	
<b>Required quantity: 1</b>	
<b>Look back timeframe: 365 days</b>	
<b>CPT Code</b>	<b>Description</b>
77401	RADIATION TREATMENT DELIVERY
77402	RADIATION TREATMENT DELIVERY
77403	RADIATION TREATMENT DELIVERY
77404	RADIATION TREATMENT DELIVERY
77406	RADIATION TREATMENT DELIVERY
77407	RADIATION TREATMENT DELIVERY
77408	RADIATION TREATMENT DELIVERY
77409	RADIATION TREATMENT DELIVERY
77411	RADIATION TREATMENT DELIVERY
77412	RADIATION TREATMENT DELIVERY
77413	RADIATION TREATMENT DELIVERY
77414	RADIATION TREATMENT DELIVERY
77416	RADIATION TREATMENT DELIVERY
77417	RADIOLOGY PORT FILM(S)
77418	RADIATION TX DELIVERY, IMRT
77421	STEREOSCOPIC X-RAY GUIDANCE
77422	NEUTRON BEAM TX, SIMPLE
77423	NEUTRON BEAM TX, COMPLEX
77427	RADIATION TX MANAGEMENT, X5
77431	RADIATION THERAPY MANAGEMENT
77432	STEREOTACTIC RADIATION TRMT
77435	SBRT MANAGEMENT
77470	SPECIAL RADIATION TREATMENT
77499	RADIATION THERAPY MANAGEMENT
77520	PROTON TRMT, SIMPLE W/O COMP
77522	PROTON TRMT, SIMPLE W/COMP
77523	PROTON TRMT, INTERMEDIATE
77525	PROTON TREATMENT, COMPLEX
96401	CHEMO, ANTI-NEOPL, SQ/IM
96402	CHEMO HORMON ANTINEOPL SQ/IM
96405	CHEMO INTRALESIONAL, UP TO 7
96406	CHEMO INTRALESIONAL OVER 7
96409	CHEMO, IV PUSH, SNGL DRUG
96411	CHEMO, IV PUSH, ADDL DRUG
96413	CHEMO, IV INFUSION, 1 HR

<b>Chemotherapy-related procedural code</b>	
<b>Required quantity: 1</b>	
<b>Look back timeframe: 365 days</b>	
<b>CPT Code</b>	<b>Description</b>
96415	CHEMO, IV INFUSION, ADDL HR
96416	CHEMO PROLONG INFUSE W/PUMP
96417	CHEMO IV INFUS EACH ADDL SEQ
96420	CHEMO, IA, PUSH TECHNIQUE
96422	CHEMO IA INFUSION UP TO 1 HR
96423	CHEMO IA INFUSE EACH ADDL HR
96425	CHEMOTHERAPY INFUSION METHOD
96440	CHEMOTHERAPY, INTRACAVITARY
96445	CHEMOTHERAPY, INTRACAVITARY
96450	CHEMOTHERAPY, INTO CNS
96521	REFILL/MAINT, PORTABLE PUMP
96542	CHEMOTHERAPY INJECTION
96549	CHEMOTHERAPY, UNSPECIFIED
J9000	DOXORUBICIN HCL INJECTION
J9001	DOXORUBICIN HCL LIPOSOME INJ
J9010	ALEMTUZUMAB INJECTION
J9015	ALDESLEUKIN INJECTION
J9020	ASPARAGINASE INJECTION
J9027	CLOFARABINE INJECTION
J9033	BENDAMUSTINE INJECTION
J9040	BLEOMYCIN SULFATE INJECTION
J9041	BORTEZOMIB INJECTION
J9045	CARBOPLATIN INJECTION
J9050	CARMUSTINE INJECTION
J9055	CETUXIMAB INJECTION
J9060	CISPLATIN 10 MG INJECTION
J9062	CISPLATIN 50 MG INJECTION
J9065	INJ CLADRIBINE PER 1 MG
J9070	CYCLOPHOSPHAMIDE 100 MG INJ
J9080	CYCLOPHOSPHAMIDE 200 MG INJ
J9090	CYCLOPHOSPHAMIDE 500 MG INJ
J9091	CYCLOPHOSPHAMIDE 1.0 GRM INJ
J9092	CYCLOPHOSPHAMIDE 2.0 GRM INJ
J9093	CYCLOPHOSPHAMIDE LYOPHILIZED
J9094	CYCLOPHOSPHAMIDE LYOPHILIZED



<b>Chemotherapy-related procedural code</b>	
<b>Required quantity: 1</b>	
<b>Look back timeframe: 365 days</b>	
<b>CPT Code</b>	<b>Description</b>
J9095	CYCLOPHOSPHAMIDE LYOPHILIZED
J9096	CYCLOPHOSPHAMIDE LYOPHILIZED
J9097	CYCLOPHOSPHAMIDE LYOPHILIZED
J9098	CYTARABINE LIPOSOME INJ
J9100	CYTARABINE HCL 100 MG INJ
J9110	CYTARABINE HCL 500 MG INJ
J9120	DACTINOMYCIN INJECTION
J9130	DACARBAZINE 10 MG INJ
J9140	DACARBAZINE 200 MG INJ
J9150	DAUNORUBICIN INJECTION
J9151	DAUNORUBICIN CITRATE INJ
J9155	DEGARELIX INJECTION
J9160	DENILEUKIN DIFTITOX INJ
J9170	DOCETAXEL INJECTION
J9171	DOCETAXEL INJECTION
J9178	INJ, EPIRUBICIN HCL, 2 MG
J9181	ETOPOSIDE INJECTION
J9182	ETOPOSIDE 100 MG INJ
J9185	FLUDARABINE PHOSPHATE INJ
J9190	FLUOROURACIL INJECTION
J9200	FLOXURIDINE INJECTION
J9201	GEMCITABINE HCL INJECTION
J9206	IRINOTECAN INJECTION
J9207	IXABEPILONE INJECTION
J9208	IFOSFOMIDE INJECTION
J9211	IDARUBICIN HCL INJECTION
J9261	NELARABINE INJECTION
J9263	OXALIPLATIN
J9264	PACLITAXEL PROTEIN BOUND
J9265	PACLITAXEL INJECTION
J9266	PEGASPARGASE INJECTION
J9268	PENTOSTATIN INJECTION
J9280	MITOMYCIN 5 MG INJ
J9290	MITOMYCIN 20 MG INJ
J9291	MITOMYCIN 40 MG INJ

<b>Chemotherapy-related procedural code</b>	
<b>Required quantity: 1</b>	
<b>Look back timeframe: 365 days</b>	
<b>CPT Code</b>	<b>Description</b>
J9303	PANITUMUMAB INJECTION
J9305	PEMETREXED INJECTION
J9320	STREPTOZOCIN INJECTION
J9328	TEMOZOLOMIDE INJECTION
J9330	TEMSIROLIMUS INJECTION
J9340	THIOTEPA INJECTION
J9350	TOPOTECAN INJECTION
J9355	TRASTUZUMAB INJECTION
J9357	VALRUBICIN INJECTION
J9360	VINBLASTINE SULFATE INJ
J9370	VINCRIStINE SULFATE 1 MG INJ
J9375	VINCRIStINE SULFATE 2 MG INJ
J9380	VINCRIStINE SULFATE 5 MG INJ
J9390	VINOReLBINE TARTRATE INJ
J9600	PORFIMER SODIUM INJECTION
J9999	CHEMOTHERAPY DRUG

<b>Chlordiazepoxide, Meprobamate, and Oxazepam Agents</b>	
<b>History of prior therapy in the last 90 days</b>	
<b>Required quantity: 1</b>	
<b>Look back timeframe: 150 days</b>	
<b>Label Name</b>	<b>GCN</b>
CHLORDIAZEPOXIDE 5 MG CAPSULE	14033
CHLORDIAZEPOXIDE 10 MG CAPSULE	14031
CHLORDIAZEPOXIDE 25 MG CAPSULE	14032
MEPROBAMATE 200 MG TABLET	13801
MEPROBAMATE 400 MG TABLET	13802
OXAZEPAM 10 MG CAPSULE	14230
OXAZEPAM 15 MG CAPSULE	14231
OXAZEPAM 30 MG CAPSULE	14232

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

<b>Clonazepam and Diazepam Agents</b>	
<b>History of prior therapy in the past 90 days</b>	
<b>Required quantity: 1</b>	
<b>Look back timeframe: 150 days</b>	
<b>Label Name</b>	<b>GCN</b>
CLONAZEPAM 0.125 MG DIS TAB	19467
CLONAZEPAM 0.5 MG DIS TABLET	19469
CLONAZEPAM 1 MG DIS TABLET	19470
CLONAZEPAM 0.25 MG ODT	19468
CLONAZEPAM 2 MG ODT	19472
CLONAZEPAM 0.5 MG TABLET	17470
CLONAZEPAM 1 MG TABLET	17471
CLONAZEPAM 2 MG TABLET	17472
DIAZEPAM 5 MG/ML ORAL CONC	45500
DIAZEPAM 5 MG/5 ML SOLUTION	45560
DIAZEPAM 2 MG TABLET	14221
DIAZEPAM 5 MG TABLET	14222
DIAZEPAM 10 MG TABLET	14220
KLONOPIN 0.5 MG TABLET	17470
KLONOPIN 1 MG TABLET	17471
KLONOPIN 2 MG TABLET	17472

<b>Clorazepate Agents</b>	
<b>History of prior therapy in the past 90 days</b>	
<b>Required quantity: 1</b>	
<b>Look back timeframe: 150 days</b>	
<b>Label Name</b>	<b>GCN</b>
CLORAZEPATE 3.75 MG TABLET	14092
CLORAZEPATE 7.5 MG TABLET	14093
CLORAZEPATE 15 MG TABLET	14090
TRANXENE T-TAB 3.75 MG	14092
TRANXENE T-TAB 7.5 MG	14093

<b>Drug Abuse/Dependence Diagnoses</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 730 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
F1129	OPIOID DEPENDENCE WITH UNSPECIFIED OPIOID-INDUCED DISORDER
F1124	OPIOID DEPENDENCE WITH OPIOID-INDUCED MOOD DISORDER
F11282	OPIOID DEPENDENCE WITH OPIOID-INDUCED SLEEP DISORDER
F11288	OPIOID DEPENDENCE WITH OTHER OPIOID-INDUCED DISORDER
F11229	OPIOID DEPENDENCE WITH INTOXICATION, UNSPECIFIED
F11259	OPIOID DEPENDENCE WITH OPIOID-INDUCED PSYCHOTIC DISORDER, UNSPECIFIED
F11281	OPIOID DEPENDENCE WITH OPIOID-INDUCED SEXUAL DYSFUNCTION
F11221	OPIOID DEPENDENCE WITH INTOXICATION DELIRIUM
F11250	OPIOID DEPENDENCE WITH OPIOID-INDUCED PSYCHOTIC DISORDER WITH DELUSIONS
F11251	OPIOID DEPENDENCE WITH OPIOID-INDUCED PSYCHOTIC DISORDER WITH HALLUCINATIONS
F1123	OPIOID DEPENDENCE WITH WITHDRAWAL
F11222	OPIOID DEPENDENCE WITH INTOXICATION WITH PERCEPTUAL DISTURBANCE
F11220	OPIOID DEPENDENCE WITH INTOXICATION, UNCOMPLICATED
F1120	OPIOID DEPENDENCE, UNCOMPLICATED
F1121	OPIOID DEPENDENCE, IN REMISSION
F13288	SEDATIVE, HYPNOTIC OR ANXIOLYTIC DEPENDENCE WITH OTHER SEDATIVE, HYPNOTIC OR ANXIOLYTIC-INDUCED DISORDER
F13280	SEDATIVE, HYPNOTIC OR ANXIOLYTIC DEPENDENCE WITH SEDATIVE, HYPNOTIC OR ANXIOLYTIC-INDUCED ANXIETY DISORDER
F13281	SEDATIVE, HYPNOTIC OR ANXIOLYTIC DEPENDENCE WITH SEDATIVE, HYPNOTIC OR ANXIOLYTIC-INDUCED SEXUAL DYSFUNCTION

<b>Drug Abuse/Dependence Diagnoses</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 730 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
F13282	SEDATIVE, HYPNOTIC OR ANXIOLYTIC DEPENDENCE WITH SEDATIVE, HYPNOTIC OR ANXIOLYTIC-INDUCED SLEEP DISORDER
F13259	SEDATIVE, HYPNOTIC OR ANXIOLYTIC DEPENDENCE WITH SEDATIVE, HYPNOTIC OR ANXIOLYTIC-INDUCED PSYCHOTIC DISORDER, UNSPECIFIED
F1326	SEDATIVE, HYPNOTIC OR ANXIOLYTIC DEPENDENCE WITH SEDATIVE, HYPNOTIC OR ANXIOLYTIC-INDUCED PERSISTING AMNESTIC DISORDER
F1329	SEDATIVE, HYPNOTIC OR ANXIOLYTIC DEPENDENCE WITH UNSPECIFIED SEDATIVE, HYPNOTIC OR ANXIOLYTIC-INDUCED DISORDER
F13250	SEDATIVE, HYPNOTIC OR ANXIOLYTIC DEPENDENCE WITH SEDATIVE, HYPNOTIC OR ANXIOLYTIC-INDUCED PSYCHOTIC DISORDER WITH DELUSIONS
F13251	SEDATIVE, HYPNOTIC OR ANXIOLYTIC DEPENDENCE WITH SEDATIVE, HYPNOTIC OR ANXIOLYTIC-INDUCED PSYCHOTIC DISORDER WITH HALLUCINATIONS
F13232	SEDATIVE, HYPNOTIC OR ANXIOLYTIC DEPENDENCE WITH WITHDRAWAL WITH PERCEPTUAL DISTURBANCE
F13239	SEDATIVE, HYPNOTIC OR ANXIOLYTIC DEPENDENCE WITH WITHDRAWAL, UNSPECIFIED
F1327	SEDATIVE, HYPNOTIC OR ANXIOLYTIC DEPENDENCE WITH SEDATIVE, HYPNOTIC OR ANXIOLYTIC-INDUCED PERSISTING DEMENTIA
F13230	SEDATIVE, HYPNOTIC OR ANXIOLYTIC DEPENDENCE WITH WITHDRAWAL, UNCOMPLICATED
F13231	SEDATIVE, HYPNOTIC OR ANXIOLYTIC DEPENDENCE WITH WITHDRAWAL DELIRIUM
F13220	SEDATIVE, HYPNOTIC OR ANXIOLYTIC DEPENDENCE WITH INTOXICATION, UNCOMPLICATED
F13221	SEDATIVE, HYPNOTIC OR ANXIOLYTIC DEPENDENCE WITH INTOXICATION DELIRIUM
F1324	SEDATIVE, HYPNOTIC OR ANXIOLYTIC DEPENDENCE WITH SEDATIVE, HYPNOTIC OR ANXIOLYTIC-INDUCED MOOD DISORDER
F13229	SEDATIVE, HYPNOTIC OR ANXIOLYTIC DEPENDENCE WITH INTOXICATION, UNSPECIFIED
F1320	SEDATIVE, HYPNOTIC OR ANXIOLYTIC DEPENDENCE, UNCOMPLICATED
F1321	SEDATIVE, HYPNOTIC OR ANXIOLYTIC DEPENDENCE, IN REMISSION
F14251	COCAINE DEPENDENCE WITH COCAINE-INDUCED PSYCHOTIC DISORDER WITH HALLUCINATIONS
F14288	COCAINE DEPENDENCE WITH OTHER COCAINE-INDUCED DISORDER
F1429	COCAINE DEPENDENCE WITH UNSPECIFIED COCAINE-INDUCED DISORDER

<b>Drug Abuse/Dependence Diagnoses</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 730 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
F14281	COCAINE DEPENDENCE WITH COCAINE-INDUCED SEXUAL DYSFUNCTION
F14282	COCAINE DEPENDENCE WITH COCAINE-INDUCED SLEEP DISORDER
F14222	COCAINE DEPENDENCE WITH INTOXICATION WITH PERCEPTUAL DISTURBANCE
F14259	COCAINE DEPENDENCE WITH COCAINE-INDUCED PSYCHOTIC DISORDER, UNSPECIFIED
F14280	COCAINE DEPENDENCE WITH COCAINE-INDUCED ANXIETY DISORDER
F1424	COCAINE DEPENDENCE WITH COCAINE-INDUCED MOOD DISORDER
F14250	COCAINE DEPENDENCE WITH COCAINE-INDUCED PSYCHOTIC DISORDER WITH DELUSIONS
F14229	COCAINE DEPENDENCE WITH INTOXICATION, UNSPECIFIED
F1423	COCAINE DEPENDENCE WITH WITHDRAWAL
F14220	COCAINE DEPENDENCE WITH INTOXICATION, UNCOMPLICATED
F14221	COCAINE DEPENDENCE WITH INTOXICATION DELIRIUM
F1420	COCAINE DEPENDENCE, UNCOMPLICATED
F1421	COCAINE DEPENDENCE, IN REMISSION
F12251	CANNABIS DEPENDENCE WITH PSYCHOTIC DISORDER WITH HALLUCINATIONS
F12288	CANNABIS DEPENDENCE WITH OTHER CANNABIS-INDUCED DISORDER
F1229	CANNABIS DEPENDENCE WITH UNSPECIFIED CANNABIS-INDUCED DISORDER
F12220	CANNABIS DEPENDENCE WITH INTOXICATION, UNCOMPLICATED
F12259	CANNABIS DEPENDENCE WITH PSYCHOTIC DISORDER, UNSPECIFIED
F12280	CANNABIS DEPENDENCE WITH CANNABIS-INDUCED ANXIETY DISORDER
F12222	CANNABIS DEPENDENCE WITH INTOXICATION WITH PERCEPTUAL DISTURBANCE
F12229	CANNABIS DEPENDENCE WITH INTOXICATION, UNSPECIFIED
F12250	CANNABIS DEPENDENCE WITH PSYCHOTIC DISORDER WITH DELUSIONS
F1220	CANNABIS DEPENDENCE, UNCOMPLICATED
F12221	CANNABIS DEPENDENCE WITH INTOXICATION DELIRIUM
F1221	CANNABIS DEPENDENCE, IN REMISSION
F15220	OTHER STIMULANT DEPENDENCE WITH INTOXICATION, UNCOMPLICATED
F1520	OTHER STIMULANT DEPENDENCE, UNCOMPLICATED
F15222	OTHER STIMULANT DEPENDENCE WITH INTOXICATION WITH PERCEPTUAL DISTURBANCE

<b>Drug Abuse/Dependence Diagnoses</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 730 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
F1524	OTHER STIMULANT DEPENDENCE WITH STIMULANT-INDUCED MOOD DISORDER
F15221	OTHER STIMULANT DEPENDENCE WITH INTOXICATION DELIRIUM
F15251	OTHER STIMULANT DEPENDENCE WITH STIMULANT-INDUCED PSYCHOTIC DISORDER WITH HALLUCINATIONS
F15229	OTHER STIMULANT DEPENDENCE WITH INTOXICATION, UNSPECIFIED
F1523	OTHER STIMULANT DEPENDENCE WITH WITHDRAWAL
F15281	OTHER STIMULANT DEPENDENCE WITH STIMULANT-INDUCED SEXUAL DYSFUNCTION
F15250	OTHER STIMULANT DEPENDENCE WITH STIMULANT-INDUCED PSYCHOTIC DISORDER WITH DELUSIONS
F15259	OTHER STIMULANT DEPENDENCE WITH STIMULANT-INDUCED PSYCHOTIC DISORDER, UNSPECIFIED
F15280	OTHER STIMULANT DEPENDENCE WITH STIMULANT-INDUCED ANXIETY DISORDER
F1529	OTHER STIMULANT DEPENDENCE WITH UNSPECIFIED STIMULANT-INDUCED DISORDER
F15282	OTHER STIMULANT DEPENDENCE WITH STIMULANT-INDUCED SLEEP DISORDER
F15288	OTHER STIMULANT DEPENDENCE WITH OTHER STIMULANT-INDUCED DISORDER
F1521	OTHER STIMULANT DEPENDENCE, IN REMISSION
F1629	HALLUCINOGEN DEPENDENCE WITH UNSPECIFIED HALLUCINOGEN-INDUCED DISORDER
F16280	HALLUCINOGEN DEPENDENCE WITH HALLUCINOGEN-INDUCED ANXIETY DISORDER
F16283	HALLUCINOGEN DEPENDENCE WITH HALLUCINOGEN PERSISTING PERCEPTION DISORDER (FLASHBACKS)
F16288	HALLUCINOGEN DEPENDENCE WITH OTHER HALLUCINOGEN-INDUCED DISORDER
F16251	HALLUCINOGEN DEPENDENCE WITH HALLUCINOGEN-INDUCED PSYCHOTIC DISORDER WITH HALLUCINATIONS
F16259	HALLUCINOGEN DEPENDENCE WITH HALLUCINOGEN-INDUCED PSYCHOTIC DISORDER, UNSPECIFIED
F16229	HALLUCINOGEN DEPENDENCE WITH INTOXICATION, UNSPECIFIED
F1624	HALLUCINOGEN DEPENDENCE WITH HALLUCINOGEN-INDUCED MOOD DISORDER
F16250	HALLUCINOGEN DEPENDENCE WITH HALLUCINOGEN-INDUCED PSYCHOTIC DISORDER WITH DELUSIONS
F16220	HALLUCINOGEN DEPENDENCE WITH INTOXICATION, UNCOMPLICATED
F16221	HALLUCINOGEN DEPENDENCE WITH INTOXICATION WITH DELIRIUM

<b>Drug Abuse/Dependence Diagnoses</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 730 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
F1620	HALLUCINOGEN DEPENDENCE, UNCOMPLICATED
F1621	HALLUCINOGEN DEPENDENCE, IN REMISSION
F1929	OTHER PSYCHOACTIVE SUBSTANCE DEPENDENCE WITH UNSPECIFIED PSYCHOACTIVE SUBSTANCE-INDUCED DISORDER
F19281	OTHER PSYCHOACTIVE SUBSTANCE DEPENDENCE WITH PSYCHOACTIVE SUBSTANCE-INDUCED SEXUAL DYSFUNCTION
F19251	OTHER PSYCHOACTIVE SUBSTANCE DEPENDENCE WITH PSYCHOACTIVE SUBSTANCE-INDUCED PSYCHOTIC DISORDER WITH HALLUCINATIONS
F19282	OTHER PSYCHOACTIVE SUBSTANCE DEPENDENCE WITH PSYCHOACTIVE SUBSTANCE-INDUCED SLEEP DISORDER
F19288	OTHER PSYCHOACTIVE SUBSTANCE DEPENDENCE WITH OTHER PSYCHOACTIVE SUBSTANCE-INDUCED DISORDER
F1927	OTHER PSYCHOACTIVE SUBSTANCE DEPENDENCE WITH PSYCHOACTIVE SUBSTANCE-INDUCED PERSISTING DEMENTIA
F19280	OTHER PSYCHOACTIVE SUBSTANCE DEPENDENCE WITH PSYCHOACTIVE SUBSTANCE-INDUCED ANXIETY DISORDER
F19231	OTHER PSYCHOACTIVE SUBSTANCE DEPENDENCE WITH WITHDRAWAL DELIRIUM
F19259	OTHER PSYCHOACTIVE SUBSTANCE DEPENDENCE WITH PSYCHOACTIVE SUBSTANCE-INDUCED PSYCHOTIC DISORDER, UNSPECIFIED
F1926	OTHER PSYCHOACTIVE SUBSTANCE DEPENDENCE WITH PSYCHOACTIVE SUBSTANCE-INDUCED PERSISTING AMNESTIC DISORDER
F1924	OTHER PSYCHOACTIVE SUBSTANCE DEPENDENCE WITH PSYCHOACTIVE SUBSTANCE-INDUCED MOOD DISORDER
F19250	OTHER PSYCHOACTIVE SUBSTANCE DEPENDENCE WITH PSYCHOACTIVE SUBSTANCE-INDUCED PSYCHOTIC DISORDER WITH DELUSIONS
F19220	OTHER PSYCHOACTIVE SUBSTANCE DEPENDENCE WITH INTOXICATION, UNCOMPLICATED
F19232	OTHER PSYCHOACTIVE SUBSTANCE DEPENDENCE WITH WITHDRAWAL WITH PERCEPTUAL DISTURBANCE
F19239	OTHER PSYCHOACTIVE SUBSTANCE DEPENDENCE WITH WITHDRAWAL, UNSPECIFIED
F19222	OTHER PSYCHOACTIVE SUBSTANCE DEPENDENCE WITH INTOXICATION WITH PERCEPTUAL DISTURBANCE
F19229	OTHER PSYCHOACTIVE SUBSTANCE DEPENDENCE WITH INTOXICATION, UNSPECIFIED
F19230	OTHER PSYCHOACTIVE SUBSTANCE DEPENDENCE WITH WITHDRAWAL, UNCOMPLICATED
F1920	OTHER PSYCHOACTIVE SUBSTANCE DEPENDENCE, UNCOMPLICATED



<b>Drug Abuse/Dependence Diagnoses</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 730 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
F19221	OTHER PSYCHOACTIVE SUBSTANCE DEPENDENCE WITH INTOXICATION DELIRIUM
F18288	INHALANT DEPENDENCE WITH OTHER INHALANT-INDUCED DISORDER
F18280	INHALANT DEPENDENCE WITH INHALANT-INDUCED ANXIETY DISORDER
F18250	INHALANT DEPENDENCE WITH INHALANT-INDUCED PSYCHOTIC DISORDER WITH DELUSIONS
F1829	INHALANT DEPENDENCE WITH UNSPECIFIED INHALANT-INDUCED DISORDER
F18259	INHALANT DEPENDENCE WITH INHALANT-INDUCED PSYCHOTIC DISORDER, UNSPECIFIED
F1827	INHALANT DEPENDENCE WITH INHALANT-INDUCED DEMENTIA
F1824	INHALANT DEPENDENCE WITH INHALANT-INDUCED MOOD DISORDER
F18251	INHALANT DEPENDENCE WITH INHALANT-INDUCED PSYCHOTIC DISORDER WITH HALLUCINATIONS
F18221	INHALANT DEPENDENCE WITH INTOXICATION DELIRIUM
F18220	INHALANT DEPENDENCE WITH INTOXICATION, UNCOMPLICATED
F18229	INHALANT DEPENDENCE WITH INTOXICATION, UNSPECIFIED
F1820	INHALANT DEPENDENCE, UNCOMPLICATED
F1921	OTHER PSYCHOACTIVE SUBSTANCE DEPENDENCE, IN REMISSION
F1821	INHALANT DEPENDENCE, IN REMISSION
F1010	ALCOHOL ABUSE, UNCOMPLICATED
F10129	ALCOHOL ABUSE WITH INTOXICATION, UNSPECIFIED
F10120	ALCOHOL ABUSE WITH INTOXICATION, UNCOMPLICATED
F1290	CANNABIS USE, UNSPECIFIED, UNCOMPLICATED
F1210	CANNABIS ABUSE, UNCOMPLICATED
F1610	HALLUCINOGEN ABUSE, UNCOMPLICATED
F1690	HALLUCINOGEN USE, UNSPECIFIED, UNCOMPLICATED
F16120	HALLUCINOGEN ABUSE WITH INTOXICATION, UNCOMPLICATED
F1310	SEDATIVE, HYPNOTIC OR ANXIOLYTIC ABUSE, UNCOMPLICATED
F13120	SEDATIVE, HYPNOTIC OR ANXIOLYTIC ABUSE WITH INTOXICATION, UNCOMPLICATED
F11120	OPIOID ABUSE WITH INTOXICATION, UNCOMPLICATED
F1110	OPIOID ABUSE, UNCOMPLICATED
F1190	OPIOID USE, UNSPECIFIED, UNCOMPLICATED
F11129	OPIOID ABUSE WITH INTOXICATION, UNSPECIFIED
F14120	COCAINE ABUSE WITH INTOXICATION, UNCOMPLICATED
F1490	COCAINE USE, UNSPECIFIED, UNCOMPLICATED

<b>Drug Abuse/Dependence Diagnoses</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 730 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
F1410	COCAINE ABUSE, UNCOMPLICATED
F1590	OTHER STIMULANT USE, UNSPECIFIED, UNCOMPLICATED
F1510	OTHER STIMULANT ABUSE, UNCOMPLICATED
F15120	OTHER STIMULANT ABUSE WITH INTOXICATION, UNCOMPLICATED
F18120	INHALANT ABUSE WITH INTOXICATION, UNCOMPLICATED
F1810	INHALANT ABUSE, UNCOMPLICATED
F1890	INHALANT USE, UNSPECIFIED, UNCOMPLICATED

<b>Epilepsy Diagnoses</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 730 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
G40001	LOCALIZATION-RELATED (FOCAL) (PARTIAL) IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES WITH SEIZURES OF LOCALIZED ONSET, NOT INTRACTABLE WITH STATUS EPILEPTICUS
G40009	LOCALIZATION-RELATED (FOCAL) (PARTIAL) IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES WITH SEIZURES OF LOCALIZED ONSET, NOT INTRACTABLE WITHOUT STATUS EPILEPTICUS
G40011	LOCALIZATION-RELATED (FOCAL) (PARTIAL) IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES WITH SEIZURES OF LOCALIZED ONSET, INTRACTABLE WITH STATUS EPILEPTICUS
G40019	LOCALIZATION-RELATED (FOCAL) (PARTIAL) IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES WITH SEIZURES OF LOCALIZED ONSET, INTRACTABLE WITHOUT STATUS EPILEPTICUS
G40101	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH SIMPLE PARTIAL SEIZURES, NOT INTRACTABLE WITH STATUS EPILEPTICUS
G40109	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH SIMPLE PARTIAL SEIZURES, NOT INTRACTABLE WITHOUT STATUS EPILEPTICUS
G40111	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH SIMPLE PARTIAL SEIZURES, INTRACTABLE WITH STATUS EPILEPTICUS
G40119	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH SIMPLE PARTIAL SEIZURES, INTRACTABLE WITHOUT STATUS EPILEPTICUS

<b>Epilepsy Diagnoses</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 730 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
G40201	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH COMPLEX PARTIAL SEIZURES, NOT INTRACTABLE WITH STATUS EPILEPTICUS
G40209	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH COMPLEX PARTIAL SEIZURES, NOT INTRACTABLE WITHOUT STATUS EPILEPTICUS
G40211	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH COMPLEX PARTIAL SEIZURES, INTRACTABLE WITH STATUS EPILEPTICUS
G40219	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH COMPLEX PARTIAL SEIZURES, INTRACTABLE WITHOUT STATUS EPILEPTICUS
G40301	GENERALIZED IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES, NOT INTRACTABLE WITH STATUS EPILEPTICUS
G40309	GENERALIZED IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES, NOT INTRACTABLE WITHOUT STATUS EPILEPTICUS
G40311	GENERALIZED IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES, INTRACTABLE WITH STATUS EPILEPTICUS
G40319	GENERALIZED IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES, INTRACTABLE WITHOUT STATUS EPILEPTICUS
G40A01	ABSENCE EPILEPTIC SYNDROME, NOT INTRACTABLE WITH STATUS EPILEPTICUS
G40A09	ABSENCE EPILEPTIC SYNDROME, NOT INTRACTABLE WITHOUT STATUS EPILEPTICUS
G40A11	ABSENCE EPILEPTIC SYNDROME, INTRACTABLE WITH STATUS EPILEPTICUS
G40A19	ABSENCE EPILEPTIC SYNDROME, INTRACTABLE WITHOUT STATUS EPILEPTICUS
G40B01	JUVENILE MYOCLONIC EPILEPSY, NOT INTRACTABLE WITH STATUS EPILEPTICUS
G40B09	JUVENILE MYOCLONIC EPILEPSY, NOT INTRACTABLE WITHOUT STATUS EPILEPTICUS
G40B11	JUVENILE MYOCLONIC EPILEPSY, INTRACTABLE WITH STATUS EPILEPTICUS
G40B19	JUVENILE MYOCLONIC EPILEPSY, INTRACTABLE WITHOUT STATUS EPILEPTICUS
G40401	OTHER GENERALIZED EPILEPSY AND EPILEPTIC SYNDROMES WITH STATUS EPILEPTICUS
G40409	OTHER GENERALIZED EPILEPSY AND EPILEPTIC SYNDROMES WITHOUT STATUS EPILEPTICUS
G40411	OTHER GENERALIZED EPILEPSY AND EPILEPTIC SYNDROMES, INTRACTABLE WITH STATUS EPILEPTICUS
G40419	OTHER GENERALIZED EPILEPSY AND EPILEPTIC SYNDROMES, INTRACTABLE WITHOUT STATUS EPILEPTICUS

<b>Epilepsy Diagnoses</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 730 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
G40501	EPILEPTIC SEIZURES RELATED TO EXTERNAL CAUSES, NOT INTRACTABLE WITH STATUS EPILEPTICUS
G40509	EPILEPTIC SEIZURES RELATED TO EXTERNAL CAUSES, NOT INTRACTABLE WITHOUT STATUS EPILEPTICUS
G40801	OTHER EPILEPSY NOT INTRACTABLE, WITH STATUS EPILEPTICUS
G40802	OTHER EPILEPSY NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS
G40803	OTHER EPILEPSY INTRACTABLE, WITH STATUS EPILEPTICUS
G40804	OTHER EPILEPSY INTRACTABLE, WITHOUT STATUS EPILEPTICUS
G40811	LENNOX-GASTAUT SYNDROME NOT INTRACTABLE, WITH STATUS EPILEPTICUS
G40812	LENNOX-GASTAUT SYNDROME NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS
G40813	LENNOX-GASTAUT SYNDROME INTRACTABLE, WITH STATUS EPILEPTICUS
G40814	LENNOX-GASTAUT SYNDROME INTRACTABLE, WITHOUT STATUS EPILEPTICUS
G40821	EPILEPTIC SPASMS NOT INTRACTABLE, WITH STATUS EPILEPTICUS
G40822	EPILEPTIC SPASMS NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS
G40823	EPILEPTIC SPASMS INTRACTABLE, WITH STATUS EPILEPTICUS
G40824	EPILEPTIC SPASMS INTRACTABLE, WITHOUT STATUS EPILEPTICUS
G4089	OTHER SEIZURES
G40901	EPILEPSY, UNSPECIFIED, NOT INTRACTABLE WITH STATUS EPILEPTICUS
G40909	EPILEPSY, UNSPECIFIED, NOT INTRACTABLE WITHOUT STATUS EPILEPTICUS
G40911	EPILEPSY, UNSPECIFIED, INTRACTABLE WITH STATUS EPILEPTICUS
G40919	EPILEPSY, UNSPECIFIED, INTRACTABLE WITHOUT STATUS EPILEPTICUS

<b>Flurazepam Agents</b>	
<b>History of prior therapy in the past 90 days</b>	
<b>Required quantity: 1</b>	
<b>Look back timeframe: 150 days</b>	
<b>Description</b>	<b>GCN</b>
FLURAZEPAM 15 MG CAPSULE	14250
FLURAZEPAM 30 MG CAPSULE	14251

<b>Hepatic Disease/Impairment</b> <b>Required diagnosis: 1</b> <b>Look back timeframe: 365 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
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 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

<b>Hepatic Disease/Impairment</b> <b>Required diagnosis: 1</b> <b>Look back timeframe: 365 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
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	ABSCESS 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

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

<b>Lorazepam Agents</b>	
<b>History of prior therapy in the past 90 days</b> <b>Required quantity: 1</b> <b>Look back timeframe: 150 days</b>	
<b>Label Name</b>	<b>GCN</b>
LORAZEPAM 0.5 MG TABLET	14160
LORAZEPAM 1 MG TABLET	14161
LORAZEPAM 2 MG TABLET	14162
LORAZEPAM 2 MG/ML VIAL	14140
LORAZEPAM INTENSOL 2 MG/ML	19601

<b>Muscle Disorder Diagnoses</b>	
<b>Required diagnosis: 1</b> <b>Look back timeframe: 730 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
G232	STRIATONIGRAL DEGENERATION
G238	OTHER SPECIFIED DEGENERATIVE DISEASES OF BASAL GANGLIA
G239	DEGENERATIVE DISEASE OF BASAL GANGLIA, UNSPECIFIED
G230	HALLERVORDEN-SPATZ DISEASE
G231	PROGRESSIVE SUPRANUCLEAR OPHTHALMOPLEGIA [STEELE-RICHARDSON-OLSZEWSKI]
G903	MULTI-SYSTEM DEGENERATION OF THE AUTONOMIC NERVOUS SYSTEM
G250	ESSENTIAL TREMOR
G251	DRUG-INDUCED TREMOR
G252	OTHER SPECIFIED FORMS OF TREMOR
G253	MYOCLONUS

<b>Muscle Disorder Diagnoses</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 730 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
G2569	OTHER TICS OF ORGANIC ORIGIN
G2561	DRUG INDUCED TICS
G10	HUNTINGTON'S DISEASE
G255	OTHER CHOREA
G254	DRUG-INDUCED CHOREA
G241	GENETIC TORSION DYSTONIA
G803	ATHETOID CEREBRAL PALSY
G2402	DRUG INDUCED ACUTE DYSTONIA
G2409	OTHER DRUG INDUCED DYSTONIA
G242	IDIOPATHIC NONFAMILIAL DYSTONIA
G248	OTHER DYSTONIA
G245	BLEPHAROSPASM
G244	IDIOPATHIC OROFACIAL DYSTONIA
G243	SPASMODIC TORTICOLLIS
G2589	OTHER SPECIFIED EXTRAPYRAMIDAL AND MOVEMENT DISORDERS
G2401	DRUG INDUCED SUBACUTE DYSKINESIA
G249	DYSTONIA, UNSPECIFIED
G259	EXTRAPYRAMIDAL AND MOVEMENT DISORDER, UNSPECIFIED
G2582	STIFF-MAN SYNDROME
G210	MALIGNANT NEUROLEPTIC SYNDROME
G2583	BENIGN SHUDDERING ATTACKS
G2581	RESTLESS LEGS SYNDROME
G2571	DRUG INDUCED AKATHISIA
G26	EXTRAPYRAMIDAL AND MOVEMENT DISORDERS IN DISEASES CLASSIFIED ELSEWHERE
G2579	OTHER DRUG INDUCED MOVEMENT DISORDERS
G2570	DRUG INDUCED MOVEMENT DISORDER, UNSPECIFIED
G35	MULTIPLE SCLEROSIS
G8100	FLACCID HEMIPLEGIA AFFECTING UNSPECIFIED SIDE
G8101	FLACCID HEMIPLEGIA AFFECTING RIGHT DOMINANT SIDE
G8102	FLACCID HEMIPLEGIA AFFECTING LEFT DOMINANT SIDE
G8103	FLACCID HEMIPLEGIA AFFECTING RIGHT NONDOMINANT SIDE
G8104	FLACCID HEMIPLEGIA AFFECTING LEFT NONDOMINANT SIDE
G8110	SPASTIC HEMIPLEGIA AFFECTING UNSPECIFIED SIDE
G8112	SPASTIC HEMIPLEGIA AFFECTING LEFT DOMINANT SIDE
G8111	SPASTIC HEMIPLEGIA AFFECTING RIGHT DOMINANT SIDE
G8114	SPASTIC HEMIPLEGIA AFFECTING LEFT NONDOMINANT SIDE



<b>Muscle Disorder Diagnoses</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 730 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
G8113	SPASTIC HEMIPLEGIA AFFECTING RIGHT NONDOMINANT SIDE
G8190	HEMIPLEGIA, UNSPECIFIED AFFECTING UNSPECIFIED SIDE
G8192	HEMIPLEGIA, UNSPECIFIED AFFECTING LEFT DOMINANT SIDE
G8191	HEMIPLEGIA, UNSPECIFIED AFFECTING RIGHT DOMINANT SIDE
G8194	HEMIPLEGIA, UNSPECIFIED AFFECTING LEFT NONDOMINANT SIDE
G8193	HEMIPLEGIA, UNSPECIFIED AFFECTING RIGHT NONDOMINANT SIDE
G801	SPASTIC DIPLEGIC CEREBRAL PALSY
G802	SPASTIC HEMIPLEGIC CEREBRAL PALSY
G800	SPASTIC QUADRIPLEGIC CEREBRAL PALSY
G808	OTHER CEREBRAL PALSY
G804	ATAXIC CEREBRAL PALSY
G809	CEREBRAL PALSY, UNSPECIFIED
G8250	QUADRIPLEGIA, UNSPECIFIED
G8251	QUADRIPLEGIA, C1-C4 COMPLETE
G8252	QUADRIPLEGIA, C1-C4 INCOMPLETE
G8253	QUADRIPLEGIA, C5-C7 COMPLETE
G8254	QUADRIPLEGIA, C5-C7 INCOMPLETE
G041	TROPICAL SPASTIC PARAPLEGIA
G8220	PARAPLEGIA, UNSPECIFIED
G8221	PARAPLEGIA, COMPLETE
G8222	PARAPLEGIA, INCOMPLETE
G830	DIPLEGIA OF UPPER LIMBS
G8310	MONOPLLEGIA OF LOWER LIMB AFFECTING UNSPECIFIED SIDE
G8312	MONOPLLEGIA OF LOWER LIMB AFFECTING LEFT DOMINANT SIDE
G8311	MONOPLLEGIA OF LOWER LIMB AFFECTING RIGHT DOMINANT SIDE
G8313	MONOPLLEGIA OF LOWER LIMB AFFECTING RIGHT NONDOMINANT SIDE
G8314	MONOPLLEGIA OF LOWER LIMB AFFECTING LEFT NONDOMINANT SIDE
G8320	MONOPLLEGIA OF UPPER LIMB AFFECTING UNSPECIFIED SIDE
G8321	MONOPLLEGIA OF UPPER LIMB AFFECTING RIGHT DOMINANT SIDE
G8322	MONOPLLEGIA OF UPPER LIMB AFFECTING LEFT DOMINANT SIDE
G8324	MONOPLLEGIA OF UPPER LIMB AFFECTING LEFT NONDOMINANT SIDE
G8323	MONOPLLEGIA OF UPPER LIMB AFFECTING RIGHT NONDOMINANT SIDE
G8332	MONOPLLEGIA, UNSPECIFIED AFFECTING LEFT DOMINANT SIDE
G8330	MONOPLLEGIA, UNSPECIFIED AFFECTING UNSPECIFIED SIDE
G8331	MONOPLLEGIA, UNSPECIFIED AFFECTING RIGHT DOMINANT SIDE
G8333	MONOPLLEGIA, UNSPECIFIED AFFECTING RIGHT NONDOMINANT SIDE

<b>Muscle Disorder Diagnoses</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 730 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
G8334	MONOPLÉGIA, UNSPECIFIED AFFECTING LEFT NONDOMINANT SIDE
G834	CAUDA EQUINA SYNDROME
G835	LOCKED-IN STATE
G8383	POSTERIOR CORD SYNDROME
G8384	TODD'S PARALYSIS (POSTEPILEPTIC)
G8389	OTHER SPECIFIED PARALYTIC SYNDROMES
G8381	BROWN-SEQUARD SYNDROME
G8382	ANTERIOR CORD SYNDROME
G839	PARALYTIC SYNDROME, UNSPECIFIED

<b>Panic Disorder or GAD Diagnosis</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 730 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
F410	PANIC DISORDER [EPISODIC PAROXYSMAL ANXIETY] WITHOUT AGORAPHOBIA
F411	GENERALIZED ANXIETY DISORDER
F418	OTHER SPECIFIED ANXIETY DISORDERS
F419	ANXIETY DISORDER, UNSPECIFIED

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

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

<b>Sedative/Hypnotic Agents</b>	
<b>History of prior therapy in the past 30 or 90 days</b>	
<b>Required quantity: 1</b>	
<b>Look back timeframe: 60 or 120 days</b>	
<b>Label Name</b>	<b>GCN</b>
AMBIEN CR 12.5 MG TABLET	25457
BELSOMRA 10 MG TABLET	36968
BELSOMRA 15 MG TABLET	36969
BELSOMRA 20 MG TABLET	36971
BELSOMRA 5 MG TABLET	36967
DAYVIGO 10 MG TABLET	47484
DAYVIGO 5 MG TABLET	47479
EDLUAR 5 MG SL TABLET	26183
EDLUAR 10 MG SL TABLET	26182
ESTAZOLAM 1 MG TABLET	19181
ESTAZOLAM 2 MG TABLET	19182
ESZOPICLONE 1 MG TABLET	23927
ESZOPICLONE 2 MG TABLET	23926
ESZOPICLONE 3 MG TABLET	23925
INTERMEZZO 1.75 MG TAB SUBLING	31562
INTERMEZZO 3.5 MG TAB SUBLING	31563
LUNESTA 1 MG TABLET	23927
LUNESTA 2 MG TABLET	23926
LUNESTA 3 MG TABLET	23925
QUVIVIQ 25 MG TABLET	51785
QUVIVIQ 50 MG TABLET	51787
RESTORIL 7.5 MG CAPSULE	13845
RESTORIL 15 MG CAPSULE	13840
RESTORIL 22.5 MG CAPSULE	24036
RESTORIL 30 MG CAPSULE	13841
SONATA 5 MG CAPSULE	92713
SONATA 10 MG CAPSULE	92723
TEMAZEPAM 7.5 MG CAPSULE	13845
TEMAZEPAM 15 MG CAPSULE	13840
TEMAZEPAM 22.5 MG CAPSULE	24036
TEMAZEPAM 30 MG CAPSULE	13841
TRIAZOLAM 0.125 MG TABLET	14282
TRIAZOLAM 0.25 MG TABLET	14280
ZALEPLON 5 MG CAPSULE	92713

<b>Sedative/Hypnotic Agents</b>	
<b>History of prior therapy in the past 30 or 90 days</b>	
<b>Required quantity: 1</b>	
<b>Look back timeframe: 60 or 120 days</b>	
<b>Label Name</b>	<b>GCN</b>
ZALEPLON 10 MG CAPSULE	92723
ZOLPIDEM TART 1.75 MG TABLET SL	31562
ZOLPIDEM TART 3.5 MG TABLET SL	31563
ZOLPIDEM TART ER 6.25 MG TAB	25456
ZOLPIDEM TART ER 12.5 MG TAB	25457
ZOLPIDEM TARTRATE 5 MG TABLET	00870
ZOLPIDEM TARTRATE 10 MG TABLET	00871

<b>Diagnosis of Smith Magenis Syndrome</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 730 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
Q9388	OTHER MICRODELETIONS

<b>History of an SSRI or SNRI</b>	
<b>Required number of claims: 1</b>	
<b>Look back timeframe: 180 days</b>	
<b>GCN</b>	<b>Description</b>
16345	CELEXA 10MG TABLET
16342	CELEXA 20MG TABLET
16343	CELEXA 40MG TABLET
16345	CITALOPRAM HBR 10MG TABLET
16344	CITALOPRAM HBR 10MG/5ML SOLUTION
16342	CITALOPRAM HBR 20MG TABLET
16343	CITALOPRAM HBR 40MG TABLET
23161	CYMBALTA 20MG CAPSULE
23162	CYMBALTA 30MG CAPSULE
23164	CYMBALTA 60MG CAPSULE
34482	DESVENLAFAXINE ER 100MG TABLET
34470	DESVENLAFAXINE ER 50MG TABLET
99452	DESVENLAFAXINE SUC ER 100MG TAB
38222	DESVENLAFAXINE SUC ER 25MG TAB
99451	DESVENLAFAXINE SUC ER 50MG TAB

<b>History of an SSRI or SNRI</b> <b>Required number of claims: 1</b> <b>Look back timeframe: 180 days</b>	
<b>GCN</b>	<b>Description</b>
23161	DULOXETINE HCL DR 20MG CAPSULE
23162	DULOXETINE HCL DR 30MG CAPSULE
38728	DULOXETINE HCL DR 40 MG CAPSULE
23164	DULOXETINE HCL DR 60MG CAPSULE
16818	EFFEXOR XR 150MG CAPSULE
16816	EFFEXOR XR 37.5MG CAPSULE
16817	EFFEXOR XR 75MG CAPSULE
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
16357	FLUOXETINE 20MG/5ML SOLUTION
12929	FLUOXETINE DR 90MG CAPSULE
16353	FLUOXETINE HCL 10MG CAPSULE
16356	FLUOXETINE HCL 10MG TABLET
16354	FLUOXETINE HCL 20MG CAPSULE
16359	FLUOXETINE HCL 20MG TABLET
16355	FLUOXETINE HCL 40MG CAPSULE
30817	FLUOXETINE HCL 60MG TABLET
99481	FLUVOXAMINE ER 100MG CAPSULE
99482	FLUVOXAMINE ER 150MG CAPSULE
16349	FLUVOXAMINE MALEATE 100MG TABLET
16347	FLUVOXAMINE MALEATE 25MG TABLET
16348	FLUVOXAMINE MALEATE 50MG TABLET
35584	KHEDEZLA ER 100MG TABLET
35582	KHEDEZLA ER 50MG TABLET
17851	LEXAPRO 10MG TABLET
17987	LEXAPRO 20MG TABLET
18975	LEXAPRO 5MG TABLET
17078	PAROXETINE CR 12.5MG TABLET

<b>History of an SSRI or SNRI</b> <b>Required number of claims: 1</b> <b>Look back timeframe: 180 days</b>	
<b>GCN</b>	<b>Description</b>
17077	PAROXETINE CR 25MG TABLET
17079	PAROXETINE CR 37.5MG TABLET
16364	PAROXETINE HCL 10MG TABLET
16366	PAROXETINE HCL 20MG TABLET
16367	PAROXETINE HCL 30MG TABLET
16368	PAROXETINE HCL 40MG TABLET
34876	PAROXETINE MESYLATE 7.5MG CAPSULE
16364	PAXIL 10MG TABLET
16369	PAXIL 10MG/5ML SUSPENSION
16366	PAXIL 20MG TABLET
16367	PAXIL 30MG TABLET
16368	PAXIL 40MG TABLET
17078	PAXIL CR 12.5MG TABLET
17077	PAXIL CR 25MG TABLET
17079	PAXIL CR 37.5MG TABLET
99452	PRISTIQ ER 100MG TABLET
98222	PRISTIQ ER 25 MG TABLET
99451	PRISTIQ ER 50MG TABLET
16353	PROZAC 10MG PULVULE
16354	PROZAC 20MG PULVULE
16355	PROZAC 40MG PULVULE
16376	SERTRALINE 20MG/ML ORAL CONCENTRATE
16375	SERTRALINE HCL 100MG TABLET
16373	SERTRALINE HCL 25MG TABLET
16374	SERTRALINE HCL 50MG TABLET
35346	TRINTELLIX 5 MG TABLET
35347	TRINTELLIX 10 MG TABLET
35349	TRINTELLIX 20 MG TABLET
16815	VENLAFAXINE HCL 100MG TABLET
16811	VENLAFAXINE HCL 25MG TABLET
16812	VENLAFAXINE HCL 37.5MG TABLET
16813	VENLAFAXINE HCL 50MG TABLET
16814	VENLAFAXINE HCL 75MG TABLET
16818	VENLAFAXINE HCL ER 150MG CAPSULE
14353	VENLAFAXINE HCL ER 150MG TABLET

<b>History of an SSRI or SNRI</b> <b>Required number of claims: 1</b> <b>Look back timeframe: 180 days</b>	
<b>GCN</b>	<b>Description</b>
14354	VENLAFAXINE HCL ER 225MG TABLET
16816	VENLAFAXINE HCL ER 37.5MG CAPSULE
14349	VENLAFAXINE HCL ER 37.5MG TABLET
16817	VENLAFAXINE HCL ER 75MG CAPSULE
14352	VENLAFAXINE HCL ER 75MG TABLET
29916	VIIBRYD 10MG TABLET
29917	VIIBRYD 20MG TABLET
29918	VIIBRYD 40MG TABLET
16375	ZOLOFT 100MG TABLET
16373	ZOLOFT 25MG TABLET
16374	ZOLOFT 50MG TABLET



## Anxiolytics and Sedatives/Hypnotics (ASHs)

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## Publication History

The Publication History records the publication iterations and revisions to this document. Notes for the *most current revision* are also provided in the **Revision Notes** on the first page of this document.

Publication Date	Notes
01/31/2011	Initial publication and posting to website
05/08/2012	<ul style="list-style-type: none"> <li>Added new sections to specify the drugs requiring prior authorization for each drug subclass</li> <li>Revised and consolidated criteria logic and logic diagrams for each drug subclass</li> <li>Removed Mephobarbital &amp; Midazolam drug subclass from clinical edit criteria</li> <li>Removed approval outcome from step 2 in all criteria logic and logic diagrams</li> </ul>
04/03/2015	<ul style="list-style-type: none"> <li>Updated to include ICD-10s</li> </ul>
05/14/2015	<ul style="list-style-type: none"> <li>Updated alprazolam clinical edit logic, logic diagram and supporting tables as approved by the DUR Board at the January 2015 DUR Board meeting.</li> </ul>
07/21/2016	<ul style="list-style-type: none"> <li>Added GCNs for Intermezzo and zolpidem sublingual tablets to 'Drugs Requiring PA'</li> </ul>
02/02/2017	<ul style="list-style-type: none"> <li>Removed Diastat and diazepam rectal gel formulations from 'Drugs Requiring PA'</li> <li>Updated Anticonvulsant table</li> <li>Updated Sedative/Hypnotic table</li> <li>Updated SSRI/SNRI table</li> <li>Updated References</li> </ul>
04/27/2018	<ul style="list-style-type: none"> <li>Presented a proposed revision to buspirone criteria to the DUR Board on April 27, 2018 – DUR Board recommended removal of buspirone criteria</li> <li>Removed ICD-9 codes</li> </ul>
08/01/2018	<ul style="list-style-type: none"> <li>Annual review by staff</li> <li>Updated anticonvulsant table</li> <li>Updated sedative/hypnotic table</li> <li>Updated SSRI/SNRI table</li> <li>Updated references</li> </ul>
08/16/2018	<ul style="list-style-type: none"> <li>Updated epilepsy diagnoses table</li> </ul>
10/12/2018	<ul style="list-style-type: none"> <li>Updated Step 4 of flurazepam logic diagram to read 'chronic sleep disorder'</li> </ul>
03/22/2019	<ul style="list-style-type: none"> <li>Updated to include formulary statement (The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit <a href="https://TxVendorDrug.com/formulary/formulary-search">TxVendorDrug.com/formulary/formulary-search</a>.) on each 'Drug Requiring PA' table</li> </ul>
02/18/2020	<ul style="list-style-type: none"> <li>Added GCN for Hetlioz to drug table</li> </ul>

Publication Date	Notes
	<ul style="list-style-type: none"> <li>Added criteria for Hetlioz to logic and logic diagram</li> </ul>
02/01/2021	<ul style="list-style-type: none"> <li>Added GCNs for Dayvigo to drug table</li> </ul>
04/30/2021	<ul style="list-style-type: none"> <li>Added GCNs for Belsomra to drug table</li> <li>Updated Sedative/Hypnotic – Adults clinical criteria as approved by the DUR Board</li> </ul>
07/23/2021	<ul style="list-style-type: none"> <li>Added revised criteria for Hetlioz as approved by the DUR Board</li> </ul>
02/04/2022	<ul style="list-style-type: none"> <li>Added GCNs for Dayvigo (47484, 47479) to Sedative/Hypnotic prior use table</li> </ul>
07/08/2022	<ul style="list-style-type: none"> <li>Removed check for <math>\leq 1</math> days supply on all criteria except Hetlioz</li> </ul>
09/09/2022	<ul style="list-style-type: none"> <li>Removed ICD-10 code F13.90 (sedative, hypnotic, or anxiolytic use, unspecified, uncomplicated) from the drug abuse diagnosis table</li> </ul>
10/22/2022	<ul style="list-style-type: none"> <li>Updated lorazepam criteria to allow for approval without diagnosis for pediatric patients &lt; 2 years of age</li> <li>Lorazepam - added criteria to allow approval for patients with a diagnosis of nausea and vomiting associated with cancer</li> </ul>
11/08/2022	<ul style="list-style-type: none"> <li>Added GCNs for Quviviq (51785, 51787) to PA table in Sedatives/Hypnotics-Adults</li> </ul>
11/29/2022	<ul style="list-style-type: none"> <li>Revised check for short term therapy for procedures to read, 'Is the incoming request for less than or equal to 5 units?' on all agents except Hetlioz</li> <li>Revised question 6 on clorazepate criteria. If No, go to #7</li> </ul>
02/01/2023	<ul style="list-style-type: none"> <li>Added GCN for tasimelteon (36068) to PA table</li> </ul>
03/27/2023	<ul style="list-style-type: none"> <li>Updated all instances of 'history of drug abuse' to 'history of drug abuse or dependence' in criteria logic and logic diagram</li> </ul>
07/18/2023	<ul style="list-style-type: none"> <li>Corrected ramelteon logic and diagram (question #4)</li> <li>Added GCN for diazepam (45092, 14210) to PA table</li> </ul>