

**Texas Prior Authorization Program
Clinical Criteria**

Drug/Drug Class**Opiate/Benzodiazepine/Muscle Relaxant
Combinations****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/diagrams:** a description of how the prior authorization request will be evaluated against the clinical criteria rules
 - **Edit 1** (Opiate/Benzodiazepine/Muscle Relaxant)
 - **Edit 2** (Opiate/Benzodiazepine)
 - **Edit 3** (Muscle Relaxant/Benzodiazepine)
- **References:** clinical publications and sources relevant to this clinical criteria

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

Revision Notes

Criteria revision – reduce therapeutic overlap from 14 days to 7 days



Opiate/Benzodiazepine/Muscle Relaxant Combinations

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.

Drugs Requiring Prior Authorization		
Label Name	GCN	HIC3
Drug Class #1 (Opiates)		
ACETAMINOPHEN-COD #2 TABLET	70131	H3U
ACETAMINOPHEN-COD #3 TABLET	70134	H3U
ACETAMINOPHEN-COD #4 TABLET	70136	H3U
ACETAMINOPHEN-CODEINE 120-12 MG/5 ML	55402	H3U
ACTIQ 1,200 MCG LOZENGE	19193	H3A
ACTIQ 1,600 MCG LOZENGE	19194	H3A
ACTIQ 200 MCG LOZENGE	19204	H3A
ACTIQ 400 MCG LOZENGE	19206	H3A
ACTIQ 600 MCG LOZENGE	19191	H3A
ACTIQ 800 MCG LOZENGE	19192	H3A
APADAZ 4.08-325 MG TABLET	45987	H3B
APADAZ 6.12-325 MG TABLET	44508	H3B
APADAZ 8.16-325 MG TABLET	45986	H3B
ASCOMP WITH CODEINE CAPSULE	69500	H3R
BELBUCA 75 MCG FILM	39959	H3W
BELBUCA 150 MCG FILM	39965	H3W
BELBUCA 300 MCG FILM	39966	H3W
BELBUCA 450 MCG FILM	39967	H3W
BELBUCA 600 MCG FILM	39968	H3W
BELBUCA 750 MCG FILM	39969	H3W
BELBUCA 900 MCG FILM	39975	H3W
BELLADONNA-OPIUM 30-16.2MG SUPP	70741	H3A
BELLADONNA-OPIUM 60-16.2MG SUPP	70742	H3A
BUTALB-ACETAMINOPH-CAFF-CODEIN	34988	H3M
BUTALB-CAFF-ACETAMINOPH-CODEIN	70140	H3M
BUTALBITAL COMP-CODEINE #3 CAP	69500	H3R
BUTORPHANOL 10 MG/ML SPRAY	20351	H3A
BUTRANS 10 MCG/HR PATCH	25309	H3A
BUTRANS 15 MCG/HR PATCH	35214	H3A
BUTRANS 20 MCG/HR PATCH	25312	H3A
BUTRANS 5 MCG/HR PATCH	25308	H3A

Drugs Requiring Prior Authorization		
Label Name	GCN	HIC3
Drug Class #1 (Opiates)		
BUTRANS 7.5 MCG/HR PATCH	36946	H3A
CHERATUSSIN AC SYRUP	91713	B4S
CHERATUSSIN DAC SYRUP	54670	B4Q
CODEINE SULFATE 30 MG TABLET	16241	H3A
CODEINE SULFATE 60 MG TABLET	16242	H3A
CODEINE-GUAIFEN 10-100 MG/5 ML	91713	B4S
DEMEROL 100 MG/ML AMPUL	25626	H3A
DEMEROL 100 MG/ML VIAL	15960	H3A
DEMEROL 50 MG/ML AMPUL	25605	H3A
DEMEROL 50 MG/ML AMPUL	25608	H3A
DEMEROL 50 MG/ML VIAL	15962	H3A
DEMEROL 75 MG/1.5 ML AMPUL	25607	H3A
DIHYDROCODEIN-ACETAMINOPH-CAFF	37532	H3Z
DILAUDID 2 MG TABLET	16141	H3A
DILAUDID 4 MG TABLET	16143	H3A
DILAUDID 8 MG TABLET	16144	H3A
DILAUDID-5 1 MG/ML LIQUID	20251	H3A
DOLOPHINE HCL 10 MG TABLET	16420	H3A
DURAGESIC 100 MCG/HR PATCH	19203	H3A
DURAGESIC 12 MCG/HR PATCH	24635	H3A
DURAGESIC 25 MCG/HR PATCH	19200	H3A
DURAGESIC 50 MCG/HR PATCH	19201	H3A
DURAGESIC 75 MCG/HR PATCH	19202	H3A
EMBEDA ER 100-4MG CAPSULE	37692	H3A
EMBEDA ER 20-0.8MG CAPSULE	37685	H3A
EMBEDA ER 30-1.2MG CAPSULE	37686	H3A
EMBEDA ER 50-2MG CAPSULE	37687	H3A
EMBEDA ER 60-2.4MG CAPSULE	37688	H3A
EMBEDA ER 80-3.2MG CAPSULE	37689	H3A
ENDOCET 10-325 MG TABLET	14966	H3U
ENDOCET 2.5-325 MG TABLET	70492	H3U
ENDOCET 5-325 TABLET	70491	H3U
ENDOCET 7.5-325 MG TABLET	14965	H3U
EXALGO ER 12 MG TABLET	28427	H3A
EXALGO ER 16 MG TABLET	33142	H3A
EXALGO ER 32 MG TABLET	33088	H3A
EXALGO ER 8 MG TABLET	33143	H3A
FENTANYL 100 MCG/HR PATCH	19203	H3A
FENTANYL 12 MCG/HR PATCH	24635	H3A

Drugs Requiring Prior Authorization		
Label Name	GCN	HIC3
Drug Class #1 (Opiates)		
FENTANYL 25 MCG/HR PATCH	19200	H3A
FENTANYL 37.5 MCG/HR PATCH	37952	H3A
FENTANYL 50 MCG/HR PATCH	19201	H3A
FENTANYL 62.5 MCG/HR PATCH	37947	H3A
FENTANYL 75 MCG/HR PATCH	19202	H3A
FENTANYL 87.5 MCG/HR PATCH	37948	H3A
FENTANYL CIT OTFC 1,200 MCG	19193	H3A
FENTANYL CIT OTFC 1,600 MCG	19194	H3A
FENTANYL CITRATE OTFC 200 MCG	19204	H3A
FENTANYL CITRATE OTFC 400 MCG	19206	H3A
FENTANYL CITRATE OTFC 600 MCG	19191	H3A
FENTANYL CITRATE OTFC 800 MCG	19192	H3A
FENTORA 100 MCG BUCCAL TABLET	97280	H3A
FENTORA 200 MCG BUCCAL TABLET	97281	H3A
FENTORA 400 MCG BUCCAL TABLET	97283	H3A
FENTORA 600 MCG BUCCAL TABLET	97284	H3A
FENTORA 800 MCG BUCCAL TABLET	97285	H3A
FIORINAL-COD 30-50-325-40 CAP	69500	H3R
FLOWTUSS 2.5-200 MG/5 ML SOLN	37679	B4S
GUAIATUSSIN AC LIQUID	91713	B4S
GUAIFENESIN-CODEINE SYRUP	91713	B4S
HYCOFENIX 2.5-30-200 MG/5 ML	38666	B4Q
HYDROCOD-CPM-PSEUDOEP 5-4-60/5ML	30047	B3Q
HYDROCOD-HOMATROP 5-1.5 MG TAB	96041	B4C
HYDROCODON-ACETAMIN 7.5-325/15 ML	21146	H3U
HYDROCODON-ACETAMINOPH 2.5-325	70337	H3U
HYDROCODON-ACETAMINOPH 7.5-300	26709	H3U
HYDROCODON-ACETAMINOPH 7.5-325	12488	H3U
HYDROCODON-ACETAMINOPHEN 5-300	26470	H3U
HYDROCODON-ACETAMINOPHEN 5-325	12486	H3U
HYDROCODON-ACETAMINOPHN 10-300	22929	H3U
HYDROCODON-ACETAMINOPHN 10-325	70330	H3U
HYDROCODONE BT-IBUPROFEN TAB	63101	H3N
HYDROCODONE-CHLORPHEN ER SUSP	13974	B4D
HYDROCODONE-HOMATROPINE SYRUP	13973	B4C
HYDROCOD-HOMATROP 5-1.5 MG TAB	96041	B4C
HYDROCODONE-IBUPROFEN 10-200	99371	H3N
HYDROCODONE-IBUPROFEN	63101	H3N
HYDROCODONE-IBUPROFEN 5-200	22678	H3N

Drugs Requiring Prior Authorization		
Label Name	GCN	HIC3
Drug Class #1 (Opiates)		
HYDROMET SYRUP	13973	B4C
HYDROMORPHONE 1 MG/ML SOLUTION	20251	H3A
HYDROMORPHONE 10 MG/ML VIAL	20451	H3A
HYDROMORPHONE 2 MG TABLET	16141	H3A
HYDROMORPHONE 3 MG SUPPOS	16130	H3A
HYDROMORPHONE 4 MG TABLET	16143	H3A
HYDROMORPHONE 8 MG TABLET	16144	H3A
HYDROMORPHONE HCL ER 12 MG TAB	28427	H3A
HYDROMORPHONE HCL ER 16 MG TAB	33142	H3A
HYDROMORPHONE HCL ER 32 MG TAB	33088	H3A
HYDROMORPHONE HCL ER 8 MG TAB	33143	H3A
HYSINGLA ER 100MG TABLET	37546	H3A
HYSINGLA ER 120MG TABLET	37547	H3A
HYSINGLA ER 20MG TABLET	37539	H3A
HYSINGLA ER 30MG TABLET	37541	H3A
HYSINGLA ER 40MG TABLET	37543	H3A
HYSINGLA ER 60MG TABLET	37544	H3A
HYSINGLA ER 80MG TABLET	37545	H3A
IBUDONE 10-200 MG TABLET	99371	H3N
IBUDONE 5-200 MG TABLET	22678	H3N
IOPHEN-C NR LIQUID	91713	B4S
KADIAN ER 10 MG CAPSULE	26490	H3A
KADIAN ER 100 MG CAPSULE	26494	H3A
KADIAN ER 20 MG CAPSULE	26492	H3A
KADIAN ER 200 MG CAPSULE	98135	H3A
KADIAN ER 30 MG CAPSULE	97534	H3A
KADIAN ER 40 MG CAPSULE	33158	H3A
KADIAN ER 50 MG CAPSULE	26493	H3A
KADIAN ER 60 MG CAPSULE	97535	H3A
KADIAN ER 80 MG CAPSULE	97508	H3A
LAZANDA 300 MCG NASAL SPRAY	41539	H3A
LORCET 5-325 MG TABLET	12486	H3U
LORCET HD 10-325 MG TABLET	70330	H3U
LORCET PLUS 7.5-325 MG TABLET	12488	H3U
LORTUSS EX LIQUID	54670	B4Q
MEPERIDINE 100 MG TABLET	15990	H3A
MEPERIDINE 100 MG/ML VIAL	25627	H3A
MEPERIDINE 25 MG/ML VIAL	25613	H3A
MEPERIDINE 50 MG TABLET	15991	H3A

Drugs Requiring Prior Authorization		
Label Name	GCN	HIC3
Drug Class #1 (Opiates)		
MEPERIDINE 50 MG/5 ML SOLUTION	15980	H3A
MEPERIDINE 50 MG/ML VIAL	25609	H3A
METHADONE 10 MG/5 ML SOLUTION	16410	H3A
METHADONE 10 MG/ML ORAL CONC	16415	H3A
METHADONE 40 MG TABLET DISPR	16423	H3A
METHADONE 5 MG/5 ML SOLUTION	16400	H3A
METHADONE HCL 10 MG TABLET	16420	H3A
METHADONE HCL 5 MG TABLET	16422	H3A
METHADOSE 10 MG/ML ORAL CONC	16415	H3A
METHADOSE 40 MG TABLET DISPR	16423	H3A
MORPHABOND ER 100 MG TABLET	39856	H3A
MORPHABOND ER 15 MG TABLET	39853	H3A
MORPHABOND ER 30 MG TABLET	39854	H3A
MORPHABOND ER 60 MG TABLET	39855	H3A
MORPHINE 10 MG/ML CARPUJECT	33312	H3A
MORPHINE 15 MG/ML VIAL	16041	H3A
MORPHINE 2 MG/ML CARPUJECT	33308	H3A
MORPHINE 4 MG/ML CARPUJECT	33309	H3A
MORPHINE 8 MG/ML SYRINGE	33765	H3A
MORPHINE SULF 10 MG/5 ML SOLN	16060	H3A
MORPHINE SULF 100 MG/5 ML SOLN	16063	H3A
MORPHINE SULF 20 MG/5 ML SOLN	16062	H3A
MORPHINE SULF 5 MG/ML VIAL	16042	H3A
MORPHINE SULF 8 MG/ML VIAL	16043	H3A
MORPHINE SULF CR 15 MG TABLET	16643	H3A
MORPHINE SULF CR 30 MG TABLET	16640	H3A
MORPHINE SULF CR 60 MG TABLET	16641	H3A
MORPHINE SULF ER 100 MG TABLET	16642	H3A
MORPHINE SULF ER 200 MG TABLET	16078	H3A
MORPHINE SULFATE 50 MG/ML VIAL	16271	H3A
MORPHINE SULFATE ER 100MG CAP	26494	H3A
MORPHINE SULFATE ER 10MG CAP	26490	H3A
MORPHINE SULFATE ER 120MG CAP	17189	H3A
MORPHINE SULFATE ER 20MG CAP	26492	H3A
MORPHINE SULFATE ER 30MG CAP	17193	H3A
MORPHINE SULFATE ER 30MG CAP	97534	H3A
MORPHINE SULFATE ER 40MG CAP	33158	H3A
MORPHINE SULFATE ER 45MG CAP	16212	H3A
MORPHINE SULFATE ER 50MG CAP	26493	H3A

Drugs Requiring Prior Authorization		
Label Name	GCN	HIC3
Drug Class #1 (Opiates)		
MORPHINE SULFATE ER 60MG CAP	17192	H3A
MORPHINE SULFATE ER 60MG CAP	97535	H3A
MORPHINE SULFATE ER 75MG CAP	16213	H3A
MORPHINE SULFATE ER 80 MG CAP	97508	H3A
MORPHINE SULFATE ER 90MG CAP	17191	H3A
MORPHINE SULFATE IR 15 MG TAB	16070	H3A
MORPHINE SULFATE IR 30 MG TAB	16071	H3A
MS CONTIN 100 MG TABLET	16642	H3A
MS CONTIN 15 MG TABLET	16643	H3A
MS CONTIN 200 MG TABLET	16078	H3A
MS CONTIN 60 MG TABLET	16641	H3A
MS CONTIN CR 30 MG TABLET	16640	H3A
NALBUPHINE 10 MG/ML AMPUL	16360	H3A
NALBUPHINE 200 MG/10 ML VIAL	16371	H3A
NALOCET 2.5-300 MG TABLET	26953	H3U
NINJACOF-XG LIQUID	30677	B4S
NORCO 10-325 TABLET	70330	H3U
NORCO 5-325 TABLET	12486	H3U
NUCYNTA 100 MG TABLET	26165	H3A
NUCYNTA 50 MG TABLET	26163	H3A
NUCYNTA 75 MG TABLET	26164	H3A
NUCYNTA ER 100MG TABLET	29788	H3A
NUCYNTA ER 150MG TABLET	29789	H3A
NUCYNTA ER 200MG TABLET	29791	H3A
NUCYNTA ER 250MG TABLET	29792	H3A
NUCYNTA ER 50MG TABLET	29787	H3A
OPANA 10 MG TABLET	27244	H3A
OPANA 5 MG TABLET	27243	H3A
OPIUM TINCTURE 10MG/ML	16471	D6D
OXYCODON-ACETAMINOPHEN 2.5-325	70492	H3U
OXYCODON-ACETAMINOPHEN 7.5-325	14965	H3U
OXYCODONE CONC 20 MG/ML SOLN	16281	H3A
OXYCODONE HCL 10 MG TABLET	16291	H3A
OXYCODONE HCL 10 MG TABLET ER	37158	H3A
OXYCODONE HCL 15 MG TABLET	20091	H3A
OXYCODONE HCL 20 MG TABLET	21194	H3A
OXYCODONE HCL 20 MG TABLET ER	37161	H3A
OXYCODONE HCL 30 MG TABLET	20092	H3A
OXYCODONE HCL 30 MG TABLET ER	37162	H3A

Drugs Requiring Prior Authorization		
Label Name	GCN	HIC3
Drug Class #1 (Opiates)		
OXYCODONE HCL 40 MG TABLET ER	37163	H3A
OXYCODONE HCL 5 MG CAPSULE	16285	H3A
OXYCODONE HCL 5 MG TABLET	16290	H3A
OXYCODONE HCL 5 MG/5 ML SOL	16280	H3A
OXYCODONE HCL ER 80 MG TABLET	37165	H3A
OXYCODONE-ACETAMINOPHEN 10-325	14966	H3U
OXYCODONE-ACETAMINOPHEN 5-325	70491	H3U
OXYCODONE-ASPIRIN 4.83-325 MG	26836	H3X
OXYCODONE-IBUPROFEN 5-400 TAB	23827	H3N
OXYCONTIN 10 MG TABLET	37158	H3A
OXYCONTIN 15 MG TABLET	37159	H3A
OXYCONTIN 20 MG TABLET	37161	H3A
OXYCONTIN 30 MG TABLET	37162	H3A
OXYCONTIN 40 MG TABLET	37163	H3A
OXYCONTIN 60 MG TABLET	37164	H3A
OXYCONTIN 80 MG TABLET	37165	H3A
OXYMORPHONE HCL 10 MG TABLET	27244	H3A
OXYMORPHONE HCL 5 MG TABLET	27243	H3A
OXYMORPHONE HCL ER 10 MG TAB	27248	H3A
OXYMORPHONE HCL ER 15 MG TAB	99493	H3A
OXYMORPHONE HCL ER 20 MG TAB	27249	H3A
OXYMORPHONE HCL ER 30 MG TAB	99494	H3A
OXYMORPHONE HCL ER 40 MG TAB	27253	H3A
OXYMORPHONE HCL ER 5 MG TABLET	27247	H3A
OXYMORPHONE HCL ER 7.5 MG TAB	99492	H3A
PENTAZOCINE-NALOXONE TABLET	71060	H3A
PERCOCET 10-325 MG TABLET	14966	H3U
PERCOCET 2.5-325 MG TABLET	70492	H3U
PERCOCET 5-325 MG TABLET	70491	H3U
PERCOCET 7.5-325 MG TABLET	14965	H3U
PROMETHAZINE VC-CODEINE SYRUP	13978	B3Q
PROMETHAZINE-CODEINE SYRUP	13971	B4D
ROXICODONE 15 MG TABLET	20091	H3A
ROXICODONE 30 MG TABLET	20092	H3A
ROXYBOND 15 MG TABLET	44877	H3A
ROXYBOND 30 MG TABLET	44878	H3A
ROXYBOND 5 MG TABLET	32047	H3A
SUBSYS 100 MCG SPRAY	31187	H3A
SUBSYS 200 MCG SPRAY	31189	H3A

Drugs Requiring Prior Authorization		
Label Name	GCN	HIC3
Drug Class #1 (Opiates)		
SUBSYS 400 MCG SPRAY	31188	H3A
SUBSYS 600 MCG SPRAY	31192	H3A
SUBSYS 800 MCG SPRAY	31193	H3A
SUBSYS 1,200 MCG SPRAY	31596	H3A
SUBSYS 1,600 MCG SPRAY	31597	H3A
TRAMADOL ER 100 MG TABLET	99151	H3A
TRAMADOL ER 200 MG TABLET	99152	H3A
TRAMADOL ER 300 MG TABLET	99153	H3A
TRAMADOL HCL 50 MG TABLET	07221	H3A
TRAMADOL HCL ER 100 MG CAPSULE	30382	H3A
TRAMADOL HCL ER 100 MG TABLET	26387	H3A
TRAMADOL HCL ER 200 MG CAPSULE	30383	H3A
TRAMADOL HCL ER 200 MG TABLET	50417	H3A
TRAMADOL HCL ER 300 MG CAPSULE	30384	H3A
TRAMADOL-ACETAMINOPHEN 37.5-325 MG	13909	H3U
TUSSIONEX PENNKINETIC SUSP	13974	B4D
TYLENOL WITH CODEINE #3 TABLET	70134	H3U
TYLENOL WITH CODEINE #4 TABLET	70136	H3U
ULTRACET TABLET	13909	H3U
ULTRAM 50 MG TABLET	07221	H3A
VICODIN 5-300 MG TABLET	26470	H3U
VICODIN ES 7.5-300 MG TABLET	26709	H3U
VICODIN HP 10-300 MG TABLET	22929	H3U
VIRTUSSIN AC LIQUID	91713	B4S
XARTEMIS XR 7.5-325MG TABLET	36243	H3U
XTAMPZA ER 9 MG CAPSULE	41272	H3A
XTAMPZA ER 13.5 MG CAPSULE	41273	H3A
XTAMPZA ER 18 MG CAPSULE	41274	H3A
XTAMPZA ER 27 MG TABLET	41275	H3A
XTAMPZA ER 36 MG CAPSULE	41276	H3A
ZUTRIPRO SOLUTION	30047	B3Q

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Drugs Requiring Prior Authorization		
Label Name	GCN	HIC3
Drug Class #2 (Benzodiazepines)		
ALPRAZOLAM 0.25 MG ODT	24368	H2F

Drugs Requiring Prior Authorization		
Label Name	GCN	HIC3
Drug Class #2 (Benzodiazepines)		
ALPRAZOLAM 0.5 MG ODT	24369	H2F
ALPRAZOLAM 1 MG ODT	24373	H2F
ALPRAZOLAM 2 MG ODT	24374	H2F
ALPRAZOLAM 1 MG/ML ORAL CONC	14264	H2F
ALPRAZOLAM 0.25 MG TABLET	14260	H2F
ALPRAZOLAM 0.5 MG TABLET	14261	H2F
ALPRAZOLAM 1 MG TABLET	14262	H2F
ALPRAZOLAM 2 MG TABLET	14263	H2F
ALPRAZOLAM ER 0.5 MG TABLET	17423	H2F
ALPRAZOLAM ER 1 MG TABLET	17424	H2F
ALPRAZOLAM ER 2 MG TABLET	17425	H2F
ALPRAZOLAM ER 3 MG TABLET	19681	H2F
ALPRAZOLAM XR 0.5 MG TABLET	17423	H2F
ALPRAZOLAM XR 1 MG TABLET	17424	H2F
ALPRAZOLAM XR 2 MG TABLET	17425	H2F
ALPRAZOLAM XR 3 MG TABLET	19681	H2F
CHLORDIAZEPOXIDE 5 MG CAPSULE	14033	H2F
CHLORDIAZEPOXIDE 10 MG CAPSULE	14031	H2F
CHLORDIAZEPOXIDE 25 MG CAPSULE	14032	H2F
CHLORDIAZEPOXIDE-CLIDINIUM CAPSULE	74801	J2B
CLONAZEPAM 0.125 MG DIS TAB	19467	H4B
CLONAZEPAM 0.5 MG DIS TABLET	19469	H4B
CLONAZEPAM 1 MG DIS TABLET	19470	H4B
CLONAZEPAM 0.25 MG ODT	19468	H4B
CLONAZEPAM 2 MG ODT	19472	H4B
CLONAZEPAM 0.5 MG TABLET	17470	H4B
CLONAZEPAM 1 MG TABLET	17471	H4B
CLONAZEPAM 2 MG TABLET	17472	H4B
CLORAZEPATE 3.75 MG TABLET	14092	H2F
CLORAZEPATE 7.5 MG TABLET	14093	H2F
CLORAZEPATE 15 MG TABLET	14090	H2F
DIAZEPAM 5 MG/ML ORAL CONC	45500	H2F
DIAZEPAM 5 MG/5 ML SOLUTION	45560	H2F
DIAZEPAM 2 MG TABLET	14221	H2F
DIAZEPAM 5 MG TABLET	14222	H2F
DIAZEPAM 10 MG TABLET	14220	H2F
ESTAZOLAM 1 MG TABLET	19181	H2E
ESTAZOLAM 2 MG TABLET	19182	H2E
FLURAZEPAM 15 MG CAPSULE	14250	H2E
FLURAZEPAM 30 MG CAPSULE	14251	H2E

Drugs Requiring Prior Authorization		
Label Name	GCN	HIC3
Drug Class #2 (Benzodiazepines)		
KLONOPIN 0.5 MG TABLET	17470	H4B
KLONOPIN 1 MG TABLET	17471	H4B
KLONOPIN 2 MG TABLET	17472	H4B
LORAZEPAM 2 MG/ML ORAL CONCENT	19601	H2F
LORAZEPAM 0.5 MG TABLET	14160	H2F
LORAZEPAM 1 MG TABLET	14161	H2F
LORAZEPAM 2 MG TABLET	14162	H2F
LORAZEPAM 2 MG/ML VIAL	14140	H2E
LORAZEPAM 4 MG/ML VIAL	14141	H2E
LORAZEPAM INTENSOL 2 MG/ML	19601	H2F
MEPROBAMATE 200 MG TABLET	13801	H2F
MEPROBAMATE 400 MG TABLET	13802	H2F
NIRAVAM 0.25 MG ODT	24368	H2F
NIRAVAM 0.5 MG ODT	24369	H2F
NIRAVAM 1 MG ODT	24373	H2F
NIRAVAM 2 MG ODT	24374	H2F
OXAZEPAM 10 MG CAPSULE	14230	H2F
OXAZEPAM 15 MG CAPSULE	14231	H2F
OXAZEPAM 30 MG CAPSULE	14232	H2F
RESTORIL 7.5 MG CAPSULE	13845	H2E
RESTORIL 15 MG CAPSULE	13840	H2E
RESTORIL 22.5 MG CAPSULE	24036	H2E
RESTORIL 30 MG CAPSULE	13841	H2E
TEMAZEPAM 7.5 MG CAPSULE	13845	H2E
TEMAZEPAM 15 MG CAPSULE	13840	H2E
TEMAZEPAM 22.5 MG CAPSULE	24036	H2E
TEMAZEPAM 30 MG CAPSULE	13841	H2E
TRANXENE SD 11.25 MG TABLET	14100	H2F
TRANXENE SD 22.5 MG TAB	14091	H2F
TRANXENE T-TAB 3.75 MG	14092	H2F
TRANXENE T-TAB 7.5 MG	14093	H2F
TRANXENE T-TAB 15 MG	14090	H2F
TRIAZOLAM 0.125 MG TABLET	14282	H2E
TRIAZOLAM 0.25 MG TABLET	14280	H2E
XANAX 0.25 MG TABLET	14260	H2F
XANAX 0.5 MG TABLET	14261	H2F
XANAX 1 MG TABLET	14262	H2F
XANAX 2 MG TABLET	14263	H2F
XANAX XR 0.5 MG TABLET	17423	H2F
XANAX XR 1 MG TABLET	17424	H2F
XANAX XR 2 MG TABLET	17425	H2F

Drugs Requiring Prior Authorization		
Label Name	GCN	HIC3
Drug Class #2 (Benzodiazepines)		
XANAX XR 3 MG TABLET	19681	H2F

**Note: rectal diazepam and clobazam have been excluded from the benzodiazepine portion of this edit*

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.

Drugs Requiring Prior Authorization		
Label Name	GCN	HIC3
Drug Class #3 (Muscle Relaxants)		
AMRIX ER 15 MG CAPSULE	97959	H6H
AMRIX ER 30 MG CAPSULE	97960	H6H
CARISOPRODOL 250 MG TABLET	98857	H6H
CARISOPRODOL 350 MG TABLET	17912	H6H
CARISOPRODOL COMPOUND TAB	94380	H6H
CARISOPRODOL CPD-CODEINE TAB	13995	S7G
CHLORZOXAZONE 500 MG TABLET	17901	H6H
CYCLOBENZAPRINE 10 MG TABLET	18020	H6H
CYCLOBENZAPRINE 5 MG TABLET	12805	H6H
CYCLOBENZAPRINE 7.5 MG TABLET	98299	H6H
FEXMID 7.5 MG TABLET	98299	H6H
LORZONE 375 MG TABLET	30715	H6H
LORZONE 750 MG TABLET	30716	H6H
METAXALONE 400 MG TABLET	17920	H6H
METAXALONE 800 MG TABLET	97165	H6H
METHOCARBAMOL 500 MG TABLET	17892	H6H
METHOCARBAMOL 750 MG TABLET	17893	H6H
NORGESIC FORTE TABLET	71200	H6H
ORPHENADRINE ER 100 MG TABLET	17670	H6H
PARAFON FORTE DSC 500 MG CAPLT	17901	H6H
ROBAXIN 500 MG TABLET	17892	H6H
ROBAXIN-750 TABLET	17893	H6H
SKELAXIN 800 MG TABLET	91765	H6H
SOMA 250 MG TABLET	98857	H6H
SOMA 350 MG TABLET	17912	H6H

**Note: muscle relaxants indicated for the treatment of spasticity have been excluded from this edit*



Opiate/Benzodiazepine/Muscle Relaxant Combinations

Edit #1 (Opiate/Benzodiazepine/Muscle Relaxant)

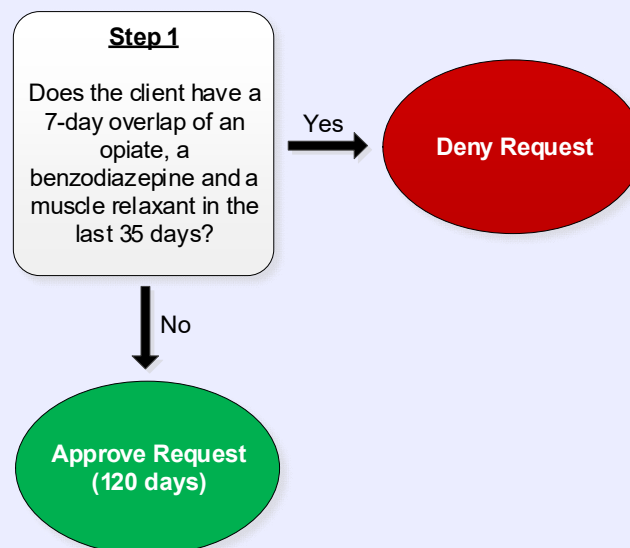
Clinical Criteria Logic/Diagram

1. Does the client have a 7-day overlap with a drug or drugs from each drug class (opiates, benzodiazepines and muscle relaxants) in the last 35 days?

Yes (Deny)

No (Approve – 120 days)

**Note: there must be at least 1 drug from each drug class and all drugs must overlap each other by a minimum of 7 days*





Opiate/Benzodiazepine/Muscle Relaxant Combinations

Edit #2 (Opiate/Benzodiazepine)

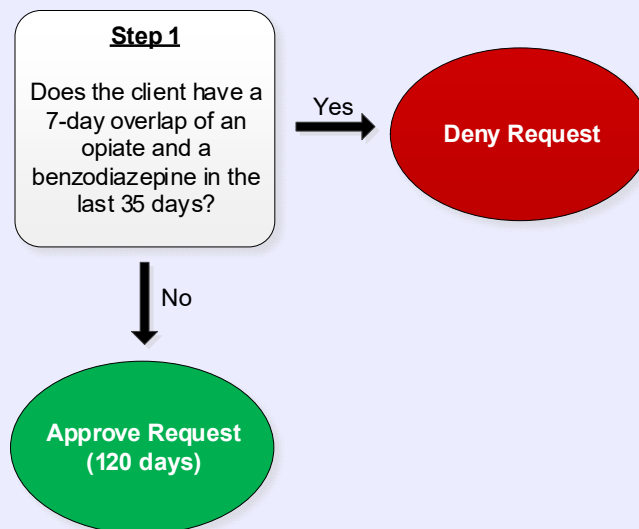
Clinical Criteria Logic/Diagram

1. Does the client have a 7-day overlap with a drug or drugs from each drug class (opiates and benzodiazepines) in the last 35 days?

Yes (Deny)

No (Approve – 120 days)

**Note: there must be at least 1 drug from each drug class and all drugs must overlap each other by a minimum of 7 days*





Opiate/Benzodiazepine/Muscle Relaxant Combinations

Edit #3 (Muscle Relaxant/Benzodiazepine)

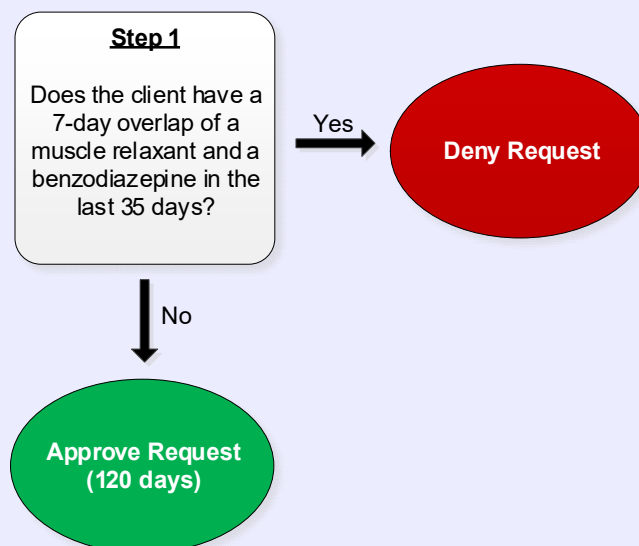
Clinical Criteria Logic/Diagram

1. Does the client have a 7-day overlap with a drug or drugs from each drug class (muscle relaxants and benzodiazepines) in the last 35 days?

Yes (Deny)

No (Approve – 120 days)

**Note: there must be at least 1 drug from each drug class and all drugs must overlap each other by a minimum of 7 days*





Opiate/Benzodiazepine/Muscle Relaxant Combinations

Clinical Criteria References

1. Clinical Pharmacology [online database]. Tampa, FL: Gold Standard, Inc. February 2013. Available at <http://cp.gsm.com>. Accessed on June 27, 2013.
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3. Kirschner N, Ginsburg, et al. Prescription Drug Abuse: Executive Summary of a Policy Position Paper From the American College of Physicians. *Ann Int Med.* 2014 Feb;160(3):198-200.
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5. Paulozzi LJ, Strickler GK, et al. Controlled substance prescribing patterns – prescription behavior surveillance system, eight states, 2013. *CDC MMWR. Surveillance summaries: Morbidity and mortality weekly report.* 2015 Oct;V64, SS-9.
6. FDA Drug Safety Communication: FDA warns about serious risks and death when combining opioid pain or cough medicines with benzodiazepines; requires its strongest warning. August 31, 2016.
7. FDA Drug Safety Communication: FDA urges caution about withholding opioid addiction medications from patients taking benzodiazepines or CNS depressants: careful medication management can reduce risks. September 20, 2017. Available at www.fda.gov/drugs/drugsafety.

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
07/29/16	Initial presentation to the DUR Board
08/08/16	DUR Board requested that muscle relaxants used for spasticity be removed from the table containing Drug Class #3 (Muscle Relaxants) on page 12
09/06/16	Added FDA Warning to references
12/21/16	Added GCN for Opium Tincture Added statement regarding exclusion of rectal diazepam and clobazam from the benzodiazepine portion of the edit Added statement regarding exclusion of agents indicated for spasticity from the muscle relaxant portion of the edit Added GCNs for Xtampza
01/21/2018	Updated GCNs in Drugs Requiring PA table, pages 2-10
03/18/2019	Removed drugs indicated for the treatment of opioid addiction from Drugs Requiring PA table, pages 2-9
03/29/2019	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
07/01/2019	Added GCN for Nalocet to Drugs Requiring PA table, page 7
01/30/2020	Added GCNs for Apadaz to drug table, page 2; Norgesic Forte, page 12
01/20/2023	Criteria revision: reduce therapeutic overlap from 14 days to 7 days