

**Texas Prior Authorization Program  
Clinical Criteria**

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**Drug/Drug Class****Antipsychotics****Clinical Criteria Information Included in this Document**

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

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

**Revision Notes**

Added GCN for Lybalvi (GCN pending) to PA drug table



## Antipsychotics

### Drugs Requiring Prior Authorization

The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit [TxVendorDrug.com/formulary/formulary-search](http://TxVendorDrug.com/formulary/formulary-search).

<b>Antipsychotics – Second Generation (Oral/Regular Acting Injectables)</b>		
<b>Label Name</b>	<b>GCN</b>	<b>HIC4</b>
LYBALVI 5/10 MG TABLET	PDG	PDG
LYBALVI 10/10 MG TABLET	PDG	PDG
LYBALVI 15/10 MG TABLET	PDG	PDG
LYBALVI 20/10 MG TABLET	PDG	PDG



## Antipsychotics

### Clinical Criteria Logic

1. Is the incoming claim for a first generation antipsychotic?  
 Yes - Go to #5  
 No - Go to #2
2. Is the client less than (<) 3 years of age?  
 Yes - Deny  
 No - Go to #3
3. Is the client greater than (>) 5 years of age?  
 Yes - Go to #5  
 No - Go to #4
4. Is the incoming request for aripiprazole or risperidone?  
 Yes - Go to #5  
 No - Deny
5. Does the client have 1 claim for an antipsychotic in the last 90 days?  
 Yes - Go to #6  
 No - Approve (90 days)
6. Does the client have a **diagnosis of insomnia** in the last 365 days?  
 Yes - Go to #9  
 No - Go to #7
7. Does the client have a **diagnosis of major depressive disorder (MDD)** in the last 365 days?  
 Yes - Go to #8  
 No - Go to #9
8. Does the client have 1 claim for an **antidepressant agent** in the last 60 days?  
 Yes - Go to #12  
 No - Go to #9
9. Does the client have a diagnosis included in **Table A** or **B** in the last 730 days?  
 Yes - And the request is for Lybalvi, go to #10  
 Yes - And the request is for an agent other than Lybalvi, go to #12  
 No - Deny
10. Does the client have a diagnosis of **opioid dependence** in the last 365 days?  
 Yes - Go to #11  
 No - Go to #12
11. 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 #12  
 No - Deny

12. Does the client have 2 or more active claims for different antipsychotic agents (HIC4) in the last 90 days (excluding the incoming request)?

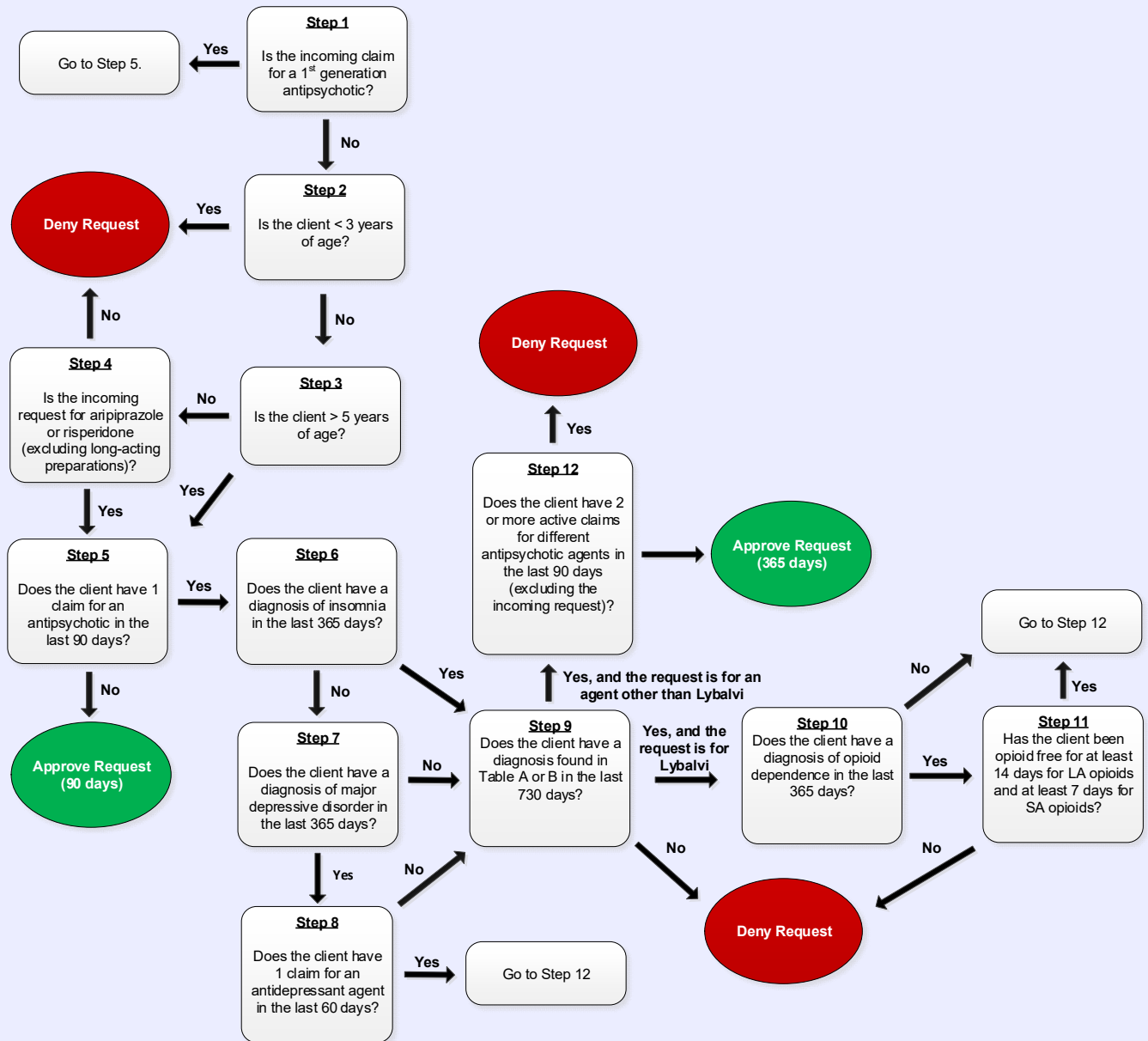
Yes - Deny

No - Approve (365 days)



# Antipsychotics

## Clinical Criteria Logic Diagram





## Antipsychotics

### Clinical Criteria Supporting Tables

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

<b>Step 7 (diagnosis of major depressive disorder [MDD])</b> <b>Required quantity: 1</b> <b>Look back timeframe: 365 days</b>	
ICD-10 Code	Description
F341	DYSTHYMIC DISORDER
F320	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, MILD
F321	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, MODERATE
F322	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, SEVERE WITHOUT PSYCHOTIC FEATURES
F323	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, SEVERE WITH PSYCHOTIC FEATURES
F324	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, IN PARTIAL REMISSION
F325	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, IN FULL REMISSION
F328	OTHER DEPRESSIVE EPISODES
F329	OTHER DEPRESSIVE EPISODES
F330	MAJOR DEPRESSIVE DISORDER, RECURRENT, MILD
F331	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE

<b>Step 7 (diagnosis of major depressive disorder [MDD])</b>	
<b>Required quantity: 1</b>	
<b>Look back timeframe: 365 days</b>	
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

<b>Step 8 (claim for an antidepressant agent)</b>	
<b>Required quantity: 1</b>	
<b>Look back timeframe: 60 days</b>	
<b>GCN</b>	<b>Description</b>
26198	APLENZIN ER 174MG TABLET
16996	APLENZIN ER 348MG TABLET
17050	APLENZIN ER 522MG TABLET
16387	BUPROPION ER 100MG TABLET
27901	BUPROPION ER 150MG TABLET
16385	BUPROPION HCL 100MG TABLET
16384	BUPROPION HCL 75MG TABLET
16386	BUPROPION SR 150MG TABLET
17573	BUPROPION SR 200MG TABLET
20317	BUPROPION XL 150MG TABLET
20318	BUPROPION XL 300MG TABLET
33081	BUPROPION HCL XL 450MG TABLET
16345	CELEXA 10MG TABLET
16342	CELEXA 20MG TABLET
16343	CELEXA 40MG TABLET
16345	CITALOPRAM 10MG TABLET
16344	CITALOPRAM 10MG/5ML SOLUTION
16342	CITALOPRAM 20MG TABLET
16343	CITALOPRAM 40MG TABLET
23161	CYMBALTA 20 MG CAPSULE
23162	CYMBALTA 30 MG CAPSULE
23164	CYMBALTA 60 MG CAPSULE

<b>Step 8 (claim for an antidepressant agent)</b>	
<b>Required quantity: 1</b>	
<b>Look back timeframe: 60 days</b>	
<b>GCN</b>	<b>Description</b>
34482	DESVENLAFAXINE ER 100MG TABLET
34470	DESVENLAFAXINE ER 50MG TABLET
38222	DESVENLAFAXINE SUC ER 25 MG TAB
99451	DESVENLAFAXINE SUC ER 50 MG TAB
99452	DESVENLAFAXINE SUC ER 100 MG TAB
23161	DULOXETINE HCL DR 20 MG CAP
23162	DULOXETINE HCL DR 30 MG CAP
23164	DULOXETINE HCL DR 60 MG CAP
16818	EFFEXOR XR 150MG CAPSULE
16816	EFFEXOR XR 37.5MG CAPSULE
16817	EFFEXOR XR 75MG CAPSULE
26614	EMSAM 12MG/24HR PATCH
26612	EMSAM 6MG/24HR PATCH
17851	ESCITALOPRAM 10MG TABLET
17987	ESCITALOPRAM 20MG TABLET
18975	ESCITALOPRAM 5MG TABLET
19035	ESCITALOPRAM 5MG/5ML SOLUTION
35335	FETZIMA 20-40MG TITRATION PAK
35334	FETZIMA ER 120MG CAPSULE
35327	FETZIMA ER 20MG CAPSULE
35328	FETZIMA ER 40MG CAPSULE
35329	FETZIMA ER 80MG CAPSULE
16353	FLUOXETINE 10MG CAPSULE
16356	FLUOXETINE 10MG TABLET
16354	FLUOXETINE 20MG CAPSULE
16359	FLUOXETINE 20MG TABLET
16357	FLUOXETINE 20MG/5ML SOLUTION
16355	FLUOXETINE 40MG CAPSULE
30817	FLUOXETINE 60MG TABLET
12929	FLUOXETINE DR 90MG CAPSULE
16347	FLUVOXAMIINE 25MG TABLET
16349	FLUVOXAMINE 100MG TABLET
16348	FLUVOXAMINE 50MG TABLET
99481	FLUVOXAMINE ER 100MG CAPSULE
99482	FLUVOXAMINE ER 150MG CAPSULE
33081	FORFIVO XL 450MG TABLET
17851	LEXAPRO 10MG TABLET



<b>Step 8 (claim for an antidepressant agent)</b>	
<b>Required quantity: 1</b>	
<b>Look back timeframe: 60 days</b>	
<b>GCN</b>	<b>Description</b>
17987	LEXAPRO 20MG TABLET
18975	LEXAPRO 5 MG TABLET
16416	MARPLAN 10MG TABLET
12529	MIRTAZAPINE 15MG ODT
16732	MIRTAZAPINE 15MG TABLET
12531	MIRTAZAPINE 30MG ODT
16733	MIRTAZAPINE 30MG TABLET
13041	MIRTAZAPINE 45MG ODT
16734	MIRTAZAPINE 45MG TABLET
21817	MIRTAZAPINE 7.5MG TABLET
16417	NARDIL 15MG TABLET
16406	NEFAZODONE 100MG TABLET
16407	NEFAZODONE 150MG TABLET
16408	NEFAZODONE 200MG TABLET
16409	NEFAZODONE 250MG TABLET
16404	NEFAZODONE 50MG TABLET
16364	PAROXETINE 10MG TABLET
16366	PAROXETINE 20MG TABLET
16367	PAROXETINE 30MG TABLET
16368	PAROXETINE 40MG TABLET
17078	PAROXETINE CR 12.5MG TABLET
17077	PAROXETINE CR 25MG TABLET
17079	PAROXETINE CR 37.5MG TABLET
34876	PAROXETINE MESYLATE 7.5MG CAP
16369	PAXIL 10MG/5ML SUSPENSION
16364	PAXIL 10MG TABLET
33780	PAXIL 20MG TABLET
33781	PAXIL 30MG TABLET
16368	PAXIL 40MG TABLET
17078	PAXIL CR 12.5MG TABLET
17077	PAXIL CR 25MG TABLET
17079	PAXIL CR 37.5MG TABLET
16417	PHENELZINE SULFATE 15MG TABLET
99452	PRISTIQ ER 100MG TABLET
38222	PRISTIQ ER 25MG TABLET
99451	PRISTIQ ER 50MG TABLET
47251	PROZAC 10MG PULVULE

<b>Step 8 (claim for an antidepressant agent)</b>	
<b>Required quantity: 1</b>	
<b>Look back timeframe: 60 days</b>	
<b>GCN</b>	<b>Description</b>
47250	PROZAC 20MG PULVULE
16355	PROZAC 40MG PULVULE
12529	REMERON 15MG SOLTAB
16732	REMERON 15MG TABLET
12531	REMERON 30MG SOLTAB
16733	REMERON 30MG TABLET
13041	REMERON 45MG SOLTAB
16375	SERTRALINE 100MG TABLET
16376	SERTRALINE 20MG/ML ORAL CONCENTRATE
16373	SERTRALINE 25MG TABLET
16374	SERTRALINE 50MG TABLET
16418	TRANLYCYPROMINE 10MG TABLET
16392	TRAZODONE 100MG TABLET
16393	TRAZODONE 150MG TABLET
16394	TRAZODONE 300MG TABLET
16391	TRAZODONE 50MG TABLET
35346	TRINTELLIX 5 MG TABLET
35347	TRINTELLIX 10 MG TABLET
35349	TRINTELLIX 20 MG TABLET
16815	VENLAFAXINE 100MG TABLET
16811	VENLAFAXINE 25MG TABLET
16812	VENLAFAXINE 37.5MG TABLET
16813	VENLAFAXINE 50MG TABLET
16814	VENLAFAXINE 75MG TABLET
16818	VENLAFAXINE ER 150MG CAPSULE
14353	VENLAFAXINE ER 150MG TABLET
14354	VENLAFAXINE ER 225MG TABLET
16816	VENLAFAXINE ER 37.5MG CAPSULE
14349	VENLAFAXINE ER 37.5MG TABLET
16817	VENLAFAXINE ER 75MG CAPSULE
14352	VENLAFAXINE ER 75MG TABLET
29916	VIIIBRYD 10MG TABLET
29917	VIIIBRYD 20MG TABLET
29918	VIIIBRYD 40MG TABLET
16386	WELLBUTRIN SR 150MG TABLET
17573	WELLBUTRIN SR 200MG TABLET
16387	WELLBUTRIN SR 100MG TABLET

<b>Step 8 (claim for an antidepressant agent)</b>	
<b>Required quantity: 1</b>	
<b>Look back timeframe: 60 days</b>	
<b>GCN</b>	<b>Description</b>
20317	WELLBUTRIN XL 150MG TABLET
20318	WELLBUTRIN XL 300MG TABLET
16375	ZOLOFT 100MG TABLET
16373	ZOLOFT 25MG TABLET
16374	ZOLOFT 50MG TABLET

<b>Step 9 (Table A)</b>	
<b>Required quantity: 1</b>	
<b>Look back timeframe: 730 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
F200	PARANOID SCHIZOPHRENIA
F201	DISORGANIZED SCHIZOPHRENIA
F202	CATATONIC SCHIZOPHRENIA
F203	UNDIFFERENTIATED SCHIZOPHRENIA
F205	RESIDUAL SCHIZOPHRENIA
F2081	SCHIZOPHRENIFORM DISORDER
F2089	OTHER SCHIZOPHRENIA
F209	SCHIZOPHRENIA, UNSPECIFIED
F21	SCHIZOTYPAL DISORDER
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

<b>Step 9 (Table A)</b> <b>Required quantity: 1</b> <b>Look back timeframe: 730 days</b>	
F303	MANIC EPISODE IN PARTIAL REMISSION
F304	MANIC EPISODE IN FULL REMISSION
F308	OTHER MANIC EPISODES
F309	MANIC EPISODE, UNSPECIFIED
F310	BIPOLAR DISORDER, CURRENT EPISODE HYPOMANIC
F3110	BIPOLAR DISORDER, CURRENT EPISODE MANIC WITHOUT PSYCHOTIC FEATURES UNSPECIFIED
F3111	BIPOLAR DISORDER, CURRENT EPISODE MANIC WITHOUT PSYCHOTIC FEATURES MILD
F3112	BIPOLAR DISORDER, CURRENT EPISODE MANIC WITHOUT PSYCHOTIC FEATURES MODERATE
F3113	BIPOLAR DISORDER, CURRENT EPISODE MANIC WITHOUT PSYCHOTIC FEATURES SEVERE
F312	BIPOLAR DISORDER, CURRENT EPISODE MANIC SEVERE WITH PSYCHOTIC FEATURES
F3130	BIPOLAR DISORDER, CURRENT EPISODE DEPRESSED, MILD OR MODERATE SEVERITY UNSPECIFIED
F3131	BIPOLAR DISORDER, CURRENT EPISODE DEPRESSED, MILD
F3132	BIPOLAR DISORDER, CURRENT EPISODE DEPRESSED, MODERATE
F314	BIPOLAR DISORDER, CURRENT EPISODE DEPRESSED, SEVERE, WITHOUT PSYCHOTIC FEATURES
F315	BIPOLAR DISORDER, CURRENT EPISODE DEPRESSED, SEVERE, WITH PSYCHOTIC FEATURES
F3160	BIPOLAR DISORDER, CURRENT EPISODE MIXED UNSPECIFIED
F3161	BIPOLAR DISORDER, CURRENT EPISODE MIXED MILD
F3162	BIPOLAR DISORDER, CURRENT EPISODE MIXED MODERATE
F3163	BIPOLAR DISORDER, CURRENT EPISODE MIXED SEVERE, WITHOUT PSYCHOTIC FEATURES
F3164	BIPOLAR DISORDER, CURRENT EPISODE MIXED SEVERE, WITH PSYCHOTIC FEATURES
F3170	BIPOLAR DISORDER, CURRENTLY IN REMISSION MOST RECENT EPISODE UNSPECIFIED
F3171	BIPOLAR DISORDER, IN PARTIAL REMISSION, MOST RECENT EPISODE HYPOMANIC
F3172	BIPOLAR DISORDER, IN FULL REMISSION, MOST RECENT EPISODE HYPOMANIC
F3173	BIPOLAR DISORDER, IN PARTIAL REMISSION, MOST RECENT EPISODE MANIC
F3174	BIPOLAR DISORDER, IN FULL REMISSION, MOST RECENT EPISODE MANIC
F3175	BIPOLAR DISORDER, IN PARTIAL REMISSION, MOST RECENT EPISODE DEPRESSED
F3176	BIPOLAR DISORDER, IN FULL REMISSION, MOST RECENT EPISODE DEPRESSED

<b>Step 9 (Table A)</b> <b>Required quantity: 1</b> <b>Look back timeframe: 730 days</b>	
F3177	BIPOLAR DISORDER, IN PARTIAL REMISSION, MOST RECENT EPISODE MIXED
F3178	BIPOLAR DISORDER, IN FULL REMISSION, MOST RECENT EPISODE MIXED
F3181	BIPOLAR II DISORDER
F3189	OTHER BIPOLAR DISORDER
F319	BIPOLAR DISORDER, UNSPECIFIED
F340	CYCLOTHYMIC DISORDER
F341	DYSTHYMIC DISORDER
F3481	DISRUPTIVE MOOD DYSREGULATION DISORDER
F3489	OTHER SPECIFIED PERSISTENT MOOD DISORDERS
F349	PERSISTENT MOOD [AFFECTIVE] DISORDER, UNSPECIFIED
F39	UNSPECIFIED MOOD [AFFECTIVE] DISORDER
F840	AUTISTIC DISORDER
F842	RETT'S SYNDROME
F843	OTHER CHILDHOOD DISINTEGRATIVE DISORDER
F845	ASPERGER'S SYNDROME
F848	OTHER PERVASIVE DEVELOPMENTAL DISORDERS
F849	PERVASIVE DEVELOPMENTAL DISORDER, UNSPECIFIED
F952	TOURETTE'S DISORDER

<b>Step 9 (Table B)</b> <b>Required quantity: 1</b> <b>Look back timeframe: 730 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
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

<b>Step 10 (diagnosis of opioid abuse/dependence)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 365 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
F1110	OPIOID ABUSE UNCOMPLICATED
F1111	OPIOID ABUSE IN REMISSION
F11120	OPIOID ABUSE WITH INTOXICATION UNCOMPLICATED
F11121	OPIOID ABUSE WITH INTOXICATION DELIRIUM
F11122	OPIOID ABUSE WITH INTOXICATION WITH PERCEPTUAL DISTURBANCE
F11129	OPIOID ABUSE WITH INTOXICATION UNSPECIFIED
F1114	OPIOID ABUSE WITH OPIOID-INDUCED MOOD DISORDER
F11150	OPIOID ABUSE WITH OPIOID-INDUCED PSYCHOTIC DISORDER WITH DELUSIONS
F11151	OPIOID ABUSE WITH OPIOID-INDUCED PSYCHOTIC DISORDER WITH HALLUCINATIONS
F11159	OPIOID ABUSE WITH OPIOID-INDUCED PSYCHOTIC DISORDER UNSPECIFIED
F11181	OPIOID ABUSE WITH OPIOID-INDUCED SEXUAL DYSFUNCTION
F11182	OPIOID ABUSE WITH OPIOID-INDUCED SLEEP DISORDER
F11188	OPIOID ABUSE WITH OTHER OPIOID-INDUCED DISORDER
F1119	OPIOID ABUSE WITH UNSPECIFIED OPIOID-INDUCED DISORDER
F1120	OPIOID DEPENDENCE, UNCOMPLICATED
F1121	OPIOID DEPENDENCE, IN REMISSION
F11220	OPIOID DEPENDENCE WITH INTOXICATION, UNCOMPLICATED
F11221	OPIOID DEPENDENCE WITH INTOXICATION DELIRIUM
F11222	OPIOID DEPENDENCE WITH INTOXICATION WITH PERCEPTUAL DISTURBANCE
F11229	OPIOID DEPENDENCE WITH INTOXICATION, UNSPECIFIED
F1123	OPIOID DEPENDENCE WITH WITHDRAWAL
F1124	OPIOID DEPENDENCE WITH OPIOID-INDUCED MOOD DISORDER
F11250	OPIOID DEPENDENCE WITH OPIOID-INDUCED PSYCHOTIC DISORDER WITH DELUSIONS
F11251	OPIOID DEPENDENCE WITH OPIOID-INDUCED PSYCHOTIC DISORDER WITH HALLUCINATIONS
F11259	OPIOID DEPENDENCE WITH OPIOID-INDUCED PSYCHOTIC DISORDER, UNSPECIFIED
F11281	OPIOID DEPENDENCE WITH OPIOID-INDUCED SEXUAL DYSFUNCTION
F11282	OPIOID DEPENDENCE WITH OPIOID-INDUCED SLEEP DISORDER
F11288	OPIOID DEPENDENCE WITH OTHER OPIOID-INDUCED DISORDER
F1129	OPIOID DEPENDENCE WITH UNSPECIFIED OPIOID-INDUCED DISORDER

<b>Step 11 - Opioids</b>	
<b>Label Name</b>	<b>GCN</b>
ACETAMIN-CAFF-DIHYDROCOD 320.5	37532
ACETAMINOPHEN-COD #2 TABLET	70131
ACETAMINOPHEN-COD #3 TABLET	70134
ACETAMINOPHEN-COD #4 TABLET	70136
ACETAMINOPHEN-CODEINE 120-12 MG/5 ML	55402
ACTIQ 1,200 MCG LOZENGE	19193
ACTIQ 1,600 MCG LOZENGE	19194
ACTIQ 200 MCG LOZENGE	19204
ACTIQ 400 MCG LOZENGE	19206
ACTIQ 600 MCG LOZENGE	19191
ACTIQ 800 MCG LOZENGE	19192
APADAZ 4.08-325 MG TABLET	45987
APADAZ 6.12-325 MG TABLET	44508
APADAZ 8.16-325 MG TABLET	45986
ASCOMP WITH CODEINE CAPSULE	69500
BELBUCA 75 MCG FILM	39959
BELBUCA 150 MCG FILM	39965
BELBUCA 300 MCG FILM	39966
BELBUCA 450 MCG FILM	39967
BELBUCA 600 MCG FILM	39968
BELBUCA 750 MCG FILM	39969
BELBUCA 900 MCG FILM	39975
BELLADONNA-OPIUM 30-16.2MG SUPP	70741
BELLADONNA-OPIUM 60-16.2MG SUPP	70742
BUPRENORPHINE 10 MCG/HR PATCH	25309
BUPRENORPHINE 15 MCG/HR PATCH	35214
BUPRENORPHINE 20 MCG/HR PATCH	25312
BUPRENORPHINE 5 MCG/HR PATCH	25308
BUPRENORPHINE 7.5 MCG/HR PATCH	36946
BUTALB-ACETAMINOPH-CAFF-CODEIN	34988
BUTALB-CAFF-ACETAMINOPH-CODEIN	70140
BUTALBITAL COMP-CODEINE #3 CAP	69500
BUTORPHANOL 10 MG/ML SPRAY	20351
BUTRANS 10 MCG/HR PATCH	25309
BUTRANS 15 MCG/HR PATCH	35214
BUTRANS 20 MCG/HR PATCH	25312
BUTRANS 5 MCG/HR PATCH	25308

<b>Step 11 - Opioids</b>	
<b>Label Name</b>	<b>GCN</b>
BUTRANS 7.5 MCG/HR PATCH	36946
CARISOPRODOL CPD-CODEINE TABLET	13995
CODEINE-GUAIFEN 10-100MG/5ML	91713
CODEINE SULFATE 30 MG TABLET	16241
CODEINE SULFATE 60 MG TABLET	16242
DEMEROL 100 MG/ML AMPUL	25626
DEMEROL 100 MG/ML VIAL	15960
DEMEROL 50 MG/ML AMPUL	25605
DEMEROL 50 MG/ML AMPUL	25608
DEMEROL 50 MG/ML VIAL	15962
DEMEROL 75 MG/1.5 ML AMPUL	25607
DILAUDID 2 MG TABLET	16141
DILAUDID 4 MG TABLET	16143
DILAUDID 8 MG TABLET	16144
DILAUDID-5 1 MG/ML LIQUID	20251
DOLOPHINE HCL 10 MG TABLET	16420
DSUVIA 30 MCG SUBLINGUAL TAB	45928
DURAGESIC 100 MCG/HR PATCH	19203
DURAGESIC 12 MCG/HR PATCH	24635
DURAGESIC 25 MCG/HR PATCH	19200
DURAGESIC 50 MCG/HR PATCH	19201
DURAGESIC 75 MCG/HR PATCH	19202
DVORAH 325-30-16MG TABLET	43264
EMBEDA ER 100-4 MG CAPSULE	37692
EMBEDA ER 20-0.8MG CAPSULE	37685
EMBEDA ER 30-1.2MG CAPSULE	37686
EMBEDA ER 50-2MG CAPSULE	37687
EMBEDA ER 60-2.4MG CAPSULE	37688
EMBEDA ER 80-3.2MG CAPSULE	37689
ENDOCET 10-325 MG TABLET	14966
ENDOCET 5-325 TABLET	70491
ENDOCET 7.5-325 MG TABLET	14965
FENTANYL 100 MCG/HR PATCH	19203
FENTANYL 12 MCG/HR PATCH	24635
FENTANYL 25 MCG/HR PATCH	19200
FENTANYL 37.5 MCG/HR PATCH	37952
FENTANYL 50 MCG/HR PATCH	19201



<b>Step 11 - Opioids</b>	
<b>Label Name</b>	<b>GCN</b>
FENTANYL 62.5MCG/HR PATCH	37947
FENTANYL 75 MCG/HR PATCH	19202
FENTANYL 87.5 MCG/HR PATCH	37948
FENTANYL CIT OTFC 1,200 MCG	19193
FENTANYL CIT OTFC 1,600 MCG	19194
FENTANYL CITRATE OTFC 200 MCG	19204
FENTANYL CITRATE OTFC 400 MCG	19206
FENTANYL CITRATE OTFC 600 MCG	19191
FENTANYL CITRATE OTFC 800 MCG	19192
FENTORA 100 MCG BUCCAL TABLET	97280
FENTORA 200 MCG BUCCAL TABLET	97281
FENTORA 400 MCG BUCCAL TABLET	97283
FENTORA 600 MCG BUCCAL TABLET	97284
FENTORA 800 MCG BUCCAL TABLET	97285
FIORINAL-COD 30-50-325-40 CAP	69500
GUAIFEN-CODEINE 100-10 MG/5 ML	91713
GUAIAUSSIN AC LIQUID	91713
HYDROCODON-ACETAMIN 7.5-325/15 ML	21146
HYDROCODON-ACETAMINOPH 2.5-325	70337
HYDROCODON-ACETAMINOPH 7.5-300	26709
HYDROCODON-ACETAMINOPH 7.5-325	12488
HYDROCODON-ACETAMINOPHEN 5-300	26470
HYDROCODON-ACETAMINOPHEN 5-325	12486
HYDROCODON-ACETAMINOPHN 10-300	22929
HYDROCODON-ACETAMINOPHN 10-325	70330
HYDROCODONE BT-IBUPROFEN TAB	63101
HYDROCODONE-CHLORPHEN ER SUSP	13974
HYDROCOD-HOMATROPINE SYRUP	13973
HYDROCOD-HOMATROP 5-1.5 MG TAB	96041
HYDROCODONE BT-IBUPROFEN TAB	63101
HYDROCODONE-IBUPROFEN 10-200	99371
HYDROCODONE-IBUPROFEN 5-200	22678
HYDROMET SYRUP	13973
HYDROMORPHONE 1 MG/ML SOLUTION	20251
HYDROMORPHONE 10 MG/ML VIAL	20451
HYDROMORPHONE 2 MG TABLET	16141
HYDROMORPHONE 3 MG SUPPOS	16130

<b>Step 11 - Opioids</b>	
<b>Label Name</b>	<b>GCN</b>
HYDROMORPHONE 4 MG TABLET	16143
HYDROMORPHONE 8 MG TABLET	16144
HYDROMORPHONE HCL ER 12 MG TAB	28427
HYDROMORPHONE HCL ER 16 MG TAB	33142
HYDROMORPHONE HCL ER 32 MG TAB	33088
HYDROMORPHONE HCL ER 8 MG TAB	33143
HYSINGLA ER 100MG TABLET	37546
HYSINGLA ER 120MG TABLET	37547
HYSINGLA ER 20MG TABLET	37539
HYSINGLA ER 30MG TABLET	37541
HYSINGLA ER 40MG TABLET	37543
HYSINGLA ER 60MG TABLET	37544
HYSINGLA ER 80MG TABLET	37545
KADIAN ER 100 MG CAPSULE	26494
KADIAN ER 200 MG CAPSULE	98135
KADIAN ER 50 MG CAPSULE	26493
KADIAN ER 80 MG CAPSULE	97508
LAZANDA 300MCG NASAL SPRAY	41539
LEVORPHANOL 2MG TABLET	16350
LORCET 5-325 MG TABLET	12486
LORCET HD 10-325 MG TABLET	70330
LORCET PLUS 7.5-325 MG TABLET	12488
MEPERIDINE 100 MG TABLET	15990
MEPERIDINE 100 MG/ML VIAL	25627
MEPERIDINE 25 MG/ML VIAL	25613
MEPERIDINE 50 MG TABLET	15991
MEPERIDINE 50 MG/5 ML SOLUTION	15980
MEPERIDINE 50 MG/ML VIAL	25609
METHADONE 10 MG/5 ML SOLUTION	16410
METHADONE 10 MG/ML ORAL CONC	16415
METHADONE 40 MG TABLET DISPR	16423
METHADONE 5 MG/5 ML SOLUTION	16400
METHADONE HCL 10 MG TABLET	16420
METHADONE HCL 5 MG TABLET	16422
METHADOSE 10 MG/ML ORAL CONC	16415
METHADOSE 40 MG TABLET DISPR	16423
MORPHABOND ER 100 MG TABLET	39856

<b>Step 11 - Opioids</b>	
<b>Label Name</b>	<b>GCN</b>
MORPHABOND ER 15 MG TABLET	39853
MORPHABOND ER 30 MG TABLET	39854
MORPHABOND ER 60 MG TABLET	39855
MORPHINE 10 MG/ML CARPUJECT	33312
MORPHINE 2 MG/ML CARPUJECT	33308
MORPHINE 4 MG/ML CARPUJECT	33309
MORPHINE 8 MG/ML SYRINGE	33765
MORPHINE SULF 10 MG/5 ML SOLN	16060
MORPHINE SULF 100 MG/5 ML SOLN	16063
MORPHINE SULF 20 MG/5 ML SOLN	16062
MORPHINE SULF CR 15 MG TABLET	16643
MORPHINE SULF CR 30 MG TABLET	16640
MORPHINE SULF CR 60 MG TABLET	16641
MORPHINE SULF ER 100 MG TABLET	16642
MORPHINE SULF ER 200 MG TABLET	16078
MORPHINE SULFATE 50 MG/ML VIAL	16271
MORPHINE SULFATE ER 100MG CAP	26494
MORPHINE SULFATE ER 10MG CAP	26490
MORPHINE SULFATE ER 120MG CAP	17189
MORPHINE SULFATE ER 20MG CAP	26492
MORPHINE SULFATE ER 30MG CAP	17193
MORPHINE SULFATE ER 30MG CAP	97534
MORPHINE SULFATE ER 40MG CAP	33158
MORPHINE SULFATE ER 45MG CAP	16212
MORPHINE SULFATE ER 50MG CAP	26493
MORPHINE SULFATE ER 60MG CAP	17192
MORPHINE SULFATE ER 60MG CAP	97535
MORPHINE SULFATE ER 75MG CAP	16213
MORPHINE SULFATE ER 80 MG CAP	97508
MORPHINE SULFATE ER 90MG CAP	17191
MORPHINE SULFATE IR 15 MG TAB	16070
MORPHINE SULFATE IR 30 MG TAB	16071
MS CONTIN 100 MG TABLET	16642
MS CONTIN 15 MG TABLET	16643
MS CONTIN 200 MG TABLET	16078
MS CONTIN 60 MG TABLET	16641
MS CONTIN CR 30 MG TABLET	16640

<b>Step 11 - Opioids</b>	
<b>Label Name</b>	<b>GCN</b>
NALBUPHINE 10 MG/ML AMPUL	16360
NALBUPHINE 200 MG/10 ML VIAL	16371
NALOCET 2.5-300 MG TABLET	26953
NINJACOF-XG LIQUID	30677
NORCO 10-325 TABLET	70330
NUCYNTA 100 MG TABLET	26165
NUCYNTA 50 MG TABLET	26163
NUCYNTA 75 MG TABLET	26164
NUCYNTA ER 100MG TABLET	29788
NUCYNTA ER 150MG TABLET	29789
NUCYNTA ER 200MG TABLET	29791
NUCYNTA ER 250MG TABLET	29792
NUCYNTA ER 50MG TABLET	29787
OPIUM TINCTURE 10 MG/ML	16471
OXYCODONE CONC 20 MG/ML SOLN	16281
OXYCODONE HCL 10 MG TABLET	16291
OXYCODONE HCL 10 MG TABLET ER	37158
OXYCODONE HCL 15 MG TABLET	20091
OXYCODONE HCL 15 MG TABLET ER	37159
OXYCODONE HCL 20 MG TABLET	21194
OXYCODONE HCL 20 MG TABLET ER	37161
OXYCODONE HCL 30 MG TABLET	20092
OXYCODONE HCL 30 MG TABLET ER	37162
OXYCODONE HCL 40 MG TABLET ER	37163
OXYCODONE HCL 60 MG TABLET ER	37164
OXYCODONE HCL 5 MG CAPSULE	16285
OXYCODONE HCL 5 MG TABLET	16290
OXYCODONE HCL 5 MG/5 ML SOL	16280
OXYCODONE HCL ER 80 MG TABLET	37165
OXYCODONE-ACETAMINOPHEN 10-325	14966
OXYCODONE-ACETAMINOPHEN 2.5-325	70492
OXYCODONE-ACETAMINOPHEN 7.5-325	14965
OXYCODONE-ACETAMINOPHEN 5-325	70491
OXYCODONE-ASA 4.8355-325	26836
OXYCODONE-IBUPROFEN 5-400 TAB	23827
OXYCONTIN 10 MG TABLET	37158
OXYCONTIN 15 MG TABLET	37159

<b>Step 11 - Opioids</b>	
<b>Label Name</b>	<b>GCN</b>
OXYCONTIN 20 MG TABLET	37161
OXYCONTIN 30 MG TABLET	37162
OXYCONTIN 40 MG TABLET	37163
OXYCONTIN 60 MG TABLET	37164
OXYCONTIN 80 MG TABLET	37165
OXYMORPHONE HCL 10 MG TABLET	27244
OXYMORPHONE HCL 5 MG TABLET	27243
OXYMORPHONE HCL ER 10 MG TAB	27248
OXYMORPHONE HCL ER 15 MG TAB	99493
OXYMORPHONE HCL ER 20 MG TAB	27249
OXYMORPHONE HCL ER 30 MG TAB	99494
OXYMORPHONE HCL ER 40 MG TAB	27253
OXYMORPHONE HCL ER 5 MG TABLET	27247
OXYMORPHONE HCL ER 7.5 MG TAB	99492
PENTAZOCINE-NALOXONE TABLET	71060
PERCOCET 10-325 MG TABLET	14966
PERCOCET 2.5-325 MG TABLET	70492
PERCOCET 5-325 MG TABLET	70491
PERCOCET 7.5-325 MG TABLET	14965
PROMETHAZINE-CODEINE SYRUP	13971
ROXICODONE 15 MG TABLET	20091
ROXICODONE 30 MG TABLET	20092
SUBSYS 100 MCG SPRAY	31187
SUBSYS 200 MCG SPRAY	31189
SUBSYS 400 MCG SPRAY	31188
SUBSYS 600 MCG SPRAY	31192
SUBSYS 800 MCG SPRAY	31193
SUBSYS 1,200 MCG SPRAY	31596
SUBSYS 1,600 MCG SPRAY	31597
TRAMADOL ER 100 MG TABLET	99151
TRAMADOL ER 200 MG TABLET	99152
TRAMADOL ER 300 MG TABLET	99153
TRAMADOL HCL 50 MG TABLET	07221
TRAMADOL HCL ER 100 MG CAPSULE	30382
TRAMADOL HCL ER 100 MG TABLET	26387
TRAMADOL HCL ER 200 MG CAPSULE	30383
TRAMADOL HCL ER 200 MG TABLET	50417
TRAMADOL HCL ER 300 MG CAPSULE	30384

<b>Step 11 - Opioids</b>	
<b>Label Name</b>	<b>GCN</b>
TRAMADOL-ACETAMINOPHN 37.5-325	13909
TYLENOL WITH CODEINE #3 TABLET	70134
TYLENOL WITH CODEINE #4 TABLET	70136
ULTRACET TABLET	13909
ULTRAM 50 MG TABLET	07221
VICODIN 5-300 MG TABLET	26470
VICODIN ES 7.5-300 MG TABLET	26709
VICODIN HP 10-300 MG TABLET	22929
VIRTUSSIN AC LIQUID	91713
VIRTUSSIN DAC LIQUID	54670
XTAMPZA ER 13.5 MG CAPSULE	41273
XTAMPZA ER 18 MG CAPSULE	41274
XTAMPZA ER 27 MG CAPSULE	41275
XTAMPZA ER 36 MG CAPSULE	41276
XTAMPZA ER 9 MG CAPSULE	41272

**Step 12 (2 active claims for different antipsychotic agents (HIC4) excluding the incoming request)**

**Required quantity: 2**

**Look back timeframe: 90 days**

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.



## Antipsychotics

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## Publication History

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

Publication Date	Notes
06/14/2011	<ul style="list-style-type: none"> <li>Initial publication and posting to website</li> </ul>
10/13/2011	<ul style="list-style-type: none"> <li>Added a new section to specify the drugs requiring prior authorization</li> <li>In the "Clinical Edit Criteria Supporting Tables" section, revised section to specify the drug names, GCNs, and HICLs pertinent to steps 2 and 3 of the logic diagram</li> </ul>
12/31/2012	<ul style="list-style-type: none"> <li>Added Latuda and amitriptyline/perphenazine to the Antipsychotics drug table</li> </ul>
03/26/2014	<ul style="list-style-type: none"> <li>Added additional criteria and expanded "Clinical Edit Criteria Supporting Tables"</li> </ul>
10/30/2014	<ul style="list-style-type: none"> <li>Revised Step 1 of Clinical Edit Criteria and Logic Diagram</li> <li>Removed Table C from Clinical Edit Supporting Tables</li> </ul>
03/20/2015	<ul style="list-style-type: none"> <li>Added GCNs for Abilify Maintena syringes to the "Drugs Requiring Prior Authorization" table</li> </ul>
04/21/2015	<ul style="list-style-type: none"> <li>Revised Clinical Edit Criteria and Logic Diagram to reflect duplicate therapy check through HIC4s</li> </ul>
10/07/2015	<ul style="list-style-type: none"> <li>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</li> <li>Updated Criteria Logic Diagram, Step 8 - "Does the client have a diagnosis found in Table A or B in the last 730 days?"</li> </ul>
12/18/2015	<ul style="list-style-type: none"> <li>Added GCNs for Aristada ER injection, Rexulti tablets, Brintellix tablets and Fetzima capsules</li> <li>Updated and verified all ICD-9s and 10s</li> </ul>
02/01/2016	<ul style="list-style-type: none"> <li>Added GCNs for Invega Trinza</li> </ul>
02/26/2016	<ul style="list-style-type: none"> <li>Updated HIC4 for quetiapine containing agents</li> </ul>
03/08/2016	<ul style="list-style-type: none"> <li>Reviewed and updated diagnoses for insomnia</li> </ul>
03/23/2016	<ul style="list-style-type: none"> <li>Added GCN for Saphris 2.5mg tablet</li> </ul>
05/18/2016	<ul style="list-style-type: none"> <li>Added GCN for Zyprexa/Olanzapine 10mg vial</li> </ul>

Publication Date	Notes
07/19/2016	<ul style="list-style-type: none"> <li>Added GCNs for Aristada</li> </ul>
12/05/2016	<ul style="list-style-type: none"> <li>Updated criteria logic, page 9. Amended answer for question 7 to "If no, go to #8"</li> <li>Updated logic diagram, page 10</li> </ul>
01/30/2017	<ul style="list-style-type: none"> <li>Updated ICD-10s, Table A, page 22</li> </ul>
02/17/2017	<ul style="list-style-type: none"> <li>Added GCNs for Vraylar to 'Drugs Requiring PA', page 7</li> </ul>
03/19/2018	<ul style="list-style-type: none"> <li>Added molindone and pimozide GCNs to 'Drugs Requiring PA', page 3</li> <li>Added paliperidone GCNs to 'Drugs Requiring PA', page 5</li> <li>Added GCNs for duloxetine to Table 7, pages 12 - 13</li> </ul>
05/09/2018	<ul style="list-style-type: none"> <li>Added question 5 to criteria logic and logic diagram, pages 9-10</li> </ul>
10/01/2018	<ul style="list-style-type: none"> <li>Added GCNs for Aristada Initio to 'Drugs Requiring PA', page 8</li> </ul>
01/21/2019	<ul style="list-style-type: none"> <li>Added GCNs for Perseris to 'Drugs Requiring PA', page 8</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>
09/04/2019	<ul style="list-style-type: none"> <li>Added GCNs for Abilify MyCite to drug tables</li> </ul>
07/15/2020	<ul style="list-style-type: none"> <li>Added GCNs for Caplyta and Secuado to drug tables</li> </ul>
02/05/2021	<ul style="list-style-type: none"> <li>Added GCNs for fluphenazine decanoate and haloperidol decanoate to drug table, page 2</li> </ul>
02/17/2021	<ul style="list-style-type: none"> <li>Annual review by staff</li> <li>Added GCNs for chlorpromazine ampule (14331), fluphenazine vial (14571), haloperidol lactate (15490 and 15500) and quetiapine ER (16193, 98522, 98523, 98524 and 98994)</li> <li>Updated Table 7</li> <li>Updated references</li> </ul>
10/22/2021	<ul style="list-style-type: none"> <li>Added GCNs for Lybalvi (GCNs pending) to PA drug table</li> </ul>