

**Texas Prior Authorization Program
Clinical Criteria**

Drug/Drug Class

Antipsychotics

Clinical Criteria Information included in this Document

First and Second-Generation Antipsychotics

- [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

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

Cobenfy (Xanomeline and Tropicium Chloride)

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Revision Notes

Added GCNs for Vraylar 0.5 mg capsule (58649) and Vraylar 0.75 mg capsule (58648) to the Antipsychotics – Second Generation (Oral/Regular Acting Injectables) Drugs Requiring PA table



Antipsychotics, First and Second-Generation 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.

Antipsychotics – First Generation		
Label Name	GCN	HIC4
AMITRIP-PERPHEN 10-2 TABLET	16674	H2GE, H2JB
AMITRIP/PERPHEN 10-2 TABLET	16674	H2GE, H2JB
PERPHEN-AMITRIP 2 MG-10 MG TAB	16674	H2GE, H2JB
AMITRIP-PERPHEN 25-2 MG TABLET	16676	H2GE, H2JB
AMITRIP/PERPHEN 25-2 TABLET	16676	H2GE, H2JB
PERPHEN-AMITRIP 2 MG-25 MG TAB	16676	H2GE, H2JB
AMITRIP/PERPHEN 10-4 TABLET	16675	H2GE, H2JB
PERPHEN-AMITRIP 4 MG-10 MG TAB	16675	H2GE, H2JB
PERPHEN/AMITRIP 10-4 TABLET	16675	H2GE, H2JB
AMITRIP/PERPHEN 25-4 TABLET	16677	H2GE, H2JB
PERPHEN-AMITRIP 4 MG-25 MG TAB	16677	H2GE, H2JB
AMITRIP/PERPHEN 50-4 TABLET	16678	H2GE, H2JB
PERPHEN-AMITRIP 4 MG-50 MG TAB	16678	H2GE, H2JB
CHLORPROMAZINE 10 MG TABLET	14431	H2GA
CHLORPROMAZINE 25MG/ML AMP	14331	H2GA
CHLORPROMAZINE 25MG/ML VIAL	14421	H2GA
CHLORPROMAZINE 25 MG TABLET	14432	H2GA
CHLORPROMAZINE 50 MG TABLET	14433	H2GA
CHLORPROMAZINE 100 MG TABLET	14434	H2GA

Antipsychotics – First Generation		
Label Name	GCN	HIC4
CHLORPROMAZINE 200 MG TABLET	14435	H2GA
CHLORPROMAZINE 30 MG/ML CONC	14391	H2GA
CHLORPROMAZINE 100 MG/ML CONC	14390	H2GA
CHLORPROMAZINE 100 MG/ML	14390	H2GA
FLUPHENAZINE 1 MG TABLET	14602	H2GD
FLUPHENAZINE 2.5 MG TABLET	14604	H2GD
FLUPHENAZINE 5 MG TABLET	14605	H2GD
FLUPHENAZINE 10 MG TABLET	14603	H2GD
FLUPHENAZINE 5 MG/ML CONC	14590	H2GD
FLUPHENAZINE 2.5 MG/5 ML ELIX	14580	H2GD
FLUPHENAZINE 2.5 MG/ML VIAL	14571	H2GD
FLUPHENAZINE DEC 125 MG/5 ML	14540	H2GD
FLUPHENAZINE 25 MG/ML VIAL	14540	H2GD
FLUPHENAZINE DEC 25 MG/ML VL	14540	H2GD
HALDOL DECANOATE 50 AMPUL	14800	H7OE
HALDOL DECANOATE 100 AMPUL	14801	H7OE
HALOPERIDOL 0.5 MG TABLET	15530	H7OE
HALOPERIDOL 1 MG TABLET	15531	H7OE
HALOPERIDOL 2 MG TABLET	15533	H7OE
HALOPERIDOL 5 MG TABLET	15535	H7OE
HALOPERIDOL 10 MG TABLET	15532	H7OE
HALOPERIDOL 20 MG TABLET	15534	H7OE
HALOPERIDOL DEC 100 MG/ML AMP	14801	H7OE
HALOPERIDOL DECAN 50 MG/ML AMP	14800	H7OE

Antipsychotics – First Generation		
Label Name	GCN	HIC4
HALOPERIDOL DEC 100 MG/ML VIAL	14781	H7OE
HALOPERIDOL DEC 50 MG/ML VIAL	14780	H7OE
HALOPERIDOL LAC 2 MG/ML CONC	15520	H7OE
LOXAPINE 5 MG CAPSULE	15562	H7UA
LOXAPINE SUCCINATE 5 MG CAPSULE	15562	H7UA
LOXAPINE 10 MG CAPSULE	15560	H7UA
LOXAPINE SUCCINATE 10 MG CAP	15560	H7UA
LOXAPINE 25 MG CAPSULE	15561	H7UA
LOXAPINE SUCCINATE 25 MG CAP	15561	H7UA
LOXAPINE 50 MG CAPSULE	15563	H7UA
LOXAPINE SUCCINATE 50 MG CAP	15563	H7UA
MOLINDONE HCL 5 MG TABLET	15653	H7SA
MOLINDONE HCL 10 MG TABLET	15650	H7SA
MOLINDONE HCL 25 MG TABLET	15652	H7SA
PERPHENAZINE 2 MG TABLET	14651	H2GE
PERPHENAZINE 4 MG TABLET	14652	H2GE
PERPHENAZINE 8 MG TABLET	14653	H2GE
PERPHENAZINE 16 MG TABLET	14650	H2GE
PIMOZIDE 1 MG TABLET	11153	H7RB
PIMOZIDE 2 MG TABLET	11150	H7RB
THIORIDAZINE 10 MG TABLET	14882	H2GH
SK-THIORIDAZINE 10 MG TABLET	14882	H2GH
THIORIDAZINE 25 MG TABLET	14880	H2GH
SK-THIORIDAZINE 25 MG TABLET	14880	H2GH

Antipsychotics – First Generation		
Label Name	GCN	HIC4
THIORIDAZINE 50 MG TABLET	14881	H2GH
SK-THIORIDAZINE 50 MG TABLET	14881	H2GH
THIORIDAZINE 100 MG TABLET	14883	H2GH
SK-THIORIDAZINE 100 MG TABLET	14883	H2GH
THIOTHIXENE 1 MG CAPSULE	15690	H7PB
THIOTHIXENE 2 MG CAPSULE	15692	H7PB
THIOTHIXENE 5 MG CAPSULE	15694	H7PB
THIOTHIXENE 10 MG CAPSULE	15691	H7PB
TRIFLUOPERAZINE 1 MG TABLET	14830	H2GG
TRIFLUOPERAZINE 2 MG TABLET	14832	H2GG
TRIFLUOPERAZINE 5 MG TABLET	14833	H2GG
TRIFLUOPERAZINE 10 MG TABLET	14831	H2GG

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

Antipsychotics – Second Generation (Oral/Regular Acting Injectables)		
Label Name	GCN	HIC4
ARIPIPIRAZOLE 10 MG TABLET	18537	H7XA
ARIPIPIRAZOLE 15 MG TABLET	18538	H7XA
ARIPIPIRAZOLE 20 MG TABLET	18539	H7XA
ARIPIPIRAZOLE 30 MG TABLET	18541	H7XA
ARIPIPIRAZOLE ODT 10 MG TABLET	26445	H7XA
ARIPIPIRAZOLE ODT 15 MG TABLET	26448	H7XA
AZENAPINE 10 MG TABLET SL	27528	H7TI
AZENAPINE 2.5 MG TABLET SL	38479	H7TI
AZENAPINE 5 MG TABLET SL	21636	H7TI
CAPLYTA 42 MG CAPSULE	47492	H7TM
CAPLYTA 10.5 MG CAPSULE	52616	H7TM
CAPLYTA 21 MG CAPSULE	52617	H7TM
CLOZAPINE 12.5 MG TABLET	20334	H7TB
CLOZAPINE 25 MG TABLET	18141	H7TB
CLOZAPINE 50 MG TABLET	18143	H7TB
CLOZAPINE 100 MG TABLET	18142	H7TB
CLOZAPINE 200 MG TABLET	31672	H7TB
CLOZAPINE ODT 12.5 MG TABLET	98791	H7TB
CLOZAPINE ODT 25 MG TABLET	21784	H7TB
CLOZAPINE ODT 100 MG TABLET	21785	H7TB
CLOZAPINE ODT 150 MG TABLET	28873	H7TB
CLOZAPINE ODT 200 MG TABLET	28874	H7TB
CLOZARIL 25 MG TABLET	18141	H7TB
CLOZARIL 100 MG TABLET	18142	H7TB

Antipsychotics – Second Generation (Oral/Regular Acting Injectables)		
Label Name	GCN	HIC4
FANAPT 1 MG TABLET	28025	H7TK
FANAPT 2 MG TABLET	28026	H7TK
FANAPT 4 MG TABLET	28027	H7TK
FANAPT 6 MG TABLET	28028	H7TK
FANAPT 8 MG TABLET	28029	H7TK
FANAPT 10 MG TABLET	28030	H7TK
FANAPT 12 MG TABLET	28033	H7TK
FANAPT TITRATION PACK	28034	H7TK
FANAPT TITRATION PACK A	28034	H7TK
FANAPT TITRATION PACK B	57959	H7TK
FANAPT TITRATION PACK C	57958	H7TK
GEODON 20 MG CAPSULE	13331	H7TG
GEODON 40 MG CAPSULE	13332	H7TG
GEODON 60 MG CAPSULE	13333	H7TG
GEODON 80 MG CAPSULE	13334	H7TG
GEODON 20 MG VIAL	17037	H7TG
INVEGA ER 1.5 MG TABLET	27685	H7TH
INVEGA ER 3 MG TABLET	97769	H7TH
INVEGA ER 6 MG TABLET	97770	H7TH
INVEGA ER 9 MG TABLET	97771	H7TH
LATUDA 20 MG TABLET	31226	H7TL
LATUDA 40 MG TABLET	29366	H7TL
LATUDA 60 MG TABLET	35192	H7TL
LATUDA 80 MG TABLET	29367	H7TL

Antipsychotics – Second Generation (Oral/Regular Acting Injectables)		
Label Name	GCN	HIC4
LATUDA 120 MG TABLET	33147	H7TL
LURASIDONE 20 MG TABLET	31226	H7TL
LURASIDONE 40 MG TABLET	29366	H7TL
LURASIDONE 60 MG TABLET	35192	H7TL
LURASIDONE 80 MG TABLET	29367	H7TL
LURASIDONE 120 MG TABLET	33147	H7TL
LYBALVI 5/10 MG TABLET	49724	H7TD
LYBALVI 10/10 MG TABLET	49726	H7TD
LYBALVI 15/10 MG TABLET	49727	H7TD
LYBALVI 20/10 MG TABLET	49739	H7TD
OLANZAPINE 2.5 MG TABLET	15084	H7TD
OLANZAPINE 5 MG TABLET	15083	H7TD
OLANZAPINE 7.5 MG TABLET	15081	H7TD
OLANZAPINE 10 MG TABLET	15082	H7TD
OLANZAPINE 10 MG VIAL	17407	H7TD
OLANZAPINE 15 MG TABLET	15085	H7TD
OLANZAPINE 20MG TABLET	15086	H7TD
OLANZAPINE ODT 5MG TABLET	92007	H7TD
OLANZAPINE ODT 10 MG TABLET	92008	H7TD
OLANZAPINE ODT 15 MG TABLET	34022	H7TD
OLANZAPINE ODT 20MG TABLET	34023	H7TD
OLANZAPINE/FLUOXETINE 3-25 MG	98648	H7TD/H2JS
OLANZAPINE/FLUOXETINE 6-25 MG	20868	H7TD/H2JS
OLANZAPINE/FLUOXETINE 6-50 MG	20869	H7TD/H2JS

Antipsychotics – Second Generation (Oral/Regular Acting Injectables)		
Label Name	GCN	HIC4
OLANZAPINE/FLUOXETINE 12-25 MG	20870	H7TD/H2JS
OLANZAPINE/FLUOXETINE 12-50 MG	20872	H7TD/H2JS
OPIPZA 10 MG FILM	56139	H7XA
OPIPZA 2 MG FILM	56137	H7XA
OPIPZA 5 MG FILM	56138	H7XA
PALIPERIDONE ER 1.5 MG TABLET	27685	H7TH
PALIPERIDONE ER 3 MG TABLET	97769	H7TH
PALIPERIDONE ER 6 MG TABLET	97770	H7TH
PALIPERIDONE ER 9 MG TABLET	97771	H7TH
QUETIAPINE 25 MG TABLET	67661	H7TF
QUETIAPINE 50 MG TABLET	26409	H7TF
QUETIAPINE 100 MG TABLET	67662	H7TF
QUETIAPINE 150 MG TABLET	93088	H7TF
QUETIAPINE 200 MG TABLET	67663	H7TF
QUETIAPINE 300 MG TABLET	67665	H7TF
QUETIAPINE 400 MG TABLET	26411	H7TF
QUETIAPINE ER 150 MG TABLET	16193	H7TF
QUETIAPINE ER 200 MG TABLET	98522	H7TF
QUETIAPINE ER 300 MG TABLET	98523	H7TF
QUETIAPINE ER 400 MG TABLET	98524	H7TF
QUETIAPINE ER 50 MG TABLET	98994	H7TF
REXULTI 0.25 MG TABLET	38278	H7XB
REXULTI 0.5 MG TABLET	38476	H7XB
REXULTI 1 MG TABLET	38589	H7XB

Antipsychotics – Second Generation (Oral/Regular Acting Injectables)		
Label Name	GCN	HIC4
REXULTI 2 MG TABLET	38609	H7XB
REXULTI 3 MG TABLET	38618	H7XB
REXULTI 4 MG TABLET	38619	H7XB
REXULTI 0.5-1 MG PACK (14 DAY)	54799	H7XB
REXULTI 1 MG-2 MG 7 DAY PACK	54814	H7XB
RISPERDAL 1 MG/ML SOLUTION	16135	H7TA
RISPERDAL 0.25 MG TABLET	92872	H7TA
RISPERDAL 0.5 MG TABLET	92892	H7TA
RISPERDAL 1 MG TABLET	16136	H7TA
RISPERDAL 2 MG TABLET	16137	H7TA
RISPERDAL 3 MG TABLET	16138	H7TA
RISPERDAL 4 MG TABLET	16139	H7TA
RISPERIDONE 0.25 MG ODT	24448	H7TA
RISPERIDONE 0.5 MG ODT	19541	H7TA
RISPERIDONE 1 MG ODT	19178	H7TA
RISPERIDONE 2 MG ODT	19179	H7TA
RISPERIDONE 3 MG ODT	25024	H7TA
RISPERIDONE 4 MG ODT	25025	H7TA
RISPERIDONE 1 MG/ML SOLUTION	16135	H7TA
RISPERIDONE 0.25 MG TABLET	92872	H7TA
RISPERIDONE 0.5 MG TABLET	92892	H7TA
RISPERIDONE 1 MG TABLET	16136	H7TA
RISPERIDONE 2 MG TABLET	16137	H7TA
RISPERIDONE 3 MG TABLET	16138	H7TA

Antipsychotics – Second Generation (Oral/Regular Acting Injectables)		
Label Name	GCN	HIC4
RISPERIDONE 4 MG TABLET	16139	H7TA
SAPHRIS 2.5 MG TABLET SUBLINGUAL	38479	H7TI
SAPHRIS 5 MG TABLET SUBLINGUAL	21636	H7TI
SAPHRIS 5 MG TAB SL BLK CHERRY	21636	H7TI
SAPHRIS 10 MG TAB SL BLK CHERY	27528	H7TI
SAPHRIS 10 MG TAB SUBLINGUAL	27528	H7TI
SECUADO 3.8 MG/24 HR PATCH	47229	H7TI
SECUADO 5.7 MG/24 HR PATCH	47232	H7TI
SECUADO 7.6 MG/24 HR PATCH	47233	H7TI
SEROQUEL 25 MG TABLET	67661	H7TF
SEROQUEL 50 MG TABLET	26409	H7TF
SEROQUEL 100 MG TABLET	67662	H7TF
SEROQUEL 200 MG TABLET	67663	H7TF
SEROQUEL 300 MG TABLET	67665	H7TF
SEROQUEL 400 MG TABLET	26411	H7TF
SEROQUEL XR 50 MG TABLET	98994	H7TF
SEROQUEL XR 150 MG TABLET	16193	H7TF
SEROQUEL XR 200 MG TABLET	98522	H7TF
SEROQUEL XR 300 MG TABLET	98523	H7TF
SEROQUEL XR 400 MG TABLET	98524	H7TF
VRAYLAR 0.5 MG CAPSULE	58649	H8WA
VRAYLAR 0.75 MG CAPSULE	58648	H8WA
VRAYLAR 1.5 MG CAPSULE	39579	H8WA
VRAYLAR 1.5 MG-3 MG PACK	40683	H8WA

Antipsychotics – Second Generation (Oral/Regular Acting Injectables)		
Label Name	GCN	HIC4
VRAYLAR 3 MG CAPSULE	39582	H8WA
VRAYLAR 4.5 MG CAPSULE	39583	H8WA
VRAYLAR 6 MG CAPSULE	39584	H8WA
VERSACLOZ 50MG/ML SUSPENSION	14336	H7TB
ZIPRASIDONE 20 MG CAPSULE	13331	H7TG
ZIPRASIDONE 20 MG/ML VIAL	17037	H7TG
ZIPRASIDONE 40 MG CAPSULE	13332	H7TG
ZIPRASIDONE 60 MG CAPSULE	13333	H7TG
ZIPRASIDONE 80 MG CAPSULE	13334	H7TG
ZYPREXA 2.5 MG TABLET	15084	H7TD
ZYPREXA 5 MG TABLET	15083	H7TD
ZYPREXA 7.5 MG TABLET	15081	H7TD
ZYPREXA 10 MG TABLET	15082	H7TD
ZYPREXA 10 MG VIAL	17407	H7TD
ZYPREXA 15 MG TABLET	15085	H7TD
ZYPREXA 20 MG TABLET	15086	H7TD
ZYPREXA ZYDIS 5 MG TABLET	92007	H7TD
ZYPREXA ZYDIS 10 MG TABLET	92008	H7TD
ZYPREXA ZYDIS 15 MG TABLET	34022	H7TD
ZYPREXA ZYDIS 20 MG TABLET	34023	H7TD

Antipsychotics – Second Generation (Long-Acting Injectables)		
Label Name	GCN	HIC4
ABILIFY ASIMTUFII 720 MG/2.4 ML	54058	H7XA

Antipsychotics – Second Generation (Long-Acting Injectables)		
Label Name	GCN	HIC4
ABILIFY ASIMTUFII 960 MG/3.2 ML	54059	H7XA
ABILIFY MAINTENA ER 300 MG SYR	37681	H7XA
ABILIFY MAINTENA ER 300 MG VL	34284	H7XA
ABILIFY MAINTENA ER 400 MG SYR	37682	H7XA
ABILIFY MAINTENA ER 400 MG VL	34285	H7XA
ARISTADA ER 441 MG/1.6ML SYRINGE	39726	H7XA
ARISTADA ER 662 MG/2.4ML SYRINGE	39727	H7XA
ARISTADA ER 882 MG/3.2ML SYRINGE	39728	H7XA
ARISTADA ER 1064 MG/3.9ML SYRINGE	43488	H7XA
ARISTADA INITIO ER 675 MG/2.4ML	44941	H7XA
ERZOFRI 351 MG/2.25 ML SYRINGE	56074	H7TH
ERZOFRI 39 MG/0.25 ML SYRINGE	27414	H7TH
ERZOFRI 78 MG/0.5 ML SYRINGE	27415	H7TH
ERZOFRI 117 MG/0.75 ML SYRINGE	27416	H7TH
ERZOFRI 156 MG/ML SYRINGE	27417	H7TH
ERZOFRI 234 MG/1.5 ML SYRINGE	27418	H7TH
INVEGA HAFYERA 1,092 MG/3.5 ML	50889	H7TH
INVEGA HAFYERA 1,560 MG/5 ML	50891	H7TH
INVEGA SUSTENNA 39 MG PREF SYR	27414	H7TH
INVEGA SUSTENNA 78 MG PREF SYR	27415	H7TH
INVEGA SUSTENNA 117 MG PREF SYR	27416	H7TH
INVEGA SUSTENNA 156 MG PREF SYR	27417	H7TH
INVEGA SUSTENNA 234 MG PREF SYR	27418	H7TH
INVEGA TRINZA 273 MG/0.875ML	38697	H7TH

Antipsychotics – Second Generation (Long-Acting Injectables)		
Label Name	GCN	HIC4
INVEGA TRINZA 410 MG/1.315ML	38698	H7TH
INVEGA TRINZA 546 MG/1.75ML	38699	H7TH
INVEGA TRINZA 819 MG/2.625ML	38702	H7TH
PERSERIS ER 120 MG SYRINGE KIT	45128	H7TA
PERSERIS ER 90 MG SYRINGE KIT	45127	H7TA
PERSERIS ER 90 MG POWDER SYRNG	45127	H7TA
RISPERDAL CONSTA 12.5 MG SYR	98414	H7TA
RISPERDAL CONSTA 25 MG SYR	20217	H7TA
RISPERDAL CONSTA 37.5 MG SYR	20218	H7TA
RISPERDAL CONSTA 50 MG SYR	20219	H7TA
RYKINDO ER 25 MG VIAL KIT	20217	H7TA
RYKINDO ER 25 MG VIAL	20217	H7TA
RYKINDO ER 37.5 MG VIAL KIT	20218	H7TA
RYKINDO ER 37.5 MG VIAL	20218	H7TA
RYKINDO ER 50 MG VIAL KIT	20219	H7TA
RYKINDO ER 50 MG VIAL KIT	20219	H7TA
UZEDY ER 250 MG/0.7 ML SYRINGE	54107	H7TA
UZEDY ER 50 MG/0.14 ML SYRINGE	54098	H7TA
UZEDY ER 75 MG/0.21 ML SYRINGE	54099	H7TA
UZEDY ER 100 MG/0.28 ML SYRINGE	54104	H7TA
UZEDY ER 125 MG/0.35 ML SYRINGE	51479	H7TA
UZEDY ER 150 MG/0.42 ML SYRINGE	54105	H7TA
UZEDY ER 200 MG/0.56 ML SYRINGE	54106	H7TA
ZYPREXA RELPREVV 210 MG VIAL	27855	H7TD

Antipsychotics – Second Generation (Long-Acting Injectables)		
Label Name	GCN	HIC4
ZYPREXA RELPREVV 210 MG VL KIT	27855	H7TD
ZYPREXA RELPREVV 300 MG VIAL	27849	H7TD
ZYPREXA RELPREVV 300 MG VL KIT	27849	H7TD
ZYPREXA RELPREVV 405 MG VIAL	27848	H7TD
ZYPREXA RELPREVV 405 MG VL KIT	27848	H7TD



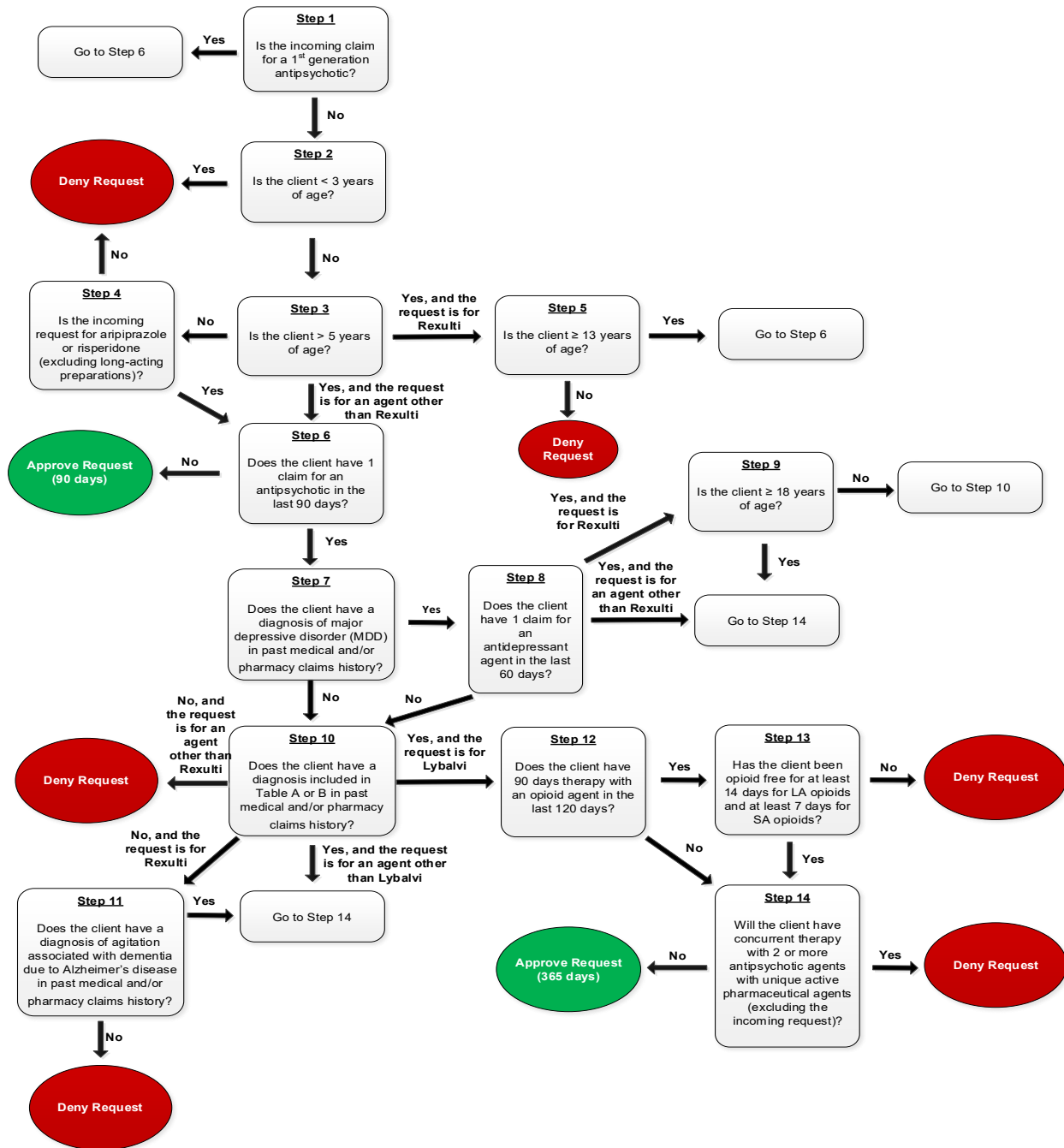
Antipsychotics, First and Second-Generation Clinical Criteria Logic

1. Is the incoming claim for a first-generation antipsychotic?
 - Yes – Go to #6
 - No – Go to #2
2. Is the client less than (<) 3 years of age?
 - Yes – Deny
 - No – Go to #3
3. Is the client greater than (>) 5 years of age?
 - Yes (And the request is for an agent other than Rexulti) – Go to #6
 - Yes (And the request is for Rexulti) – Go to #5
 - No – Go to #4
4. Is the incoming request for aripiprazole or risperidone (excluding long-acting preparations)?
 - Yes – Go to #6
 - No – Deny
5. Is the client greater than or equal to (\geq) 13 years of age?
 - Yes – Go to #6
 - No – Deny
6. Does the client have 1 claim for an antipsychotic in the last 90 days?
 - Yes – Go to #7
 - No – Approve (90 days)
7. Does the client have a [diagnosis of major depressive disorder \(MDD\)](#) in past medical and/or pharmacy claims history?
 - Yes – Go to #8
 - No – Go to #10
8. Does the client have 1 claim for an [antidepressant agent](#) in the last 60 days?
 - Yes (And the request is for an agent other than Rexulti) – Go to #14
 - Yes (And the request is for Rexulti) – Go to #9

- No – Go to #10
9. Is the client greater than or equal to (\geq) 18 years of age?
- Yes – Go to #14
- No – Go to #10
10. Does the client have a diagnosis included in [Table A](#) or [B](#) in past medical and/or pharmacy claims history?
- Yes (And the request is for Lybalvi) – Go to #12
- Yes (And the request is for an agent other than Lybalvi) – Go to #14
- No (And the request is for Rexulti) – Go to #11
- No (And the request is for an agent other than Rexulti) – Deny
11. Does the client have a [diagnosis of agitation associated with dementia due to Alzheimer's disease](#) in past medical and/or pharmacy claims history?
- Yes – Go to #14
- No – Deny
12. Does the client have 90 days' therapy with an [opioid agent](#) in the last 120 days?
- Yes – Go to #13
- No – Go to #14
13. Has the client been opioid free for at least 14 days for [long-acting opioids](#) and at least 7 days for [short-acting opioids](#)?
- Yes – Go to #14
- No – Deny
14. Will the client have concurrent therapy with [2 or more antipsychotics with unique active pharmaceutical agents](#) (excluding the incoming request)?
- Yes – Deny
- No – Approve (365 days)



Antipsychotics, First and Second-Generation Clinical Criteria Logic Diagram





Antipsychotics, Cobenfy (Xanomeline and Trospium Chloride)

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.

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

The logo for Paxipress, featuring the word "PAXIPRESS" in a stylized, serif font with a trademark symbol.

Antipsychotics, Cobenfy (Xanomeline and Trospium Chloride)

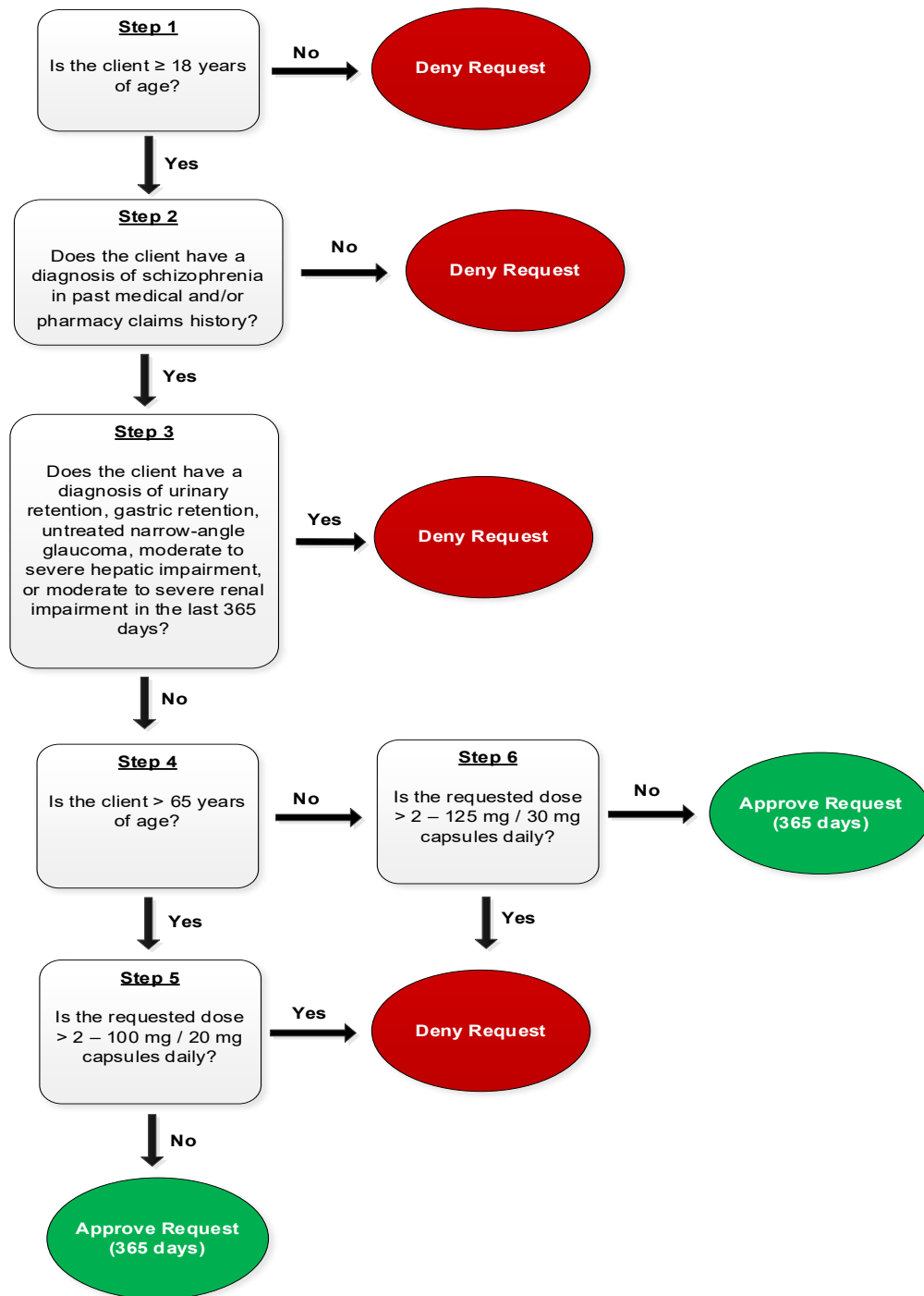
Clinical Criteria Logic

1. Is the client greater than or equal to (\geq) 18 years of age?
 - Yes – Go to #2
 - No – Deny
2. Does the client have a [diagnosis of schizophrenia](#) in past medical and/or pharmacy claims history?
 - Yes – Go to #3
 - No – Deny
3. Does the client have a [diagnosis of urinary retention, gastric retention, untreated narrow-angle glaucoma, moderate to severe hepatic impairment, or moderate to severe renal impairment](#) in the last 365 days?
 - Yes – Deny
 - No – Go to #4
4. Is the client greater than ($>$) 65 years of age?
 - Yes – Go to #5
 - No – Go to #6
5. Is the requested dose greater than ($>$) 2 – 100 mg / 20 mg capsules daily?
 - Yes – Deny
 - No – Approve (365 days)
6. Is the requested dose greater than ($>$) 2 – 125 mg / 30 mg capsules daily?
 - Yes – Deny
 - No – Approve (365 days)



Antipsychotics, Cobenfy (Xanomeline and Trospium Chloride)

Clinical Criteria Logic Diagram





Antipsychotics

Clinical Criteria Supporting Tables

Table 7 (diagnosis of Major Depressive Disorder (MDD))	
ICD-10 Code	Description
F341	DYSTHYMIC DISORDER
F320	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, MILD
F321	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, MODERATE
F322	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, SEVERE WITHOUT PSYCHOTIC FEATURES
F323	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, SEVERE WITH PSYCHOTIC FEATURES
F324	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, IN PARTIAL REMISSION
F325	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, IN FULL REMISSION
F328	OTHER DEPRESSIVE EPISODES
F329	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED
F330	MAJOR DEPRESSIVE DISORDER, RECURRENT, MILD
F331	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE
F332	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES
F333	MAJOR DEPRESSIVE DISORDER, RECURRENT, SEVERE WITH PSYCHOTIC SYMPTOMS
F3340	MAJOR DEPRESSIVE DISORDER, RECURRENT, IN REMISSION, UNSPECIFIED
F3341	MAJOR DEPRESSIVE DISORDER, RECURRENT, IN PARTIAL REMISSION
F3342	MAJOR DEPRESSIVE DISORDER, RECURRENT, IN FULL REMISSION
F338	OTHER RECURRENT DEPRESSIVE DISORDERS
F339	MAJOR DEPRESSIVE DISORDER, RECURRENT, UNSPECIFIED

Table 8 (claim for an antidepressant agent)	
GCN	Description
16675	AMITRIP/PERPHEN 10-4 TABLET
16677	AMITRIP/PERPHEN 25-4 TABLET
16678	AMITRIP/PERPHEN 50-4 TABLET
16683	AMITRIP-CDP 12.5-5 TABLET
16684	AMITRIP-CDP 25-10 TABLET
16674	AMITRIP-PERPHEN 10-2 TABLET
16676	AMITRIP-PERPHEN 25-2 MG TABLET
16513	AMITRIPTYLINE 100 MG TABLET
16514	AMITRIPTYLINE 150 MG TABLET
16515	AMITRIPTYLINE 25 MG TABLET
16512	AMITRIPTYLINE HCL 10 MG TAB
16516	AMITRIPTYLINE HCL 50 MG TAB
16517	AMITRIPTYLINE HCL 75 MG TAB
16557	AMOXAPINE 100 MG TABLET
16558	AMOXAPINE 150 MG TABLET
16559	AMOXAPINE 25 MG TABLET
16561	AMOXAPINE 50 MG TABLET
16602	ANAFRANIL 25 MG CAPSULE
16603	ANAFRANIL 50 MG CAPSULE
16604	ANAFRANIL 75 MG CAPSULE
26198	APLENZIN ER 174MG TABLET
16996	APLENZIN ER 348MG TABLET
17050	APLENZIN ER 522MG TABLET
52775	AUVELITY ER 45-105 MG TABLET

Table 8 (claim for an antidepressant agent)	
GCN	Description
16387	BUPROPION ER 100MG TABLET
27901	BUPROPION ER 150MG TABLET
16385	BUPROPION HCL 100MG TABLET
16384	BUPROPION HCL 75MG TABLET
17573	BUPROPION HCL ER 200 MG TABLET
16387	BUPROPION HCL SR 100 MG TABLET
33081	BUPROPION HCL XL 450MG TABLET
16386	BUPROPION SR 150MG TABLET
17573	BUPROPION SR 200MG TABLET
20317	BUPROPION XL 150MG TABLET
20318	BUPROPION XL 300MG TABLET
16345	CELEXA 10MG TABLET
16342	CELEXA 20MG TABLET
16343	CELEXA 40MG TABLET
16345	CITALOPRAM 10MG TABLET
16344	CITALOPRAM 10MG/5ML SOLUTION
16342	CITALOPRAM 20MG TABLET
16343	CITALOPRAM 40MG TABLET
34671	CITALOPRAM HBR 20 MG/10 ML SOL
51883	CITALOPRAM HBR 30 MG CAPSULE
16602	CLOMIPRAMINE 25 MG CAPSULE
16603	CLOMIPRAMINE 50 MG CAPSULE
16604	CLOMIPRAMINE 75 MG CAPSULE
23161	CYMBALTA 20 MG CAPSULE

Table 8 (claim for an antidepressant agent)	
GCN	Description
23162	CYMBALTA 30 MG CAPSULE
23164	CYMBALTA 60 MG CAPSULE
16583	DESIPRAMINE 10 MG TABLET
16584	DESIPRAMINE 100 MG TABLET
16585	DESIPRAMINE 150 MG TABLET
16586	DESIPRAMINE 25 MG TABLET
16587	DESIPRAMINE 50 MG TABLET
16588	DESIPRAMINE 75 MG TABLET
34482	DESVENLAFAXINE ER 100MG TABLET
35582	DESVENLAFAXINE ER 50 MG TABLET
34470	DESVENLAFAXINE ER 50MG TABLET
36273	DESVENLAFAXINE FUM ER 100 MG
36272	DESVENLAFAXINE FUM ER 50 MG
99452	DESVENLAFAXINE SUC ER 100 MG TAB
38222	DESVENLAFAXINE SUC ER 25 MG TAB
99451	DESVENLAFAXINE SUC ER 50 MG TAB
16563	DOXEPIN 10 MG CAPSULE
16571	DOXEPIN 10 MG/ML ORAL CONC
16564	DOXEPIN 100 MG CAPSULE
16565	DOXEPIN 150 MG CAPSULE
16566	DOXEPIN 25 MG CAPSULE
16567	DOXEPIN 50 MG CAPSULE
16568	DOXEPIN 75 MG CAPSULE
28914	DOXEPIN HCL 3 MG TABLET

Table 8 (claim for an antidepressant agent)	
GCN	Description
28915	DOXEPIN HCL 6 MG TABLET
46703	DRIZALMA SPRINKLE DR 20 MG CAP
46713	DRIZALMA SPRINKLE DR 30 MG CAP
46714	DRIZALMA SPRINKLE DR 40 MG CAP
46715	DRIZALMA SPRINKLE DR 60 MG CAP
23161	DULOXETINE HCL DR 20 MG CAP
23162	DULOXETINE HCL DR 30 MG CAP
38728	DULOXETINE HCL DR 40 MG CAP
23164	DULOXETINE HCL DR 60 MG CAP
16818	EFFEXOR XR 150MG CAPSULE
16816	EFFEXOR XR 37.5MG CAPSULE
16817	EFFEXOR XR 75MG CAPSULE
26614	EMSAM 12MG/24 HOURS PATCH
26612	EMSAM 6MG/24 HOURS PATCH
26613	EMSAM 9MG/24 HOURS PATCH
17851	ESCITALOPRAM 10MG TABLET
17987	ESCITALOPRAM 20MG TABLET
18975	ESCITALOPRAM 5MG TABLET
19035	ESCITALOPRAM 5MG/5ML SOLUTION
45906	ESCITALOPRAM OXALATE 10MG/10ML
55446	FETZIMA 20-40MG TITRATION PAK
35335	FETZIMA 20-40MG TITRATION PAK
35334	FETZIMA ER 120MG CAPSULE
35327	FETZIMA ER 20MG CAPSULE

Table 8 (claim for an antidepressant agent)	
GCN	Description
35328	FETZIMA ER 40MG CAPSULE
35329	FETZIMA ER 80MG CAPSULE
16353	FLUOXETINE 10MG CAPSULE
16356	FLUOXETINE 10MG TABLET
16354	FLUOXETINE 20MG CAPSULE
16359	FLUOXETINE 20MG TABLET
16357	FLUOXETINE 20MG/5ML SOLUTION
16355	FLUOXETINE 40MG CAPSULE
30817	FLUOXETINE 60MG TABLET
12929	FLUOXETINE DR 90MG CAPSULE
16347	FLUVOXAMIINE 25MG TABLET
16349	FLUVOXAMINE 100MG TABLET
16348	FLUVOXAMINE 50MG TABLET
99481	FLUVOXAMINE ER 100MG CAPSULE
99482	FLUVOXAMINE ER 150MG CAPSULE
16541	IMIPRAMINE 10 MG TABLET
16542	IMIPRAMINE 25 MG TABLET
16543	IMIPRAMINE 50 MG TABLET
16541	IMIPRAMINE HCL 10 MG TABLET
16542	IMIPRAMINE HCL 25 MG TABLET
16543	IMIPRAMINE HCL 50 MG TABLET
16548	IMIPRAMINE PAMOATE 100 MG CAP
16549	IMIPRAMINE PAMOATE 125 MG CAP
16553	IMIPRAMINE PAMOATE 150 MG CAP

Table 8 (claim for an antidepressant agent)	
GCN	Description
16554	IMIPRAMINE PAMOATE 75 MG CAP
17851	LEXAPRO 10MG TABLET
17987	LEXAPRO 20MG TABLET
18975	LEXAPRO 5 MG TABLET
16416	MARPLAN 10MG TABLET
12529	MIRTAZAPINE 15 MG RPD DISLV TB
12529	MIRTAZAPINE 15MG ODT
16732	MIRTAZAPINE 15MG TABLET
12531	MIRTAZAPINE 30 MG RPD DISLV TB
12531	MIRTAZAPINE 30MG ODT
16733	MIRTAZAPINE 30MG TABLET
13041	MIRTAZAPINE 45 MG RPD DISLV TB
13041	MIRTAZAPINE 45MG ODT
16734	MIRTAZAPINE 45MG TABLET
21817	MIRTAZAPINE 7.5MG TABLET
16417	NARDIL 15MG TABLET
16406	NEFAZODONE 100MG TABLET
16407	NEFAZODONE 150MG TABLET
16408	NEFAZODONE 200MG TABLET
16409	NEFAZODONE 250MG TABLET
16404	NEFAZODONE 50MG TABLET
16583	NORPRAMIN 10 MG TABLET
16584	NORPRAMIN 100 MG TABLET
16585	NORPRAMIN 150 MG TABLET

Table 8 (claim for an antidepressant agent)	
GCN	Description
16586	NORPRAMIN 25 MG TABLET
16587	NORPRAMIN 50 MG TABLET
16588	NORPRAMIN 75 MG TABLET
16535	NORTRIPTYLINE 10 MG/5 ML SOL
16535	NORTRIPTYLINE 10 MG/5 ML SOLN
44754	NORTRIPTYLINE 20 MG/10 ML SOLN
16535	NORTRIPTYLINE 25 MG/12.5 ML
16529	NORTRIPTYLINE HCL 10 MG CAP
16532	NORTRIPTYLINE HCL 25 MG CAP
16533	NORTRIPTYLINE HCL 50 MG CAP
16534	NORTRIPTYLINE HCL 75 MG CAP
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
16418	PARNATE 10 MG TABLET
16364	PAROXETINE 10MG TABLET
16366	PAROXETINE 20MG TABLET
16367	PAROXETINE 30MG TABLET
16368	PAROXETINE 40MG TABLET
17078	PAROXETINE CR 12.5MG TABLET
17077	PAROXETINE CR 25MG TABLET
17079	PAROXETINE CR 37.5MG TABLET

Table 8 (claim for an antidepressant agent)	
GCN	Description
17078	PAROXETINE ER 12.5 MG TABLET
17077	PAROXETINE ER 25 MG TABLET
17079	PAROXETINE ER 37.5 MG TABLET
34876	PAROXETINE MESYLATE 7.5MG CAP
16364	PAXIL 10MG TABLET
16366	PAXIL 20 MG TABLET
16367	PAXIL 30 MG TABLET
16368	PAXIL 40MG TABLET
17078	PAXIL CR 12.5MG TABLET
17077	PAXIL CR 25MG TABLET
17079	PAXIL CR 37.5MG TABLET
16417	PHENELZINE SULFATE 15MG TABLET
99452	PRISTIQ ER 100MG TABLET
38222	PRISTIQ ER 25MG TABLET
99451	PRISTIQ ER 50MG TABLET
16555	PROTRIPTYLINE 10 MG TABLET
16556	PROTRIPTYLINE 5 MG TABLET
16555	PROTRIPTYLINE HCL 10 MG TABLET
16556	PROTRIPTYLINE HCL 5 MG TABLET
16353	PROZAC 10MG PULVULE
16354	PROZAC 20 MG CAPSULE
16354	PROZAC 20MG PULVULE
16355	PROZAC 40MG PULVULE
16402	RALDESY 10 MG/ML SOLUTION

Table 8 (claim for an antidepressant agent)	
GCN	Description
12529	REMERON 15MG SOLTAB
16732	REMERON 15MG TABLET
12531	REMERON 30MG SOLTAB
16733	REMERON 30MG TABLET
13041	REMERON 45MG SOLTAB
15603	SELEGILINE HCL 5 MG CAPSULE
15600	SELEGILINE HCL 5 MG TABLET
16375	SERTRALINE 100MG TABLET
16382	SERTRALINE 150 MG CAPSULE
16383	SERTRALINE 200 MG CAPSULE
16376	SERTRALINE 20MG/ML ORAL CONCENTRATE
16373	SERTRALINE 25MG TABLET
16374	SERTRALINE 50MG TABLET
28914	SILENOR 3 MG TABLET
28915	SILENOR 6 MG TABLET
16512	SK-AMITRIPTYLINE 10 MG TAB
16513	SK-AMITRIPTYLINE 100 MG TAB
16514	SK-AMITRIPTYLINE 150 MG TAB
16515	SK-AMITRIPTYLINE 25 MG TAB
16516	SK-AMITRIPTYLINE 50 MG TAB
16517	SK-AMITRIPTYLINE 75 MG TAB
16418	TRANLYCYPROMINE 10MG TABLET
16392	TRAZODONE 100MG TABLET
16393	TRAZODONE 150MG TABLET

Table 8 (claim for an antidepressant agent)	
GCN	Description
16394	TRAZODONE 300MG TABLET
16391	TRAZODONE 50MG TABLET
16592	TRIMIPRAMINE 100 MG CAPSULE
16593	TRIMIPRAMINE 25 MG CAPSULE
16594	TRIMIPRAMINE 50 MG CAPSULE
16592	TRIMIPRAMINE MALEATE 100 MG CP
16593	TRIMIPRAMINE MALEATE 25 MG CAP
16594	TRIMIPRAMINE MALEATE 50 MG CAP
35347	TRINTELLIX 10 MG TABLET
35349	TRINTELLIX 20 MG TABLET
35346	TRINTELLIX 5 MG TABLET
16815	VENLAFAXINE 100MG TABLET
16811	VENLAFAXINE 25MG TABLET
16812	VENLAFAXINE 37.5MG TABLET
16813	VENLAFAXINE 50MG TABLET
16814	VENLAFAXINE 75MG TABLET
52506	VENLAFAXINE BES ER 112.5 MG TB
16818	VENLAFAXINE ER 150MG CAPSULE
14353	VENLAFAXINE ER 150MG TABLET
14354	VENLAFAXINE ER 225MG TABLET
16816	VENLAFAXINE ER 37.5MG CAPSULE
14349	VENLAFAXINE ER 37.5MG TABLET
16817	VENLAFAXINE ER 75MG CAPSULE
14352	VENLAFAXINE ER 75MG TABLET

Table 8 (claim for an antidepressant agent)	
GCN	Description
38253	VIIBRYD 10-20 MG STARTER PACK
31956	VIIBRYD 10-20-40 MG STARTER PK
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
16387	WELLBUTRIN SR 100MG TABLET
16386	WELLBUTRIN SR 150MG TABLET
17573	WELLBUTRIN SR 200MG TABLET
20317	WELLBUTRIN XL 150MG TABLET
20318	WELLBUTRIN XL 300MG TABLET
22783	ZELAPAR 1.25 MG ODT TABLET
16375	ZOLOFT 100MG TABLET
16376	ZOLOFT 20 MG/ML ORAL CONC
16373	ZOLOFT 25MG TABLET
16374	ZOLOFT 50MG TABLET

Table 10 (Table A)	
ICD-10 Code	Description
F200	PARANOID SCHIZOPHRENIA
F201	DISORGANIZED SCHIZOPHRENIA
F202	CATATONIC SCHIZOPHRENIA

Table 10 (Table A)	
ICD-10 Code	Description
F203	UNDIFFERENTIATED SCHIZOPHRENIA
F205	RESIDUAL SCHIZOPHRENIA
F2081	SCHIZOPHRENIFORM DISORDER
F2089	OTHER SCHIZOPHRENIA
F209	SCHIZOPHRENIA, UNSPECIFIED
F21	SCHIZOTYPAL DISORDER
F22	DELUSIONAL DISORDERS
F23	BRIEF PSYCHOTIC DISORDER
F24	SHARED PSYCHOTIC DISORDER
F250	SCHIZOAFFECTIVE DISORDER, BIPOLAR TYPE
F251	SCHIZOAFFECTIVE DISORDER, DEPRESSIVE TYPE
F258	OTHER SCHIZOAFFECTIVE DISORDERS
F259	SCHIZOAFFECTIVE DISORDER, UNSPECIFIED
F28	OTHER PSYCHOTIC DISORDER NOT DUE TO A SUBSTANCE OR KNOWN PHYSIOLOGICAL CONDITION
F29	UNSPECIFIED PSYCHOSIS NOT DUE TO A SUBSTANCE OR KNOWN PHYSIOLOGICAL CONDITION
F3010	MANIC EPISODE WITHOUT PSYCHOTIC SYMPTOMS UNSPECIFIED
F3011	MANIC EPISODE WITHOUT PSYCHOTIC SYMPTOMS MILD
F3012	MANIC EPISODE WITHOUT PSYCHOTIC SYMPTOMS MODERATE
F3013	MANIC EPISODE, SEVERE, WITHOUT PSYCHOTIC SYMPTOMS
F302	MANIC EPISODE, SEVERE WITH PSYCHOTIC SYMPTOMS
F303	MANIC EPISODE IN PARTIAL REMISSION
F304	MANIC EPISODE IN FULL REMISSION
F308	OTHER MANIC EPISODES

Table 10 (Table A)	
ICD-10 Code	Description
F309	MANIC EPISODE, UNSPECIFIED
F310	BIPOLAR DISORDER, CURRENT EPISODE HYPOMANIC
F3110	BIPOLAR DISORDER, CURRENT EPISODE MANIC WITHOUT PSYCHOTIC FEATURES UNSPECIFIED
F3111	BIPOLAR DISORDER, CURRENT EPISODE MANIC WITHOUT PSYCHOTIC FEATURES MILD
F3112	BIPOLAR DISORDER, CURRENT EPISODE MANIC WITHOUT PSYCHOTIC FEATURES MODERATE
F3113	BIPOLAR DISORDER, CURRENT EPISODE MANIC WITHOUT PSYCHOTIC FEATURES SEVERE
F312	BIPOLAR DISORDER, CURRENT EPISODE MANIC SEVERE WITH PSYCHOTIC FEATURES
F3130	BIPOLAR DISORDER, CURRENT EPISODE DEPRESSED, MILD OR MODERATE SEVERITY UNSPECIFIED
F3131	BIPOLAR DISORDER, CURRENT EPISODE DEPRESSED, MILD
F3132	BIPOLAR DISORDER, CURRENT EPISODE DEPRESSED, MODERATE
F314	BIPOLAR DISORDER, CURRENT EPISODE DEPRESSED, SEVERE, WITHOUT PSYCHOTIC FEATURES
F315	BIPOLAR DISORDER, CURRENT EPISODE DEPRESSED, SEVERE, WITH PSYCHOTIC FEATURES
F3160	BIPOLAR DISORDER, CURRENT EPISODE MIXED UNSPECIFIED
F3161	BIPOLAR DISORDER, CURRENT EPISODE MIXED MILD
F3162	BIPOLAR DISORDER, CURRENT EPISODE MIXED MODERATE
F3163	BIPOLAR DISORDER, CURRENT EPISODE MIXED SEVERE, WITHOUT PSYCHOTIC FEATURES
F3164	BIPOLAR DISORDER, CURRENT EPISODE MIXED SEVERE, WITH PSYCHOTIC FEATURES
F3170	BIPOLAR DISORDER, CURRENTLY IN REMISSION MOST RECENT EPISODE UNSPECIFIED
F3171	BIPOLAR DISORDER, IN PARTIAL REMISSION, MOST RECENT EPISODE HYPOMANIC

Table 10 (Table A)	
ICD-10 Code	Description
F3172	BIPOLAR DISORDER, IN FULL REMISSION, MOST RECENT EPISODE HYPOMANIC
F3173	BIPOLAR DISORDER, IN PARTIAL REMISSION, MOST RECENT EPISODE MANIC
F3174	BIPOLAR DISORDER, IN FULL REMISSION, MOST RECENT EPISODE MANIC
F3175	BIPOLAR DISORDER, IN PARTIAL REMISSION, MOST RECENT EPISODE DEPRESSED
F3176	BIPOLAR DISORDER, IN FULL REMISSION, MOST RECENT EPISODE DEPRESSED
F3177	BIPOLAR DISORDER, IN PARTIAL REMISSION, MOST RECENT EPISODE MIXED
F3178	BIPOLAR DISORDER, IN FULL REMISSION, MOST RECENT EPISODE MIXED
F3181	BIPOLAR II DISORDER
F3189	OTHER BIPOLAR DISORDER
F319	BIPOLAR DISORDER, UNSPECIFIED
F340	CYCLOTHYMIC DISORDER
F341	DYSTHYMIC DISORDER
F3481	DISRUPTIVE MOOD DYSREGULATION DISORDER
F3489	OTHER SPECIFIED PERSISTENT MOOD DISORDERS
F349	PERSISTENT MOOD [AFFECTIVE] DISORDER, UNSPECIFIED
F39	UNSPECIFIED MOOD [AFFECTIVE] DISORDER
F840	AUTISTIC DISORDER
F842	RETT'S SYNDROME
F843	OTHER CHILDHOOD DISINTEGRATIVE DISORDER
F845	ASPERGER'S SYNDROME
F848	OTHER PERVASIVE DEVELOPMENTAL DISORDERS
F849	PERVASIVE DEVELOPMENTAL DISORDER, UNSPECIFIED

Table 10 (Table A)	
ICD-10 Code	Description
F952	TOURETTE'S DISORDER

Table 10 (Table B)	
ICD-10 Code	Description
F22	DELUSIONAL DISORDERS
F23	BRIEF PSYCHOTIC DISORDER
F24	SHARED PSYCHOTIC DISORDER
F29	UNSPECIFIED PSYCHOSIS NOT DUE TO A SUBSTANCE OR KNOWN PHYSIOLOGICAL CONDITION
F6381	INTERMITTENT EXPLOSIVE DISORDER
F911	CONDUCT DISORDER, CHILDHOOD-ONSET TYPE
F912	CONDUCT DISORDER, ADOLESCENT-ONSET TYPE
F913	OPPOSITIONAL DEFIANT DISORDER
F919	CONDUCT DISORDER, UNSPECIFIED

Table 11 (diagnosis of agitation associated with dementia due to Alzheimer's disease)	
ICD-10 Code	Description
F0281	DEMENTIA IN OTHER DISEASES CLASSIFIED ELSEWHERE, UNSPECIFIED SEVERITY, WITH BEHAVIORAL DISTURBANCE
F02811	DEMENTIA IN OTHER DISEASES CLASSIFIED ELSEWHERE, UNSPECIFIED SEVERITY, WITH AGITATION
F02818	DEMENTIA IN OTHER DISEASES CLASSIFIED ELSEWHERE, UNSPECIFIED SEVERITY, WITH OTHER BEHAVIORAL DISTURBANCE
G300	ALZHEIMER'S DISEASE WITH EARLY ONSET
G301	ALZHEIMER'S DISEASE WITH LATE ONSET
G308	OTHER ALZHEIMER'S DISEASE

Table 11 (diagnosis of agitation associated with dementia due to Alzheimer's disease)	
ICD-10 Code	Description
G309	ALZHEIMER'S DISEASE, UNSPECIFIED

Table 12/13 – Opioids	
GCN	Label Name
33589	ACETAMINOP-CODEINE 120-12 MG/5
70105	ACETAMINOPHEN/COD #4 CAP
55401	ACETAMINOPHEN/COD ELIXIR
55401	ACETAMINOPHEN/COD SOLUTION
70131	ACETAMINOPHEN-COD #2 TABLET
70134	ACETAMINOPHEN-COD #3 TABLET
70136	ACETAMINOPHEN-COD #4 TABLET
55402	ACETAMINOPHEN-CODEINE 120-12 MG/5 ML
33589	ACETAMINOPHEN-CODEINE SOLUTION
55401	APAP W/CODEINE ELIXIR
69500	ASA-BUTALB-CAFF-COD #3 CAPSULE
69500	ASCOMP WITH CODEINE CAPSULE
69500	ASCOMP/CODEINE #3 CAPSULE
39965	BELBUCA 150 MCG FILM
39966	BELBUCA 300 MCG FILM
39967	BELBUCA 450 MCG FILM
39968	BELBUCA 600 MCG FILM
39959	BELBUCA 75 MCG FILM
39969	BELBUCA 750 MCG FILM
39975	BELBUCA 900 MCG FILM

Table 12/13 – Opioids	
GCN	Label Name
70742	BELLADONNA & OPIUM SUPPOS
70741	BELLADONNA-OPIUM 30-16.2MG SUPP
70742	BELLADONNA-OPIUM 60-16.2MG SUPP
25309	BUPRENORPHINE 10 MCG/HR PATCH
35214	BUPRENORPHINE 15 MCG/HR PATCH
25312	BUPRENORPHINE 20 MCG/HR PATCH
25308	BUPRENORPHINE 5 MCG/HR PATCH
36946	BUPRENORPHINE 7.5 MCG/HR PATCH
34988	BUTALB-ACETAMINOPH-CAFF-CODEIN
70140	BUTALB-CAFF-ACETAMINOPH-CODEIN
69500	BUTALBITAL COMP-CODEINE #3 CAP
20351	BUTORPHANOL 10 MG/ML SPRAY
25309	BUTRANS 10 MCG/HR PATCH
35214	BUTRANS 15 MCG/HR PATCH
25312	BUTRANS 20 MCG/HR PATCH
25308	BUTRANS 5 MCG/HR PATCH
36946	BUTRANS 7.5 MCG/HR PATCH
91713	CODEINE-GUAIFEN 10-100MG/5ML
16240	CODEINE SULFATE 15 MG TABLET
16241	CODEINE SULFATE 30 MG TABLET
16242	CODEINE SULFATE 60 MG TABLET
91712	CODITUSSIN AC LIQUID
42375	CODITUSSIN DAC LIQUID
69500	CODEINE/ASA/CAFFEIN/BUTALB

Table 12/13 – Opioids	
GCN	Label Name
30382	CONZIP 100 MG CAPSULE
30383	CONZIP 200 MG CAPSULE
30384	CONZIP 300 MG CAPSULE
25626	DEMEROL 100 MG/ML AMPUL
15960	DEMEROL 100 MG/ML VIAL
25606	DEMEROL 50 MG/ML AMPUL
25608	DEMEROL 50 MG/ML AMPUL
15962	DEMEROL 50 MG/ML VIAL
25607	DEMEROL 75 MG/1.5 ML AMPUL
16141	DILAUDID 2 MG TABLET
16143	DILAUDID 4 MG TABLET
20251	DILAUDID 5 MG/5 ML ORAL LIQUID
16144	DILAUDID 8 MG TABLET
20251	DILAUDID-5 1 MG/ML LIQUID
58584	DURATUSS AC 10 MG-1 MG/5 ML LQ
19203	FENTANYL 100 MCG/HR PATCH
24635	FENTANYL 12 MCG/HR PATCH
19200	FENTANYL 25 MCG/HR PATCH
37952	FENTANYL 37.5 MCG/HR PATCH
19201	FENTANYL 50 MCG/HR PATCH
37947	FENTANYL 62.5MCG/HR PATCH
19202	FENTANYL 75 MCG/HR PATCH
37948	FENTANYL 87.5 MCG/HR PATCH
70140	FIORICET W/CODEINE CAPSULE

Table 12/13 – Opioids	
GCN	Label Name
70140	FIORICET-COD 30-50-325-40 CAP
34988	FIORICET-COD 50-300-40-30 CAP
91713	G TUSSIN AC LIQUID
32664	HYDROCOD-HOMAT 5-1.5 MG/5 ML
96041	HYDROCOD-HOMATROP 5-1.5 MG TAB
13973	HYDROCOD-HOMATROPINE SYRUP
21146	HYDROCODON-ACETAMIN 7.5-325/15 ML
70337	HYDROCODON-ACETAMINOPH 2.5-325
26709	HYDROCODON-ACETAMINOPH 7.5-300
26709	HYDROCODON-ACETAMINOPH 7.5-300
12488	HYDROCODON-ACETAMINOPH 7.5-325
26470	HYDROCODON-ACETAMINOPHEN 5-300
12486	HYDROCODON-ACETAMINOPHEN 5-325
22929	HYDROCODON-ACETAMINOPHN 10-300
70330	HYDROCODON-ACETAMINOPHN 10-325
63101	HYDROCODONE BT-IBUPROFEN TAB
13973	HYDROCODONE COMPOUND SYRUP
38057	HYDROCODONE ER 10 MG CAPSULE
37546	HYDROCODONE ER 100 MG TABLET
37547	HYDROCODONE ER 120 MG TABLET
38058	HYDROCODONE ER 15 MG CAPSULE
38059	HYDROCODONE ER 20 MG CAPSULE
37539	HYDROCODONE ER 20 MG TABLET
38061	HYDROCODONE ER 30 MG CAPSULE

Table 12/13 – Opioids	
GCN	Label Name
37541	HYDROCODONE ER 30 MG TABLET
38062	HYDROCODONE ER 40 MG CAPSULE
37543	HYDROCODONE ER 40 MG TABLET
38063	HYDROCODONE ER 50 MG CAPSULE
37544	HYDROCODONE ER 60 MG TABLET
37545	HYDROCODONE ER 80 MG TABLET
13973	HYDROCODONE SYRUP
70361	HYDROCODONE W/APAP ELIXIR
29246	HYDROCODONE-ACETAMIN 10-300/15
16227	HYDROCODONE-ACETAMIN 10-325/15
26709	HYDROCODONE-ACETAMIN 7.5-300
70330	HYDROCODONE-APAP 10-325 TABLET
12486	HYDROCODONE-APAP 5-325 TABLET
12488	HYDROCODONE-APAP 7.5-325 TAB
33377	HYDROCODONE-HOMATROP 5 ML CUP
13973	HYDROCODONE-HOMATROPINE SOLN
96041	HYDROCODONE-HOMATROPINE TAB
99371	HYDROCODONE-IBUPROFEN 10-200
22678	HYDROCODONE-IBUPROFEN 5-200
63101	HYDROCODONE-IBUPROFEN 7.5-200
20251	HYDROMORPHONE 1 MG/ML SOLUTION
20451	HYDROMORPHONE 10 MG/ML VIAL
16141	HYDROMORPHONE 2 MG TABLET
16143	HYDROMORPHONE 4 MG TABLET

Table 12/13 – Opioids	
GCN	Label Name
20251	HYDROMORPHONE 5 MG/5 ML CUP
16144	HYDROMORPHONE 8 MG TABLET
28427	HYDROMORPHONE HCL ER 12 MG TAB
33142	HYDROMORPHONE HCL ER 16 MG TAB
33088	HYDROMORPHONE HCL ER 32 MG TAB
33143	HYDROMORPHONE HCL ER 8 MG TAB
37546	HYSINGLA ER 100MG TABLET
37539	HYSINGLA ER 20MG TABLET
37541	HYSINGLA ER 30MG TABLET
37543	HYSINGLA ER 40MG TABLET
37544	HYSINGLA ER 60MG TABLET
37545	HYSINGLA ER 80MG TABLET
16350	LEVORPHANOL 2MG TABLET
45941	LEVORPHANOL 3 MG TABLET
16017	MAR-COF CG LIQUID
91713	MAXI-TUSS AC LIQUID
15990	MEPERIDINE 100 MG TABLET
25627	MEPERIDINE 100 MG/ML VIAL
25613	MEPERIDINE 25 MG/ML VIAL
15991	MEPERIDINE 50 MG TABLET
15980	MEPERIDINE 50 MG/5 ML SOLUTION
15980	MEPERIDINE 50 MG/5 ML SYRUP
25609	MEPERIDINE 50 MG/ML VIAL
16410	METHADONE 10 MG/5 ML SOLUTION

Table 12/13 – Opioids	
GCN	Label Name
16415	METHADONE 10 MG/ML ORAL CONC
32046	METHADONE 10 MG/ML ORAL SYRNG
16423	METHADONE 40 MG TABLET DISPR
49405	METHADONE 5 MG/0.5 ML ORAL SYR
33293	METHADONE 5 MG/5 ML ORAL SYRNG
16400	METHADONE 5 MG/5 ML SOLN CUP
16400	METHADONE 5 MG/5 ML SOLUTION
16420	METHADONE HCL 10 MG TABLET
16423	METHADONE HCL 40 MG DISKET
16423	METHADONE HCL 40 MG TAB DISP
16422	METHADONE HCL 5 MG TABLET
16415	METHADONE INTENSOL 10 MG/ML
16415	METHADOSE 10 MG/ML ORAL CONC
16423	METHADOSE 40 MG TABLET DISPR
58333	MORPHINE 5 MG/0.25ML ENFIT SYR
33312	MORPHINE 10 MG/ML CARPUJECT
33308	MORPHINE 2 MG/ML CARPUJECT
33309	MORPHINE 4 MG/ML CARPUJECT
33765	MORPHINE 8 MG/ML SYRINGE
16060	MORPHINE SULF 10 MG/5 ML CUP
16060	MORPHINE SULF 10 MG/5 ML SOLN
16642	MORPHINE SULF 100 MG TAB SA
16063	MORPHINE SULF 100 MG/5 ML CONC
16063	MORPHINE SULF 100 MG/5 ML SOLN

Table 12/13 – Opioids	
GCN	Label Name
16643	MORPHINE SULF 15 MG TAB SA
16062	MORPHINE SULF 20 MG/5 ML SOLN
16078	MORPHINE SULF 200 MG TAB SA
16640	MORPHINE SULF 30 MG TAB SA
16641	MORPHINE SULF 60 MG TAB SA
16063	MORPHINE SULF CONC 20 MG/ML
16642	MORPHINE SULF CR 100 MG TABLET
16643	MORPHINE SULF CR 15 MG TABLET
16078	MORPHINE SULF CR 200 MG TABLET
16640	MORPHINE SULF CR 30 MG TABLET
16641	MORPHINE SULF CR 60 MG TABLET
16642	MORPHINE SULF ER 100 MG TABLET
16643	MORPHINE SULF ER 15 MG TABLET
16078	MORPHINE SULF ER 200 MG TABLET
16640	MORPHINE SULF ER 30 MG TABLET
16641	MORPHINE SULF ER 60 MG TABLET
16082	MORPHINE SULFATE 30 MG TAB
16271	MORPHINE SULFATE 50 MG/ML VIAL
26494	MORPHINE SULFATE ER 100MG CAP
26490	MORPHINE SULFATE ER 10MG CAP
17189	MORPHINE SULFATE ER 120MG CAP
26492	MORPHINE SULFATE ER 20MG CAP
17193	MORPHINE SULFATE ER 30MG CAP
97534	MORPHINE SULFATE ER 30MG CAP

Table 12/13 – Opioids	
GCN	Label Name
33158	MORPHINE SULFATE ER 40MG CAP
16212	MORPHINE SULFATE ER 45MG CAP
26493	MORPHINE SULFATE ER 50MG CAP
17192	MORPHINE SULFATE ER 60MG CAP
97535	MORPHINE SULFATE ER 60MG CAP
16213	MORPHINE SULFATE ER 75MG CAP
97508	MORPHINE SULFATE ER 80 MG CAP
17191	MORPHINE SULFATE ER 90MG CAP
16070	MORPHINE SULFATE IR 15 MG TAB
16071	MORPHINE SULFATE IR 30 MG TAB
16642	MS CONTIN 100 MG TABLET
16642	MS CONTIN 100 MG TABLET SA
16643	MS CONTIN 15 MG TABLET
16643	MS CONTIN 15 MG TABLET SA
16078	MS CONTIN 200 MG TABLET
16078	MS CONTIN 200 MG TABLET SA
16640	MS CONTIN 30 MG TABLET SA
16641	MS CONTIN 60 MG TABLET
16641	MS CONTIN 60 MG TABLET SA
16640	MS CONTIN CR 30 MG TABLET
16642	MS CONTIN ER 100 MG TABLET
16643	MS CONTIN ER 15 MG TABLET
16078	MS CONTIN ER 200 MG TABLET
16640	MS CONTIN ER 30 MG TABLET

Table 12/13 – Opioids	
GCN	Label Name
16641	MS CONTIN ER 60 MG TABLET
16360	NALBUPHINE 10 MG/ML AMPUL
16371	NALBUPHINE 20 MG/ML VIAL
16371	NALBUPHINE 200 MG/10 ML VIAL
26953	NALOCET 2.5-300 MG TABLET
30677	NINJACOF-XG LIQUID
26165	NUCYNTA 100 MG TABLET
26163	NUCYNTA 50 MG TABLET
26164	NUCYNTA 75 MG TABLET
29788	NUCYNTA ER 100MG TABLET
29789	NUCYNTA ER 150MG TABLET
29791	NUCYNTA ER 200MG TABLET
29792	NUCYNTA ER 250MG TABLET
29787	NUCYNTA ER 50MG TABLET
16471	OPIUM TINCTURE 10 MG/ML
70740	OPIUM W/BELLADONNA SUPPOS
41853	OXYCODON 10 MG/0.5 ML ORAL SYR
16281	OXYCODONE CONC 20 MG/ML SOLN
20091	OXYCODONE HCL (IR) 15 MG TAB
21194	OXYCODONE HCL (IR) 20 MG TAB
20092	OXYCODONE HCL (IR) 30 MG TAB
16282	OXYCODONE HCL 10 MG ER TABLET
16291	OXYCODONE HCL 10 MG TABLET
37158	OXYCODONE HCL 10 MG TABLET ER

Table 12/13 – Opioids	
GCN	Label Name
16282	OXYCODONE HCL 10 MG TABLET SA
16281	OXYCODONE HCL 100 MG/5 ML CONC
20091	OXYCODONE HCL 15 MG TABLET
37159	OXYCODONE HCL 15 MG TABLET ER
16283	OXYCODONE HCL 20 MG ER TABLET
16283	OXYCODONE HCL 20 MG TAB SA
21194	OXYCODONE HCL 20 MG TABLET
37161	OXYCODONE HCL 20 MG TABLET ER
20092	OXYCODONE HCL 30 MG TABLET
37162	OXYCODONE HCL 30 MG TABLET ER
16284	OXYCODONE HCL 40 MG ER TABLET
16284	OXYCODONE HCL 40 MG TAB SA
37163	OXYCODONE HCL 40 MG TABLET ER
16285	OXYCODONE HCL 5 MG CAPSULE
16290	OXYCODONE HCL 5 MG TABLET
16280	OXYCODONE HCL 5 MG/5 ML CUP
16280	OXYCODONE HCL 5 MG/5 ML SOL
37164	OXYCODONE HCL 60 MG TABLET ER
16286	OXYCODONE HCL 80 MG TAB SA
16282	OXYCODONE HCL CR 10 MG TABLET
16283	OXYCODONE HCL CR 20 MG TABLET
16284	OXYCODONE HCL CR 40 MG TABLET
16286	OXYCODONE HCL CR 80 MG TABLET
37165	OXYCODONE HCL ER 80 MG TABLET

Table 12/13 – Opioids	
GCN	Label Name
16286	OXYCODONE HCL ER 80 MG TABLET
16291	OXYCODONE HCL IR 10 MG TABLET
16285	OXYCODONE HCL IR 5 MG CAPSULE
16290	OXYCODONE HCL IR 5 MG TABLET
14966	OXYCODONE-ACETAMINOPHEN 10-325
70492	OXYCODONE-ACETAMINOPHEN 2.5-325
70491	OXYCODONE-ACETAMINOPHEN 5-325
14965	OXYCODONE-ACETAMINOPHEN 7.5-325
70470	OXYCODONE-ACETAMINOPHN 5-325/5
14966	OXYCODONE-APAP 10-325 MG TAB
70491	OXYCODONE-APAP 5-325 MG TAB
14965	OXYCODONE-APAP 7.5-325 MG TAB
70481	OXYCODONE-ASA 4.5-0.38-325 TAB
26836	OXYCODONE-ASA 4.8355-325
70481	OXYCODONE-ASA 4.88-325 TAB
37158	OXYCONTIN 10 MG TABLET
16282	OXYCONTIN 10 MG TABLET
16282	OXYCONTIN 10 MG TABLET SA
37159	OXYCONTIN 15 MG TABLET
99238	OXYCONTIN 15 MG TABLET
37161	OXYCONTIN 20 MG TABLET
16283	OXYCONTIN 20 MG TABLET
16283	OXYCONTIN 20 MG TABLET SA
37162	OXYCONTIN 30 MG TABLET

Table 12/13 – Opioids	
GCN	Label Name
37163	OXYCONTIN 40 MG TABLET
16284	OXYCONTIN 40 MG TABLET
16284	OXYCONTIN 40 MG TABLET SA
37164	OXYCONTIN 60 MG TABLET
37165	OXYCONTIN 80 MG TABLET
16286	OXYCONTIN 80 MG TABLET
16286	OXYCONTIN 80 MG TABLET SA
27244	OXYMORPHONE HCL 10 MG TABLET
27243	OXYMORPHONE HCL 5 MG TABLET
27248	OXYMORPHONE HCL ER 10 MG TAB
99493	OXYMORPHONE HCL ER 15 MG TAB
27249	OXYMORPHONE HCL ER 20 MG TAB
99494	OXYMORPHONE HCL ER 30 MG TAB
27253	OXYMORPHONE HCL ER 40 MG TAB
27247	OXYMORPHONE HCL ER 5 MG TABLET
99492	OXYMORPHONE HCL ER 7.5 MG TAB
71050	PENTAZOCIN-ACETAMINOPHN 25-650
71050	PENTAZOCINE/ACETAMIN TABLET
71060	PENTAZOCINE-NALOXONE TABLET
14966	PERCOCET 10-325 MG TABLET
70492	PERCOCET 2.5-325 MG TABLET
70491	PERCOCET 5-325 MG TABLET
14965	PERCOCET 7.5-325 MG TABLET
70491	PERCOCET TABLET

Table 12/13 – Opioids	
GCN	Label Name
52360	PROMETHAZINE W/CODEINE SYRUP
13971	PROMETHAZINE-CODEINE 5 ML CUP
13971	PROMETHAZINE-CODEINE SOLUTION
13971	PROMETHAZINE-CODEINE SYRUP
13978	PROMETHAZINE-PE-CODEINE SYRUP
38665	PROMETH-CODEIN 6.25-10 MG/5 ML
20091	ROXICODONE 15 MG TABLET
20092	ROXICODONE 30 MG TABLET
56315	ROXYBOND 10 MG TABLET
44877	ROXYBOND 15 MG TABLET
44878	ROXYBOND 30 MG TABLET
32047	ROXYBOND 5 MG TABLET
70491	SK-OXYCODONE/APAP 5/325 TAB
70481	SK-OXYCODONE/ASA 4.88/325
99151	TRAMADOL ER 100 MG TABLET
99152	TRAMADOL ER 200 MG TABLET
99153	TRAMADOL ER 300 MG TABLET
92069	TRAMADOL HCL 100 MG TABLET
55148	TRAMADOL HCL 25 MG TABLET
48598	TRAMADOL HCL 25 MG/5 ML CUP
48598	TRAMADOL HCL 5 MG/ML SOLUTION
07221	TRAMADOL HCL 50 MG TABLET
56518	TRAMADOL HCL 75 MG TABLET
30382	TRAMADOL HCL ER 100 MG CAPSULE

Table 12/13 – Opioids	
GCN	Label Name
26387	TRAMADOL HCL ER 100 MG TABLET
30383	TRAMADOL HCL ER 200 MG CAPSULE
50417	TRAMADOL HCL ER 200 MG TABLET
30384	TRAMADOL HCL ER 300 MG CAPSULE
50427	TRAMADOL HCL ER 300 MG TABLET
13909	TRAMADOL-ACETAMINOPHN 37.5-325
11123	TRIAMINOL W/CODEINE SYRUP
38961	TUXARIN ER 8-54.3 MG TABLET
41273	XTAMPZA ER 13.5 MG CAPSULE
41274	XTAMPZA ER 18 MG CAPSULE
41275	XTAMPZA ER 27 MG CAPSULE
41276	XTAMPZA ER 36 MG CAPSULE
41272	XTAMPZA ER 9 MG CAPSULE

Table 14 (2 active claims for different antipsychotic agents with unique active pharmaceutical agents excluding the incoming request)

For the list of antipsychotic agents that pertain to this step, see the [Antipsychotics](#) table in the “Drugs Requiring Prior Authorization” section.

Note: Click the hyperlink to navigate directly to the table.

Diagnosis of schizophrenia	
ICD-10 Code	Description
F200	PARANOID SCHIZOPHRENIA
F201	DISORGANIZED SCHIZOPHRENIA
F202	CATATONIC SCHIZOPHRENIA

Diagnosis of schizophrenia	
ICD-10 Code	Description
F203	UNDIFFERENTIATED SCHIZOPHRENIA
F205	RESIDUAL SCHIZOPHRENIA
F2081	SCHIZOPHRENIFORM DISORDER
F2089	OTHER SCHIZOPHRENIA
F209	SCHIZOPHRENIA, UNSPECIFIED
F21	SCHIZOTYPAL DISORDER

Urinary Retention, Gastric Retention, Untreated Narrow-Angle Glaucoma, Moderate to Severe Hepatic Impairment, or Moderate to Severe Renal Impairment	
ICD-10 Code	Description
B180	CHRONIC VIRAL HEPATITIS B WITH DELTA-AGENT
B181	CHRONIC VIRAL HEPATITIS B WITHOUT DELTA-AGENT
B182	CHRONIC VIRAL HEPATITIS C
B188	OTHER CHRONIC VIRAL HEPATITIS
B189	CHRONIC VIRAL HEPATITIS, UNSPECIFIED
B190	UNSPECIFIED VIRAL HEPATITIS WITH HEPATIC COMA
B1910	UNSPECIFIED VIRAL HEPATITIS B WITHOUT HEPATIC COMA
B1911	UNSPECIFIED VIRAL HEPATITIS B WITH HEPATIC COMA
B1920	UNSPECIFIED VIRAL HEPATITIS C WITHOUT HEPATIC COMA
B1921	UNSPECIFIED VIRAL HEPATITIS C WITH HEPATIC COMA
B199	UNSPECIFIED VIRAL HEPATITIS WITHOUT HEPATIC COMA
H40031	ANATOMICAL NARROW ANGLE, RIGHT EYE
H40032	ANATOMICAL NARROW ANGLE, LEFT EYE
H40033	ANATOMICAL NARROW ANGLE, BILATERAL
H40039	ANATOMICAL NARROW ANGLE, UNSPECIFIED EYE

Urinary Retention, Gastric Retention, Untreated Narrow-Angle Glaucoma, Moderate to Severe Hepatic Impairment, or Moderate to Severe Renal Impairment	
ICD-10 Code	Description
H4020X1	UNSPECIFIED PRIMARY ANGLE-CLOSURE GLAUCOMA, MILD STAGE
H4020X2	UNSPECIFIED PRIMARY ANGLE-CLOSURE GLAUCOMA, MODERATE STAGE
H4020X3	UNSPECIFIED PRIMARY ANGLE-CLOSURE GLAUCOMA, SEVERE STAGE
H4020X4	UNSPECIFIED PRIMARY ANGLE-CLOSURE GLAUCOMA, INDETERMINATE STAGE
H4020XO	UNSPECIFIED PRIMARY ANGLE-CLOSURE GLAUCOMA, STAGE UNSPECIFIED
H40219	ACUTE ANGLE-CLOSURE GLAUCOMA, UNSPECIFIED EYE
H402210	CHRONIC ANGLE-CLOSURE GLAUCOMA, RIGHT EYE; STAGE UNSPECIFIED
H402211	CHRONIC ANGLE-CLOSURE GLAUCOMA, RIGHT EYE; MILD STAGE
H402212	CHRONIC ANGLE-CLOSURE GLAUCOMA, RIGHT EYE; MODERATE STAGE
H402213	CHRONIC ANGLE-CLOSURE GLAUCOMA, RIGHT EYE; SEVERE STAGE
H402214	CHRONIC ANGLE-CLOSURE GLAUCOMA, RIGHT EYE; INDETERMINATE STAGE
H402220	CHRONIC ANGLE-CLOSURE GLAUCOMA, LEFT EYE; STAGE UNSPECIFIED
H402221	CHRONIC ANGLE-CLOSURE GLAUCOMA, LEFT EYE; MILD STAGE
H402222	CHRONIC ANGLE-CLOSURE GLAUCOMA, LEFT EYE; MODERATE STAGE
H402223	CHRONIC ANGLE-CLOSURE GLAUCOMA, LEFT EYE; SEVERE STAGE
H402224	CHRONIC ANGLE-CLOSURE GLAUCOMA, LEFT EYE; INDETERMINATE STAGE
H402230	CHRONIC ANGLE-CLOSURE GLAUCOMA, BILATERAL; STAGE UNSPECIFIED
H402231	CHRONIC ANGLE-CLOSURE GLAUCOMA, BILATERAL; MILD STAGE
H402232	CHRONIC ANGLE-CLOSURE GLAUCOMA, BILATERAL; MODERATE STAGE
H402233	CHRONIC ANGLE-CLOSURE GLAUCOMA, BILATERAL; SEVERE STAGE
H402234	CHRONIC ANGLE-CLOSURE GLAUCOMA, BILATERAL; INDETERMINATE STAGE
H402290	CHRONIC ANGLE-CLOSURE GLAUCOMA, UNSPECIFIED EYE; STAGE UNSPECIFIED

Urinary Retention, Gastric Retention, Untreated Narrow -Angle Glaucoma, Moderate to Severe Hepatic Impairment, or Moderate to Severe Renal Impairment	
ICD-10 Code	Description
H402291	CHRONIC ANGLE-CLOSURE GLAUCOMA, UNSPECIFIED EYE; MILD STAGE
H402292	CHRONIC ANGLE-CLOSURE GLAUCOMA, UNSPECIFIED EYE; MODERATE STAGE
H402293	CHRONIC ANGLE-CLOSURE GLAUCOMA, UNSPECIFIED EYE; SEVERE STAGE
H402294	CHRONIC ANGLE-CLOSURE GLAUCOMA, UNSPECIFIED EYE; INDETERMINATE STAGE
H40231	INTERMITTENT ANGLE-CLOSURE GLAUCOMA, RIGHT EYE
H40232	INTERMITTENT ANGLE-CLOSURE GLAUCOMA, LEFT EYE
H40233	INTERMITTENT ANGLE-CLOSURE GLAUCOMA, BILATERAL
H40239	INTERMITTENT ANGLE-CLOSURE GLAUCOMA, UNSPECIFIED EYE
H40241	RESIDUAL STAGE OF ANGLE-CLOSURE GLAUCOMA, RIGHT EYE
H40242	RESIDUAL STAGE OF ANGLE-CLOSURE GLAUCOMA, LEFT EYE
H40243	RESIDUAL STAGE OF ANGLE-CLOSURE GLAUCOMA, BILATERAL
H40249	RESIDUAL STAGE OF ANGLE-CLOSURE GLAUCOMA, UNSPECIFIED EYE
K3184	GASTROPARESIS
K700	ALCOHOLIC FATTY LIVER
K7010	ALCOHOLIC HEPATITIS WITHOUT ASCITES
K7011	ALCOHOLIC HEPATITIS WITH ASCITES
K702	ALCOHOLIC FIBROSIS AND SCLEROSIS OF LIVER
K7030	ALCOHOLIC CIRRHOSIS OF LIVER WITHOUT ASCITES
K7031	ALCOHOLIC CIRRHOSIS OF LIVER WITH ASCITES
K7040	ALCOHOLIC HEPATIC FAILURE WITHOUT COMA
K7041	ALCOHOLIC HEPATIC FAILURE WITH COMA
K709	ALCOHOLIC LIVER DISEASE, UNSPECIFIED
K710	TOXIC LIVER DISEASE WITH CHOLESTASIS

Urinary Retention, Gastric Retention, Untreated Narrow -Angle Glaucoma, Moderate to Severe Hepatic Impairment, or Moderate to Severe Renal Impairment	
ICD-10 Code	Description
K7110	TOXIC LIVER DISEASE WITH HEPATIC NECROSIS WITHOUT COMA
K7111	TOXIC LIVER DISEASE WITH HEPATIC NECROSIS WITH COMA
K712	TOXIC LIVER DISEASE WITH ACUTE HEPATITIS
K713	TOXIC LIVER DISEASE WITH CHRONIC PERSISTENT HEPATITIS
K714	TOXIC LIVER DISEASE WITH CHRONIC LOBULAR HEPATITIS
K7150	TOXIC LIVER DISEASE WITH CHRONIC ACTIVE HEPATITIS WITHOUT ASCITES
K7151	TOXIC LIVER DISEASE WITH CHRONIC ACTIVE HEPATITIS WITH ASCITES
K716	TOXIC LIVER DISEASE WITH HEPATITIS, NOT ELSEWHERE CLASSIFIED
K717	TOXIC LIVER DISEASE WITH FIBROSIS AND CIRRHOSIS OF LIVER
K718	TOXIC LIVER DISEASE WITH OTHER DISORDERS OF LIVER
K719	TOXIC LIVER DISEASE, UNSPECIFIED
K7200	ACUTE AND SUBACUTE HEPATIC FAILURE WITHOUT COMA
K7201	ACUTE AND SUBACUTE HEPATIC FAILURE WITH COMA
K7210	CHRONIC HEPATIC FAILURE WITHOUT COMA
K7211	CHRONIC HEPATIC FAILURE WITH COMA
K7290	HEPATIC FAILURE, UNSPECIFIED WITHOUT COMA
K7291	HEPATIC FAILURE, UNSPECIFIED WITH COMA
K730	CHRONIC PERSISTENT HEPATITIS, NOT ELSEWHERE CLASSIFIED
K731	CHRONIC LOBULAR HEPATITIS, NOT ELSEWHERE CLASSIFIED
K732	CHRONIC ACTIVE HEPATITIS, NOT ELSEWHERE CLASSIFIED
K738	OTHER CHRONIC HEPATITIS, NOT ELSEWHERE CLASSIFIED
K739	CHRONIC HEPATITIS, UNSPECIFIED
K740	HEPATIC FIBROSIS
K741	HEPATIC SCLEROSIS

Urinary Retention, Gastric Retention, Untreated Narrow -Angle Glaucoma, Moderate to Severe Hepatic Impairment, or Moderate to Severe Renal Impairment	
ICD-10 Code	Description
K742	HEPATIC FIBROSIS WITH HEPATIC SCLEROSIS
K743	PRIMARY BILIARY CIRRHOSIS
K744	SECONDARY BILIARY CIRRHOSIS
K745	BILIARY CIRRHOSIS, UNSPECIFIED
K7460	UNSPECIFIED CIRRHOSIS OF LIVER
K7469	OTHER CIRRHOSIS OF LIVER
K7589	OTHER SPECIFIED INFLAMMATORY LIVER DISEASES
N1830	CHRONIC KIDNEY DISEASE, STAGE 3 UNSPECIFIED (eGFR 59-30 mL/min)
N1831	CHRONIC KIDNEY DISEASE, STAGE 3A (eGFR 59-45 mL/min)
N1832	CHRONIC KIDNEY DISEASE, STAGE 3B (eGFR 44-30 mL/min)
N184	CHRONIC KIDNEY DISEASE, STAGE 4 (SEVERE) (eGFR 29-15 mL/min)
N185	CHRONIC KIDNEY DISEASE, STAGE 5 (eGFR < 15 mL/min)
N186	END STAGE RENAL DISEASE
R330	DRUG INDUCED RETENTION OF URINE
R338	OTHER RETENTION OF URINE
R339	RETENTION OF URINE, UNSPECIFIED



Antipsychotics

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15. Pimozide Prescribing Information. Malvern, PA. Endo USA, Inc. August 2024.
16. Aripiprazole Prescribing Information. Bedminster, NJ. Alembic Pharmaceuticals, Inc. June 2025.
17. Oripza Prescribing Information. Hazlet, NJ. Carwin Pharmaceutical Associates, LLC. January 2025.

18. Abilify Maintena Prescribing Information. Rockville, MD. Otsuka America Pharmaceutical, Inc. March 2025.
19. Aristada Prescribing Information. Waltham, MA. Alkermes, Inc. January 2025.
20. Abilify Asimtufii Prescribing Information. Rockville, MD. Otsuka America Pharmaceutical, Inc. April 2025.
21. Caplyta Prescribing Information. New York, NY. Intra-Cellular Therapies, Inc. June 2023.
22. Clozapine Prescribing Information. East Windsor, NJ. Aurobindo Pharma USA, Inc. July 2025.
23. Fanapt Prescribing Information. Washington, D.C. Vanda Pharmaceuticals Inc. May 2025.
24. Geodon Prescribing Information. Morgantown, WV. Viatrix Specialty LLC. January 2025.
25. Invega Prescribing Information. Titusville, NJ. Janssen Pharmaceuticals, Inc. January 2025.
26. Paliperidone Prescribing Information. Bridgewater, NJ. Amneal Pharmaceuticals LLC. February 2025.
27. Invega Hafyera. Prescribing Information. Titusville, NJ. Janssen Pharmaceuticals, Inc. January 2025.
28. Invega Sustenna. Prescribing Information. Titusville, NJ. Janssen Pharmaceuticals, Inc. January 2025.
29. Invega Trinza Prescribing Information. Titusville, NJ. Janssen Pharmaceuticals, Inc. January 2025.
30. Erzofri Prescribing Information. Shandong Province, China. Shandong Luye Pharmaceutical Co, Ltd. March 2025.
31. Latuda Prescribing Information. Marlborough, MA. Sumitomo Pharma America, Inc. January 2025.
32. Lybalvi Prescribing Information. Waltham, MA. Alkermes, Inc. February 2025.
33. Rexulti Prescribing Information. Rockville, MD. Otsuka America Pharmaceutical, Inc. May 2025.
34. Risperdal Prescribing Information. Titusville, NJ. Janssen Pharmaceuticals, Inc. January 2025.
35. Risperdal Consta Prescribing Information. Titusville, NJ. Janssen Pharmaceuticals, Inc. January 2025.
36. Perseris Prescribing Information. North Chesterfield, VA. Indivior Inc. January 2025.

37. Rykindo Prescribing Information. Shandong Province, China. Shandong Luye Pharmaceutical Co, Ltd. January 2025.
38. Uzedy Prescribing Information. Parsippany, NJ. Teva Neuroscience, Inc. January 2025.
39. Saphris Prescribing Information. North Chicago, IL. AbbVie Inc. January 2025.
40. Secuado Prescribing Information. Miami, FL. Noven Therapeutics, LLC. January 2025.
41. Quetiapine Prescribing Information. Hauppauge, NY. ScieGen Pharmaceuticals, Inc. September 2025.
42. Vraylar Prescribing Information. North Chicago, IL. AbbVie Inc. November 2024.
43. Olanzapine Prescribing Information. Weston, FL. Apotex, Inc. April 2025.
44. Zyprexa Relprevv Prescribing Information. Minneapolis, MN. Smiths Medical ASD, Inc. January 2025.
45. Olanzapine and Fluoxetine Prescribing Information. North Wales, PA. Teva Pharmaceuticals USA, Inc. March 2025.
46. Cobenfy Prescribing Information. Princeton, NJ. Bristol-Myers Squibb. September 2024.



Antipsychotics

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
06/14/2011	<ul style="list-style-type: none"> Initial publication and posting to website
10/13/2011	<ul style="list-style-type: none"> Added a new section to specify the drugs requiring prior authorization In the “Clinical Edit Criteria Supporting Tables” section, revised section to specify the drug names, GCNs, and HICs pertinent to steps 2 and 3 of the logic diagram
12/31/2012	<ul style="list-style-type: none"> Added Latuda and amitriptyline/perphenazine to the Antipsychotics drug table
03/26/2014	<ul style="list-style-type: none"> Added additional criteria and expanded “Clinical Edit Criteria Supporting Tables
10/30/2014	<ul style="list-style-type: none"> Revised Step 1 of Clinical Edit Criteria and Logic Diagram Removed Table C from Clinical Edit Supporting Tables
03/20/2015	<ul style="list-style-type: none"> Added GCNs for Abilify Maintena syringes to the “Drugs Requiring Prior Authorization” table
04/21/2015	<ul style="list-style-type: none"> Revised Clinical Edit Criteria and Logic Diagram to reflect duplicate therapy check through HIC4s
10/07/2015	<ul style="list-style-type: none"> Revised Clinical Edit Criteria and Logic Diagram - updated criteria to reflect when a patient is taking a first generation antipsychotic the logic then goes to Step 5 Updated Criteria Logic Diagram, Step 8 – “Does the client have a diagnosis found in Table A or B in the last 730 days?”
12/18/2015	<ul style="list-style-type: none"> Added GCNs for Aristada ER injection, Rexulti tablets, Brintellix tablets and Fetzima capsules Updated and verified all ICD-9s and 10s
02/01/2016	<ul style="list-style-type: none"> Added GCNs for Invega Trinza
02/26/2016	<ul style="list-style-type: none"> Updated HIC4 for quetiapine containing agents
03/08/2016	<ul style="list-style-type: none"> Reviewed and updated diagnoses for insomnia

Publication Date	Notes
03/23/2016	<ul style="list-style-type: none"> Added GCN for Saphris 2.5mg tablet
05/18/2016	<ul style="list-style-type: none"> Added GCN for Zyprexa/Olanzapine 10mg vial
07/19/2016	<ul style="list-style-type: none"> Added GCNs for Aristada
12/05/2016	<ul style="list-style-type: none"> Updated criteria logic, page 9. Amended answer for question 7 to “If no, go to #8” Updated logic diagram, page 10
01/30/2017	<ul style="list-style-type: none"> Updated ICD-10s, Table A, page 22
02/17/2017	<ul style="list-style-type: none"> Added GCNs for Vraylar to ‘Drugs Requiring PA’, page 7
03/19/2018	<ul style="list-style-type: none"> Added molindone and pimozone GCNs to ‘Drugs Requiring PA’, page 3 Added paliperidone GCNs to ‘Drugs Requiring PA’, page 5 Added GCNs for duloxetine to Table 7, pages 12 – 13
05/09/2018	<ul style="list-style-type: none"> Added question 5 to criteria logic and logic diagram, pages 9-10
10/01/2018	<ul style="list-style-type: none"> Added GCNs for Aristada Initio to ‘Drugs Requiring PA’, page 8
01/21/2019	<ul style="list-style-type: none"> Added GCNs for Perseris to ‘Drugs Requiring PA’, page 8
03/22/2019	<ul style="list-style-type: none"> Updated to include formulary statement (The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit TxVendorDrug.com/formulary/formulary-search.) on each ‘Drug Requiring PA’ table
09/04/2019	<ul style="list-style-type: none"> Added GCNs for Abilify MyCite to drug tables
07/15/2020	<ul style="list-style-type: none"> Added GCNs for Caplyta and Secuado to drug tables
02/05/2021	<ul style="list-style-type: none"> Added GCNs for fluphenazine decanoate and haloperidol decanoate to drug table, page 2
02/17/2021	<ul style="list-style-type: none"> Annual review by staff Added GCNs for chlorpromazine ampule (14331), fluphenazine vial (14571), haloperidol lactate (15490 and 15500) and quetiapine ER (16193, 98522, 98523, 98524 and 98994) Updated Table 7 Updated references
11/16/2021	<ul style="list-style-type: none"> Added criteria for Lybalvi as approved by the DUR Board
06/02/2022	<ul style="list-style-type: none"> Annual review by staff

Publication Date	Notes
	<ul style="list-style-type: none"> Added GCNs for asenapine (27528, 38479, 21636); Invega Hafyera (50891); Invega Sustenna (27414) to PA drug table Removed GCNs for Fazaclo and Risperdal M tab (products discontinued) from PA drug table Updated references
06/22/2022	<ul style="list-style-type: none"> Updated age for Rexulti for ≥ 13 years for schizophrenia and ≥ 18 years for major depressive disorder
06/15/2023	<ul style="list-style-type: none"> Added diagnosis for agitation associated with dementia due to Alzheimer's disease for Rexulti Added GCNs for Abilify Asimtufii (54058, 54059); Uzedy (54098, 54099, 54104, 51479, 54105, 54106, 54107) to PA drug table
07/27/2023	<ul style="list-style-type: none"> Clarified question #4 on the criteria logic. Added 'excluding long-acting preparations'
10/13/2023	<p>For presentation to the DUR Board:</p> <ul style="list-style-type: none"> Removed check for insomnia diagnosis, it is not an approvable diagnosis Updated duplicate therapy check to "two or more antipsychotic agents with unique active pharmaceutical agents"
01/26/2024	<ul style="list-style-type: none"> Added GCNs for Rykindo (20217, 20218, 20219) to LAI PA drug table
04/19/2024	<ul style="list-style-type: none"> Added GCNs for chlorpromazine vial (14421) to FGA PA drug table
10/30/2024	<ul style="list-style-type: none"> Added GCN for Erzofri (56074) to PA drug table
11/20/2024	<ul style="list-style-type: none"> Added GCNs for Opipza (56137, 56138, 56139) to Drugs Requiring PA table
12/03/2024	<ul style="list-style-type: none"> Removed GCNs for haloperidol 1mg/mL solution (15522), clozapine (20334), and haloperidol lactate 5mg/mL ampule (15490) – products have been discontinued Added GCN for tramadol (56518) to opioid table
01/24/2025	<ul style="list-style-type: none"> Annual review by staff Added ICD-10 codes (F0281, F02811, F02818) to Table 11 Updated references
01/31/2025	<ul style="list-style-type: none"> Added criteria for Cobenfy as approved by the DUR Board
03/12/2025	<ul style="list-style-type: none"> Added GCNs for Roxybond (32047, 44877, 44878, 56315), hydrocodone ER (38057, 38058, 38059, 38061, 38062, 38063, 37539, 37541, 37543, 37544, 37545, 37546, 37547), and tramadol (48598) to supporting tables

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09/15/2025	<ul style="list-style-type: none"> Added GCNs for Fanapt (57958, 57959) to the Antipsychotics – Second Generation Drugs Requiring PA table
10/01/2025	<ul style="list-style-type: none"> Added GCN for Morphine (58333) to the supporting tables section
10/31/2025	<ul style="list-style-type: none"> Annual review by staff Added GCNs for amitriptyline/perphenazine (16674, 16675, 16677, 16678), chlorpromazine (14390), fluphenazine (14540), loxapine (15562, 15560, 15561, 15563), and thioridazine (14880, 14881, 14882, 14883) to the Antipsychotics – First Generation Drugs Requiring PA table Added GCNs for Caplyta (52616, 52617), clozapine (20334), Fanapt (28034), quetiapine (93088), Rexulti (54799, 54814), and Saphris (21636, 27528) to the Antipsychotics – Second Generation (Oral/Regular Acting Injectables) Drugs Requiring PA table Added GCNs for Erzofri (27414, 27415, 27416, 27417, 27418), Perseris (45127), Rykindo (20217, 20218, 20219), and Zyprexa Relprevv (27855, 27849, 27848) to the Antipsychotics – Second Generation (Long-Acting Injectables) Drugs Requiring PA table Removed GCNs for haloperidol (15500) and Orap (11153, 11150) from the Antipsychotics – First Generation – products discontinued Removed GCNs for Abilify (24062), Abilify Discmelt (26445, 26448), Abilify Mycite (44437, 44438, 44439, 44441, 44442, 44443), and Symbyax (98648, 20868, 20870, 20869, 20872) from the Antipsychotics – Second Generation (Oral/Regular Acting Injectables) Drugs Requiring PA table – products discontinued Added GCNs for amitriptyline (16512, 16513, 16514, 16515, 16516, 16517), amitriptyline/perphenazine (16674, 16675, 6676, 16677, 16678), amitriptyline/cdp (16683, 16684), amoxapine (16557, 16558, 16559, 16561), anafranil (16602, 16603, 16604), Auvelity (52775), bupropion (16387, 17573), citalopram (34671, 51883), clomipramine (16602, 16603, 16604), desipramine (16583, 16584, 16585, 16586, 16587, 16588), desvenlafaxine (36273, 35582, 36272), doxepin (16563, 16564, 16565, 16566, 16567, 16568, 16571, 28914, 28915), Drizalma (46703, 46713, 46714, 46715), duloxetine (38728), Emsam (26613), escitalopram (45906), Fetzima (55446), imipramine (16541, 16542, 16543, 16548, 16549, 16553, 16554), mirtazapine (12529, 12531, 13041), norpramin (16583, 16584, 16585, 16586, 16587, 16588), nortriptyline (16529, 16532, 16533, 16534, 16535, 44754), olanzapine-fluoxetine (20868, 20869, 20870, 20872, 98648), Parnate (16418), paroxetine (17078, 17077, 17079), Paxil (16366, 16367), protriptyline (16555, 16556), Prozac (16354), Raldesy (16402), selegiline (15600, 15603), sertraline (16382, 16383), Silenor (28914, 28915), trimipramine (16592, 16593, 16594), venlafaxine (52506), Viibryd (31956, 38253), vilazodone (29916, 29917, 29918), Zelapar (22783), and Zoloft (16376) to the Antidepressant Agent supporting table Added GCNs for APAP-codeine (70105, 33589, 55401), ASA-butalbital-codeine (69500), Ascomp (69500), opium with belladonna (70740, 70742), codeine (16240), Conzip (30382, 30383, 30384), Dilaudid (20251), Fioricet-codeine (70140, 34988) hydrocodone-APAP (16227, 29246,

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	<p>70361, 26709, 12488, 12486, 70330), hydrocodone-ibuprofen (63101), hydrocodone-homatropine (13973, 32664, 33377, 96041), hydromorphone (20251), levorphanol (45941), meperidine (15980), methadone (16415, 16423, 16400, 32046, 33293, 49405), morphine (16060, 16063, 16643, 16640, 16641, 16642, 16078, 16082), MS Contin (16642, 16643, 166078, 16641, 16640), nalbuphine (16371), opium (16471), oxycodone (16281, 41853, 16291, 16282, 20091, 21194, 16283, 20092, 16284, 16285, 16290, 16280, 16286), oxycodone-APAP (14966, 14965, 70491, 70470), oxycodone-ASA (70481), Oxycontin (16282, 99238, 16283, 16284, 16286), pentazocine-APAP (70150), Percocet (70491), promethazine-codeine (13978, 38665, 52360), tramadol (50427, 48598, 55148, 92069), and Triacin (11123) to the Opioids supporting table</p> <ul style="list-style-type: none"> Removed GCNs for Forfivo (33081) and Paxil (16369) from the Antidepressant Agent supporting table – products discontinued Removed GCNs for APAP-caffeine-dihydrocodeine (37532), Actiq (19193, 19194, 19204, 19206, 19191, 19192), Apadaz (45987, 44508, 45986), carisoprodol-codeine (13995), codeine-guaifenasin (91713), dolophine (16420), Dsuvia (45928), Duragesic (19203, 24635, 19200, 19201, 19202), Dvorah (43264), Embeda (37692, 37685, 37686, 37687, 37688, 37689), Endocet (14966, 70491, 14965), Fentanyl OTFC (19193, 19194, 19204, 19206, 19191, 19192), Fentora (97280, 97281, 97283, 97284, 97285), Fiorinal-codeine (69500), Guaiatussin AC (91713), hydrocodone-chlorpheniramine (13974), Hydromet (13973), hydromorphone (16130), Hysingla (37547), Kadian (26494, 98135, 26493, 97508), Lazanda (41539), Lorcet (12486, 70330, 12488), Morphabond (39856, 39853, 39854, 39855), Norco (70330), oxycodone-ibuprofen (23827), Subsys (31187, 31189, 31188, 31192, 31193, 31596, 31597), Tylenol/codeine (70134, 70136), Ultracet (13909), Ultram (07221), Vicodin (26470, 26709, 22929), and Virtussin AC (91713, 54670) from the Opioids supporting table – products discontinued Updated criteria lookback language to say, “in past medical and/or pharmacy claims history?” Updated references
12/29/2025	<ul style="list-style-type: none"> Added GCNs for Duratuss AC (58584), Coditussin AC (91712), Coditussin DAC (42375), G Tussin AC (91713), Mar-cof CG (16017), Maxi-tuss AC (91713), promethazine-codeine solution (13971), and Tuxarin ER (38961) to the Opioids supporting table
01/12/2026	<ul style="list-style-type: none"> Added GCNs for Vraylar 0.5 mg capsule (58649) and Vraylar 0.75 mg capsule (58648) to the Antipsychotics – Second Generation (Oral/Regular Acting Injectables) Drugs Requiring PA table