

**Texas Prior Authorization Program  
Clinical Criteria**

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**Drug/Drug Class****Anxiolytics and Sedatives/Hypnotics (ASHs)****Clinical Criteria Information included in this Document****Anxiolytics****Alprazolam**

- [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

**Chlordiazepoxide, Meprobamate, and Oxazepam**

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**Clonazepam and Diazepam**

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## **Sedatives/Hypnotics**

### **Adults**

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## Flurazepam

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

## Revision Notes

Annual review by staff

Added GCNs for diazepam syringe (14200) and Valtoco (47548, 47549, 47551, 47552) to Drugs Requiring PA table and sedative/hypnotic supporting table

Added GCNs to anticonvulsant supporting table (09071, 35026, 09070, 99500, 99501, 99502, 99503, 17400, 23969, 23972, 23973, 16779, 43987, 43986, 17411, 33556, 33557, 33558, 23048, 23049, 32359, 23051, 25019, 23039, 23052, 23046, 23047, 43987, 43988, 43986, 21726, 45265, 45266, 45264, 35106, 35107, 35103, 35104, 61315, 55889, 64314, 55041, 52582)

Added GCNs for diazepam injection (45092, 14200, 14210, 55636, 55637, 55638, 55633, 55635) and Valtoco (47548, 47549, 47551, 47552) to anxiolytic agents supporting table

Added GCNs for diazepam injection (45092, 14200, 14210) and Valtoco (47548, 47549, 47551, 47552) to clonazepam and diazepam agents supporting table

Added GCNs for olanzapine-fluoxetine (20870, 20872, 98648, 20868, 20869), generic paroxetine 10mg suspension (16369), sertraline capsules (16382, 16383), venlafaxine bes ER (52506), and generic vilazodone (29916, 29917, 29918) to History of an SSRI or SNRI supporting table

Added ICD-10 codes to anxiety disorder diagnoses, chronic sleep disorder diagnoses, drug abuse/dependence, seizure diagnosis, hepatic disease/impairment, insomnia diagnoses, and muscle disorder diagnoses supporting tables

Corrected the prior therapy timeframe in the alprazolam agents to match the lookback in the question

Updated references



## Alprazolam

### Drugs Requiring Prior Authorization

*The listed GCNs may not be an indication of Texas Medicaid Formulary coverage. To learn the current formulary coverage, visit [txvendordrug.com/searches/formulary-drug-search](http://txvendordrug.com/searches/formulary-drug-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

Drugs Requiring Prior Authorization	
Label Name	GCN
XANAX XR 3MG TABLET	19681



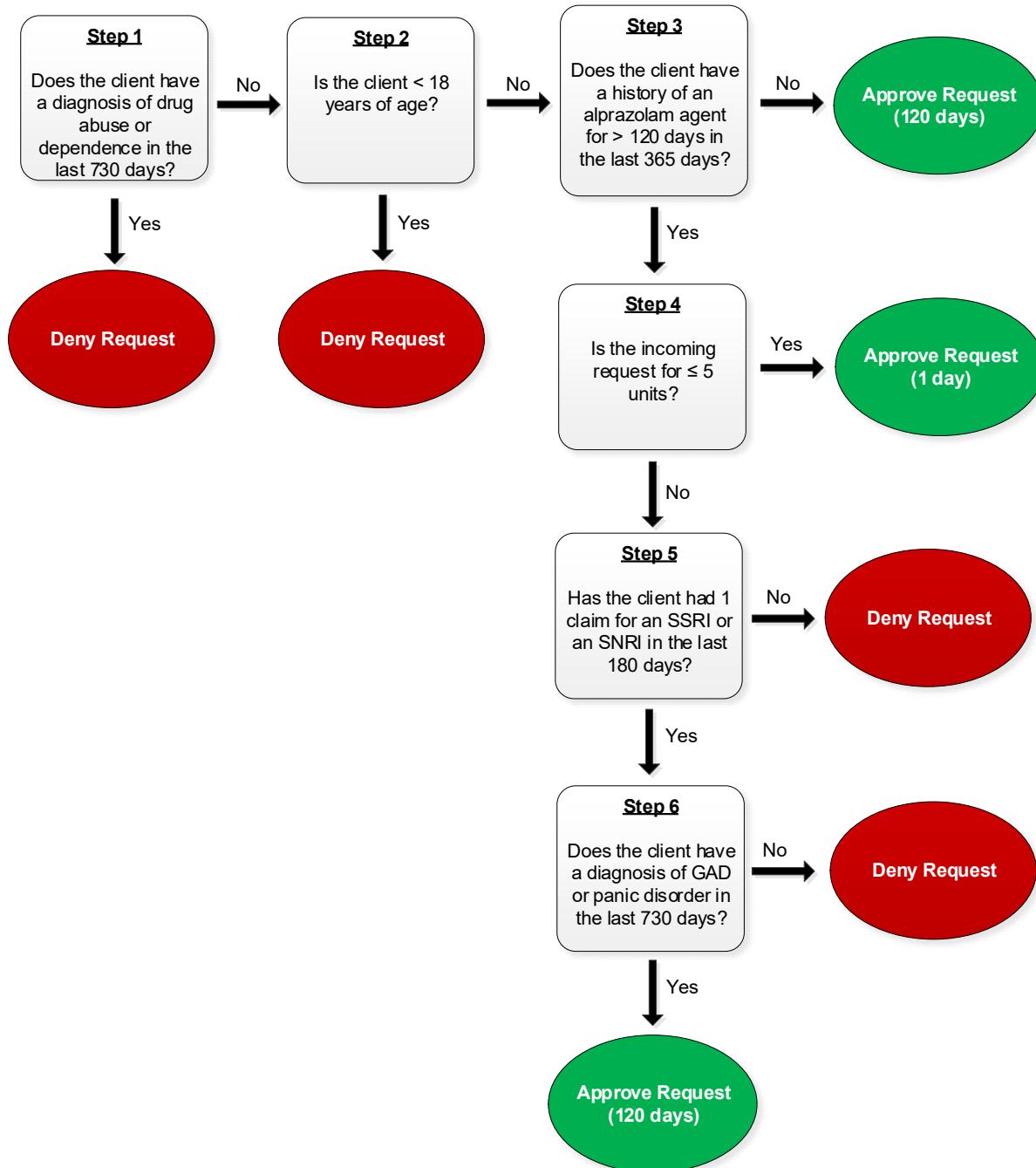
**Alprazolam**  
**Clinical Criteria Logic**

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

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**Alprazolam**

**Clinical Criteria Logic Diagram**





## Chlordiazepoxide, Meprobamate, and 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



## Chlordiazepoxide, Meprobamate, and Oxazepam

### Clinical Criteria Logic

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 (120 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 (120 days)

12. Does the client have a history of an [anxiolytic agent](#) for 60 days in the last 90 days?

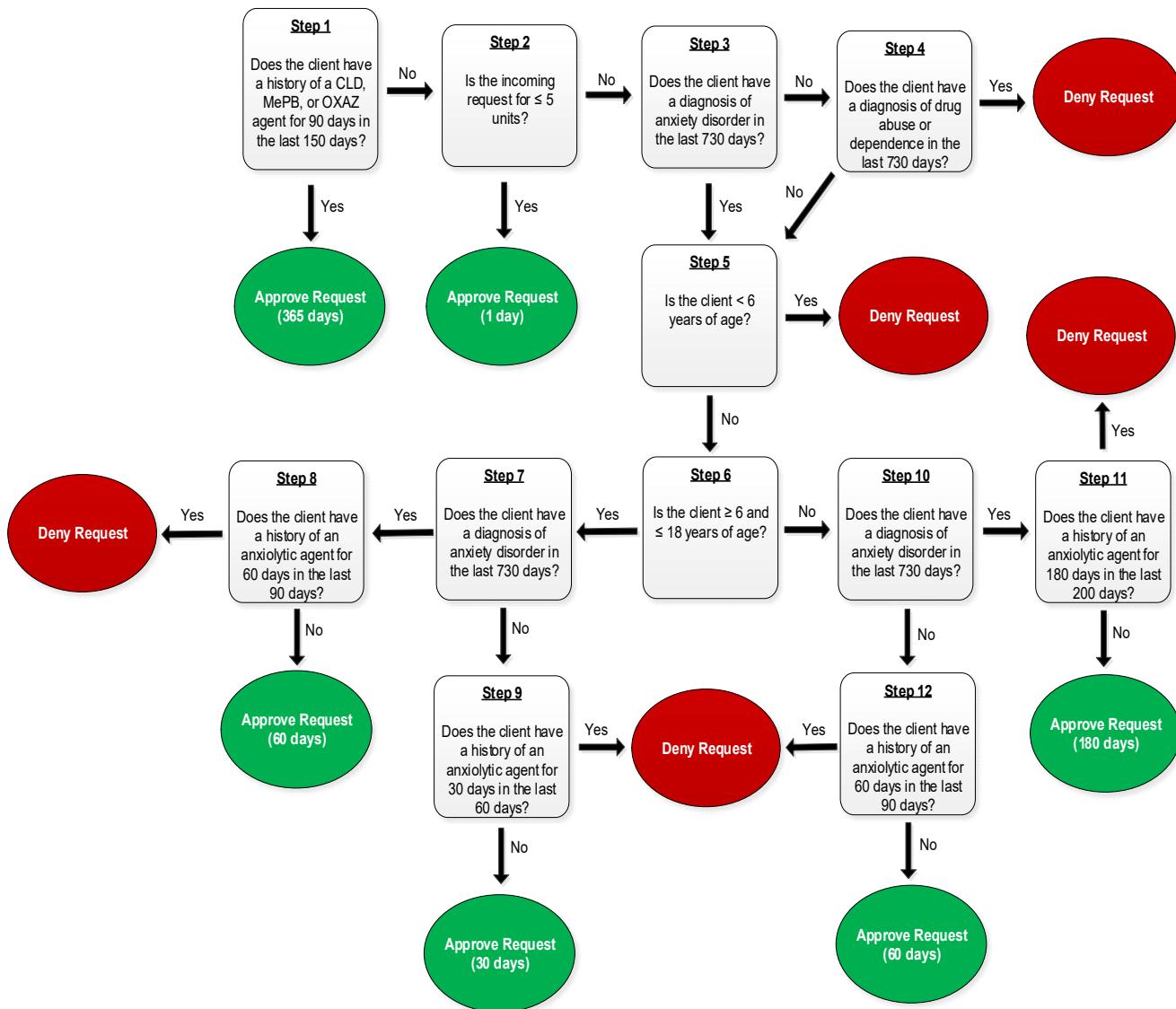
[ ] Yes – Deny

[ ] No – Approve (60 days)

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# Chlordiazepoxide, Meprobamate, and Oxazepam

## Clinical Criteria Logic Diagram





## Clonazepam and Diazepam

### Drugs Requiring Prior Authorization

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Drugs Requiring Prior Authorization	
Label Name	GCN
CLONAZEPAM 0.125 MG DIS TAB	19467
CLONAZEPAM 0.25 MG ODT	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 ODT	19472
CLONAZEPAM 2 MG TABLET	17472
DIAZEPAM 10 MG TABLET	14220
DIAZEPAM 10 MG/2 ML CARPUJECT	45092
DIAZEPAM 10 MG/2 ML SYRINGE	14200
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
VALTOCO 5 MG NASAL SPRAY	47548

Drugs Requiring Prior Authorization	
Label Name	GCN
VALTOCO 10 MG NASAL SPRAY	47549
VALTOCO 15 MG NASAL SPRAY	47551
VALTOCO 20 MG NASAL SPRAY	47552



## Clonazepam and Diazepam

### Clinical Criteria Logic

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?

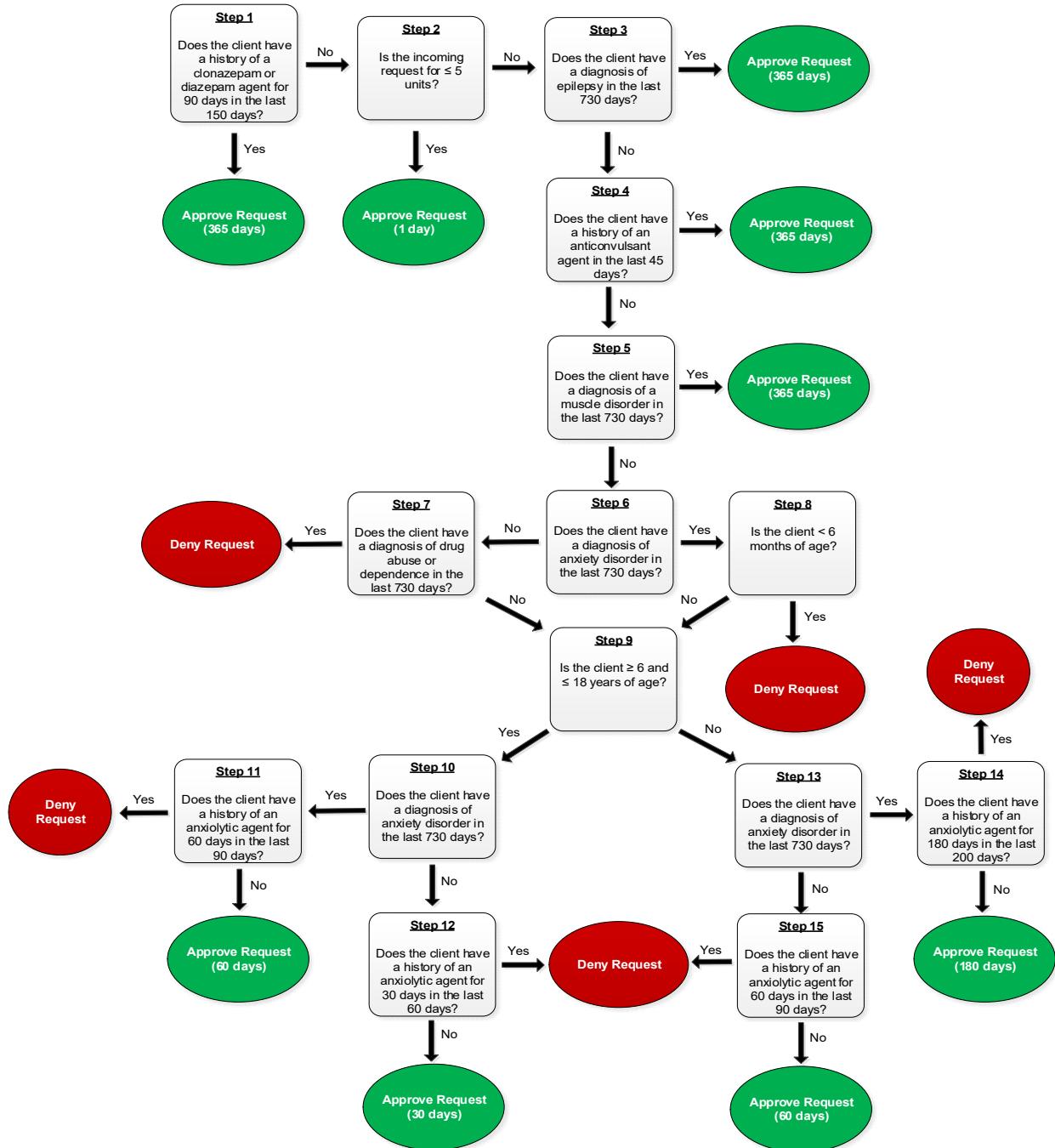
Yes – Deny

No – Approve (60 days)



## Clonazepam and Diazepam

### Clinical Criteria Logic Diagram





**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



**Clorazepate**  
**Clinical Criteria Logic**

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?

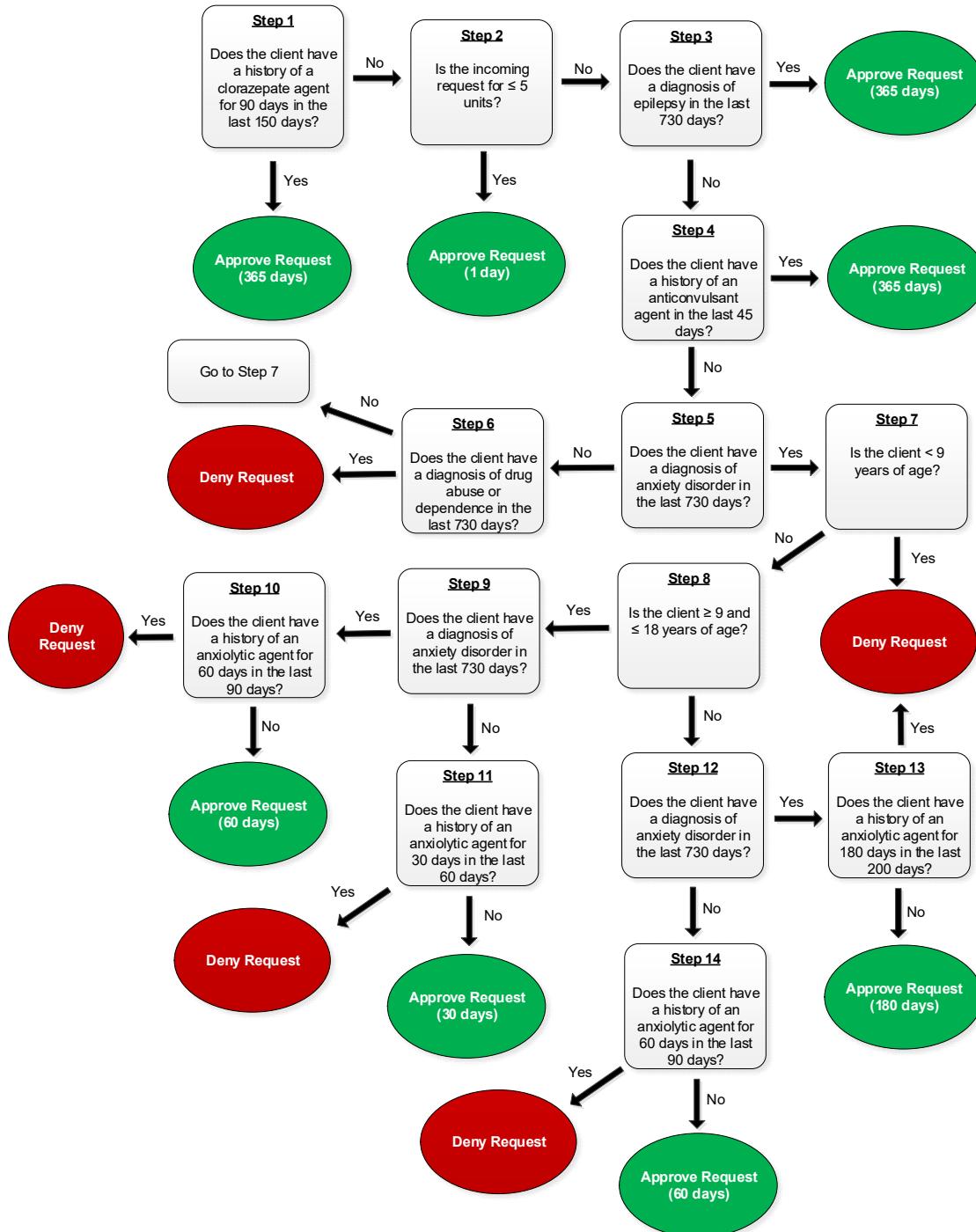
Yes – Deny

No – Approve (60 days)

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**Clorazepate**

**Clinical Criteria Logic Diagram**





**Lorazepam**  
**Drugs Requiring Prior Authorization**

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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
LOREEV XR 1 MG CAPSULE	50771
LOREEV XR 1.5 MG CAPSULE	52048
LOREEV XR 2 MG CAPSULE	50801
LOREEV XR 3 MG CAPSULE	50781



**Lorazepam**  
**Clinical Criteria Logic**

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 capsules, tablets, or vial) – Deny
  - [ ] No (And the request is for an agent other than Loreev XR) – Go to #2
  - [ ] No (And the request is for Loreev XR) – Go to #10
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 17 ( $\geq 12$  and  $\leq 17$ ) years of age?

Yes (And the request is for an agent other than Loreev XR) – Go to #12

Yes (And the request is for Loreev XR) – Deny

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

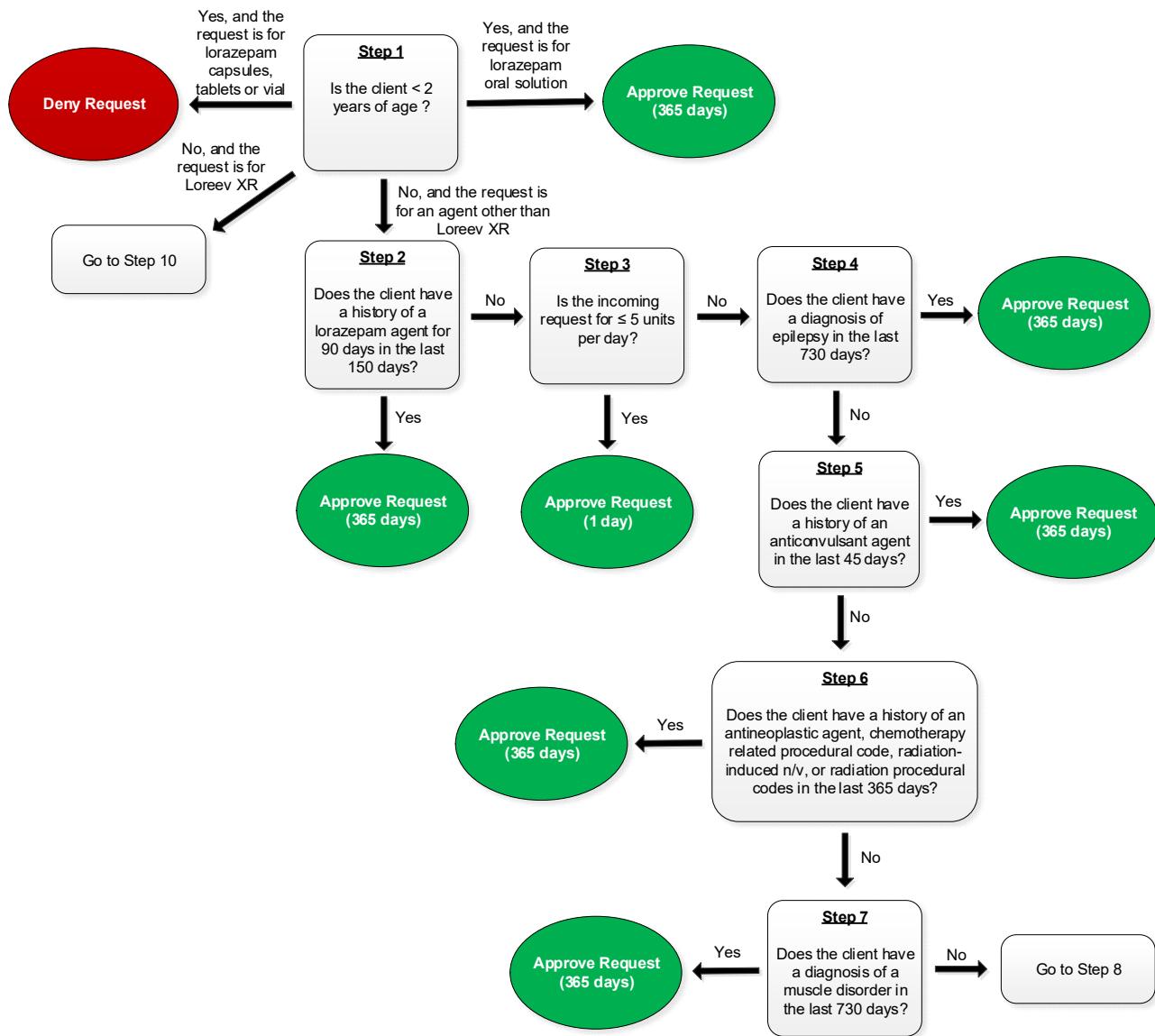
No – Approve (60 days)



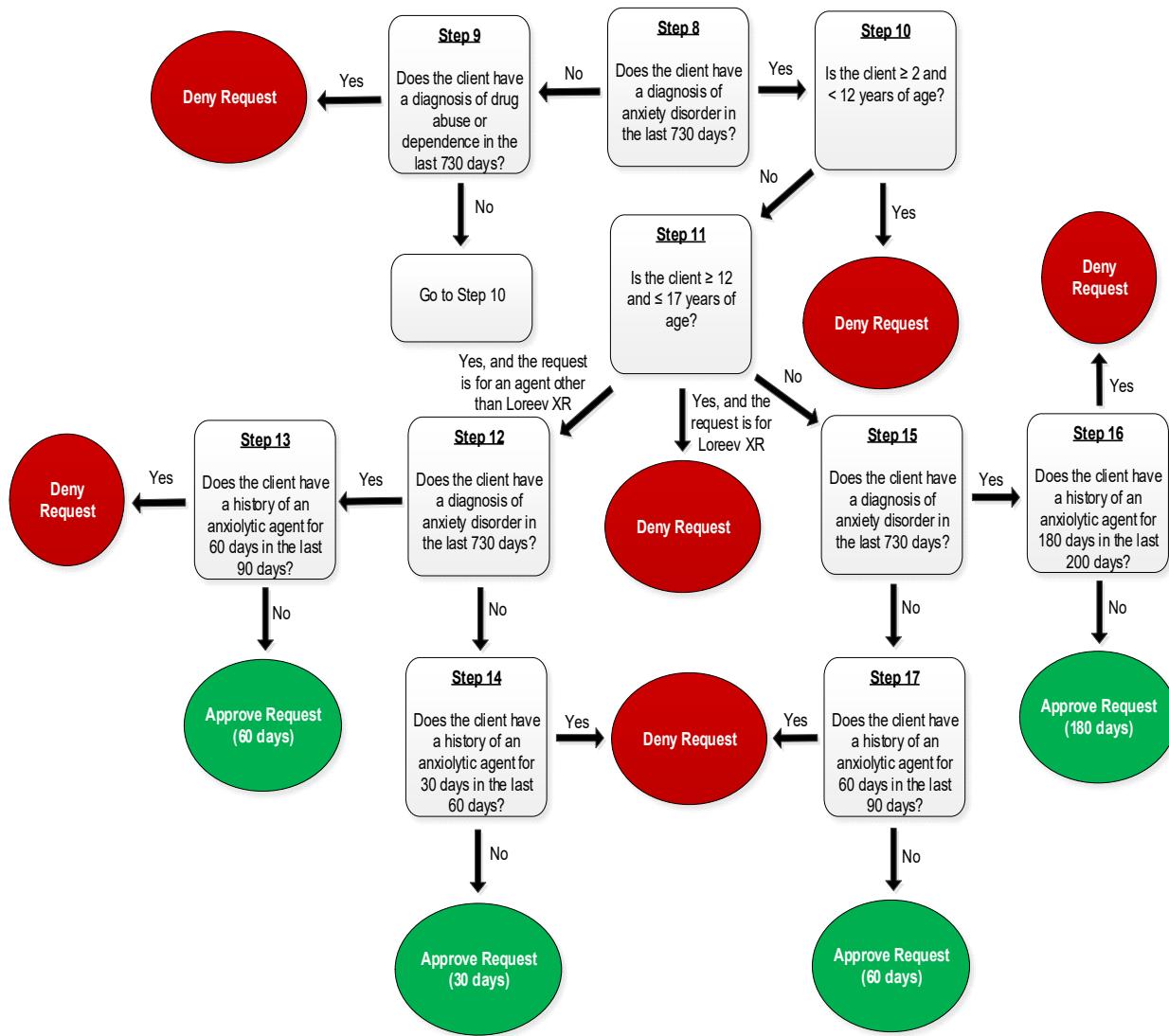
## Lorazepam

### Clinical Criteria Logic Diagram

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## Drugs Requiring Prior Authorization

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Drugs Requiring Prior Authorization	
Label Name	GCN
AMBIEN 10 MG TABLET	00871
AMBIEN 5 MG TABLET	00870
AMBIEN CR 12.5 MG TABLET	25457
AMBIEN CR 6.25 MG TABLET	25456
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
DORAL 15 MG TABLET	40870
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

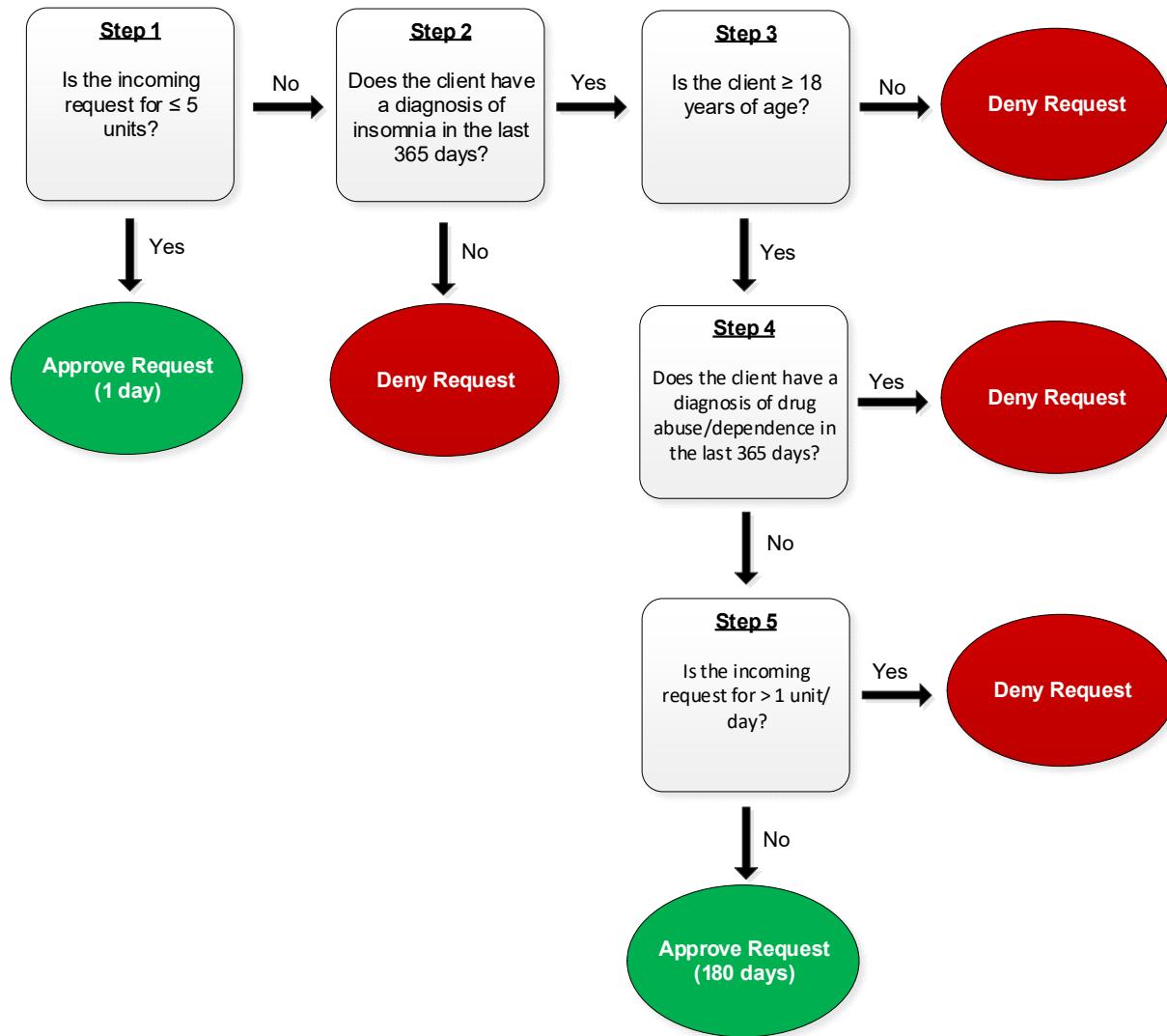
Drugs Requiring Prior Authorization	
Label Name	GCN
LUNESTA 3 MG TABLET	23925
QUAZEPAM 15 MG TABLET	40870
QUVIVIQ 25 MG TABLET	51785
QUVIVIQ 50 MG TABLET	51787
RESTORIL 15 MG CAPSULE	13840
RESTORIL 22.5 MG CAPSULE	24036
RESTORIL 30 MG CAPSULE	13841
RESTORIL 7.5 MG CAPSULE	13845
TEMAZEPAM 15 MG CAPSULE	13840
TEMAZEPAM 22.5 MG CAPSULE	24036
TEMAZEPAM 30 MG CAPSULE	13841
TEMAZEPAM 7.5 MG CAPSULE	13845
TRIAZOLAM 0.125 MG TABLET	14282
TRIAZOLAM 0.25 MG TABLET	14280
ZALEPLON 10 MG CAPSULE	92723
ZALEPLON 5 MG CAPSULE	92713
ZOLPIDEM TART 1.75 MG TABLET SL	31562
ZOLPIDEM TART 3.5 MG TABLET SL	31563
ZOLPIDEM TART ER 12.5 MG TAB	25457
ZOLPIDEM TART ER 6.25 MG TAB	25456
ZOLPIDEM TARTRATE 10 MG TABLET	00871
ZOLPIDEM TARTRATE 5 MG TABLET	00870
ZOLPIDEM TARTRATE 7.5 MG CAP	54147



**Adults**  
**Clinical Criteria Logic**

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)

**Adults**  
**Clinical Criteria Logic Diagram**





**Flurazepam**  
**Drugs Requiring Prior Authorization**

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

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



**Flurazepam**  
**Clinical Criteria Logic**

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?

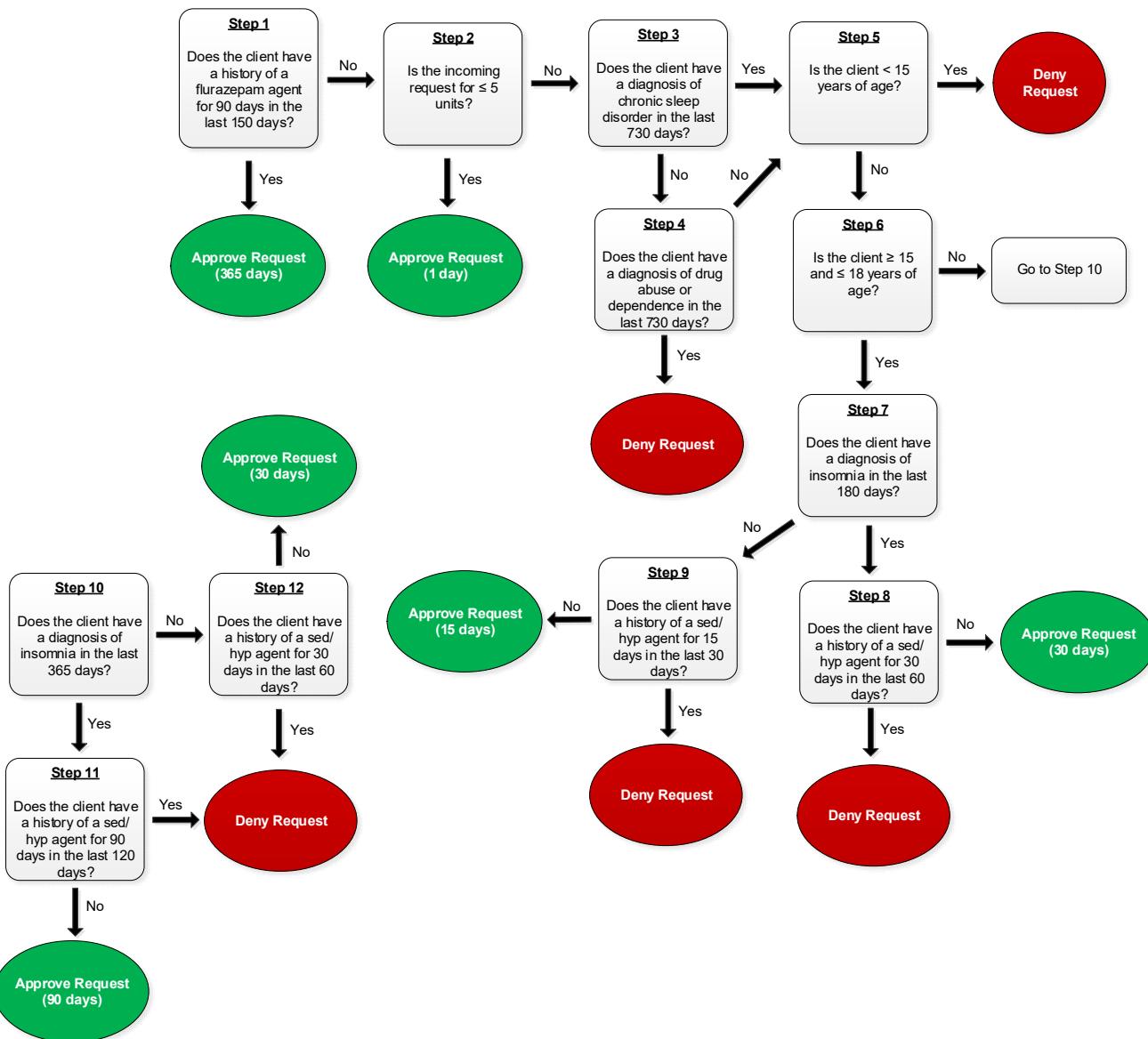
[ ] Yes – Deny

[ ] No – Approve (30 days)



## Flurazepam

### Clinical Criteria Logic Diagram





**Ramelteon**  
**Drugs Requiring Prior Authorization**

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

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

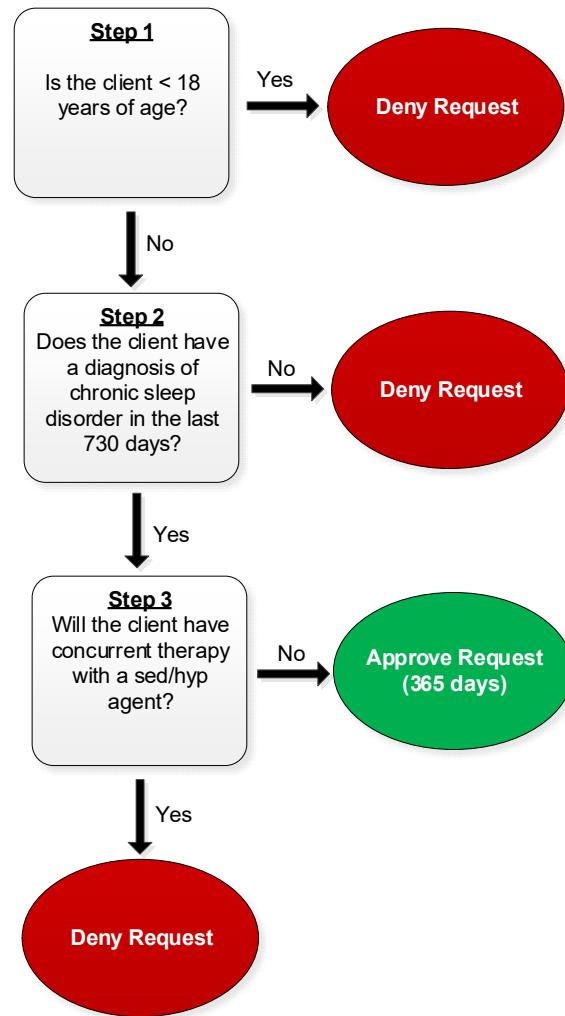


**Ramelteon**  
**Clinical Criteria Logic**

1. Is the client less than (<) 18 years of age?  
[ ] Yes – Deny  
[ ] No – Go to #2
2. Does the client have a diagnosis of chronic sleep disorder in the last 730 days?  
[ ] Yes – Go to #3  
[ ] No – Deny
3. Will the client have a concurrent therapy with another sedative/hypnotic agent?  
[ ] Yes – Deny  
[ ] No – Approve (365 days)



**Ramelteon**  
Clinical Criteria Logic Diagram



**Hetlioz****Drugs Requiring Prior Authorization**

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

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



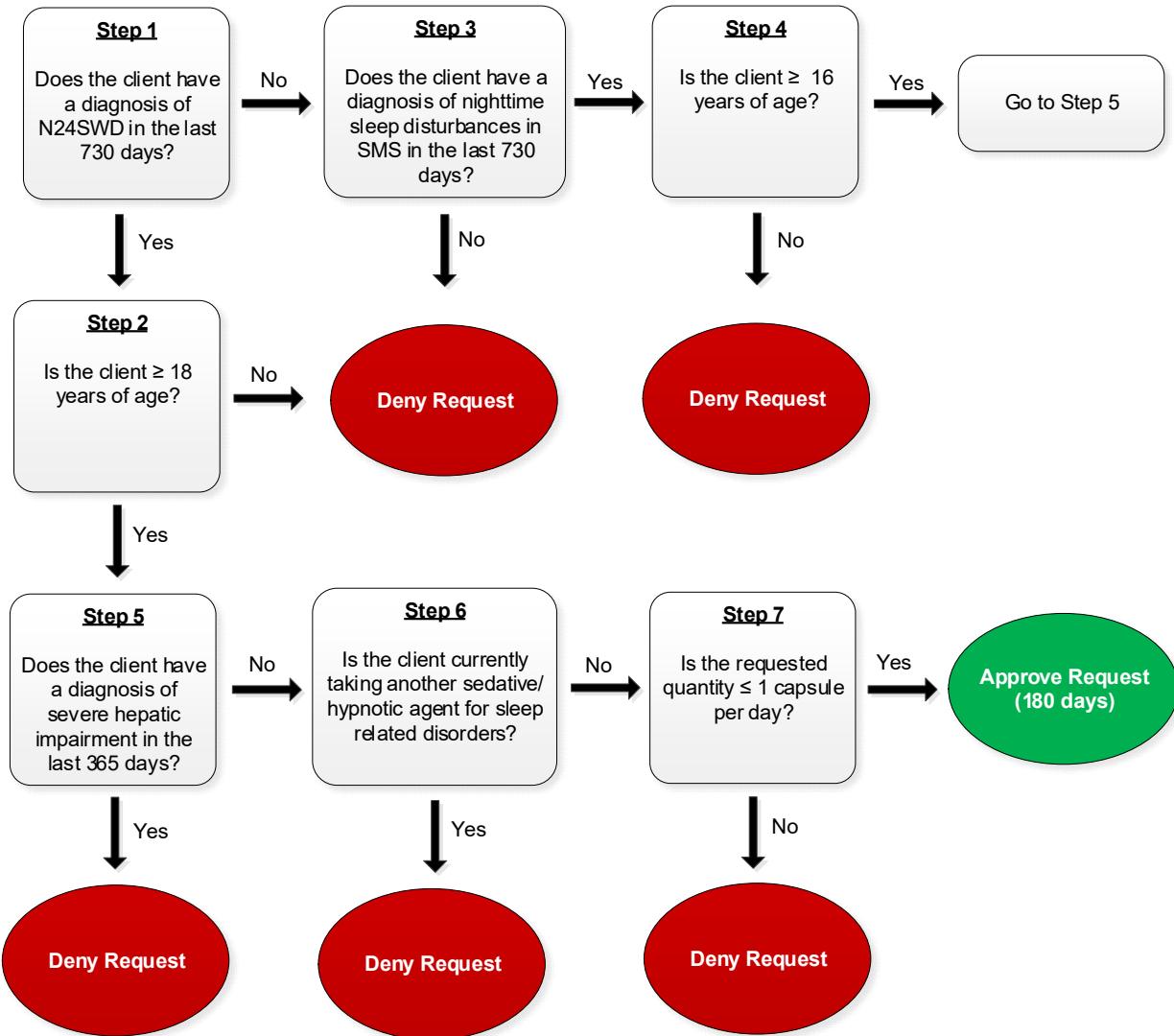
**Hetlioz Capsule**  
**Clinical Criteria Logic**

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

**PAXPRESS™**

**Hetlioz Capsule**

**Clinical Criteria Logic Diagram**





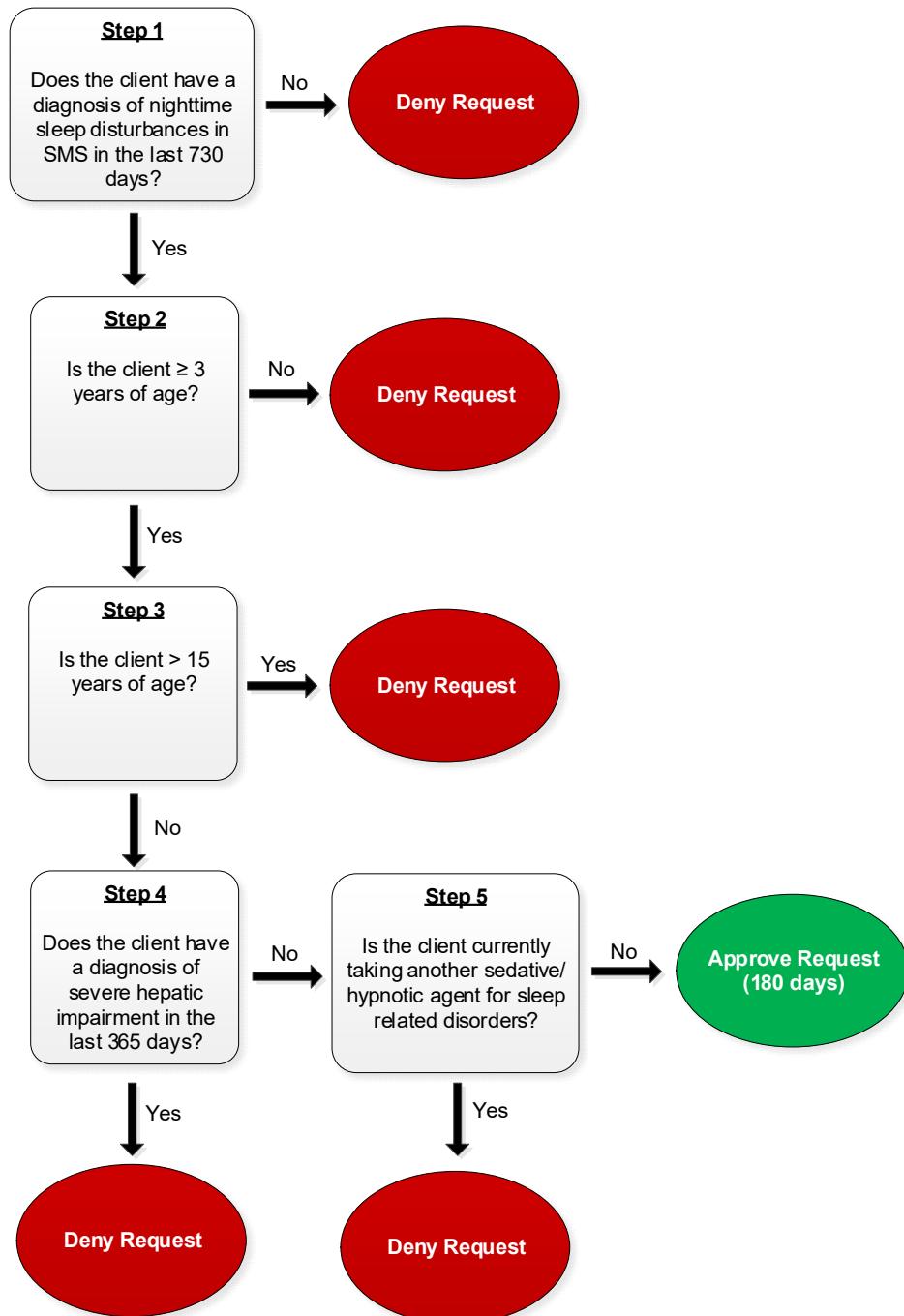
**Hetlioz Suspension**  
**Clinical Criteria Logic**

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)



## Hetlioz Suspension

### Clinical Criteria Logic Diagram



**Anxiolytics and Sedatives/Hypnotics****Clinical Criteria Supporting Tables**

<b>History of prior alprazolam therapy</b> <b>Required quantity: &gt;120 days</b> <b>Look back timeframe: 365 days</b>	
<b>GCN</b>	<b>Label Name</b>
14260	ALPRAZOLAM 0.25MG TABLET
14261	ALPRAZOLAM 0.5MG TABLET
14262	ALPRAZOLAM 1MG TABLET
14264	ALPRAZOLAM 1MG/ML ORAL CONC
14263	ALPRAZOLAM 2MG TABLET
17423	ALPRAZOLAM ER 0.5MG TABLET
17424	ALPRAZOLAM ER 1MG TABLET
17425	ALPRAZOLAM ER 2MG TABLET
19681	ALPRAZOLAM ER 3MG TABLET
24368	ALPRAZOLAM ODT 0.25MG TABLET
24369	ALPRAZOLAM ODT 0.5MG TABLET
24373	ALPRAZOLAM ODT 1MG TABLET
24374	ALPRAZOLAM ODT 2MG TABLET
14260	XANAX 0.25MG TABLET
14261	XANAX 0.5MG TABLET
14262	XANAX 1MG TABLET
14263	XANAX 2MG TABLET
17423	XANAX XR 0.5MG TABLET
17424	XANAX XR 1MG TABLET
17425	XANAX XR 2MG TABLET

<b>History of prior alprazolam therapy</b> <b>Required quantity: &gt;120 days</b> <b>Look back timeframe: 365 days</b>	
GCN	Label Name
19681	XANAX XR 3MG TABLET

<b>History of prior anticonvulsant therapy</b> <b>Required quantity: 1</b> <b>Look back timeframe: 45 days</b>	
GCN	Label Name
36098	APTIOM 200 MG TABLET
36099	APTIOM 400 MG TABLET
36106	APTIOM 600 MG TABLET
27409	APTIOM 800MG TABLET
98836	BANZEL 200 MG TABLET
29462	BANZEL 40 MG/ML SUSPENSION
98837	BANZEL 400 MG TABLET
40716	BRIVIACT 10 MG TABLET
40712	BRIVIACT 10 MG/ML ORAL SOLN
40723	BRIVIACT 100 MG TABLET
40717	BRIVIACT 25 MG TABLET
40718	BRIVIACT 50 MG TABLET
40709	BRIVIACT 50 MG/5 ML VIAL
40719	BRIVIACT 75 MG TABLET
17460	CARBAMAZEPINE 100 MG TAB CHEW
47500	CARBAMAZEPINE 100 MG/5 ML SUSP
17450	CARBAMAZEPINE 200 MG TABLET

<b>History of prior anticonvulsant therapy</b> <b>Required quantity: 1</b> <b>Look back timeframe: 45 days</b>	
<b>GCN</b>	<b>Label Name</b>
23934	CARBAMAZEPINE ER 100 MG CAP
27820	CARBAMAZEPINE ER 100 MG TABLET
23932	CARBAMAZEPINE ER 200 MG CAP
23933	CARBAMAZEPINE ER 300 MG CAP
27821	CARBAMAZEPINE XR 200 MG TABLET
27822	CARBAMAZEPINE XR 400 MG TABLET
23934	CARBATROL ER 100 MG CAPSULE
23932	CARBATROL ER 200 MG CAPSULE
23933	CARBATROL ER 300 MG CAPSULE
17411	CELONTIN 300 MG KAPSEAL
09071	CLOBAZAM 10 MG TABLET
35026	CLOBAZAM 2.5 MG/ML SUSPENSION
09070	CLOBAZAM 20 MG TABLET
17270	DEPAKENE 250 MG CAPSULE
17280	DEPAKENE 250 MG/5 ML SOLUTION
17400	DEPAKOTE 125 MG SPRINKLE CAP
17292	DEPAKOTE DR 125 MG TABLET
17290	DEPAKOTE DR 250 MG TABLET
17291	DEPAKOTE DR 500 MG TABLET
18754	DEPAKOTE ER 250 MG TABLET
18040	DEPAKOTE ER 500 MG TABLET
99500	DIACOMIT 250 MG CAPSULE
99502	DIACOMIT 250 MG POWDER PACKET

<b>History of prior anticonvulsant therapy</b> <b>Required quantity: 1</b> <b>Look back timeframe: 45 days</b>	
<b>GCN</b>	<b>Label Name</b>
99501	DIACOMIT 500 MG CAPSULE
99503	DIACOMIT 500 MG POWDER PACKET
17700	DILANTIN 100 MG CAPSULE
17241	DILANTIN 125 MG/5 ML SUSP
17701	DILANTIN 30 MG CAPSULE
17250	DILANTIN 50 MG INFATAB
17400	DIVALPROEX DR 125 MG CAP SPRNK
17292	DIVALPROEX SOD DR 125 MG TAB
17290	DIVALPROEX SOD DR 250 MG TAB
17291	DIVALPROEX SOD DR 500 MG TAB
18754	DIVALPROEX SOD ER 250 MG TAB
18040	DIVALPROEX SOD ER 500 MG TAB
17400	DIVALPROEX SODIUM 125 MG CAP
38598	ELEPSIA XR 1,000 MG TABLET
38599	ELEPSIA XR 1,500 MG TABLET
45169	EPIDIOLEX 100 MG/ML SOLUTION
17450	EPITOL 200 MG TABLET
51457	EPRONTIA 25 MG/ML SOLUTION
13781	EQUETRO 100 MG CAPSULE
13805	EQUETRO 200 MG CAPSULE
13818	EQUETRO 300 MG CAPSULE
17420	ETHOSUXIMIDE 250 MG CAPSULE
17430	ETHOSUXIMIDE 250 MG/5 ML SYRP

<b>History of prior anticonvulsant therapy</b> <b>Required quantity: 1</b> <b>Look back timeframe: 45 days</b>	
<b>GCN</b>	<b>Label Name</b>
38021	FELBAMATE 400 MG TABLET
38022	FELBAMATE 600 MG TABLET
38020	FELBAMATE 600 MG/5 ML SUSP
38021	FELBATOL 400 MG TABLET
38022	FELBATOL 600 MG TABLET
38020	FELBATOL 600 MG/5 ML SUSP
48284	FINTEPLA 2.2 MG/ML SOLUTION
41309	FYCOMPA 0.5 MG/ML ORAL SUSP
33275	FYCOMPA 10 MG TABLET
33276	FYCOMPA 12 MG TABLET
33271	FYCOMPA 2 MG TABLET
33272	FYCOMPA 4 MG TABLET
33273	FYCOMPA 6 MG TABLET
33274	FYCOMPA 8 MG TABLET
00780	GABAPENTIN 100 MG CAPSULE
13235	GABAPENTIN 250 MG/5 ML SOLN
00781	GABAPENTIN 300 MG CAPSULE
00782	GABAPENTIN 400 MG CAPSULE
94624	GABAPENTIN 600 MG TABLET
94447	GABAPENTIN 800 MG TABLET
37981	GABITRIL 12 MG TABLET
37982	GABITRIL 16 MG TABLET
54681	GABITRIL 2 MG TABLET

<b>History of prior anticonvulsant therapy</b> <b>Required quantity: 1</b> <b>Look back timeframe: 45 days</b>	
<b>GCN</b>	<b>Label Name</b>
37980	GABITRIL 4 MG TABLET
86223	KEPPRA 1,000 MG TABLET
20353	KEPPRA 100 MG/ML ORAL SOLN
41587	KEPPRA 250 MG TABLET
41597	KEPPRA 500 MG TABLET
41586	KEPPRA 750 MG TABLET
14305	KEPPRA XR 500 MG TABLET
20765	KEPPRA XR 750 MG TABLET
28643	LACOSAMIDE 10 MG/ML SOLUTION
14339	LACOSAMIDE 100 MG TABLET
14341	LACOSAMIDE 150 MG TABLET
14342	LACOSAMIDE 200 MG TABLET
14338	LACOSAMIDE 50 MG TABLET
64316	LAMICTAL 100 MG TABLET
64324	LAMICTAL 150 MG TABLET
64325	LAMICTAL 200 MG TABLET
64322	LAMICTAL 25 MG DISPER TABLET
64317	LAMICTAL 25 MG TABLET
64323	LAMICTAL 5 MG DISPER TABLET
23254	LAMICTAL ODT 100 MG TABLET
23274	LAMICTAL ODT 200 MG TABLET
23201	LAMICTAL ODT 25 MG TABLET
23096	LAMICTAL ODT 50 MG TABLET

<b>History of prior anticonvulsant therapy</b> <b>Required quantity: 1</b> <b>Look back timeframe: 45 days</b>	
<b>GCN</b>	<b>Label Name</b>
23294	LAMICTAL ODT START KIT (BLUE)
23309	LAMICTAL ODT START KIT (GREEN)
23293	LAMICTAL ODT START KT (ORANGE)
23969	LAMICTAL TAB START KIT (BLUE)
23972	LAMICTAL TAB START KIT (GREEN)
23973	LAMICTAL TB START KIT (ORANGE)
24703	LAMICTAL XR 100 MG TABLET
24739	LAMICTAL XR 200 MG TABLET
24693	LAMICTAL XR 25 MG TABLET
30787	LAMICTAL XR 250 MG TABLET
29725	LAMICTAL XR 300 MG TABLET
24697	LAMICTAL XR 50 MG TABLET
24851	LAMICTAL XR START KIT (BLUE)
24856	LAMICTAL XR START KIT (GREEN)
24869	LAMICTAL XR START KIT (ORANGE)
64316	LAMOTRIGINE 100 MG TABLET
64324	LAMOTRIGINE 150 MG TABLET
64325	LAMOTRIGINE 200 MG TABLET
64322	LAMOTRIGINE 25 MG DISPER TAB
64317	LAMOTRIGINE 25 MG TABLET
64323	LAMOTRIGINE 5 MG DISPER TABLET
24703	LAMOTRIGINE ER 100 MG TABLET
24739	LAMOTRIGINE ER 200 MG TABLET

<b>History of prior anticonvulsant therapy</b> <b>Required quantity: 1</b> <b>Look back timeframe: 45 days</b>	
<b>GCN</b>	<b>Label Name</b>
24693	LAMOTRIGINE ER 25 MG TABLET
30787	LAMOTRIGINE ER 250 MG TABLET
29725	LAMOTRIGINE ER 300 MG TABLET
24697	LAMOTRIGINE ER 50 MG TABLET
23254	LAMOTRIGINE ODT 100 MG TABLET
23274	LAMOTRIGINE ODT 200 MG TABLET
23201	LAMOTRIGINE ODT 25 MG TABLET
23096	LAMOTRIGINE ODT 50 MG TABLET
23294	LAMOTRIGINE ODT KIT (BLUE)
23309	LAMOTRIGINE ODT KIT (GREEN)
23293	LAMOTRIGINE ODT KIT (ORANGE)
23969	LAMOTRIGINE TAB START KIT-BLUE
23972	LAMOTRIGINE TAB START KT-GREEN
23973	LAMOTRIGINE TAB START KT-ORANG
86223	LEVETIRACETAM 1,000 MG TABLET
20353	LEVETIRACETAM 100 MG/ML SOLN
41587	LEVETIRACETAM 250 MG TABLET
41597	LEVETIRACETAM 500 MG TABLET
16779	LEVETIRACETAM 500 MG/5 ML CUP
41586	LEVETIRACETAM 750 MG TABLET
14305	LEVETIRACETAM ER 500 MG TABLET
20765	LEVETIRACETAM ER 750 MG TABLET
23048	LYRICA 100 MG CAPSULE

<b>History of prior anticonvulsant therapy</b> <b>Required quantity: 1</b> <b>Look back timeframe: 45 days</b>	
<b>GCN</b>	<b>Label Name</b>
23049	LYRICA 150 MG CAPSULE
32359	LYRICA 20 MG/ML ORAL SOLUTION
23051	LYRICA 200 MG CAPSULE
25019	LYRICA 225 MG CAPSULE
23039	LYRICA 25 MG CAPSULE
23052	LYRICA 300 MG CAPSULE
23046	LYRICA 50 MG CAPSULE
23047	LYRICA 75 MG CAPSULE
43987	LYRICA CR 165 MG TABLET
43986	LYRICA CR 82.5 MG TABLET
17411	METHSUXIMIDE 300 MG CAPSULE
54119	MOTPOLY XR 100 MG CAPSULE
54121	MOTPOLY XR 150 MG CAPSULE
54122	MOTPOLY XR 200 MG CAPSULE
17321	MYSOLINE 250 MG TABLET
17322	MYSOLINE 50 MG TABLET
00780	NEURONTIN 100 MG CAPSULE
13235	NEURONTIN 250 MG/5 ML SOLN
00781	NEURONTIN 300 MG CAPSULE
00782	NEURONTIN 400 MG CAPSULE
94447	NEURONTIN 800 MG TABLET
09071	ONFI 10 MG TABLET
35026	ONFI 2.5 MG/ML SUSPENSION

<b>History of prior anticonvulsant therapy</b> <b>Required quantity: 1</b> <b>Look back timeframe: 45 days</b>	
<b>GCN</b>	<b>Label Name</b>
09070	ONFI 20 MG TABLET
21724	OXCARBAZEPINE 150 MG TABLET
21721	OXCARBAZEPINE 300 MG TABLET
21723	OXCARBAZEPINE 300 MG/5 ML SUSP
21722	OXCARBAZEPINE 600 MG TABLET
33556	OXCARBAZEPINE ER 150 MG TABLET
33557	OXCARBAZEPINE ER 300 MG TABLET
33558	OXCARBAZEPINE ER 600 MG TABLET
33556	OXTELLAR XR 150 MG TABLET
33557	OXTELLAR XR 300 MG TABLET
33558	OXTELLAR XR 600 MG TABLET
17260	PEGANONE 250 MG TABLET
12975	PHENOBARBITAL 100 MG TABLET
12971	PHENOBARBITAL 15 MG TABLET
97706	PHENOBARBITAL 16.2 MG TABLET
12956	PHENOBARBITAL 20 MG/5 ML ELIX
12973	PHENOBARBITAL 30 MG TABLET
97965	PHENOBARBITAL 32.4 MG TABLET
12972	PHENOBARBITAL 60 MG TABLET
97966	PHENOBARBITAL 64.8 MG TABLET
97967	PHENOBARBITAL 97.2 MG TABLET
15038	PHENYTEK 200 MG CAPSULE
15037	PHENYTEK 300 MG CAPSULE

<b>History of prior anticonvulsant therapy</b> <b>Required quantity: 1</b> <b>Look back timeframe: 45 days</b>	
<b>GCN</b>	<b>Label Name</b>
17241	PHENYTOIN 125 MG/5 ML SUSP
17250	PHENYTOIN 50 MG TABLET CHEW
17700	PHENYTOIN SOD EXT 100 MG CAP
15038	PHENYTOIN SOD EXT 200 MG CAP
15037	PHENYTOIN SOD EXT 300 MG CAP
23048	PREGABALIN 100 MG CAPSULE
23049	PREGABALIN 150 MG CAPSULE
32359	PREGABALIN 20 MG/ML SOLUTION
23051	PREGABALIN 200 MG CAPSULE
25019	PREGABALIN 225 MG CAPSULE
23039	PREGABALIN 25 MG CAPSULE
23052	PREGABALIN 300 MG CAPSULE
23046	PREGABALIN 50 MG CAPSULE
23047	PREGABALIN 75 MG CAPSULE
43987	PREGABALIN ER 165 MG TABLET
43988	PREGABALIN ER 330 MG TABLET
43986	PREGABALIN ER 82.5 MG TABLET
21726	PRIMIDONE 125 MG TABLET
17321	PRIMIDONE 250 MG TABLET
17322	PRIMIDONE 50 MG TABLET
26233	QUDEXY XR 100 MG CAPSULE
36234	QUDEXY XR 150 MG CAPSULE
36235	QUDEXY XR 200 MG CAPSULE

<b>History of prior anticonvulsant therapy</b> <b>Required quantity: 1</b> <b>Look back timeframe: 45 days</b>	
<b>GCN</b>	<b>Label Name</b>
36229	QUDEXY XR 25 MG CAPSULE
36232	QUDEXY XR 50 MG CAPSULE
41597	ROWEEPRA 500 MG TABLET
98836	RUFINAMIDE 200 MG TABLET
29462	RUFINAMIDE 40 MG/ML SUSPENSION
98837	RUFINAMIDE 400 MG TABLET
64314	SABRIL 500 MG POWDER PACKET
64315	SABRIL 500 MG TABLET
36266	SPRITAM 1,000 MG TABLET
31202	SPRITAM 250 MG TABLET
36046	SPRITAM 500 MG TABLET
36265	SPRITAM 750 MG TABLET
64316	SUBVENITE 100 MG TABLET
64324	SUBVENITE 150 MG TABLET
64325	SUBVENITE 200 MG TABLET
64317	SUBVENITE 25 MG TABLET
23969	SUBVENITE TAB START KT (BLUE)
23972	SUBVENITE TAB START KT (GREEN)
23973	SUBVENITE TAB START KT (ORANGE)
45265	SYMPAZAN 10 MG FILM
45266	SYMPAZAN 20 MG FILM
45264	SYMPAZAN 5 MG FILM
47500	TEGRETOL 100 MG/5 ML SUSP

<b>History of prior anticonvulsant therapy</b> <b>Required quantity: 1</b> <b>Look back timeframe: 45 days</b>	
<b>GCN</b>	<b>Label Name</b>
17450	TEGRETOL 200 MG TABLET
27820	TEGRETOL XR 100 MG TABLET
27821	TEGRETOL XR 200 MG TABLET
27822	TEGRETOL XR 400 MG TABLET
37981	TIAGABINE HCL 12 MG TABLET
37982	TIAGABINE HCL 16 MG TABLET
54681	TIAGABINE HCL 2 MG TABLET
37980	TIAGABINE HCL 4 MG TABLET
36551	TOPAMAX 100 MG TABLET
36556	TOPAMAX 15 MG SPRINKLE CAP
36552	TOPAMAX 200 MG TABLET
36557	TOPAMAX 25 MG SPRINKLE CAP
36553	TOPAMAX 25 MG TABLET
36550	TOPAMAX 50 MG TABLET
36551	TOPIRAMATE 100 MG TABLET
36556	TOPIRAMATE 15 MG SPRINKLE CAP
36552	TOPIRAMATE 200 MG TABLET
36557	TOPIRAMATE 25 MG SPRINKLE CAP
36553	TOPIRAMATE 25 MG TABLET
36550	TOPIRAMATE 50 MG TABLET
35106	TOPIRAMATE ER 100 MG CAPSULE
36233	TOPIRAMATE ER 100 MG CAPSULE
36234	TOPIRAMATE ER 150 MG CAPSULE

<b>History of prior anticonvulsant therapy</b> <b>Required quantity: 1</b> <b>Look back timeframe: 45 days</b>	
<b>GCN</b>	<b>Label Name</b>
35107	TOPIRAMATE ER 200 MG CAPSULE
36235	TOPIRAMATE ER 200 MG CAPSULE
35103	TOPIRAMATE ER 25 MG CAPSULE
36229	TOPIRAMATE ER 25 MG CAPSULE
35104	TOPIRAMATE ER 50 MG CAPSULE
36232	TOPIRAMATE ER 50 MG CAPSULE
21724	TRILEPTAL 150 MG TABLET
21721	TRILEPTAL 300 MG TABLET
21723	TRILEPTAL 300 MG/5 ML SUSP
21722	TRILEPTAL 600 MG TABLET
35106	TROKENDI XR 100 MG CAPSULE
35107	TROKENDI XR 200 MG CAPSULE
35103	TROKENDI XR 25 MG CAPSULE
35104	TROKENDI XR 50 MG CAPSULE
17270	VALPROIC ACID 250 MG CAPSULE
17280	VALPROIC ACID 250 MG/5 ML SOLN
64314	VIGABATRIN 500 MG POWDER PACKT
61315	VIGABATRIN 500 MG TABLET
64314	VIGADRONE 500 MG POWDER PACKET
61315	VIGADRONE 500 MG TABLET
55889	VIGAFYDE 100 MG/ML ORAL SOLN
64314	VIGPODER 500 MG POWDER PACKET
28643	VIMPAT 10 MG/ML SOLUTION

<b>History of prior anticonvulsant therapy</b> <b>Required quantity: 1</b> <b>Look back timeframe: 45 days</b>	
<b>GCN</b>	<b>Label Name</b>
14339	VIMPAT 100 MG TABLET
14341	VIMPAT 150 MG TABLET
14342	VIMPAT 200 MG TABLET
14338	VIMPAT 50 MG TABLET
47395	XCOPRI 100 MG TABLET
47409	XCOPRI 12.5-25 MG TITRATION PK
47396	XCOPRI 150 MG TABLET
47414	XCOPRI 150-200 MG TITRATION PK
47397	XCOPRI 200 MG TABLET
55041	XCOPRI 25 MG TABLET
49574	XCOPRI 250 MG DAILY DOSE PACK
47416	XCOPRI 350 MG DAILY DOSE PACK
47394	XCOPRI 50 MG TABLET
47413	XCOPRI 50-100 MG TITRATION PAK
17420	ZARONTIN 250 MG CAPSULE
17430	ZARONTIN 250 MG/5 ML SYRUP
52582	ZONISADE 100 MG/5 ML ORAL SUSP
92219	ZONISAMIDE 100 MG CAPSULE
20831	ZONISAMIDE 25 MG CAPSULE
20833	ZONISAMIDE 50 MG CAPSULE
52095	ZTALMY 50 MG/ML SUSPENSION

<b>Antineoplastic Agent</b> <b>Required quantity: 1</b> <b>Look back timeframe: 365 days</b>	
<b>GCN</b>	<b>Label Name</b>
29886	ABIRATERONE ACETATE 250 MG TAB
43205	ABIRATERONE 500 MG TABLET
20844	AFINITOR 10 MG TABLET
28783	AFINITOR 2.5 MG TABLET
20784	AFINITOR 5 MG TABLET
31396	AFINITOR 7.5 MG TABLET
40299	ALECENSA 150 MG CAPSULE
38380	ALKERAN 2 MG TABLET
44305	ALUNBRIG 180 MG TABLET
43325	ALUNBRIG 30 MG TABLET
43326	ALUNBRIG 90 MG TABLET
44306	ALUNBRIG 90 MG-180 MG TAB PACK
24410	ANASTROZOLE 1 MG TABLET
24410	ARIMIDEX 1 MG TABLET
92896	AROMASIN 25 MG TABLET
47516	AYVAKIT 100MG TABLET
47517	AYVAKIT 200 MG TABLET
49825	AYVAKIT 25 MG TABLET
47518	AYVAKIT 300 MG TABLET
49826	AYVAKIT 50 MG TABLET
22663	AZACITIDINE 100 MG VIAL
92373	BEXAROTENE 75 MG CAPSULE
00450	BICALUTAMIDE 50 MG TABLET

<b>Antineoplastic Agent</b> <b>Required quantity: 1</b> <b>Look back timeframe: 365 days</b>	
<b>GCN</b>	<b>Label Name</b>
33199	BOSULIF 100 MG TABLET
33202	BOSULIF 500 MG TABLET
44925	BRAFTOVI 75 MG CAPSULE
47336	BRUKINSA 80 MG CAPSULE
41146	CABOMETYX 20 MG TABLET
41147	CABOMETYX 40 MG TABLET
41148	CABOMETYX 60 MG TABLET
44011	CALQUENCE 100 MG CAPSULE
31611	CAPECITABINE 150 MG TABLET
31612	CAPECITABINE 500 MG TABLET
29817	CAPRELSA 100 MG TABLET
39818	CAPRELSA 300 MG TABLET
00450	CASODEX 50 MG TABLET
33903	COMETRIQ 140 MG DAILY-DOSE PK
33904	COMETRIQ 100 MG DAILY-DOSE PK
33905	COMETRIQ 60 MG DAILY-DOSE PK
96679	COSMEGEN 0.5 MG VIAL
35317	CYCLOPHOSPHAMIDE 25 MG CAPSULE
38360	CYCLOPHOSPHAMIDE 25 MG TABLET
35318	CYCLOPHOSPHAMIDE 50 MG CAPSULE
38361	CYCLOPHOSPHAMIDE 50 MG TABLET
27365	CYTARABINE 20 MG/ML VIAL
34230	CYTARABINE 20 MG/ML VIAL

<b>Antineoplastic Agent</b> <b>Required quantity: 1</b> <b>Look back timeframe: 365 days</b>	
<b>GCN</b>	<b>Label Name</b>
97825	CYTARABINE 20 MG/ML VIAL
34231	CYTARABINE 2 G/20 ML VIAL
96679	DACTINOMYCIN 500 MCG VIAL
30781	EFUDEX 5% CREAM
38700	EMCYT 140 MG CAPSULE
31307	ERIVEDGE 150 MG CAPSULE
23794	ERLOTINIB HCL 100 MG TABLET
23793	ERLOTINIB HCL 150 MG TABLET
23795	ERLOTINIB HCL 25 MG TABLET
07560	ETOPOSIDE 50 MG CAPSULE
07481	ETOPOSIDE 100 MG/5 ML VIAL
07481	ETOPOSIDE 500 MG/25 ML VIAL
07481	ETOPOSIDE 1,000 MG/50 ML VIAL
20844	EVEROLIMUS 10 MG TABLET
28783	EVEROLIMUS 2.5 MG TABLET
20784	EVEROLIMUS 5 MG TABLET
31396	EVEROLIMUS 7.5 MG TABLET
92896	EXEMESTANE 25MG TABLET
50987	EXKIVITY 40 MG CAPSULE
42721	FARESTON 60 MG TABLET
38008	FARYDAK 10 MG CAPSULE
38009	FARYDAK 15 MG CAPSULE
38011	FARYDAK 20 MG CAPSULE

<b>Antineoplastic Agent</b> <b>Required quantity: 1</b> <b>Look back timeframe: 365 days</b>	
<b>GCN</b>	<b>Label Name</b>
49541	FEMARA 2.5 MG TABLET
25740	FLUTAMIDE 125 MG CAPSULE
30781	FLUOROURACIL 5% CREAM
46287	FOTIVDA 1.34 MG CAPSULE
46162	FOTIVDA 0.89 MG CAPSULE
48566	GAVRETO 100 MG CAPSULE
35532	GAZYVA 1,000 MG/40 ML VIAL
19908	GLEEVEC 100 MG TABLET
19907	GLEEVEC 400 MG TABLET
14256	HYCAMTIN 1 MG CAPSULE
37825	IBRANCE 75 MG CAPSULE
37826	IBRANCE 100 MG CAPSULE
37827	IBRANCE 125 MG CAPSULE
47256	IBRANCE 75 MG TABLET
47257	IBRANCE 100 MG TABLET
47258	IBRANCE 125 MG TABLET
49081	ICLUSIG 10 MG TABLET
33873	ICLUSIG 15 MG TABLET
42806	ICLUSIG 30 MG TABLET
33874	ICLUSIG 45 MG TABLET
43689	IDHIFA 100 MG TABLET
43688	IDHIFA 50MG TABLET
35599	IMBRUVICA 140 MG CAPSULE

<b>Antineoplastic Agent</b> <b>Required quantity: 1</b> <b>Look back timeframe: 365 days</b>	
<b>GCN</b>	<b>Label Name</b>
44475	IMBRUVICA 70 MG CAPSULE
44465	IMBRUVICA 140 MG TABLET
44466	IMBRUVICA 280 MG TABLET
44467	IMBRUVICA 420 MG TABLET
44468	IMBRUVICA 560 MG TABLET
19908	IMATINIB 100 MG TABLET
19907	IMATINIB 400 MG TABLET
31294	INLYTA 1 MG TABLET
31295	INLYTA 5 MG TABLET
48323	INQOVI 35 MG-100 MG TABLET
46818	INREBIC 100 MG CAPSULE
19586	IRESSA 250 MG TABLET
30892	JAKAFI 5 MG TABLET
30893	JAKAFI 10 MG TABLET
30894	JAKAFI 15 MG TABLET
30895	JAKAFI 20 MG TABLET
30896	JAKAFI 25 MG TABLET
43162	KISQALI 200 MG DAILY DOSE
43166	KISQALI 400 MG DAILY DOSE
43167	KISQALI 600 MG DAILY DOSE
43366	KISQALI FEMARA 200 MG CO-PACK
43368	KISQALI FEMARA 400 MG CO-PACK
43369	KISQALI FEMARA 600 MG CO-PACK

<b>Antineoplastic Agent</b> <b>Required quantity: 1</b> <b>Look back timeframe: 365 days</b>	
<b>GCN</b>	<b>Label Name</b>
98140	LAPATINIB 250 MG TABLET
38885	LENVIMA 4 MG CAPSULE
41403	LENVIMA 8 MG DAILY DOSE
37888	LENVIMA 10 MG DAILY DOSE
45161	LENVIMA 12 MG DAILY DOSE
37887	LENVIMA 14 MG DAILY DOSE
41404	LENVIMA 18 MG DAILY DOSE
37889	LENVIMA 20 MG DAILY DOSE
37886	LENVIMA 24 MG DAILY DOSE
49541	LETROZOLE 2.5 MG TABLET
38370	LEUKERAN 2 MG TABLET
39596	LONSURF 15 MG-6.14 MG TABLET
39597	LONSURF 20 MG-8.19 MG TABLET
43766	LYNPARZA 100 MG TABLET
43765	LYNPARZA 150 MG TABLET
38710	LYSODREN 500 MG TABLET
38740	MATULANE 50 MG CAPSULE
34727	MEKINIST 2 MG TABLET
34726	MEKINIST 0.5 MG TABLET
44926	MEKTOVI 15 MG TABLET
38380	MELPHALAN 2 MG TABLET
38520	MERCAPTOPURINE 50 MG TABLET
38489	METHOTREXATE 2.5 MG TABLET

<b>Antineoplastic Agent</b> <b>Required quantity: 1</b> <b>Look back timeframe: 365 days</b>	
<b>GCN</b>	<b>Label Name</b>
18936	METHOTREXATE 50 MG/2 ML VIAL
38466	METHOTREXATE 250 MG/10 ML VIAL
38601	MITOMYCIN 5 MG VIAL
38600	MITOMYCIN 20 MG VIAL
07544	MITOXANTRONE 20 MG/10 ML VIAL
07544	MITOXANTRONE 25 MG/12.5 ML VL
07544	MITOXANTRONE 30 MG/15 ML VIAL
38420	MYLERAN 2 MG TABLET
43613	NERLYNX 40 MG TABLET
26263	NEXAVAR 200 MG TABLET
40189	NINLARO 2.3 MG CAPSULE
40193	NINLARO 3 MG CAPSULE
40194	NINLARO 4 MG CAPSULE
46746	NUBEQA 300 MG TABLET
37272	OFEV 100 MG CAPSULE
37273	OFEV 150 MG CAPSULE
48545	ONUREG 200 MG TABLET
48450	ONUREG 300 MG TABLET
49005	ORGOVYX 120 MG TABLET
47935	PEMAZYRE 13.5 MG TABLET
47933	PEMAZYRE 4.5 MG TABLET
47934	PEMAZYRE 9 MG TABLET
46362	PIQRAY 200 MG DAILY DOSE PACK

<b>Antineoplastic Agent</b> <b>Required quantity: 1</b> <b>Look back timeframe: 365 days</b>	
<b>GCN</b>	<b>Label Name</b>
46359	PIQRAY 250 MG DAILY DOSE PACK
46358	PIQRAY 300 MG DAILY DOSE PACK
34147	POMALYST 1 MG CAPSULE
34148	POMALYST 2 MG CAPSULE
34149	POMALYST 3 MG CAPSULE
34150	POMALYST 4 MG CAPSULE
33277	PURIXAN 20 MG/ML ORAL SUSP
48075	QINLOCK 50 MG TABLET
48025	RETEVMO 40 MG CAPSULE
48026	RETEVMO 80 MG CAPSULE
26315	REVLIMID 10 MG CAPSULE
27276	REVLIMID 15 MG CAPSULE
31911	REVLIMID 2.5 MG CAPSULE
34743	REVLIMID 20 MG CAPSULE
27277	REVLIMID 25 MG CAPSULE
26314	REVLIMID 5 MG CAPSULE
46815	ROZLYTREK 100 MG CAPSULE
46816	ROZLYTREK 200 MG CAPSULE
42795	RUBRACA 200 MG TABLET
43453	RUBRACA 250 MG TABLET
42796	RUBRACA 300 MG TABLET
43327	RYDAPT 25 MG CAPSULE
50377	SOLTAMOX 10 MG/5 ML SOLN

<b>Antineoplastic Agent</b> <b>Required quantity: 1</b> <b>Look back timeframe: 365 days</b>	
<b>GCN</b>	<b>Label Name</b>
15132	SOMATULINE DEPOT 120 MG/0.5 ML
98956	SOMATULINE DEPOT 60 MG/0.2 ML
15127	SOMATULINE DEPOT 90 MG/0.3 ML
27257	SPRYCEL 20 MG TABLET
27258	SPRYCEL 50 MG TABLET
27259	SPRYCEL 70 MG TABLET
29405	SPRYCEL 80 MG TABLET
99867	SPRYCEL 100 MG TABLET
29406	SPRYCEL 140MG TABLET
33363	STIVARGA 40MG TABLET
26452	SUNITINIB MALATE 12.5 MG CAP
26453	SUNITINIB MALATE 25 MG CAPSULE
35596	SUNITINIB MALATE 37.5 MG CAP
26454	SUNITINIB MALATE 50 MG CAPSULE
26452	SUTENT 12.5 MG CAPSULE
26453	SUTENT 25 MG CAPSULE
35596	SUTENT 37.5 MG CAPSULE
26454	SUTENT 50 MG CAPSULE
33734	SYNRIBO 3.5 MG/ML VIAL
48012	TABRECTA 150 MG TABLET
48013	TABRECTA 200 MG TABLET
10290	TABLOID 40 MG TABLET
34723	TAFINLAR 50 MG CAPSULE

<b>Antineoplastic Agent</b> <b>Required quantity: 1</b> <b>Look back timeframe: 365 days</b>	
<b>GCN</b>	<b>Label Name</b>
34724	TAFINLAR 75 MG CAPSULE
40132	TAGRISSO 40 MG TABLET
40133	TAGRISSO 80 MG TABLET
45596	TALZENNA 1 MG CAPSULE
45595	TALZENNA 0.25 MG CAPSULE
38720	TAMOXIFEN 10 MG TABLET
38721	TAMOXIFEN 20 MG TABLET
23795	TARCEVA 25 MG TABLET
23794	TARCEVA 100 MG TABLET
23793	TARCEVA 150 MG TABLET
92373	TARGETIN 75 MG SOFTGEL
28737	TASIGNA 150 MG CAPSULE
99070	TASIGNA 200 MG CAPSULE
47619	TAZVERIK 200 MG TABLETT
92903	TEMODAR 20 MG CAPSULE
92913	TEMODAR 100 MG CAPSULE
98310	TEMODAR 140 MG CAPSULE
98311	TEMODAR 180 MG CAPSULE
92933	TEMODAR 250 MG CAPSULE
92893	TEMOZOLOMIDE 5 MG CAPSULE
92903	TEMOZOLOMIDE 20 MG CAPSULE
92913	TEMOZOLOMIDE 100 MG CAPSULE
92933	TEMOZOLOMIDE 250 MG CAPSULE

<b>Antineoplastic Agent</b> <b>Required quantity: 1</b> <b>Look back timeframe: 365 days</b>	
<b>GCN</b>	<b>Label Name</b>
98310	TEMOZOLOMIDE 140 MG CAPSULE
98311	TEMOZOLOMIDE 180 MG CAPSULE
49154	TEPMETKO 225 MG TABLET
45016	TIBSOVO 250 MG TABLET
42721	TOREMIFENE CITRATE 60 MG TABLET
13134	TREXALL 5 MG TABLET
38485	TREXALL 7.5 MG TABLET
06484	TREXALL 10 MG TABLET
13135	TREXALL 15 MG TABLET
49714	TRUSELTIQ 100 MG DAILY DOSE PK
49715	TRUSELTIQ 125 MG DAILY DOSE PK
49708	TRUSELTIQ 50 MG DAILY DOSE PK
49713	TRUSELTIQ 75 MG DAILY DOSE PK
47931	TUKYSA 150 MG TABLET
47929	TUKYSA 50 MG TABLET
98140	TYKERB 250 MG TABLET
49168	UKONIQ 200 MG TABLET
41049	VENCLEXTA 10 MG TAB (10 MG X 2)
41049	VENCLEXTA 10 MG TABLET
41052	VENCLEXTA 100 MG TABLET
41051	VENCLEXTA 50 MG TABLET
41048	VENCLEXTA STARTING PACK
43917	VERZENIO 100 MG TABLET

<b>Antineoplastic Agent</b> <b>Required quantity: 1</b> <b>Look back timeframe: 365 days</b>	
<b>GCN</b>	<b>Label Name</b>
43916	VERZENIO 150 MG TABLET
43915	VERZENIO 200 MG TABLET
43918	VERZENIO 50 MG TABLET
38970	VINBLASTINE 1 MG/ML VIAL
38572	VINCRISTINE 1 MG/ML VIAL
97630	VINCRISTINE 2 MG/2 ML VIAL
45794	VITRAKVI 100 MG CAPSULE
45789	VITRAKVI 20 MG/ML SOLUTION
45793	VITRAKVI 25 MG CAPSULE
27829	VOTRIENT 200 MG TABLET
50046	WELIREG 40 MG TABLET
30457	XALKORI 250 MG CAPSULE
30458	XALKORI 200 MG CAPSULE
31611	XELODA 150 MG TABLET
31612	XELODA 500 MG TABLET
45803	XOSPATA 40 MG TABLET
46635	XPOVIO 100 MG ONCE WEEKLY DOSE
49539	XPOVIO 100 MG ONCE WEEKLY DOSE
49534	XPOVIO 40 MG ONCE WEEKLY DOSE
49533	XPOVIO 40 MG TWICE WEEKLY DOSE
46637	XPOVIO 60 MG ONCE WEEKLY DOSE
49537	XPOVIO 60 MG ONCE WEEKLY DOSE
46636	XPOVIO 80 MG ONCE WEEKLY DOSE

<b>Antineoplastic Agent</b> <b>Required quantity: 1</b> <b>Look back timeframe: 365 days</b>	
<b>GCN</b>	<b>Label Name</b>
49538	XPOVIO 80 MG ONCE WEEKLY DOSE
46634	XPOVIO 80 MG TWICE WEEKLY DOSE
33183	XTANDI 40MG CAPSULE
46626	XTANDI 40 MG TABLET
48452	XTANDI 80 MG TABLET
44795	YONSA 125 MG TABLET
43217	ZEJULA 100 MG CAPSULE
30332	ZELBORAF 240 MG TABLET
97345	ZOLINZA 100 MG CAPSULE
36884	ZYDELIG 100 MG TABLET
36885	ZYDELIG 150 MG TABLET
29886	ZYTIGA 250MG TABLET
43205	ZYTIGA 500 MG TABLET

<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
F400	AGORAPHOBIA
F4000	AGORAPHOBIA, UNSPECIFIED
F4001	AGORAPHOBIA WITH PANIC DISORDER
F4002	AGORAPHOBIA WITHOUT PANIC DISORDER

<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>
F401	SOCIAL PHOBIA
F4010	SOCIAL PHOBIA, UNSPECIFIED
F4011	SOCIAL PHOBIA, GENERALIZED
F402	SPECIFIC (ISOLATED) PHOBIAS
F4021	ANIMAL TYPE PHOBIA
F40210	ARACHNOPHOBIA
F40218	OTHER ANIMAL TYPE PHOBIA
F4022	NATURAL ENVIRONMENT TYPE PHOBIA
F40220	FEAR OF THUNDERSTORMS
F40228	OTHER NATURAL ENVIRONMENT TYPE PHOBIA
F4023	BLOOD, INJECTION, INJURY TYPE PHOBIA
F40230	FEAR OF BLOOD
F40231	FEAR OF INJECTIONS AND TRANSFUSIONS
F40232	FEAR OF OTHER MEDICAL CARE
F40233	FEAR OF INJURY
F4024	SITUATIONAL TYPE PHOBIA
F40240	CLAUSTROPHOBIA
F40241	ACROPHOBIA
F40242	FEAR OF BRIDGES
F40243	FEAR OF FLYING
F40248	OTHER SITUATIONAL TYPE PHOBIA
F4029	OTHER SPECIFIED PHOBIA
F40290	ANDROPHOBIA

<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>
F40291	GYNEPHOBIA
F40298	OTHER SPECIFIED PHOBIA
F408	OTHER PHOBIC ANXIETY DISORDERS
F409	PHOBIC ANXIETY DISORDER, UNSPECIFIED
F410	PANIC DISORDER [EPISODIC PAROXYSMAL ANXIETY]
F411	GENERALIZED ANXIETY DISORDER
F413	OTHER MIXED ANXIETY DISORDERS
F418	OTHER SPECIFIED ANXIETY DISORDERS
F419	ANXIETY DISORDER, UNSPECIFIED

<b>History of prior anxiolytic agents 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>GCN</b>	<b>Label Name</b>
14260	ALPRAZOLAM 0.25MG TABLET
14261	ALPRAZOLAM 0.5MG TABLET
14262	ALPRAZOLAM 1MG TABLET
14264	ALPRAZOLAM 1MG/ML ORAL CONC
14263	ALPRAZOLAM 2MG TABLET
17423	ALPRAZOLAM ER 0.5MG TABLET
17424	ALPRAZOLAM ER 1MG TABLET
17425	ALPRAZOLAM ER 2MG TABLET
19681	ALPRAZOLAM ER 3MG TABLET

<b>History of prior anxiolytic agents 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>GCN</b>	<b>Label Name</b>
24368	ALPRAZOLAM ODT 0.25MG TABLET
24369	ALPRAZOLAM ODT 0.5MG TABLET
24373	ALPRAZOLAM ODT 1MG TABLET
24374	ALPRAZOLAM ODT 2MG TABLET
14031	CHLORDIAZEPOXIDE 10 MG CAPSULE
14032	CHLORDIAZEPOXIDE 25 MG CAPSULE
14033	CHLORDIAZEPOXIDE 5 MG CAPSULE
19467	CLONAZEPAM 0.125 MG DIS TAB
19468	CLONAZEPAM 0.25 MG DIS TABLET
19469	CLONAZEPAM 0.5 MG DIS TABLET
17470	CLONAZEPAM 0.5 MG TABLET
19470	CLONAZEPAM 1 MG DIS TABLET
17471	CLONAZEPAM 1 MG TABLET
19472	CLONAZEPAM 2 MG DIS TABLET
17472	CLONAZEPAM 2 MG TABLET
14092	CLORAZEPATE 3.75 MG TABLET
14093	CLORAZEPATE 7.5 MG TABLET
14090	CLORAZEPATE 15 MG TABLET
14220	DIAZEPAM 10 MG TABLET
45092	DIAZEPAM 10 MG/2 ML CARPUJECT
14200	DIAZEPAM 10 MG/2 ML SYRINGE
14221	DIAZEPAM 2 MG TABLET
14222	DIAZEPAM 5 MG TABLET

<b>History of prior anxiolytic agents 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>GCN</b>	<b>Label Name</b>
45560	DIAZEPAM 5 MG/5 ML SOLUTION
45500	DIAZEPAM 5 MG/ML ORAL CONC
14210	DIAZEPAM 50 MG/10 ML VIAL
17470	KLONOPIN 0.5 MG TABLET
17471	KLONOPIN 1 MG TABLET
17472	KLONOPIN 2 MG TABLET
55636	LIBERVANT 10 MG FILM
55637	LIBERVANT 12.5 MG FILM
55638	LIBERVANT 15 MG FILM
55633	LIBERVANT 5 MG FILM
55635	LIBERVANT 7.5 MG FILM
14160	LORAZEPAM 0.5 MG TABLET
14161	LORAZEPAM 1 MG TABLET
14162	LORAZEPAM 2 MG TABLET
19601	LORAZEPAM 2 MG/ML ORAL CONCENT
14140	LORAZEPAM 2 MG/ML VIAL
14141	LORAZEPAM 4 MG/ML VIAL
19601	LORAZEPAM INTENSOL 2 MG/ML
50771	LOREEV XR 1 MG CAPSULE
52048	LOREEV XR 1.5 MG CAPSULE
50801	LOREEV XR 2 MG CAPSULE
50781	LOREEV XR 3 MG CAPSULE
13801	MEPROBAMATE 200 MG TABLET

<b>History of prior anxiolytic agents 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>GCN</b>	<b>Label Name</b>
13802	MEPROBAMATE 400 MG TABLET
14230	OXAZEPAM 10 MG CAPSULE
14231	OXAZEPAM 15 MG CAPSULE
14232	OXAZEPAM 30 MG CAPSULE
14092	TRANXENE T-TAB 3.75 MG
14093	TRANXENE T-TAB 7.5 MG
47548	VALTOCO 5 MG NASAL SPRAY
47549	VALTOCO 10 MG NASAL SPRAY
47551	VALTOCO 15 MG NASAL SPRAY
47552	VALTOCO 20 MG NASAL SPRAY
14260	XANAX 0.25MG TABLET
14261	XANAX 0.5MG TABLET
14262	XANAX 1MG TABLET
14263	XANAX 2MG TABLET
17423	XANAX XR 0.5MG TABLET
17424	XANAX XR 1MG TABLET
17425	XANAX XR 2MG TABLET
19681	XANAX XR 3MG TABLET

<b>Chemotherapy-related procedural code</b> <b>Required CPT Code: 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	RADIOTHERAPY 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

<b>Chemotherapy-related procedural code</b> <b>Required CPT Code: 1</b> <b>Look back timeframe: 365 days</b>	
<b>CPT Code</b>	<b>Description</b>
77370	RADIATION PHYSICS CONSULT
77371	SRS, MULTISOURCE
77372	SRS, LINEAR BASED
77373	SBRT DELIVERY
77399	EXTERNAL RADIATION DOSIMETRY
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

<b>Chemotherapy-related procedural code</b> <b>Required CPT Code: 1</b> <b>Look back timeframe: 365 days</b>	
<b>CPT Code</b>	<b>Description</b>
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
96415	CHEMO, IV INFUSION, ADDL HR
96416	CHEMO PROLONG INFUSE W/PUMP
96417	CHEMO IV INFUS EACH ADDL SEQ
96420	CHEMO, IA, PUSH TECNIQUE
96422	CHEMO IA INFUS UP TO 1 HR
96423	CHEMO IA INFUSE EACH ADDL HR

<b>Chemotherapy-related procedural code</b> <b>Required CPT Code: 1</b> <b>Look back timeframe: 365 days</b>	
<b>CPT Code</b>	<b>Description</b>
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 CLADRBINE PER 1 MG
J9070	CYCLOPHOSPHAMIDE 100 MG INJ

<b>Chemotherapy-related procedural code</b> <b>Required CPT Code: 1</b> <b>Look back timeframe: 365 days</b>	
<b>CPT Code</b>	<b>Description</b>
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
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

<b>Chemotherapy-related procedural code</b>	
<b>Required CPT Code: 1</b>	
<b>Look back timeframe: 365 days</b>	
<b>CPT Code</b>	<b>Description</b>
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
J9303	PANITUMUMAB INJECTION
J9305	PEMETREXED INJECTION
J9320	STREPTOZOCIN INJECTION
J9328	TEMOZOLOMIDE INJECTION
J9330	TEMSIROLIMUS INJECTION

<b>Chemotherapy-related procedural code</b> <b>Required CPT Code: 1</b> <b>Look back timeframe: 365 days</b>	
<b>CPT Code</b>	<b>Description</b>
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>History of prior Chlordiazepoxide, Meprobamate, and Oxazepam Agents in the last 90 days</b> <b>Required quantity: 1</b> <b>Look back timeframe: 150 days</b>	
<b>GCN</b>	<b>Label Name</b>
14033	CHLORDIAZEPOXIDE 5 MG CAPSULE
14031	CHLORDIAZEPOXIDE 10 MG CAPSULE
14032	CHLORDIAZEPOXIDE 25 MG CAPSULE
13801	MEPROBAMATE 200 MG TABLET
13802	MEPROBAMATE 400 MG TABLET
14230	OXAZEPAM 10 MG CAPSULE
14231	OXAZEPAM 15 MG CAPSULE

**History of prior Chlordiazepoxide, Meprobamate, and Oxazepam Agents in the last 90 days****Required quantity: 1****Look back timeframe: 150 days**

GCN	Label Name
14232	OXAZEPAM 30 MG CAPSULE

**Chronic Sleep Disorder Diagnoses****Required diagnosis: 1****Look back timeframe: 365 or 730 days**

ICD-10 Code	Description
F510	INSOMNIA NOT DUE TO A SUBSTANCE OR KNOWN PHYSIOLOGICAL CONDITION
F5101	PRIMARY INSOMNIA
F5103	PARADOXICAL INSOMNIA
F5104	PSYCHOPHYSIOLOGIC INSOMNIA
F5105	INSOMNIA DUE TO OTHER MENTAL DISORDER
F5109	OTHER INSOMNIA NOT DUE TO A SUBSTANCE OR KNOWN PHYSIOLOGICAL CONDITION
F519	SLEEP DISORDER NOT DUE TO A SUBSTANCE OR KNOWN PHYSIOLOGICAL CONDITION, UNSPECIFIED
G470	INSOMNIA
G4700	INSOMNIA, UNSPECIFIED
G4701	INSOMNIA DUE TO MEDICAL CONDITION
G4709	OTHER INSOMNIA
G479	SLEEP DISORDER, UNSPECIFIED

<b>History of prior Clonazepam and Diazepam agents in the past 90 days</b>	
<b>Required quantity: 1</b>	
<b>Look back timeframe: 150 days</b>	
<b>GCN</b>	<b>Label Name</b>
19467	CLONAZEPAM 0.125 MG DIS TAB
19468	CLONAZEPAM 0.25 MG ODT
19469	CLONAZEPAM 0.5 MG DIS TABLET
17470	CLONAZEPAM 0.5 MG TABLET
19470	CLONAZEPAM 1 MG DIS TABLET
17471	CLONAZEPAM 1 MG TABLET
19472	CLONAZEPAM 2 MG ODT
17472	CLONAZEPAM 2 MG TABLET
14220	DIAZEPAM 10 MG TABLET
45092	DIAZEPAM 10 MG/2 ML CARPUJECT
14200	DIAZEPAM 10 MG/2 ML SYRINGE
14221	DIAZEPAM 2 MG TABLET
14222	DIAZEPAM 5 MG TABLET
45560	DIAZEPAM 5 MG/5 ML SOLUTION
45500	DIAZEPAM 5 MG/ML ORAL CONC
14210	DIAZEPAM 50 MG/10 ML VIAL
17470	KLONOPIN 0.5 MG TABLET
17471	KLONOPIN 1 MG TABLET
17472	KLONOPIN 2 MG TABLET
47548	VALTOCO 5 MG NASAL SPRAY
47549	VALTOCO 10 MG NASAL SPRAY
47551	VALTOCO 15 MG NASAL SPRAY
47552	VALTOCO 20 MG NASAL SPRAY

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

<b>Drug Abuse/Dependence Diagnoses</b> <b>Required diagnosis: 1</b> <b>Look back timeframe: 730 days</b>	
ICD-10 Code	Description
F1010	ALCOHOL ABUSE, UNCOMPLICATED
F10120	ALCOHOL ABUSE WITH INTOXICATION, UNCOMPLICATED
F10129	ALCOHOL ABUSE WITH INTOXICATION, UNSPECIFIED
F11	OPIOID RELATED DISORDERS
F111	OPIOID ABUSE
F1110	OPIOID ABUSE UNCOMPLICATED
F1111	OPIOID ABUSE IN REMISSION
F1112	OPIOID ABUSE WITH INTOXICATION
F11120	OPIOID ABUSE WITH INTOXICATION, UNCOMPLICATED
F11121	OPIOID ABUSE WITH INTOXICATION DELIRIUM
F11122	OPIOID ABUSE WITH INTOXICATION WITH PERCEPTUAL DISTURBANCE
F11129	OPIOID ABUSE WITH INTOXICATION, UNSPECIFIED
F1113	OPIOID ABUSE WITH INTOXICATION WITH WITHDRAWAL
F1114	OPIOID ABUSE WITH INTOXICATION WITH OPIOID-INDUCED MOOD 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>
F1115	OPIOID ABUSE WITH OPIOID-INDUCED PSYCHOTIC DISORDER
F11150	OPIOID ABUSE WITH OPIOID-INDUCED PSYCHOTIC DISORDER WITH DELUSIONS
F11151	OPIOID ABUSE WITH OPIOID-INDUCED PSYCHOTIC DISORDER WITH HALLUCINATIONS
F11159	OPIOID ABUSE WITH OPIOID-INDUCED PSYCHOTIC DISORDER, UNSPECIFIED
F1118	OPIOID ABUSE WITH OTHER OPIOID-INDUCED DISORDER
F11181	OPIOID ABUSE WITH OPIOID-INDUCED SEXUAL DYSFUNCTION
F11182	OPIOID ABUSE WITH OPIOID-INDUCED SLEEP DISORDER
F11188	OPIOID ABUSE WITH OTHER OPIOID-INDUCED DISORDER
F1119	OPIOID ABUSE WITH UNSPECIFIED OPIOID-INDUCED DISORDER
F112	OPIOID DEPENDENCE
F1120	OPIOID DEPENDENCE, UNCOMPLICATED
F1121	OPIOID DEPENDENCE, IN REMISSION
F1122	OPIOID DEPENDENCE WITH INTOXICATION
F11220	OPIOID DEPENDENCE WITH INTOXICATION, UNCOMPLICATED
F11221	OPIOID DEPENDENCE WITH INTOXICATION DELIRIUM
F11222	OPIOID DEPENDENCE WITH INTOXICATION WITH PERCEPTUAL DISTURBANCE
F11229	OPIOID DEPENDENCE WITH INTOXICATION, UNSPECIFIED
F1123	OPIOID DEPENDENCE WITH WITHDRAWAL
F1124	OPIOID DEPENDENCE WITH OPIOID-INDUCED MOOD DISORDER
F1125	OPIOID DEPENDENCE WITH OPIOID-INDUCED PSYCHOTIC DISORDER
F11250	OPIOID DEPENDENCE WITH OPIOID-INDUCED PSYCHOTIC DISORDER WITH DELUSIONS

<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>
F11251	OPIOID DEPENDENCE WITH OPIOID-INDUCED PSYCHOTIC DISORDER WITH HALLUCINATIONS
F11259	OPIOID DEPENDENCE WITH OPIOID-INDUCED PSYCHOTIC DISORDER, UNSPECIFIED
F1128	OPIOID DEPENDENCE WITH OTHER OPIOID-INDUCED DISORDER
F11281	OPIOID DEPENDENCE WITH OPIOID-INDUCED SEXUAL DYSFUNCTION
F11282	OPIOID DEPENDENCE WITH OPIOID-INDUCED SLEEP DISORDER
F11288	OPIOID DEPENDENCE WITH OTHER OPIOID-INDUCED DISORDER
F1129	OPIOID DEPENDENCE WITH UNSPECIFIED OPIOID-INDUCED DISORDER
F1190	OPIOID USE, UNSPECIFIED, UNCOMPLICATED
F12	CANNABIS RELATED DISORDERS
F121	CANNABIS ABUSE
F1210	CANNABIS ABUSE, UNCOMPLICATED
F1211	CANNABIS ABUSE, IN REMISSION
F1212	CANNABIS ABUSE WITH INTOXICATION
F12120	CANNABIS ABUSE WITH INTOXICATION, UNCOMPLICATED
F12121	CANNABIS ABUSE WITH INTOXICATION DELIRIUM
F12122	CANNABIS ABUSE WITH INTOXICATION WITH PERCEPTUAL DISTURBANCE
F12129	CANNABIS ABUSE WITH INTOXICATION, UNSPECIFIED
F1213	CANNABIS ABUSE WITH WITHDRAWAL
F1215	CANNABIS ABUSE WITH PSYCHOTIC DISORDER
F12150	CANNABIS ABUSE WITH PSYCHOTIC DISORDER WITH DELUSIONS
F12151	CANNABIS ABUSE WITH PSYCHOTIC DISORDER WITH HALLUCINATIONS
F12159	CANNABIS ABUSE WITH PSYCHOTIC DISORDER, UNSPECIFIED

<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>
F1218	CANNABIS ABUSE WITH OTHER CANNABIS-INDUCED DISORDER
F12180	CANNABIS ABUSE WITH CANNABIS-INDUCED ANXIETY DISORDER
F12188	CANNABIS ABUSE WITH OTHER CANNABIS-INDUCED DISORDER
F1219	CANNABIS ABUSE WITH UNSPECIFIED CANNABIS-INDUCED DISORDER
F122	CANNABIS DEPENDENCE
F1220	CANNABIS DEPENDENCE, UNCOMPLICATED
F1221	CANNABIS DEPENDENCE, IN REMISSION
F1222	CANNABIS DEPENDENCE WITH INTOXICATION
F12220	CANNABIS DEPENDENCE WITH INTOXICATION, UNCOMPLICATED
F12221	CANNABIS DEPENDENCE WITH INTOXICATION DELIRIUM
F12222	CANNABIS DEPENDENCE WITH INTOXICATION WITH PERCEPTUAL DISTURBANCE
F12229	CANNABIS DEPENDENCE WITH INTOXICATION, UNSPECIFIED
F1223	CANNABIS DEPENDENCE WITH WITHDRAWAL
F1225	CANNABIS DEPENDENCE WITH PSYCHOTIC DISORDER
F12250	CANNABIS DEPENDENCE WITH PSYCHOTIC DISORDER WITH DELUSIONS
F12251	CANNABIS DEPENDENCE WITH PSYCHOTIC DISORDER WITH HALLUCINATIONS
F12259	CANNABIS DEPENDENCE WITH PSYCHOTIC DISORDER, UNSPECIFIED
F1228	CANNABIS DEPENDENCE WITH OTHER CANNABIS-INDUCED DISORDER
F12280	CANNABIS DEPENDENCE WITH CANNABIS-INDUCED ANXIETY DISORDER
F12288	CANNABIS DEPENDENCE WITH OTHER CANNABIS-INDUCED DISORDER
F1229	CANNABIS DEPENDENCE WITH UNSPECIFIED CANNABIS-INDUCED DISORDER
F1290	CANNABIS 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>
F13	SEDATIVE, HYPNOTIC, OR ANXIOLYTIC RELATED DISORDERS
F131	SEDATIVE, HYPNOTIC OR ANXIOLYTIC-RELATED ABUSE
F1310	SEDATIVE, HYPNOTIC OR ANXIOLYTIC ABUSE, UNCOMPLICATED
F1311	SEDATIVE, HYPNOTIC OR ANXIOLYTIC ABUSE, IN REMISSION
F1312	SEDATIVE, HYPNOTIC OR ANXIOLYTIC ABUSE WITH INTOXICATION
F13120	SEDATIVE, HYPNOTIC OR ANXIOLYTIC ABUSE WITH INTOXICATION, UNCOMPLICATED
F13121	SEDATIVE, HYPNOTIC OR ANXIOLYTIC ABUSE WITH INTOXICATION DELIRIUM
F13129	SEDATIVE, HYPNOTIC OR ANXIOLYTIC ABUSE WITH INTOXICATION, UNSPECIFIED
F1313	SEDATIVE, HYPNOTIC OR ANXIOLYTIC ABUSE WITH WITHDRAWAL
F13130	SEDATIVE, HYPNOTIC OR ANXIOLYTIC ABUSE WITH WITHDRAWAL, UNCOMPLICATED
F13131	SEDATIVE, HYPNOTIC OR ANXIOLYTIC ABUSE WITH WITHDRAWAL DELIRIUM
F13132	SEDATIVE, HYPNOTIC OR ANXIOLYTIC ABUSE WITH WITHDRAWAL WITH PERCEPTUAL DISTURBANCE
F13139	SEDATIVE, HYPNOTIC OR ANXIOLYTIC ABUSE WITH WITHDRAWAL, UNSPECIFIED
F1314	SEDATIVE, HYPNOTIC OR ANXIOLYTIC ABUSE WITH SEDATIVE, HYPNOTIC OR ANXIOLYTIC-INDUCED MOOD DISORDER
F1315	SEDATIVE, HYPNOTIC OR ANXIOLYTIC ABUSE WITH SEDATIVE, HYPNOTIC OR ANXIOLYTIC-INDUCED PSYCHOTIC DISORDER
F13150	SEDATIVE, HYPNOTIC OR ANXIOLYTIC ABUSE WITH SEDATIVE, HYPNOTIC OR ANXIOLYTIC-INDUCED PSYCHOTIC DISORDER WITH DELUSIONS
F13151	SEDATIVE, HYPNOTIC OR ANXIOLYTIC ABUSE WITH SEDATIVE, HYPNOTIC OR ANXIOLYTIC-INDUCED PSYCHOTIC DISORDER WITH HALLUCINATIONS
F13159	SEDATIVE, HYPNOTIC OR ANXIOLYTIC ABUSE WITH SEDATIVE, HYPNOTIC OR ANXIOLYTIC-INDUCED PSYCHOTIC DISORDER, UNSPECIFIED

<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>
F1318	SEDATIVE, HYPNOTIC OR ANXIOLYTIC ABUSE WITH OTHER SEDATIVE, HYPNOTIC OR ANXIOLYTIC-INDUCED DISORDERS
F13180	SEDATIVE, HYPNOTIC OR ANXIOLYTIC ABUSE WITH SEDATIVE, HYPNOTIC OR ANXIOLYTIC-INDUCED ANXIETY DISORDER
F13181	SEDATIVE, HYPNOTIC OR ANXIOLYTIC ABUSE WITH SEDATIVE, HYPNOTIC OR ANXIOLYTIC-INDUCED SEXUAL DYSFUNCTION
F13182	SEDATIVE, HYPNOTIC OR ANXIOLYTIC ABUSE WITH SEDATIVE, HYPNOTIC OR ANXIOLYTIC-INDUCED SLEEP DISORDER
F13188	SEDATIVE, HYPNOTIC OR ANXIOLYTIC ABUSE WITH OTHER SEDATIVE, HYPNOTIC OR ANXIOLYTIC-INDUCED DISORDER
F1319	SEDATIVE, HYPNOTIC OR ANXIOLYTIC ABUSE WITH UNSPECIFIED SEDATIVE, HYPNOTIC OR ANXIOLYTIC-INDUCED DISORDER
F132	SEDATIVE, HYPNOTIC OR ANXIOLYTIC-RELATED DEPENDENCE
F1320	SEDATIVE, HYPNOTIC OR ANXIOLYTIC DEPENDENCE, UNCOMPLICATED
F1321	SEDATIVE, HYPNOTIC OR ANXIOLYTIC DEPENDENCE, IN REMISSION
F1322	SEDATIVE, HYPNOTIC OR ANXIOLYTIC DEPENDENCE WITH INTOXICATION
F13220	SEDATIVE, HYPNOTIC OR ANXIOLYTIC DEPENDENCE WITH INTOXICATION, UNCOMPLICATED
F13221	SEDATIVE, HYPNOTIC OR ANXIOLYTIC DEPENDENCE WITH INTOXICATION DELIRIUM
F13229	SEDATIVE, HYPNOTIC OR ANXIOLYTIC DEPENDENCE WITH INTOXICATION, UNSPECIFIED
F1323	SEDATIVE, HYPNOTIC OR ANXIOLYTIC DEPENDENCE WITH WITHDRAWAL
F13230	SEDATIVE, HYPNOTIC OR ANXIOLYTIC DEPENDENCE WITH WITHDRAWAL, UNCOMPLICATED
F13231	SEDATIVE, HYPNOTIC OR ANXIOLYTIC DEPENDENCE WITH WITHDRAWAL DELIRIUM
F13232	SEDATIVE, HYPNOTIC OR ANXIOLYTIC DEPENDENCE WITH WITHDRAWAL WITH PERCEPTUAL DISTURBANCE

<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>
F13239	SEDATIVE, HYPNOTIC OR ANXIOLYTIC DEPENDENCE WITH WITHDRAWAL, UNSPECIFIED
F1324	SEDATIVE, HYPNOTIC OR ANXIOLYTIC DEPENDENCE WITH SEDATIVE, HYPNOTIC OR ANXIOLYTIC-INDUCED MOOD DISORDER
F1325	SEDATIVE, HYPNOTIC OR ANXIOLYTIC DEPENDENCE WITH SEDATIVE, HYPNOTIC OR ANXIOLYTIC-INDUCED PSYCHOTIC 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
F13259	SEDATIVE, HYPNOTIC OR ANXIOLYTIC DEPENDENCE WITH SEDATIVE, HYPNOTIC OR ANXIOLYTIC-INDUCED PSYCHOTIC DISORDER, UNSPECIFIED
F1326	SEDATIVE, HYPNOTIC OR ANXIOLYTIC DEPENDENCE WITH SEDATIVE, HYPNOTIC OR ANXIOLYTIC-INDUCED PERSISTING AMNESTIC DISORDER
F1327	SEDATIVE, HYPNOTIC OR ANXIOLYTIC DEPENDENCE WITH SEDATIVE, HYPNOTIC OR ANXIOLYTIC-INDUCED PERSISTING DEMENTIA
F1328	SEDATIVE, HYPNOTIC OR ANXIOLYTIC DEPENDENCE WITH OTHER SEDATIVE, HYPNOTIC OR ANXIOLYTIC-INDUCED DISORDERS
F13280	SEDATIVE, HYPNOTIC OR ANXIOLYTIC DEPENDENCE WITH SEDATIVE, HYPNOTIC OR ANXIOLYTIC-INDUCED ANXIETY DISORDER
F13281	SEDATIVE, HYPNOTIC OR ANXIOLYTIC DEPENDENCE WITH SEDATIVE, HYPNOTIC OR ANXIOLYTIC-INDUCED SEXUAL DYSFUNCTION
F13282	SEDATIVE, HYPNOTIC OR ANXIOLYTIC DEPENDENCE WITH SEDATIVE, HYPNOTIC OR ANXIOLYTIC-INDUCED SLEEP DISORDER
F13288	SEDATIVE, HYPNOTIC OR ANXIOLYTIC DEPENDENCE WITH OTHER SEDATIVE, HYPNOTIC OR ANXIOLYTIC-INDUCED DISORDER
F1329	SEDATIVE, HYPNOTIC OR ANXIOLYTIC DEPENDENCE WITH UNSPECIFIED SEDATIVE, HYPNOTIC OR ANXIOLYTIC-INDUCED DISORDER
F14	COCAINE RELATED DISORDERS

<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>
F141	COCAINE ABUSE
F1410	COCAINE ABUSE, UNCOMPLICATED
F1411	COCAINE ABUSE, IN REMISSION
F1412	COCAINE ABUSE WITH INTOXICATION
F14120	COCAINE ABUSE WITH INTOXICATION, UNCOMPLICATED
F14121	COCAINE ABUSE WITH INTOXICATION WITH DELIRIUM
F14122	COCAINE ABUSE WITH INTOXICATION WITH PERCEPTUAL DISTURBANCE
F14129	COCAINE ABUSE WITH INTOXICATION, UNSPECIFIED
F1413	COCAINE ABUSE, UNSPECIFIED WITH WITHDRAWAL
F1414	COCAINE ABUSE WITH COCAINE-INDUCED MOOD DISORDER
F1415	COCAINE ABUSE WITH COCAINE-INDUCED PSYCHOTIC DISORDER
F14150	COCAINE ABUSE WITH COCAINE-INDUCED PSYCHOTIC DISORDER WITH DELUSIONS
F14151	COCAINE ABUSE WITH COCAINE-INDUCED PSYCHOTIC DISORDER WITH HALLUCINATIONS
F14159	COCAINE ABUSE WITH COCAINE-INDUCED PSYCHOTIC DISORDER, UNSPECIFIED
F1418	COCAINE ABUSE WITH OTHER COCAINE-INDUCED DISORDER
F14180	COCAINE ABUSE WITH COCAINE-INDUCED ANXIETY DISORDER
F14181	COCAINE ABUSE WITH COCAINE-INDUCED SEXUAL DYSFUNCTION
F14182	COCAINE ABUSE WITH COCAINE-INDUCED SLEEP DISORDER
F14188	COCAINE ABUSE WITH OTHER COCAINE-INDUCED DISORDER
F1419	COCAINE ABUSE WITH UNSPECIFIED COCAINE-INDUCED DISORDER
F142	COCAINE DEPENDENCE
F1420	COCAINE 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>
F1421	COCAINE DEPENDENCE, IN REMISSION
F1422	COCAINE DEPENDENCE WITH INTOXICATION
F14220	COCAINE DEPENDENCE WITH INTOXICATION, UNCOMPLICATED
F14221	COCAINE DEPENDENCE WITH INTOXICATION DELIRIUM
F14222	COCAINE DEPENDENCE WITH INTOXICATION WITH PERCEPTUAL DISTURBANCE
F14229	COCAINE DEPENDENCE WITH INTOXICATION, UNSPECIFIED
F1423	COCAINE DEPENDENCE WITH WITHDRAWAL
F1424	COCAINE DEPENDENCE WITH COCAINE-INDUCED MOOD DISORDER
F1425	COCAINE DEPENDENCE WITH COCAINE-INDUCED PSYCHOTIC DISORDER
F14250	COCAINE DEPENDENCE WITH COCAINE-INDUCED PSYCHOTIC DISORDER WITH DELUSIONS
F14251	COCAINE DEPENDENCE WITH COCAINE-INDUCED PSYCHOTIC DISORDER WITH HALLUCINATIONS
F14259	COCAINE DEPENDENCE WITH COCAINE-INDUCED PSYCHOTIC DISORDER, UNSPECIFIED
F1428	COCAINE DEPENDENCE WITH OTHER COCAINE-INDUCED DISORDER
F14280	COCAINE DEPENDENCE WITH COCAINE-INDUCED ANXIETY DISORDER
F14281	COCAINE DEPENDENCE WITH COCAINE-INDUCED SEXUAL DYSFUNCTION
F14282	COCAINE DEPENDENCE WITH COCAINE-INDUCED SLEEP DISORDER
F14288	COCAINE DEPENDENCE WITH OTHER COCAINE-INDUCED DISORDER
F1429	COCAINE DEPENDENCE WITH UNSPECIFIED COCAINE-INDUCED DISORDER
F149	COCAINE USE, UNSPECIFIED
F1490	COCAINE USE, UNSPECIFIED, UNCOMPLICATED
F1491	COCAINE USE, UNSPECIFIED, IN REMISSION

<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>
F1492	COCAINE USE, UNSPECIFIED WITH INTOXICATION
F14920	COCAINE USE, UNSPECIFIED WITH INTOXICATION, UNCOMPLICATED
F14921	COCAINE USE, UNSPECIFIED WITH INTOXICATION DELIRIUM
F14922	COCAINE USE, UNSPECIFIED WITH INTOXICATION WITH PERCEPTUAL DISTURBANCE
F14929	COCAINE USE, UNSPECIFIED WITH INTOXICATION, UNSPECIFIED
F1493	COCAINE USE, UNSPECIFIED WITH WITHDRAWAL
F1494	COCAINE USE, UNSPECIFIED WITH COCAINE-INDUCED MOOD DISORDER
F1495	COCAINE USE, UNSPECIFIED WITH COCAINE-INDUCED PSYCHOTIC DISORDER
F14950	COCAINE USE, UNSPECIFIED WITH COCAINE-INDUCED PSYCHOTIC DISORDER WITH DELUSIONS
F14951	COCAINE USE, UNSPECIFIED WITH COCAINE-INDUCED PSYCHOTIC DISORDER WITH HALLUCINATIONS
F14959	COCAINE USE, UNSPECIFIED WITH COCAINE-INDUCED PSYCHOTIC DISORDER, UNSPECIFIED
F1498	COCAINE USE, UNSPECIFIED WITH OTHER SPECIFIED COCAINE-INDUCED DISORDER
F14980	COCAINE USE, UNSPECIFIED WITH COCAINE-INDUCED ANXIETY DISORDER
F14981	COCAINE USE, UNSPECIFIED WITH COCAINE-INDUCED SEXUAL DYSFUNCTION
F14982	COCAINE USE, UNSPECIFIED WITH COCAINE-INDUCED SLEEP DISORDER
F14988	COCAINE USE, UNSPECIFIED WITH OTHER COCAINE-INDUCED DISORDER
F1499	COCAINE USE, UNSPECIFIED WITH UNSPECIFIED COCAINE-INDUCED DISORDER
F15	OTHER STIMULANT RELATED DISORDERS
F151	OTHER STIMULANT ABUSE

<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>
F1510	OTHER STIMULANT ABUSE, UNCOMPLICATED
F1511	OTHER STIMULANT ABUSE, IN REMISSION
F1512	OTHER STIMULANT ABUSE WITH INTOXICATION
F15120	OTHER STIMULANT ABUSE WITH INTOXICATION, UNCOMPLICATED
F15121	OTHER STIMULANT ABUSE WITH INTOXICATION DELIRIUM
F15122	OTHER STIMULANT ABUSE WITH INTOXICATION WITH PERCEPTUAL DISTURBANCE
F15129	OTHER STIMULANT ABUSE WITH INTOXICATION, UNSPECIFIED
F1513	OTHER STIMULANT ABUSE WITH WITHDRAWAL
F1514	OTHER STIMULANT ABUSE WITH STIMULANT-INDUCED MOOD DISORDER
F1515	OTHER STIMULANT ABUSE WITH STIMULANT-INDUCED PSYCHOTIC DISORDER
F15150	OTHER STIMULANT ABUSE WITH STIMULANT-INDUCED PSYCHOTIC DISORDER WITH DELUSIONS
F15151	OTHER STIMULANT ABUSE WITH STIMULANT-INDUCED PSYCHOTIC DISORDER WITH HALLUCINATIONS
F15159	OTHER STIMULANT ABUSE WITH STIMULANT-INDUCED PSYCHOTIC DISORDER, UNSPECIFIED
F1518	OTHER STIMULANT ABUSE WITH OTHER STIMULANT-INDUCED DISORDER
F15180	OTHER STIMULANT ABUSE WITH STIMULANT-INDUCED ANXIETY DISORDER
F15181	OTHER STIMULANT ABUSE WITH STIMULANT-INDUCED SEXUAL DYSFUNCTION
F15182	OTHER STIMULANT ABUSE WITH STIMULANT-INDUCED SLEEP DISORDER
F15188	OTHER STIMULANT ABUSE WITH OTHER STIMULANT-INDUCED DISORDER
F1519	OTHER STIMULANT ABUSE WITH UNSPECIFIED STIMULANT-INDUCED DISORDER
F152	OTHER STIMULANT DEPENDENCE

<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>
F1520	OTHER STIMULANT DEPENDENCE, UNCOMPLICATED
F1521	OTHER STIMULANT DEPENDENCE, IN REMISSION
F1522	OTHER STIMULANT DEPENDENCE WITH INTOXICATION
F15220	OTHER STIMULANT DEPENDENCE WITH INTOXICATION, UNCOMPLICATED
F15221	OTHER STIMULANT DEPENDENCE WITH INTOXICATION DELIRIUM
F15222	OTHER STIMULANT DEPENDENCE WITH INTOXICATION WITH PERCEPTUAL DISTURBANCE
F15229	OTHER STIMULANT DEPENDENCE WITH INTOXICATION, UNSPECIFIED
F1523	OTHER STIMULANT DEPENDENCE WITH WITHDRAWAL
F1524	OTHER STIMULANT DEPENDENCE WITH STIMULANT-INDUCED MOOD DISORDER
F1525	OTHER STIMULANT DEPENDENCE WITH STIMULANT-INDUCED PSYCHOTIC DISORDER
F15250	OTHER STIMULANT DEPENDENCE WITH STIMULANT-INDUCED PSYCHOTIC DISORDER WITH DELUSIONS
F15251	OTHER STIMULANT DEPENDENCE WITH STIMULANT-INDUCED PSYCHOTIC DISORDER WITH HALLUCINATIONS
F15259	OTHER STIMULANT DEPENDENCE WITH STIMULANT-INDUCED PSYCHOTIC DISORDER, UNSPECIFIED
F1528	OTHER STIMULANT DEPENDENCE WITH OTHER STIMULANT-INDUCED DISORDER
F15280	OTHER STIMULANT DEPENDENCE WITH STIMULANT-INDUCED ANXIETY DISORDER
F15281	OTHER STIMULANT DEPENDENCE WITH STIMULANT-INDUCED SEXUAL DYSFUNCTION
F15282	OTHER STIMULANT DEPENDENCE WITH STIMULANT-INDUCED SLEEP DISORDER
F15288	OTHER STIMULANT DEPENDENCE WITH OTHER STIMULANT-INDUCED DISORDER

<b>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>
F1529	OTHER STIMULANT DEPENDENCE WITH UNSPECIFIED STIMULANT-INDUCED DISORDER
F1590	OTHER STIMULANT USE, UNSPECIFIED, UNCOMPLICATED
F16	HALLUCINOGEN RELATED DISORDERS
F161	HALLUCINOGEN ABUSE
F1610	HALLUCINOGEN ABUSE, UNCOMPLICATED
F1611	HALLUCINOGEN ABUSE, IN REMISSION
F1612	HALLUCINOGEN ABUSE WITH INTOXICATION
F16120	HALLUCINOGEN ABUSE WITH INTOXICATION, UNCOMPLICATED
F16121	HALLUCINOGEN ABUSE WITH INTOXICATION WITH DELIRIUM
F16122	HALLUCINOGEN ABUSE WITH INTOXICATION WITH PERCEPTUAL DISTURBANCE
F16129	HALLUCINOGEN ABUSE WITH INTOXICATION, UNSPECIFIED
F1614	HALLUCINOGEN ABUSE WITH HALLUCINOGEN-INDUCED MOOD DISORDER
F1615	HALLUCINOGEN ABUSE WITH HALLUCINOGEN-INDUCED PSYCHOTIC DISORDER
F16150	HALLUCINOGEN ABUSE WITH HALLUCINOGEN-INDUCED PSYCHOTIC DISORDER WITH DELUSIONS
F16151	HALLUCINOGEN ABUSE WITH HALLUCINOGEN-INDUCED PSYCHOTIC DISORDER WITH HALLUCINATIONS
F16159	HALLUCINOGEN ABUSE WITH HALLUCINOGEN-INDUCED PSYCHOTIC DISORDER, UNSPECIFIED
F1618	HALLUCINOGEN ABUSE WITH OTHER HALLUCINOGEN-INDUCED DISORDER
F16180	HALLUCINOGEN ABUSE WITH HALLUCINOGEN-INDUCED ANXIETY DISORDER
F16183	HALLUCINOGEN ABUSE WITH HALLUCINOGEN PERSISTING PERCEPTION DISORDER (FLASHBACKS)
F16188	HALLUCINOGEN ABUSE WITH OTHER HALLUCINOGEN-INDUCED DISORDER

<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>
F1619	HALLUCINOGEN ABUSE WITH UNSPECIFIED HALLUCINOGEN-INDUCED DISORDER
F162	HALLUCINOGEN DEPENDENCE
F1620	HALLUCINOGEN DEPENDENCE, UNCOMPLICATED
F1621	HALLUCINOGEN DEPENDENCE, IN REMISSION
F1622	HALLUCINOGEN DEPENDENCE WITH INTOXICATION
F16220	HALLUCINOGEN DEPENDENCE WITH INTOXICATION, UNCOMPLICATED
F16221	HALLUCINOGEN DEPENDENCE WITH INTOXICATION WITH DELIRIUM
F16229	HALLUCINOGEN DEPENDENCE WITH INTOXICATION, UNSPECIFIED
F1624	HALLUCINOGEN DEPENDENCE WITH HALLUCINOGEN-INDUCED MOOD DISORDER
F1625	HALLUCINOGEN DEPENDENCE WITH HALLUCINOGEN-INDUCED PSYCHOTIC DISORDER
F16250	HALLUCINOGEN DEPENDENCE WITH HALLUCINOGEN-INDUCED PSYCHOTIC DISORDER WITH DELUSIONS
F16251	HALLUCINOGEN DEPENDENCE WITH HALLUCINOGEN-INDUCED PSYCHOTIC DISORDER WITH HALLUCINATIONS
F16259	HALLUCINOGEN DEPENDENCE WITH HALLUCINOGEN-INDUCED PSYCHOTIC DISORDER, UNSPECIFIED
F1628	HALLUCINOGEN DEPENDENCE WITH OTHER 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
F1629	HALLUCINOGEN DEPENDENCE WITH UNSPECIFIED HALLUCINOGEN-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>
F1690	HALLUCINOGEN USE, UNSPECIFIED, UNCOMPLICATED
F18	INHALANT RELATED DISORDERS
F181	INHALANT ABUSE
F1810	INHALANT ABUSE, UNCOMPLICATED
F1811	INHALANT ABUSE, IN REMISSION
F1812	INHALANT ABUSE WITH INTOXICATION
F18120	INHALANT ABUSE WITH INTOXICATION, UNCOMPLICATED
F18121	INHALANT ABUSE WITH INTOXICATION DELIRIUM
F18129	INHALANT ABUSE WITH INTOXICATION, UNSPECIFIED
F1814	INHALANT ABUSE WITH INHALANT-INDUCED MOOD DISORDER
F1815	INHALANT ABUSE WITH INHALANT-INDUCED PSYCHOTIC DISORDER
F18150	INHALANT ABUSE WITH INHALANT-INDUCED PSYCHOTIC DISORDER WITH DELUSIONS
F18151	INHALANT ABUSE WITH INHALANT-INDUCED PSYCHOTIC DISORDER WITH HALLUCINATIONS
F18159	INHALANT ABUSE WITH INHALANT-INDUCED PSYCHOTIC DISORDER, UNSPECIFIED
F1817	INHALANT ABUSE WITH INHALANT-INDUCED DEMENTIA
F1818	INHALANT ABUSE WITH OTHER INHALANT-INDUCED DISORDERS
F18180	INHALANT ABUSE WITH INHALANT-INDUCED ANXIETY DISORDER
F18188	INHALANT ABUSE WITH OTHER INHALANT-INDUCED DISORDER
F1819	INHALANT ABUSE WITH UNSPECIFIED INHALANT-INDUCED DISORDER
F182	INHALANT DEPENDENCE
F1820	INHALANT DEPENDENCE, UNCOMPLICATED
F1821	INHALANT DEPENDENCE, IN REMISSION

<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>
F1822	INHALANT DEPENDENCE WITH INTOXICATION
F18220	INHALANT DEPENDENCE WITH INTOXICATION, UNCOMPLICATED
F18221	INHALANT DEPENDENCE WITH INTOXICATION DELIRIUM
F18229	INHALANT DEPENDENCE WITH INTOXICATION, UNSPECIFIED
F1824	INHALANT DEPENDENCE WITH INHALANT-INDUCED MOOD DISORDER
F1825	INHALANT DEPENDENCE WITH INHALANT-INDUCED PSYCHOTIC DISORDER
F18250	INHALANT DEPENDENCE WITH INHALANT-INDUCED PSYCHOTIC DISORDER WITH DELUSIONS
F18251	INHALANT DEPENDENCE WITH INHALANT-INDUCED PSYCHOTIC DISORDER WITH HALLUCINATIONS
F18259	INHALANT DEPENDENCE WITH INHALANT-INDUCED PSYCHOTIC DISORDER, UNSPECIFIED
F1827	INHALANT DEPENDENCE WITH INHALANT-INDUCED DEMENTIA
F1828	INHALANT DEPENDENCE WITH OTHER INHALANT-INDUCED DISORDERS
F18280	INHALANT DEPENDENCE WITH INHALANT-INDUCED ANXIETY DISORDER
F18288	INHALANT DEPENDENCE WITH OTHER INHALANT-INDUCED DISORDER
F1829	INHALANT DEPENDENCE WITH UNSPECIFIED INHALANT-INDUCED DISORDER
F1890	INHALANT USE, UNSPECIFIED, UNCOMPLICATED
F19	OTHER PSYCHOACTIVE SUBSTANCE RELATED DISORDERS
F191	OTHER PSYCHOACTIVE SUBSTANCE ABUSE
F1910	OTHER PSYCHOACTIVE SUBSTANCE ABUSE, UNCOMPLICATED
F1911	OTHER PSYCHOACTIVE SUBSTANCE ABUSE, IN REMISSION
F1912	OTHER PSYCHOACTIVE SUBSTANCE ABUSE WITH INTOXICATION
F19120	OTHER PSYCHOACTIVE SUBSTANCE ABUSE WITH INTOXICATION, 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>
F19121	OTHER PSYCHOACTIVE SUBSTANCE ABUSE WITH INTOXICATION DELIRIUM
F19122	OTHER PSYCHOACTIVE SUBSTANCE ABUSE WITH INTOXICATION WITH PERCEPTUAL DISTURBANCES
F19129	OTHER PSYCHOACTIVE SUBSTANCE ABUSE WITH INTOXICATION, UNSPECIFIED
F1913	OTHER PSYCHOACTIVE SUBSTANCE ABUSE WITH WITHDRAWAL
F19130	OTHER PSYCHOACTIVE SUBSTANCE ABUSE WITH WITHDRAWAL, UNCOMPLICATED
F19131	OTHER PSYCHOACTIVE SUBSTANCE ABUSE WITH WITHDRAWAL DELIRIUM
F19132	OTHER PSYCHOACTIVE SUBSTANCE ABUSE WITH WITHDRAWAL WITH PERCEPTUAL DISTURBANCE
F19139	OTHER PSYCHOACTIVE SUBSTANCE ABUSE WITH WITHDRAWAL, UNSPECIFIED
F1914	OTHER PSYCHOACTIVE SUBSTANCE ABUSE WITH PSYCHOACTIVE SUBSTANCE-INDUCED MOOD DISORDER
F1915	OTHER PSYCHOACTIVE SUBSTANCE ABUSE WITH PSYCHOACTIVE SUBSTANCE-INDUCED PSYCHOTIC DISORDER
F19150	OTHER PSYCHOACTIVE SUBSTANCE ABUSE WITH PSYCHOACTIVE SUBSTANCE-INDUCED PSYCHOTIC DISORDER WITH DELUSIONS
F19151	OTHER PSYCHOACTIVE SUBSTANCE ABUSE WITH PSYCHOACTIVE SUBSTANCE-INDUCED PSYCHOTIC DISORDER WITH HALLUCINATIONS
F19159	OTHER PSYCHOACTIVE SUBSTANCE ABUSE WITH PSYCHOACTIVE SUBSTANCE-INDUCED PSYCHOTIC DISORDER, UNSPECIFIED
F1916	OTHER PSYCHOACTIVE SUBSTANCE ABUSE WITH PSYCHOACTIVE SUBSTANCE-INDUCED PERSISTING AMNESTIC DISORDER
F1917	OTHER PSYCHOACTIVE SUBSTANCE ABUSE WITH PSYCHOACTIVE SUBSTANCE-INDUCED PERSISTING DEMENTIA
F1918	OTHER PSYCHOACTIVE SUBSTANCE ABUSE WITH OTHER PSYCHOACTIVE SUBSTANCE-INDUCED DISORDERS

<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>
F19180	OTHER PSYCHOACTIVE SUBSTANCE ABUSE WITH PSYCHOACTIVE SUBSTANCE-INDUCED ANXIETY DISORDER
F19181	OTHER PSYCHOACTIVE SUBSTANCE ABUSE WITH PSYCHOACTIVE SUBSTANCE-INDUCED SEXUAL DYSFUNCTION
F19182	OTHER PSYCHOACTIVE SUBSTANCE ABUSE WITH PSYCHOACTIVE SUBSTANCE-INDUCED SLEEP DISORDER
F19188	OTHER PSYCHOACTIVE SUBSTANCE ABUSE WITH OTHER PSYCHOACTIVE SUBSTANCE-INDUCED DISORDER
F1919	OTHER PSYCHOACTIVE SUBSTANCE ABUSE WITH UNSPECIFIED PSYCHOACTIVE SUBSTANCE-INDUCED DISORDER
F192	OTHER PSYCHOACTIVE SUBSTANCE DEPENDENCE
F1920	OTHER PSYCHOACTIVE SUBSTANCE DEPENDENCE, UNCOMPLICATED
F1921	OTHER PSYCHOACTIVE SUBSTANCE DEPENDENCE, IN REMISSION
F1922	OTHER PSYCHOACTIVE SUBSTANCE DEPENDENCE WITH INTOXICATION
F19220	OTHER PSYCHOACTIVE SUBSTANCE DEPENDENCE WITH INTOXICATION, UNCOMPLICATED
F19221	OTHER PSYCHOACTIVE SUBSTANCE DEPENDENCE WITH INTOXICATION DELIRIUM
F19222	OTHER PSYCHOACTIVE SUBSTANCE DEPENDENCE WITH INTOXICATION WITH PERCEPTUAL DISTURBANCE
F19229	OTHER PSYCHOACTIVE SUBSTANCE DEPENDENCE WITH INTOXICATION, UNSPECIFIED
F1923	OTHER PSYCHOACTIVE SUBSTANCE DEPENDENCE WITH WITHDRAWAL
F19230	OTHER PSYCHOACTIVE SUBSTANCE DEPENDENCE WITH WITHDRAWAL, UNCOMPLICATED
F19231	OTHER PSYCHOACTIVE SUBSTANCE DEPENDENCE WITH WITHDRAWAL DELIRIUM
F19232	OTHER PSYCHOACTIVE SUBSTANCE DEPENDENCE WITH WITHDRAWAL WITH PERCEPTUAL DISTURBANCE

<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>
F19239	OTHER PSYCHOACTIVE SUBSTANCE DEPENDENCE WITH WITHDRAWAL, UNSPECIFIED
F1924	OTHER PSYCHOACTIVE SUBSTANCE DEPENDENCE WITH PSYCHOACTIVE SUBSTANCE-INDUCED MOOD DISORDER
F1925	OTHER PSYCHOACTIVE SUBSTANCE DEPENDENCE WITH PSYCHOACTIVE SUBSTANCE-INDUCED PSYCHOTIC DISORDER
F19250	OTHER PSYCHOACTIVE SUBSTANCE DEPENDENCE WITH PSYCHOACTIVE SUBSTANCE-INDUCED PSYCHOTIC DISORDER WITH DELUSIONS
F19251	OTHER PSYCHOACTIVE SUBSTANCE DEPENDENCE WITH PSYCHOACTIVE SUBSTANCE-INDUCED PSYCHOTIC DISORDER WITH HALLUCINATIONS
F19259	OTHER PSYCHOACTIVE SUBSTANCE DEPENDENCE WITH PSYCHOACTIVE SUBSTANCE-INDUCED PSYCHOTIC DISORDER, UNSPECIFIED
F1926	OTHER PSYCHOACTIVE SUBSTANCE DEPENDENCE WITH PSYCHOACTIVE SUBSTANCE-INDUCED PERSISTING AMNESTIC DISORDER
F1927	OTHER PSYCHOACTIVE SUBSTANCE DEPENDENCE WITH PSYCHOACTIVE SUBSTANCE-INDUCED PERSISTING DEMENTIA
F1928	OTHER PSYCHOACTIVE SUBSTANCE DEPENDENCE WITH OTHER PSYCHOACTIVE SUBSTANCE-INDUCED DISORDERS
F19280	OTHER PSYCHOACTIVE SUBSTANCE DEPENDENCE WITH PSYCHOACTIVE SUBSTANCE-INDUCED ANXIETY DISORDER
F19281	OTHER PSYCHOACTIVE SUBSTANCE DEPENDENCE WITH PSYCHOACTIVE SUBSTANCE-INDUCED SEXUAL DYSFUNCTION
F19282	OTHER PSYCHOACTIVE SUBSTANCE DEPENDENCE WITH PSYCHOACTIVE SUBSTANCE-INDUCED SLEEP DISORDER
F19288	OTHER PSYCHOACTIVE SUBSTANCE DEPENDENCE WITH OTHER PSYCHOACTIVE SUBSTANCE-INDUCED DISORDER
F1929	OTHER PSYCHOACTIVE SUBSTANCE DEPENDENCE WITH UNSPECIFIED PSYCHOACTIVE SUBSTANCE-INDUCED DISORDER
Z7151	DRUG ABUSE COUNSELING AND SURVEILLANCE OF DRUG ABUSER

<b>Epilepsy Diagnoses</b> <b>Required diagnosis: 1</b> <b>Look back timeframe: 730 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
G40	EPILEPSY AND RECURRENT SEIZURES
G400	LOCALIZATION-RELATED (FOCAL) (PARTIAL) IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES WITH SEIZURES OF LOCALIZED ONSET
G4000	LOCALIZATION-RELATED (FOCAL) (PARTIAL) IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES WITH SEIZURES OF LOCALIZED ONSET, NOT INTRACTABLE
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
G4001	LOCALIZATION-RELATED (FOCAL) (PARTIAL) IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES WITH SEIZURES OF LOCALIZED ONSET, INTRACTABLE
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
G401	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH SIMPLE PARTIAL SEIZURES
G4010	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH SIMPLE PARTIAL SEIZURES, NOT INTRACTABLE
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
G4011	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH SIMPLE PARTIAL SEIZURES, INTRACTABLE

<b>Epilepsy Diagnoses</b> <b>Required diagnosis: 1</b> <b>Look back timeframe: 730 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
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
G402	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH COMPLEX PARTIAL SEIZURES
G4020	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH COMPLEX PARTIAL SEIZURES, NOT INTRACTABLE
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
G4021	LOCALIZATION-RELATED (FOCAL) (PARTIAL) SYMPTOMATIC EPILEPSY AND EPILEPTIC SYNDROMES WITH COMPLEX PARTIAL SEIZURES, INTRACTABLE
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
G403	GENERALIZED IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES
G4030	GENERALIZED IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES, NOT INTRACTABLE
G40301	GENERALIZED IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES, NOT INTRACTABLE WITH STATUS EPILEPTICUS
G40309	GENERALIZED IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES, NOT 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>
G4031	GENERALIZED IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES, INTRACTABLE
G40311	GENERALIZED IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES, INTRACTABLE WITH STATUS EPILEPTICUS
G40319	GENERALIZED IDIOPATHIC EPILEPSY AND EPILEPTIC SYNDROMES, INTRACTABLE WITHOUT STATUS EPILEPTICUS
G40A	ABSENCE EPILEPTIC SYNDROME
G40A0	ABSENCE EPILEPTIC SYNDROME, NOT INTRACTABLE
G40A01	ABSENCE EPILEPTIC SYNDROME, NOT INTRACTABLE WITH STATUS EPILEPTICUS
G40A09	ABSENCE EPILEPTIC SYNDROME, NOT INTRACTABLE WITHOUT STATUS EPILEPTICUS
G40A1	ABSENCE EPILEPTIC SYNDROME, INTRACTABLE
G40A11	ABSENCE EPILEPTIC SYNDROME, INTRACTABLE WITH STATUS EPILEPTICUS
G40A19	ABSENCE EPILEPTIC SYNDROME, INTRACTABLE WITHOUT STATUS EPILEPTICUS
G40B	JUVENILE MYOCLONIC EPILEPSY [IMPULSIVE PETIT MAL]
G40B0	JUVENILE MYOCLONIC EPILEPSY, NOT INTRACTABLE
G40B01	JUVENILE MYOCLONIC EPILEPSY, NOT INTRACTABLE WITH STATUS EPILEPTICUS
G40B09	JUVENILE MYOCLONIC EPILEPSY, NOT INTRACTABLE WITHOUT STATUS EPILEPTICUS
G40B1	JUVENILE MYOCLONIC EPILEPSY, INTRACTABLE
G40B11	JUVENILE MYOCLONIC EPILEPSY, INTRACTABLE WITH STATUS EPILEPTICUS
G40B19	JUVENILE MYOCLONIC EPILEPSY, INTRACTABLE WITHOUT STATUS EPILEPTICUS
G40C	LAFORA PROGRESSIVE MYOCLONUS EPILEPSY
G40C0	LAFORA PROGRESSIVE MYOCLONUS EPILEPSY, NOT INTRACTABLE

<b>Epilepsy Diagnoses</b> <b>Required diagnosis: 1</b> <b>Look back timeframe: 730 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
G40C01	LAFORA PROGRESSIVE MYOCLONUS EPILEPSY, NOT INTRACTABLE, WITH STATUS EPILEPTICUS
G40C09	LAFORA PROGRESSIVE MYOCLONUS EPILEPSY, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS
G40C1	LAFORA PROGRESSIVE MYOCLONUS EPILEPSY, INTRACTABLE
G40C11	LAFORA PROGRESSIVE MYOCLONUS EPILEPSY, INTRACTABLE, WITH STATUS EPILEPTICUS
G40C19	LAFORA PROGRESSIVE MYOCLONUS EPILEPSY, INTRACTABLE, WITHOUT STATUS EPILEPTICUS
G404	OTHER GENERALIZED EPILEPSY AND EPILEPTIC SYNDROMES
G4040	OTHER GENERALIZED EPILEPSY AND EPILEPTIC SYNDROMES, NOT INTRACTABLE
G40401	OTHER GENERALIZED EPILEPSY AND EPILEPTIC SYNDROMES WITH STATUS EPILEPTICUS
G40409	OTHER GENERALIZED EPILEPSY AND EPILEPTIC SYNDROMES WITHOUT STATUS EPILEPTICUS
G4041	OTHER GENERALIZED EPILEPSY AND EPILEPTIC SYNDROMES, INTRACTABLE
G40411	OTHER GENERALIZED EPILEPSY AND EPILEPTIC SYNDROMES, INTRACTABLE WITH STATUS EPILEPTICUS
G40419	OTHER GENERALIZED EPILEPSY AND EPILEPTIC SYNDROMES, INTRACTABLE WITHOUT STATUS EPILEPTICUS
G4042	CYCLIN-DEPENDENT KINASE-LIKE 5 DEFICIENCY DISORDER
G405	EPILEPTIC SEIZURES RELATED TO EXTERNAL CAUSES
G4050	EPILEPTIC SEIZURES RELATED TO EXTERNAL CAUSES, NOT INTRACTABLE
G40501	EPILEPTIC SEIZURES RELATED TO EXTERNAL CAUSES, NOT INTRACTABLE WITH STATUS EPILEPTICUS
G40509	EPILEPTIC SEIZURES RELATED TO EXTERNAL CAUSES, NOT 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>
G408	OTHER EPILEPSY AND RECURRENT SEIZURES
G4080	OTHER EPILEPSY
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
G4081	LENNOX-GASTAUT SYNDROME
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
G4082	EPILEPTIC SPASMS
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
G4083	DRAVET SYNDROME
G40833	DRAVET SYNDROME, INTRACTABLE, WITH STATUS EPILEPTICUS
G40834	DRAVET SYNDROME, INTRACTABLE, WITHOUT STATUS EPILEPTICUS
G4084	KCNQ2-RELATED EPILEPSY
G40841	KCNQ2-RELATED EPILEPSY, NOT INTRACTABLE, WITH STATUS EPILEPTICUS

<b>Epilepsy Diagnoses</b> <b>Required diagnosis: 1</b> <b>Look back timeframe: 730 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
G40842	KCNQ2-RELATED EPILEPSY, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS
G40843	KCNQ2-RELATED EPILEPSY, INTRACTABLE, WITH STATUS EPILEPTICUS
G40844	KCNQ2-related epilepsy, intractable, without status epilepticus
G4089	OTHER SEIZURES
G409	EPILEPSY, UNSPECIFIED
G4090	EPILEPSY, UNSPECIFIED, NOT INTRACTABLE
G40901	EPILEPSY, UNSPECIFIED, NOT INTRACTABLE WITH STATUS EPILEPTICUS
G40909	EPILEPSY, UNSPECIFIED, NOT INTRACTABLE WITHOUT STATUS EPILEPTICUS
G4091	EPILEPSY, UNSPECIFIED, INTRACTABLE
G40911	EPILEPSY, UNSPECIFIED, INTRACTABLE WITH STATUS EPILEPTICUS
G40919	EPILEPSY, UNSPECIFIED, INTRACTABLE WITHOUT STATUS EPILEPTICUS

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

<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
K70	ALCOHOLIC LIVER DISEASE
K700	ALCOHOLIC FATTY LIVER
K701	ALCOHOLIC HEPATITIS
K7010	ALCOHOLIC HEPATITIS WITHOUT ASCITES
K7011	ALCOHOLIC HEPATITIS WITH ASCITES
K702	ALCOHOLIC FIBROSIS AND SCLEROSIS OF LIVER
K703	ALCOHOLIC 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>
K7030	ALCOHOLIC CIRRHOSIS OF LIVER WITHOUT ASCITES
K7031	ALCOHOLIC CIRRHOSIS OF LIVER WITH ASCITES
K704	ALCOHOLIC HEPATIC FAILURE
K7040	ALCOHOLIC HEPATIC FAILURE WITHOUT COMA
K7041	ALCOHOLIC HEPATIC FAILURE WITH COMA
K709	ALCOHOLIC LIVER DISEASE, UNSPECIFIED
K71	TOXIC LIVER DISEASE
K710	TOXIC LIVER DISEASE WITH CHOLESTASIS
K711	TOXIC LIVER DISEASE WITH HEPATIC NECROSIS
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
K715	TOXIC LIVER DISEASE WITH CHRONIC ACTIVE HEPATITIS
K7150	TOXIC LIVER DISEASE WITH CHRONIC ACTIVE HEPATITIS WITHOUT ASCITES
K7151	TOXIC LIVER DISEASE WITH CHRONIC ACTIVE HEPATITIS WITH ASCITES
K716	TOXIC LIVER DISEASE WITH HEPATITIS, NOT ELSEWHERE CLASSIFIED
K717	TOXIC LIVER DISEASE WITH FIBROSIS AND CIRRHOSIS OF LIVER
K718	TOXIC LIVER DISEASE WITH OTHER DISORDERS OF LIVER
K719	TOXIC LIVER DISEASE, UNSPECIFIED
K72	HEPATIC FAILURE, NOT ELSEWHERE CLASSIFIED
K720	ACUTE AND SUBACUTE HEPATIC FAILURE

<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>
K7200	ACUTE AND SUBACUTE HEPATIC FAILURE WITHOUT COMA
K7201	ACUTE AND SUBACUTE HEPATIC FAILURE WITH COMA
K721	CHRONIC HEPATIC FAILURE
K7210	CHRONIC HEPATIC FAILURE WITHOUT COMA
K7211	CHRONIC HEPATIC FAILURE WITH COMA
K729	HEPATIC FAILURE, UNSPECIFIED
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
K74	FIBROSIS AND CIRRHOSIS OF LIVER
K740	HEPATIC FIBROSIS
K741	HEPATIC SCLEROSIS
K742	HEPATIC FIBROSIS WITH HEPATIC SCLEROSIS
K743	PRIMARY BILIARY CIRRHOSIS
K744	SECONDARY BILIARY CIRRHOSIS
K745	BILIARY CIRRHOSIS, UNSPECIFIED
K746	OTHER AND UNSPECIFIED CIRRHOSIS OF LIVER
K7460	UNSPECIFIED CIRRHOSIS OF LIVER
K7469	OTHER 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>
K75	OTHER INFLAMMATORY LIVER DISEASES
K750	ABSCESS OF LIVER
K751	PHLEBITIS OF PORTAL VEIN
K752	NONSPECIFIC REACTIVE HEPATITIS
K753	GRANULOMATOUS HEPATITIS, NOT ELSEWHERE CLASSIFIED
K754	AUTOIMMUNE HEPATITIS
K758	OTHER SPECIFIED INFLAMMATORY LIVER DISEASES
K7581	NONALCOHOLIC STEATOHEPATITIS (NASH)
K7589	OTHER SPECIFIED INFLAMMATORY LIVER DISEASES
K759	INFLAMMATORY LIVER DISEASE, UNSPECIFIED
K76	OTHER DISEASES OF LIVER
K761	CHRONIC PASSIVE CONGESTION OF LIVER
K763	INFARCTION OF LIVER
K764	PELIOSIS HEPATIS
K765	HEPATIC VENO-OCCLUSIVE DISEASE
K766	PORTAL HYPERTENSION
K767	HEPATORENAL SYNDROME
K768	OTHER SPECIFIED DISEASES OF LIVER
K7681	HEPATOPULMONARY SYNDROME
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>
F510	INSOMNIA NOT DUE TO A SUBSTANCE OR KNOWN PHYSIOLOGICAL CONDITION
F5101	PRIMARY INSOMNIA
F5103	PARADOXICAL INSOMNIA
F5104	PSYCHOPHYSIOLOGIC INSOMNIA
F5105	INSOMNIA DUE TO OTHER MENTAL DISORDER
F5109	OTHER INSOMNIA NOT DUE TO A SUBSTANCE OR KNOWN PHYSIOLOGICAL CONDITION
G470	INSOMNIA
G4700	INSOMNIA, UNSPECIFIED
G4701	INSOMNIA DUE TO MEDICAL CONDITION
G4709	OTHER INSOMNIA

<b>History of prior Lorazepam agents in the past 90 days</b> <b>Required quantity: 1</b> <b>Look back timeframe: 150 days</b>	
<b>GCN</b>	<b>Label Name</b>
14160	LORAZEPAM 0.5 MG TABLET
14161	LORAZEPAM 1 MG TABLET
14162	LORAZEPAM 2 MG TABLET
14140	LORAZEPAM 2 MG/ML VIAL
19601	LORAZEPAM INTENSOL 2 MG/ML
50771	LOREEV XR 1 MG CAPSULE
52048	LOREEV XR 1.5 MG CAPSULE

<b>History of prior Lorazepam agents in the past 90 days</b> <b>Required quantity: 1</b> <b>Look back timeframe: 150 days</b>	
GCN	Label Name
50801	LOREEV XR 2 MG CAPSULE
50781	LOREEV XR 3 MG CAPSULE

<b>Muscle Disorder Diagnoses</b> <b>Required diagnosis: 1</b> <b>Look back timeframe: 730 days</b>	
ICD-10 Code	Description
G041	TROPICAL SPASTIC PARAPLEGIA
G10	HUNTINGTON'S DISEASE
G210	MALIGNANT NEUROLEPTIC SYNDROME
G230	HALLERVORDEN-SPATZ DISEASE
G231	PROGRESSIVE SUPRANUCLEAR OPHTHALMOPLEGIA [STEELE-RICHARDSON-OLSZEWSKI]
G232	STRIATONIGRAL DEGENERATION
G238	OTHER SPECIFIED DEGENERATIVE DISEASES OF BASAL GANGLIA
G239	DEGENERATIVE DISEASE OF BASAL GANGLIA, UNSPECIFIED
G24	DYSTONIA
G240	DRUG INDUCED DYSTONIA
G2401	DRUG INDUCED SUBACUTE DYSKINESIA
G2402	DRUG INDUCED ACUTE DYSTONIA
G2409	OTHER DRUG INDUCED DYSTONIA
G241	GENETIC TORSION DYSTONIA
G242	IDIOPATHIC NONFAMILIAL DYSTONIA
G243	SPASMODIC TORTICOLLIS

<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>
G244	IDIOPATHIC OROFACIAL DYSTONIA
G245	BLEPHAROSPASM
G248	OTHER DYSTONIA
G249	DYSTONIA, UNSPECIFIED
G25	OTHER EXTRAPYRAMIDAL AND MOVEMENT DISORDERS
G250	ESSENTIAL TREMOR
G251	DRUG-INDUCED TREMOR
G252	OTHER SPECIFIED FORMS OF TREMOR
G253	MYOCLONUS
G254	DRUG-INDUCED CHOREA
G255	OTHER CHOREA
G256	DRUG INDUCED TICS AND OTHER TICS OF ORGANIC ORIGIN
G2561	DRUG INDUCED TICS
G2569	OTHER TICS OF ORGANIC ORIGIN
G257	OTHER AND UNSPECIFIED DRUG INDUCED MOVEMENT DISORDERS
G2570	DRUG INDUCED MOVEMENT DISORDER, UNSPECIFIED
G2571	DRUG INDUCED AKATHISIA
G2579	OTHER DRUG INDUCED MOVEMENT DISORDERS
G258	OTHER SPECIFIED EXTRAPYRAMIDAL AND MOVEMENT DISORDERS
G2581	RESTLESS LEGS SYNDROME
G2582	STIFF-MAN SYNDROME
G2583	BENIGN SHUDDERING ATTACKS
G2589	OTHER SPECIFIED EXTRAPYRAMIDAL AND MOVEMENT DISORDERS

<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>
G259	EXTRAPYRAMIDAL AND MOVEMENT DISORDER, UNSPECIFIED
G26	EXTRAPYRAMIDAL AND MOVEMENT DISORDERS IN DISEASES CLASSIFIED ELSEWHERE
G35	MULTIPLE SCLEROSIS
G80	CEREBRAL PALSY
G800	SPASTIC QUADRIPLEGIC CEREBRAL PALSY
G801	SPASTIC DIPLEGIC CEREBRAL PALSY
G802	SPASTIC HEMIPLEGIC CEREBRAL PALSY
G803	ATHETOID CEREBRAL PALSY
G804	ATAXIC CEREBRAL PALSY
G808	OTHER CEREBRAL PALSY
G809	CEREBRAL PALSY, UNSPECIFIED
G81	HEMIPLEGIA AND HEMIPARESIS
G810	FLACCID HEMIPLEGIA
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
G811	SPASTIC HEMIPLEGIA
G8110	SPASTIC HEMIPLEGIA AFFECTING UNSPECIFIED SIDE
G8111	SPASTIC HEMIPLEGIA AFFECTING RIGHT DOMINANT SIDE
G8112	SPASTIC HEMIPLEGIA AFFECTING LEFT DOMINANT SIDE
G8113	SPASTIC HEMIPLEGIA 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>
G8114	SPASTIC HEMIPLEGIA AFFECTING LEFT NONDOMINANT SIDE
G819	HEMIPLEGIA, UNSPECIFIED
G8190	HEMIPLEGIA, UNSPECIFIED AFFECTING UNSPECIFIED SIDE
G8191	HEMIPLEGIA, UNSPECIFIED AFFECTING RIGHT DOMINANT SIDE
G8192	HEMIPLEGIA, UNSPECIFIED AFFECTING LEFT DOMINANT SIDE
G8193	HEMIPLEGIA, UNSPECIFIED AFFECTING RIGHT NONDOMINANT SIDE
G8194	HEMIPLEGIA, UNSPECIFIED AFFECTING LEFT NONDOMINANT SIDE
G82	PARAPLEGIA (PARAPARESIS) AND QUADRIPLEGIA (QUADRIPARESIS)
G822	PARAPLEGIA
G8220	PARAPLEGIA, UNSPECIFIED
G8221	PARAPLEGIA, COMPLETE
G8222	PARAPLEGIA, INCOMPLETE
G825	QUADRIPLEGIA
G8250	QUADRIPLEGIA, UNSPECIFIED
G8251	QUADRIPLEGIA, C1-C4 COMPLETE
G8252	QUADRIPLEGIA, C1-C4 INCOMPLETE
G8253	QUADRIPLEGIA, C5-C7 COMPLETE
G8254	QUADRIPLEGIA, C5-C7 INCOMPLETE
G83	OTHER PARALYTIC SYNDROMES
G830	DIPLEGIA OF UPPER LIMBS
G831	MONOPLEGIA OF LOWER LIMB
G8310	MONOPLEGIA OF LOWER LIMB AFFECTING UNSPECIFIED SIDE
G8311	MONOPLEGIA OF LOWER LIMB AFFECTING RIGHT DOMINANT 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>
G8312	MONOPLEGIA OF LOWER LIMB AFFECTING LEFT DOMINANT SIDE
G8313	MONOPLEGIA OF LOWER LIMB AFFECTING RIGHT NONDOMINANT SIDE
G8314	MONOPLEGIA OF LOWER LIMB AFFECTING LEFT NONDOMINANT SIDE
G832	MONOPLEGIA OF UPPER LIMB
G8320	MONOPLEGIA OF UPPER LIMB AFFECTING UNSPECIFIED SIDE
G8321	MONOPLEGIA OF UPPER LIMB AFFECTING RIGHT DOMINANT SIDE
G8322	MONOPLEGIA OF UPPER LIMB AFFECTING LEFT DOMINANT SIDE
G8323	MONOPLEGIA OF UPPER LIMB AFFECTING RIGHT NONDOMINANT SIDE
G8324	MONOPLEGIA OF UPPER LIMB AFFECTING LEFT NONDOMINANT SIDE
G833	MONOPLEGIA, UNSPECIFIED
G8330	MONOPLEGIA, UNSPECIFIED AFFECTING UNSPECIFIED SIDE
G8331	MONOPLEGIA, UNSPECIFIED AFFECTING RIGHT DOMINANT SIDE
G8332	MONOPLEGIA, UNSPECIFIED AFFECTING LEFT DOMINANT SIDE
G8333	MONOPLEGIA, UNSPECIFIED AFFECTING RIGHT NONDOMINANT SIDE
G8334	MONOPLEGIA, UNSPECIFIED AFFECTING LEFT NONDOMINANT SIDE
G834	CAUDA EQUINA SYNDROME
G835	LOCKED-IN STATE
G838	OTHER SPECIFIED PARALYTIC SYNDROMES
G8381	BROWN-SEQUARD SYNDROME
G8382	ANTERIOR CORD SYNDROME
G8383	POSTERIOR CORD SYNDROME
G8384	TODD'S PARALYSIS (POSTEPILEPTIC)
G8389	OTHER SPECIFIED PARALYTIC SYNDROMES

<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>
G839	PARALYTIC SYNDROME, UNSPECIFIED
G903	MULTI-SYSTEM DEGENERATION OF THE AUTONOMIC NERVOUS SYSTEM

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

**History of prior Sedative/Hypnotic agents in the past 30 or 90 days****Required quantity: 1****Look back timeframe: 60 or 120 days**

GCN	Label Name
25457	AMBIEN CR 12.5 MG TABLET
25456	AMBIEN CR 6.25 MG TABLET
36968	BELSOMRA 10 MG TABLET
36969	BELSOMRA 15 MG TABLET
36971	BELSOMRA 20 MG TABLET
36967	BELSOMRA 5 MG TABLET
47484	DAYVIGO 10 MG TABLET
47479	DAYVIGO 5 MG TABLET
40870	DORAL 15 MG TABLET
26183	EDLUAR 5 MG SL TABLET
26182	EDLUAR 10 MG SL TABLET
19181	ESTAZOLAM 1 MG TABLET
19182	ESTAZOLAM 2 MG TABLET
23927	ESZOPICLONE 1 MG TABLET
23926	ESZOPICLONE 2 MG TABLET
23925	ESZOPICLONE 3 MG TABLET
23927	LUNESTA 1 MG TABLET
23926	LUNESTA 2 MG TABLET
23925	LUNESTA 3 MG TABLET
51785	QUVIVIQ 25 MG TABLET
51787	QUVIVIQ 50 MG TABLET
13840	RESTORIL 15 MG CAPSULE
24036	RESTORIL 22.5 MG CAPSULE

**History of prior Sedative/Hypnotic agents in the past 30 or 90 days****Required quantity: 1****Look back timeframe: 60 or 120 days**

GCN	Label Name
13841	RESTORIL 30 MG CAPSULE
13845	RESTORIL 7.5 MG CAPSULE
13840	TEMAZEPAM 15 MG CAPSULE
24036	TEMAZEPAM 22.5 MG CAPSULE
13841	TEMAZEPAM 30 MG CAPSULE
13845	TEMAZEPAM 7.5 MG CAPSULE
14282	TRIAZOLAM 0.125 MG TABLET
14280	TRIAZOLAM 0.25 MG TABLET
92713	ZALEPLON 5 MG CAPSULE
92723	ZALEPLON 10 MG CAPSULE
31562	ZOLPIDEM TART 1.75 MG TABLET SL
31563	ZOLPIDEM TART 3.5 MG TABLET SL
25457	ZOLPIDEM TART ER 12.5 MG TAB
25456	ZOLPIDEM TART ER 6.25 MG TAB
00871	ZOLPIDEM TARTRATE 10 MG TABLET
00870	ZOLPIDEM TARTRATE 5 MG TABLET
54147	ZOLPIDEM TARTRATE 7.5 MG CAP

**Diagnosis of Smith Magenis Syndrome****Required diagnosis: 1****Look back timeframe: 730 days**

ICD-10 Code	Description
Q9388	OTHER MICRODELETIONS

**History of an SSRI or SNRI**  
**Required claims: 1**  
**Look back timeframe: 180 days**

GCN	Label Name
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
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

<b>History of an SSRI or SNRI</b> <b>Required claims: 1</b> <b>Look back timeframe: 180 days</b>	
<b>GCN</b>	<b>Label Name</b>
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

<b>History of an SSRI or SNRI</b> <b>Required claims: 1</b> <b>Look back timeframe: 180 days</b>	
<b>GCN</b>	<b>Label Name</b>
17851	LEXAPRO 10MG TABLET
17987	LEXAPRO 20MG TABLET
18975	LEXAPRO 5MG TABLET
20870	OLANZAPINE-FLUOXETINE 12-25 MG
20872	OLANZAPINE-FLUOXETINE 12-50 MG
98648	OLANZAPINE-FLUOXETINE 3-25 MG
20868	OLANZAPINE-FLUOXETINE 6-25 MG
20869	OLANZAPINE-FLUOXETINE 6-50 MG
17078	PAROXETINE CR 12.5MG TABLET
17077	PAROXETINE CR 25MG TABLET
17079	PAROXETINE CR 37.5MG TABLET
16364	PAROXETINE HCL 10MG TABLET
16369	PAROXETINE HCL 10 MG/5 ML SUSP
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

**History of an SSRI or SNRI**  
**Required claims: 1**  
**Look back timeframe: 180 days**

GCN	Label Name
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
16382	SERTRALINE 150 MG CAPSULE
16376	SERTRALINE 20MG/ML ORAL CONCENTRATE
16383	SERTRALINE 200 MG CAPSULE
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
52506	VENLAFAXINE BES ER 112.5 MG TB
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

**History of an SSRI or SNRI**  
**Required claims: 1**  
**Look back timeframe: 180 days**

GCN	Label Name
16818	VENLAFAXINE HCL ER 150MG CAPSULE
14353	VENLAFAXINE HCL ER 150MG TABLET
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
29916	VILAZODONE HCL 10 MG TABLET
29917	VILAZODONE HCL 20 MG TABLET
29918	VILAZODONE HCL 40 MG TABLET
16375	ZOLOFT 100MG TABLET
16373	ZOLOFT 25MG TABLET
16374	ZOLOFT 50MG TABLET



## Anxiolytics and Sedatives/Hypnotics

### Clinical Criteria References

1. Drug Facts and Comparisons. eFacts [online]. 2025. Available from Wolters Kluwer Health, Inc. Accessed May 15, 2025.
2. Micromedex [online database]. Available at [www.micromedexsolutions.com](http://www.micromedexsolutions.com). Accessed on May 15, 2025.
3. 2025 ICD-10-CM Diagnosis Codes, Volume 1. 2025. Available at <http://www.icd10data.com>. Accessed on May 7, 2025.



## Anxiolytics and Sedatives/Hypnotics

### 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	<ul style="list-style-type: none"><li>Initial publication and posting to website</li></ul>
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></ul>

Publication Date	Notes
	<ul style="list-style-type: none"> <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="http://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> <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</math> 1 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 <math>&lt;</math> 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 Quviquiq (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>

Publication Date	Notes
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>
10/12/2023	<ul style="list-style-type: none"> <li>Suggested revision to ramelteon criteria for presentation to the DUR Board</li> </ul>
01/09/2024	<ul style="list-style-type: none"> <li>Annual review by staff</li> <li>Updated Chlordiazepoxide/Mebrobamate/Oxazepam approval duration to 120 days on question 1 and 11</li> <li>Added GCN for ramelteon (25202)</li> <li>Removed GCNs for Tranxene (14093), Intermezzo (31562, 31563), and Sonata (92713, 92723)</li> <li>Updated references</li> </ul>
02/13/2024	<ul style="list-style-type: none"> <li>Added GCNs for Loreev XR (50771, 52048, 50801, 50781)</li> </ul>
04/17/2024	<ul style="list-style-type: none"> <li>Added age check for Loreev XR (18 and older)</li> </ul>
05/16/2024	<ul style="list-style-type: none"> <li>For lorazepam criteria question 10, updated to age check to <math>\geq 2</math> years</li> </ul>
06/10/2024	<ul style="list-style-type: none"> <li>Added GCN for quazepam (40870) to PA drug table</li> </ul>
08/31/2024	<ul style="list-style-type: none"> <li>Annual review by staff</li> <li>Added GCNs for zolpidem (54147) and Doral (40870) to Drugs Requiring PA table and sedative/hypnotic supporting table</li> <li>Added GCNs for Elepsia (38598, 38599), Eprontia (51457), Fintepla (48284), Iacosamide (28643, 14339, 14341, 14342, 14338), Motpoly (54119, 54121, 54122), Roweepra (41597), rufinamide (98836, 98837, 29462), Subvenite (64324, 23973, 64317, 23969, 23972, 64316, 64325), Xcopri (47394, 47395, 47416, 49574, 47396, 47397, 47409, 47413, 47414), and Ztalmy (52095) to the Anticonvulsant Agents supporting table</li> <li>Updated references</li> </ul>
06/30/2025	<ul style="list-style-type: none"> <li>Annual review by staff</li> <li>Added GCNs for diazepam syringe (14200) and Valtoco (47548, 47549, 47551, 47552) to Drugs Requiring PA table and sedative/hypnotic supporting table</li> <li>Added GCNs to anticonvulsant supporting table (09071, 35026, 09070, 99500, 99501, 99502, 99503, 17400, 23969, 23972, 23973, 16779, 43987, 43986, 17411, 33556, 33557, 33558, 23048, 23049, 32359, 23051, 25019, 23039, 23052, 23046, 23047, 43987, 43988, 43986, 21726, 45265, 45266, 45264, 35106, 35107, 35103, 35104, 61315, 55889, 64314, 55041, 52582)</li> <li>Added GCNs for diazepam injection (45092, 14200, 14210, 55636, 55637, 55638, 55633, 55635) and Valtoco (47548, 47549, 47551, 47552) to anxiolytic agents supporting table</li> </ul>

Publication Date	Notes
	<ul style="list-style-type: none"><li>Added GCNs for diazepam injection (45092, 14200, 14210) and Valtoco (47548, 47549, 47551, 47552) to clonazepam and diazepam agents supporting table</li><li>Added GCNs for olanzapine-fluoxetine (20870, 20872, 98648, 20868, 20869), generic paroxetine 10mg suspension (16369), sertraline capsules (16382, 16383), venlafaxine bes ER (52506), and generic vilazodone (29916, 29917, 29918) to History of an SSRI or SNRI supporting table</li><li>Added ICD-10 codes to anxiety disorder diagnoses, chronic sleep disorder diagnoses, drug abuse/dependence, seizure diagnosis, hepatic disease/impairment, insomnia diagnoses, and muscle disorder diagnoses supporting tables</li><li>Corrected the prior therapy timeframe in the alprazolam agents to match the lookback in the question</li><li>Updated references</li></ul>