

AHCA Automated Prior Authorizations and Bypass Lists 04-2025

-Automated PA:

Edit	Drugs			Steps
Anti-epileptic Drugs (AED) Auto PA Automated PA approval satisfies L=Auto PA and Non-PDL drug logic Brand and Generic PDL products will bypass the logic Products coded as REMS/RDDS drug will bypass the logic				Incoming drug within Anticonvulsant drug list A Step 1: Look back 730 days in the patient’s medical history for a seizure diagnosis (see approvable ICD-10s below). If found, approve. If not found, deny for NCPDP 75/2462 with additional message “Recip doesn’t have Req Diagnosis on file for this Medication.” Incoming drug within Anticonvulsant drug list B Step 1: Look back 730 days in the patient’s medical history for a seizure diagnosis (see approvable ICD-10s below). If found, proceed to step 2. If not found, deny for NCPDP 75/2462 with additional message “Recip doesn’t have Req Diagnosis on file for this Medication.” Step 2: Look back 365 days in the patient’s medical history for a paid claim of the same drug HICL (may be different strength, brand or generic). If found, approve. If not found, deny for NCPDP 75/2462 with additional message “Recip doesn’t have reqd Drug use Supporting this Medication.”
	Anticonvulsants List A			
	Generic Name	Brand Name	Drug Code	
	Brivaracetam	Briviact	HSN = 043088	
	Cenobamate	Xcopri	HSN =046241	
	Clobazam	Sympazan	GSN = 078861, 078862, 078863	
	Diazepam	Valtoco	GSN = 080630, 080631, 080632, 080633	
	Eslicarbazepine	Aptiom	HSN = 036675	
	Perampanel	Fycompa	HSN = 039628	
	Ethotoin	Peganone	HSN = 001880	
	Methsuximide	Celontin*	HSN = 001890	
	Midazolam	Nayzilam	GSN = 079754	
	Oxcarbazepine	Oxtellar XR	GSN = 070190, 070191, 070192	
	Rufinamide	Banzel	GSN = 063076, 063077	
	Anticonvulsants List B			
	Generic Name	Brand Name	Drug Code	
	Carbamazepine	Tegretol, Tegretol XR, Carbatrol, Eptol, Equetro	HSN = 001893	
	Clobazam	Onfi	GSN = 017026, 020647, 027400, 071282	
	Clonazepam	Klonopin	HSN = 001894	
	Diazepam	Diastat	GSN = 034015 034016, 034017, 034018, 034019, 059781, 059782	
	Divalproex Sodium	Depakote/Depakote Sprinkle/Depakote ER	HSN = 001884	
	Ethosuximide	Zarontin	HSN = 001891 (excluding GSN 004555- Zarontin solution)	
	Felbamate	Felbatol	HSN = 008186	
	Gabapentin	Neurontin, Gralise ER	HSN = 008831 excluding GSN 063753 (powder)	
	Approvable Seizure Diagnosis ICD-10 Codes			
	ICD-10-CM Code	Description		
	ICD 10: G25.3	Myoclonus		
	ICD 10 Disease Group: G80	Cerebral Palsy		
	ICD 10 Disease Group: G40	Epilepsy		
	ICD 10 Disease Group: G45, G46	Transient cerebral ischemic attacks and related syndromes		
	ICD 10 Disease Block: I60-I69	Vascular syndromes of brain in Cerebrovascular diseases Cerebrovascular Disease		
	ICD 10: G90.1ICD 10 Disease Block: Q00-Q07	Familial dysautonomia [Riley –Day] Congenital Malformations of the brain, spinal cord, nervous system		
	ICD 10 Disease Group: R56.00	Convulsions, not elsewhere classified		
	ICD 10 Disease Group: S06	Intracranial Injury		
	ICD 10: T74.12XA T74.12XD T74.12XS T74.4XXA	Child physical abuse, confirmed/suspected, initial encounter Shaken infant syndrome, initial encounter		

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Edit	Drugs			Steps								
	Lacosamide	Vimpat	HSN = 035872 excluding GSN 064437 (vial)	T74.4XXD T74.4XXS T76.12XA T76.12XD T76.12XS								
	Lamotrigine	Lamictal/ODT/XR/XR Starter Dose Pack, Subvenite	HSN = 007378 (excluding GSNs 065170, 065171 065172 - Lamictal ODT Start Kt)	ICD 10 Disease Group: F07 F48	Personality change due to known physiological condition and non- psychotic mental disorders							
	Levetiracetam	Keppra, Roweepra	HSN = 020952 (excluding GSNs 074071, 074072 - Elepsia XR, 075619, 075620, 075621, 075622 - Spritam)	ICD 10 Disease Block: F70-F79	Intellectual Disabilities							
	Mephobarbital	Mebaral	HSN = 001895	ICD 10: S09.8XXA S09.8XXD S09.8XXS S09.90XD S09.90XS	Other/unspecified injuries of the head, initial encounter							
	Oxcarbazepine	Trileptal	HSN = 011735 (excluding GSNs 070190, 070191, 070192 – Oxtellar XR)	Incoming drug within Anticonvulsant drug list C Step 1: Look back 730 days in the patient’s medical history for a seizure diagnosis (see approvable ICD-10s above). If found, approve. If not found, proceed to step 2. Step 2: Look back 730 days in the patient’s medical history for a Tuberous sclerosis diagnosis (see approvable ICD-10s below). If found, approve. If not found, deny for NCPDP 75/2462 with additional message “Recip doesn’t have Req Diagnosis on file for this medication.”								
	Phenobarbital	Luminal	HSN = 001561 excluding GSN = 003584 (powder)									
	Phenytoin Sodium ER	Dilantin	HSN = 001877 (excluding GSNs 049445, 049444 – Phenytek caps)									
	Phenytoin Infatab	Dilantin /Phenytoin	HSN = 001879 (excluding GSN 004531 - Dilantin Infatab)									
	Primidone	Mysoline	HSN = 001886 excluding GSN = 058477 (powder)									
	Rufinamide	Banzel suspension	GSN = 067131									
	Tiagabine	Gabitril	HSN = 015773									
	Topiramate	Topamax/Topiragen	HSN = 011060 excluding GSNs 064519 (powder), 071344, 071346, 071347 (Trokendi XR), 072123, 072124, 072125, 072126, 072127 (Qudexy XR) and 082803 (Eprontia solution)									
	Valproic Acid	Depakene	HSN = 001883 excluding GSNs = 064275, 064276, 013477 (Stavzor) and 051616 (Liquid)									
					<table><tr><th colspan="2">Approvable Tuberous Sclerosis Diagnosis ICD-10 Codes</th></tr><tr><th>ICD-10-CM Code</th><th>Description</th></tr><tr><td>ICD 10: Q85.1</td><td>Tuberous Sclerosis</td></tr></table>		Approvable Tuberous Sclerosis Diagnosis ICD-10 Codes		ICD-10-CM Code	Description	ICD 10: Q85.1	Tuberous Sclerosis
	Approvable Tuberous Sclerosis Diagnosis ICD-10 Codes											
ICD-10-CM Code	Description											
ICD 10: Q85.1	Tuberous Sclerosis											
				Incoming drug within Anticonvulsant drug list D Step 1: If incoming claim is for a medication on <Anticonvulsants List D> look back 365 days within claims history for a medication on <Anticonvulsants List D>. If found, CLAIM PAYS; Otherwise PROCEED TO STEP 2. (AG and quantity limitations still apply) Step 2: Look back 730 days in the patient’s medical history for a seizure diagnosis (see approvable ICD-10s above). If found, approve. If not found, proceed to step 3. Step 3: Look back 730 days in the patient’s medical history for a migraine diagnosis (see approvable ICD-10s below). If found, go to Step 4. If not found, deny for NCPDP 75/2462 with								

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Edit	Drugs			Steps
	Valproic Sodium	Depakene syrup	HSN = 001882 excluding GSNs = 031533 (vials) and 057977 (powder)	additional message “Recip doesn’t have Req Diagnosis on file for this Medication.” Step 4: Look back 365 days in the patient’s medical history for two paid claims from the < Migraine Prophylaxis List>. If found, approve. If not found, deny for NCPDP 75/2462 with additional message “Recip doesn’t have req’d Drug use Supporting this Medication.”
	Vigabatrin	Sabril Tablets, Sabril Powder Pack, Vigadrone, Vigafyde	HSN = 007377	
	Zonisamide	Zonegran	HSN = 021140	
	Anticonvulsants List C			Approvable Migraine Diagnosis ICD-10 Codes
	Generic Name	Brand Name	Drug Code	
	Cannabidiol	Epidiolex	HSN = 045006	
	Anticonvulsants List D			
	Generic Name	Brand Name	Drug Code	
	Topiramate ER	Qudexy XR/ Trokendi XR	GSN = 072123, 072124, 072125, 072126, 072127, 071343, 071344, 071346, 071347	
	Migraine Prophylaxis List			
	Medication	Drug Code		
	Amitriptyline	HSN = 001643		
	Divalproex Sodium/ Valproic Acid	HSN = 001882, 001883, 001884		
	Propranolol	HSN = 002101 (excluding vial GSN = 043103)		
	Timolol	GSN = 005142, 005140, 005141		
Topiramate	HSN = 011060			
			ICD-10-CM Code	Description
			G43.5	Persistent migraine aura without cerebral infarction
			G43.50	Persistent migraine aura without cerebral infarction, not intractable
			G43.501	Persistent migraine aura without cerebral infarction, not intractable with status migrainosus
			G43.509	Persistent migraine aura without cerebral infarction, not intractable without status migrainosus
			G43.51	Persistent migraine aura without cerebral infarction, intractable
			G43.511	Persistent migraine aura without cerebral infarction, intractable with status migrainosus
			G43.519	Persistent migraine aura without cerebral infarction, intractable without status migrainosus
			G43.6	Persistent migraine aura with cerebral infarction
			G43.60	Persistent migraine aura with cerebral infarction, not intractable

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Edit	Drugs	Steps	
		G43.601	Persistent migraine aura with cerebral infarction, not intractable with status migrainosus
		G43.609	Persistent migraine aura with cerebral infarction, not intractable without status migrainosus
		G43.61	Persistent migraine aura with cerebral infarction, intractable
		G43.611	Persistent migraine aura with cerebral infarction, intractable with status migrainosus
		G43.619	Persistent migraine aura with cerebral infarction, intractable without status migrainosus
		G43.7	Chronic migraine without aura
		G43.70	Chronic migraine without aura, not intractable
		G43.701	Chronic migraine without aura, not intractable with status migrainosus
		G43.709	Chronic migraine without aura, not intractable without status migrainosus
		G43.71	Chronic migraine without aura, intractable
		G43.711	Chronic migraine without aura, intractable with status migrainosus
		G43.719	Chronic migraine without aura, intractable without status migrainosus
Dose Optimization v3.4 Approval will NOT override Non-PDL edit		Step 1: For all drugs in the Dose Optimization Drug List: if the quantity per day on the incoming claim is ≥ 1.8 and ≤ 2.2 or ≥ 3.8 , proceed to Step 2; otherwise claim pays without PA.	

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Edit	Drugs	Steps																														
	<table><tr><th colspan="2">Dose Optimization Drug List</th></tr><tr><th>Drug Code</th><th>Description</th></tr><tr><td>HICL = 000094 GSN = 000301, 022649, 000304, 022651</td><td>Terazosin (Hytrin)</td></tr><tr><td>HICL = 000132 GSN = 017266, 000393, 000390, 000391</td><td>Lisinopril (Zestril/Prinivil)</td></tr><tr><td>HICL = 000181 30 mg GSN = 021059</td><td>Nifedipine SR (Procardia XL/Adalat CC)</td></tr><tr><td>HICL = 002793 10 mg GSN = 016310, 050555, 20 mg GSN = 006460, 050556</td><td>Lovastatin Sustained Release (Altoprev)</td></tr></table>	Dose Optimization Drug List		Drug Code	Description	HICL = 000094 GSN = 000301, 022649, 000304, 022651	Terazosin (Hytrin)	HICL = 000132 GSN = 017266, 000393, 000390, 000391	Lisinopril (Zestril/Prinivil)	HICL = 000181 30 mg GSN = 021059	Nifedipine SR (Procardia XL/Adalat CC)	HICL = 002793 10 mg GSN = 016310, 050555, 20 mg GSN = 006460, 050556	Lovastatin Sustained Release (Altoprev)	Step 2: If the incoming claim is for Valsartan (HSN 012204) or Ramipril (HSN 006080) then proceed to Step 3; otherwise deny claim for NCPDP 76. Step 3: If claim is for Valsartan (HSN 012204) or Ramipril (HSN 006080), look back in history 720 days for the following ICD-9s (indicate heart failure): 4–8.xx - 428.9x. If ICD-9 found and quantity per day <3.8 claim pays; otherwise claim denies for NCPDP 76.																		
	Dose Optimization Drug List																															
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	HICL = 000094 GSN = 000301, 022649, 000304, 022651	Terazosin (Hytrin)																														
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	<table><tr><th colspan="2">Dose Optimization Drug List (continued)</th></tr><tr><th>Drug Code</th><th>Description</th></tr><tr><td>HICL = 002793 10 mg GSN = 016310, 050555, 20 mg GSN = 006460,050556</td><td>Lovastatin Immediate Release (Mevacor, Generic)</td></tr><tr><td>HICL = 006031 GSN = 015584, 015585, 015586, 044421</td><td>Doxazosin (Cardura)</td></tr><tr><td>HICL = 006080 GSN = 015939, 015940, 015941</td><td>Ramipril (Altace)*</td></tr><tr><td>HICL = 006106 GSN = 016017, 016018</td><td>Fosinopril (Monopril)</td></tr><tr><td>HICL = 006205 5 mg GSN = 016295, 2.5 mg GSN = 021743</td><td>Felodipine (Plendil)</td></tr><tr><td>HICL = 006227 10 mg GSN = 016366, 20 mg GSN = 016367, 40 mg GSN = 020741</td><td>Pravastatin (Pravachol)</td></tr><tr><td>HICL = 006312 5 mg GSN = 016576, 10 mg GSN = 016577, 20 mg GSN = 016578, 40 mg GSN = 016579</td><td>Simvastatin (Zocor)</td></tr><tr><td>HICL = 006494 2.5 mg GSN = 016925, 5 mg GSN = 016926</td><td>Amlodipine (Norvasc)</td></tr><tr><td>HICL = 006544 GSN = 024484, 053980</td><td>Cetirizine (Zyrtec)</td></tr><tr><td>HICL = 007842 GSN = 019187</td><td>Zolpidem (Ambien)</td></tr><tr><td>HICL = 008268 10 mg GSN = 024498, 20 mg GSN = 024499</td><td>Nisoldipine (Sular)</td></tr><tr><td>HICL = 008946 20 mg GSN = 021694, 40 mg GSN = 021695</td><td>Fluvastatin (Lescol)</td></tr><tr><td>HICL = 008991 GSN = 026376, 026377</td><td>Trandolapril (Mavik)</td></tr></table>	Dose Optimization Drug List (continued)		Drug Code	Description	HICL = 002793 10 mg GSN = 016310, 050555, 20 mg GSN = 006460,050556	Lovastatin Immediate Release (Mevacor, Generic)	HICL = 006031 GSN = 015584, 015585, 015586, 044421	Doxazosin (Cardura)	HICL = 006080 GSN = 015939, 015940, 015941	Ramipril (Altace)*	HICL = 006106 GSN = 016017, 016018	Fosinopril (Monopril)	HICL = 006205 5 mg GSN = 016295, 2.5 mg GSN = 021743	Felodipine (Plendil)	HICL = 006227 10 mg GSN = 016366, 20 mg GSN = 016367, 40 mg GSN = 020741	Pravastatin (Pravachol)	HICL = 006312 5 mg GSN = 016576, 10 mg GSN = 016577, 20 mg GSN = 016578, 40 mg GSN = 016579	Simvastatin (Zocor)	HICL = 006494 2.5 mg GSN = 016925, 5 mg GSN = 016926	Amlodipine (Norvasc)	HICL = 006544 GSN = 024484, 053980	Cetirizine (Zyrtec)	HICL = 007842 GSN = 019187	Zolpidem (Ambien)	HICL = 008268 10 mg GSN = 024498, 20 mg GSN = 024499	Nisoldipine (Sular)	HICL = 008946 20 mg GSN = 021694, 40 mg GSN = 021695	Fluvastatin (Lescol)	HICL = 008991 GSN = 026376, 026377	Trandolapril (Mavik)	
	Dose Optimization Drug List (continued)																															
	Drug Code	Description																														
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	HICL = 008991 GSN = 026376, 026377	Trandolapril (Mavik)																														

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Edit	Drugs		Steps
	HICL = 008993 GSN = 030106, 049296, 051653	Lansoprazole (Prevacid)	
	HICL = 009829 GSN = 023381, 023382	Losartan (Cozaar)	
	HICL = 009934 GSN = 023591	Moexipril (Univasc) – brand formulation only	
	HICL = 011505 GSN = 054009, 046450, 047453	Mirtazapine (Remeron)	
	HICL = 012204 GSN = 050805, 048401, 029208, 048400	Valsartan (Diovan)*	
	HICL = 012259 GSN = 029335, 059039	Donepezil (Aricept)	
	Dose Optimization Drug List (continued)		
	Drug Code	Description	
	HICL = 013911 GSN = 041337, 033722	Perindopril (Aceon)	
	HICL = 015576 GSN = 034470, 034468	Irbesartan (Avapro)	
	HICL = 018839 GSN = 047126, 040910	Telmisartan (Micardis)	
	HICL = 021607 GSN = 047525, 062245	Esomeprazole (Nexium)	
	HICL = 022008 GSN = 039545	Pantoprazole (Protonix)	
	HICL = 023490 GSN = 050289	Olmesartan (Benicar)	
	HICL = 025009 10 mg GSN = 051784, 20 mg GSN = 051785, 40 mg GSN = 051786	Rosuvastatin (Crestor)	
	HICL = 026791 GSN = 058484	Eszopiclone (Lunesta)	
	HICL =016913 GSN = 037015, 037016, 037017	Candesartan (Atacand)	

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Edit	Drugs	Steps																																			
Lidocaine Adhesive Auto PA Automated PA approval satisfies L = AutoPA drug logic *Automated PA approval will NOT override R = Non-PDL coding and will not satisfy the automation logic	Lidocaine Adhesive List <table><tr><th>Generic Name</th><th>Brand Name</th><th>Drug Code</th></tr><tr><td>Lidocaine</td><td>Lidoderm Adh Patch</td><td>GSN = 043256</td></tr><tr><td>Lidocaine</td><td>ZTlido Adh Patch</td><td>GSN = 078210</td></tr></table> Other Neuropathic Pain List <table><tr><th>Generic Name</th><th>Brand Name</th><th>Drug Code</th></tr><tr><td>Amitriptyline</td><td>Elavil</td><td>HSN = 001643</td></tr><tr><td>Gabapentin</td><td>Neurontin, Gralise</td><td>HSN = 008831</td></tr><tr><td>Pregabalin</td><td>Lyrica</td><td>HSN = 026470</td></tr><tr><td>Duloxetine</td><td>Cymbalta, Drizalma</td><td>HSN = 026521</td></tr><tr><td>Milnacipran</td><td>Savella</td><td>HSN = 021229</td></tr><tr><td>Capsaicin</td><td>Qutenza</td><td>HSN = 036916</td></tr><tr><td>Tapentadol</td><td>Nucynta/ER</td><td>HSN = 036411</td></tr></table>	Generic Name	Brand Name	Drug Code	Lidocaine	Lidoderm Adh Patch	GSN = 043256	Lidocaine	ZTlido Adh Patch	GSN = 078210	Generic Name	Brand Name	Drug Code	Amitriptyline	Elavil	HSN = 001643	Gabapentin	Neurontin, Gralise	HSN = 008831	Pregabalin	Lyrica	HSN = 026470	Duloxetine	Cymbalta, Drizalma	HSN = 026521	Milnacipran	Savella	HSN = 021229	Capsaicin	Qutenza	HSN = 036916	Tapentadol	Nucynta/ER	HSN = 036411	Step 1: If incoming claim is for <GSN 043256 (Lidoderm Adh Patch) and Prior Auth = L-AutoPA> proceed to Step 4. If not, proceed to Step 2. Step 2: If incoming claim is for <GSN 078210 (Ztildo Adh Patch) and Prior Auth= L-AutoPA>, PROCEED to Step 3. If not, CLAIM MOVES OUT OF EDIT (other clinical edits for products apply). Step 3: Look back in drug history 365 days for a fill of <GSN 043256 (Lidoderm patch)>. If found, PROCEED TO STEP 4. Otherwise, DENY for PRIOR AUTHORIZATION REQUIRED (75/31006), with supplemental messaging Missing Prerequisite Drug Therapy Step 4: Look back 730 days in the patient’s medical history for a diagnosis of herpes zoster or post herpetic neuralgia <ICD 10 in Disease Group B01 or B02>. If found: APPROVED. Otherwise, proceed to Step 5. Approvable Herpes Zoster or Post Herpetic Neuralgia Diagnosis ICD-10 Disease Groups <table><tr><td>B01, B02</td><td>Herpes zoster or Post herpetic neuralgia</td></tr></table> Step 5: Look back in patient’s drug therapy 365 days for 1 or more fills of amitriptyline, gabapentin, pregabalin, Savella, duloxetine, Qutenza, or Nucynta/ER <Other Neuropathic Pain List>, if found: Approved. Otherwise, DENY for PRIOR AUTHORIZATION REQUIRED (75/31006), with supplemental messaging Missing Prerequisite Drug Therapy	B01, B02	Herpes zoster or Post herpetic neuralgia
Generic Name	Brand Name	Drug Code																																			
Lidocaine	Lidoderm Adh Patch	GSN = 043256																																			
Lidocaine	ZTlido Adh Patch	GSN = 078210																																			
Generic Name	Brand Name	Drug Code																																			
Amitriptyline	Elavil	HSN = 001643																																			
Gabapentin	Neurontin, Gralise	HSN = 008831																																			
Pregabalin	Lyrica	HSN = 026470																																			
Duloxetine	Cymbalta, Drizalma	HSN = 026521																																			
Milnacipran	Savella	HSN = 021229																																			
Capsaicin	Qutenza	HSN = 036916																																			
Tapentadol	Nucynta/ER	HSN = 036411																																			
B01, B02	Herpes zoster or Post herpetic neuralgia																																				
OxyContin Automated PA approval satisfies Non-PDL edit	<table><tr><th>Drug Code = GSN</th><th>Generic Name</th></tr><tr><td>24504</td><td>Oxycontin 10mg Tablets</td></tr><tr><td>24505</td><td>Oxycontin 20mg Tablets</td></tr><tr><td>24506</td><td>Oxycontin 40mg Tablets</td></tr><tr><td>25702</td><td>Oxycontin 80mg Tablets</td></tr><tr><td>63515</td><td>Oxycontin 15mg Tablets</td></tr><tr><td>63516</td><td>Oxycontin 30mg Tablets</td></tr><tr><td>63517</td><td>Oxycontin 60mg Tablets</td></tr><tr><td>72862</td><td>Oxycontin 10mg Tablets</td></tr><tr><td>72863</td><td>Oxycontin 15mg Tablets</td></tr></table>	Drug Code = GSN	Generic Name	24504	Oxycontin 10mg Tablets	24505	Oxycontin 20mg Tablets	24506	Oxycontin 40mg Tablets	25702	Oxycontin 80mg Tablets	63515	Oxycontin 15mg Tablets	63516	Oxycontin 30mg Tablets	63517	Oxycontin 60mg Tablets	72862	Oxycontin 10mg Tablets	72863	Oxycontin 15mg Tablets	Step 1: If incoming claim is for OxyContin (and generics if available) GSNs: 24504 (10mg), 63515 (15mg), 24505 (20mg), 63516 (30mg), 24506 (40mg), 63517 (60mg), 25702 (80mg), 072862 (10 mg) 072863 (15mg) 072864 (20 mg), 072865 (30mg), 072866 (40mg), 072867 (60mg), 072868 (80mg), is patient >= 11 years of age? - If yes, proceed to step 2. If no, deny for age (NCPDP EC 75). Step 2: Look back in drug history for 30 days for a different strength of oxycodone CR (GSNs: 24504 (10mg), 63515 (15mg), 24505 (20mg), 63516 (30mg), 24506 (40mg), 63517 (60mg), 25702 (80mg), 072862 (10 mg) 072863 (15mg) 072864 (20 mg), 072865 (30mg), 072866 (40mg), 072867 (60mg), 072868 (80mg) - If not found, proceed to step 3. If found, deny for therapeutic duplication which requires a PA (NCPDP EC 75)															
Drug Code = GSN	Generic Name																																				
24504	Oxycontin 10mg Tablets																																				
24505	Oxycontin 20mg Tablets																																				
24506	Oxycontin 40mg Tablets																																				
25702	Oxycontin 80mg Tablets																																				
63515	Oxycontin 15mg Tablets																																				
63516	Oxycontin 30mg Tablets																																				
63517	Oxycontin 60mg Tablets																																				
72862	Oxycontin 10mg Tablets																																				
72863	Oxycontin 15mg Tablets																																				

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Edit	Drugs		Steps
	72864	Oxycontin 20mg Tablets	Step 3: Look back in medical claims history 730 days for ICD 10 Disease Block C00-C14, C15-C26, C30-C39, C40-C41, C43-C44, C45-C49, C50, C51-C58, C60-C63, C64-C68, C69-C72, C73-C75, C76-C80, C7A, C7B, C81-C96, D00-D09, D10-D36, D37-D48, D3A, D49, OR Disease Group D56, D57, D58 (sickle cell disease), ICD 10 – K31.7, K63.5, Q85.00, Q85.01, Q85.02 (cancer) OR an LTC indicator or Patient Residence 03 on the claim. - If found, proceed to step 7. If not found, proceed to step 4. Step 4: Look back in drug history 365 days for any drug in HICL 011043 (Fusilev) or any drug in HIC3s V1W, V3C, V3I, V3L, Q5N, V1A, V1B, V1C, V1D, V1E, V1F, V1J, V1K, V1M, V1N, V1O, V1Q, V1R, V1T, V1U, V1V, V1X, V3A, V3D, V3E, V3F, V3H, V1I, V3M, Z2G, Z2W (antineoplastics) EXCLUDING HSN 006025 (Alferon), 006068 (Actimmune), GSN 031099 (Aldara), GSN 066038, 068613 (Zyclara), GSN 036872, 045266 (Oral methotrexate) - If found, proceed to step 7. If not found proceed to step 5. Step 5: Look back in drug history 90 days for a fill of OxyContin (GSNs: 24504 (10mg), 63515 (15mg), 24505 (20mg), 63516 (30mg), 24506 (40mg), 63517 (60mg), 25702 (80mg), 072862 (10 mg) 072863 (15mg) 072864 (20 mg), 072865 (30mg), 072866 (40mg), 072867 (60mg), 072868 (80mg) - If found, proceed to step 6. If not found, deny for missing prerequisite drug therapy NCPDP EC 75 Step 6: Look back in medical claims history 365 days for ICD 10 Disease Group D55.0, D55.1, G11.0, G11.2, G11.3, G11.8, G12.9 G12.0, G12.9, G12.1, G12.8, G12.21, G12.21, G95.0, G95.19, G95.11, G32.0, G99.2, G95.89, G95.81, G95.9, G95.29, G95.20, G90.50, G90.519, G90.511, G90.512, G90.513, G90.521, G90.522, G90.523, G90.529, G90.59, G35, G36.0, G37.0, G37.5, , G37.3, , G73.3, G37.3, G37.1, G37.2, G37.8, G36.1, G36.8, G37.9, G36.9, , G82.50, , G82.20, G04.1, G82.21, G82.22, G83.0, G83.10, , G83.20, G83.30, G83.31, G83.32, G83.33, G83.34, G83.4 (G83.5), , G83.81, G83.82, G83.83, G83.84, G83.89, G83.9, G54.6, G54.7, , G60.0, G60.2, G61.0, , G63, , M47.12, M47.011, M47.012, M47.013, M47.014, M47.015, M47.016, M47.019, M47.021, M47.022, M47.029, M47.11, M47.13, M47.14, M47.15 M47.16, M48.20, M48.21, M48.22, M48.23, M48.24, M48.25, M48.26, M48.27, M48.10, M48.11, M48.12, M48.13, M48.14, M48.15, M48.16, M48.17, M48.18, M48.19, M48.9, M25.78, M47.10, M50.20, M50.21, M50.22, M50.23, M51.26, M51.27, M51.24, M51.25, M51.9, M51.34, M51.35, , M51.36, M51.37, M51.36, M51.37,
	72865	Oxycontin 30mg Tablets	
	72866	Oxycontin 40mg Tablets	
	72867	Oxycontin 60mg Tablets	
	72868	Oxycontin 80mg Tablets	

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Edit	Drugs				Steps
					M51.34, M51.35, M51.9, , M50.00, M50.01, M50.02, M50.03, , M51.04, M51.05, ,M51.06, M96.1, M96.1, , M96.1, , M96.1, M46.40, M51.9, M46.48, M46.49, , M50.80, M50.90, M46.41, M46.42, M46.43, M50.81, M50.82, M50.83, M50.91, M50.92, M50.93, , M46.45, M51.84, M51.85, M46.44, M46.47, M51.86, M51.87, M46.46, M48.02, M48.01, M48.03, M99.20, M99.21, M99.30, M99.31, M99.40, M99.41, M99.50, M99.51, M99.60, M99.61, M99.70, M99.71, M54.12, M54.13, M50.10, M50.11, M50.12, M50.13, M54.11, M54.02, M54.00, M54.01, M67.88, M48.00, M48.04, M48.05, M99.22, M99.32, M99.42, M99.52, M99.62, M99.72, M48.06, M99.43, M99.53, M99.63, M99.73, M48.07, M99.23, M99.33, M48.06, M48.08, M99.34, M99.35, M99.36, M99.37, M99.38, M99.39, M99.44, M99.45, M99.46, M99.47, M99.48, M99.49, M99.55, M99.56, M99.57, M99.58, M99.59, M99.64, M99.65, M99.66, M99.67, M99.68, M99.69, M99.74, M99.75, M99.76, M99.77, M99.78, M99.79, M99.24, M99.25, M99.26, M99.27, M99.28, M99.29, M54.14, M54.15, M54.16, M54.17, M51.14, M51.15, M51.16, M51.17, M89.00, M89.011, M89.012, M89.019, M89.021, M89.022, M89.029, M89.031, M89.032, M89.039, M89.041, M89.042, M89.049, M89.051, M89.052, M89.059, M89.061, M89.062, M89.069, M89.071, M89.072, M89.079, M89.08, M89.09 - If found, proceed to step 7. If not found, deny for missing approvable diagnosis NCPDP EC 75 Step 7: If incoming claim is for OxyContin 10mg, 15mg, 20mg, 30mg, 40mg, or 60mg (see GSNs above) proceed to step 8. If incoming claim is for OxyContin 80mg (see GSN above), proceed to step 9. Step 8 If incoming claim is for OxyContin 10mg, 15mg, 20mg, 30mg, 40mg, or 60mg (see GSN above) and quantity does not exceed 2 tablets per day (60 tablets per 30 days) across all strengths - If YES, claim passes and pays. If no, claim denies for plan limitations exceeded NCPDP EC 76 Step 9: If incoming claim is for OxyContin 80mg (see GSN above) and quantity does not exceed 4 tablets per day (120 tablets per 30 days) - If YES, claim passes and pays. If no, claim denies for plan limitation exceeded NCPDP EC 76
HIV Therapy Auto PA Automated PA approval satisfies L=Auto PA drug logic	HIV Therapy List				Step 1: If the incoming claim is from the HIV therapy list with PA code = L (excluding HSNs/HIC3s listed below) and the recipient is </= 1 year old or the claim is submitted with a day supply of < 34 days with New/refill code = zero and Refills Authorized = 0: NO PA REQUIRED. Otherwise, PROCEED TO STEP 2.
	HIC3	Generic Name	Brand Name	Drug Code	
	W0H	Darunavir/Cobicistat/ Emtricitabine/Tenofovir Alafenamide	Symtuza	HSN=044568	
					HSN 033888 Atripla

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Edit	Drugs				Steps	
Brand and Generic PDL products will bypass the logic <i>*Automated PA approval will NOT override R = Non-PDL edit and will not satisfy the automation logic</i>	W0I	Cabotegravir/Rilpivirine	Cabenuva	HSN=046258	HIC3 W5X	Biktarvy/ Genvoya/ Stribild
		Dolutegravir/Rilpivirine	Juluca	HSN=044647	HSN 046258	Cabenuva
	W0K	Dolutegravir/Lamivudine	Dovato	HSN=045679	HSN 044797	Cimduo/ Temixys
	W0N	Lenacapavir	Sunlenca	HSN= 048555	HSN 037822	Complera
	W5C	Atazanavir	Reyataz powder pckt, caps*	HSN=025390	HSN 045195	Delstrigo
		Atazanavir Sulfate/ Cobicistat	Evotaz	HSN= 041722	HSN 045679	Dovato
		Fosamprenavir	Lexiva susp, tabs*	HSN=025662	HSN 037628	Edurant
		Indinavir	Crixivan	HSN=010683	HSN 041722	Evotaz
		Nelfinavir	Viracept	HSN=010858	HSN 044647	Juluca
		Ritonavir*	Norvir	HSN=010412	HSN 043121	Odefsey
		Saquinavir	Invirase	HSN=010232	HSN 045216	Pifeltro
		Abacavir	Ziagen*	HSN=018857	HSN 041531	Prezcobix
	W5J	Didanosine DR	Videx EC	HSN=006510	HSN 046684	Rukobia
		Emtricitabine	Emtriva soln, caps*	HSN=025426	HSN 048555	Sunlenca
		Lamivudine	Epivir*	HSN=010215	HSN 044568	Symtuza
		Stavudine	Zerit	HSN=009060	HSN 044763	Symfi/ Symfi Lo
		Zidovudine	Retrovir vial, caps, syrup*	HSN=004185	HIC3 W5Z	Triumeq
					HSN 044791	Trogarzo
	W5K	Doravirine	Pifeltro	HSN= 045216	HSN 040834	Vitekta
		Efavirenz	Sustiva*	HSN= 018748		
		Etravirine*	Intelence	HSN= 035342		
		Nevirapine	Viramune*	HSN=011592		
	W5L	Abacavir Sulfate/Lamivudine	Epzicom*	HSN= 026524		
		Abacavir/Lamivudine/ Zidovudine	Trizivir*	HSN=021800		
		Lamivudine/Zidovudine	Combivir*	HSN=014014		
	W5M	Lopinavir/Ritonavir*	Kaletra tabs, soln*	HSN=021582		
	W5O	Emtricitabine/Tenofovir Alafenamide	Descovy	HSN=043241		
		Emtricitabine/Tenofovir disoproxil fumarate	Truvada*	HSN=026515		
		Lamivudine/Tenofovir df	Temixys Cimduo	HSN=044797		
	W5P	Darunavir	Prezista	HSN=033842		
		Darunavir/Cobicistat	Prezcobix	HSN=041531		
		Tipranavir caps	Aptivus	HSN= 033003		
		Tipranavir soln	Aptivus	HSN= 035849		

Step 2: If the incoming claim is from the HIV therapy list look back in medical claims history 730 days for ICD -10 B20, Z21, B97.35, ICD-9 098.7, 098.71, 098.711, 098.712, 098.713, 098.719, 098.72, 098.73: IF FOUND, PROCEED TO STEP 3. Otherwise, DENY for PRIOR AUTHORIZATION REQUIRED (75), M/I Diagnosis Code (supplemental message).

Step 3: If the incoming claim is <Edurant> PROCEED TO STEP 4. If the incoming claim is for <Cabenuva>, <Juluca>, <Rukobia>, <Sunlenca> OR <Trogarzo> PROCEED TO STEP 5. Otherwise, CLAIM PAYS.

Step 4: If the incoming claim is <Edurant> and the patient drug history does not contain a fill from the HIV Therapy list for greater than 5 days old but less than 365 days old OR if there is a previous history of itself in the past 365 days: CLAIM PAYS. If not found DENY for PRIOR AUTHORIZATION REQUIRED (75), Patient is not treatment naïve (supplemental message).

Step 5: If the incoming claim is <Cabenuva> look back 365 days in patient drug history for a total of at least 3 fills from the HIV Therapy list OR a previous history of itself in the past 365 days. If found CLAIM PAYS. If not found Deny for PRIOR AUTHORIZATION REQUIRED (75), Missing Prerequisite drug therapy (supplemental message). **

If the incoming claim is <Juluca>, <Rukobia>, <Sunlenca> OR <Trogarzo> look back 365 days in

[illegible]

Edit	Drugs	Steps																																						
		<table><tr><td>Symtuza</td><td>12</td><td>1 per day</td></tr><tr><td>Temixys</td><td>12</td><td>1 per day</td></tr><tr><td>Triumeq</td><td>6</td><td>1 per day</td></tr><tr><td>Triumeq PD</td><td>1</td><td>6 per day</td></tr><tr><td>Vitekta</td><td>18</td><td>1 per day</td></tr><tr><td>Vocabria</td><td>12</td><td>1 per day</td></tr></table>	Symtuza	12	1 per day	Temixys	12	1 per day	Triumeq	6	1 per day	Triumeq PD	1	6 per day	Vitekta	18	1 per day	Vocabria	12	1 per day																				
Symtuza	12	1 per day																																						
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Hepatitis C Auto PA Automated PA approval satisfies L = Auto PA drug logic *Automated PA approval will NOT override R = Non-PDL coding and will not satisfy the automation logic	Hepatitis Therapy List A <table><thead><tr><th>Drug Name</th><th>Drug Code</th></tr></thead><tbody><tr><td>Daklinza</td><td>HSN = 041377</td></tr><tr><td>Epclusa</td><td>HSN = 043561</td></tr><tr><td>Harvoni</td><td>HSN = 041457</td></tr><tr><td>Mavyret</td><td>HSN = 044453</td></tr><tr><td>Olysio</td><td>HSN = 040771</td></tr><tr><td>Sovaldi</td><td>HSN = 040795</td></tr><tr><td>Technivie</td><td>HSN = 041734</td></tr><tr><td>Viekira XR/Pak</td><td>HSN = 041644</td></tr><tr><td>Vosevi</td><td>HSN = 044428</td></tr><tr><td>Zepatier</td><td>HSN = 043030</td></tr></tbody></table> Hepatitis Therapy List B <table><thead><tr><th>Drug Name</th><th>Drug Code</th></tr></thead><tbody><tr><td>Pegasys</td><td>HSN = 024035</td></tr><tr><td>PenIntron</td><td>HSN = 021367 Excluding GSNs 067283, 067284, 067285-Sylatron</td></tr></tbody></table>	Drug Name	Drug Code	Daklinza	HSN = 041377	Epclusa	HSN = 043561	Harvoni	HSN = 041457	Mavyret	HSN = 044453	Olysio	HSN = 040771	Sovaldi	HSN = 040795	Technivie	HSN = 041734	Viekira XR/Pak	HSN = 041644	Vosevi	HSN = 044428	Zepatier	HSN = 043030	Drug Name	Drug Code	Pegasys	HSN = 024035	PenIntron	HSN = 021367 Excluding GSNs 067283, 067284, 067285-Sylatron	Step 1: Is incoming claim from the < Hepatitis Therapy List B> with Prior Authorization = L-AutoPA? If True, Go to Step 2. If False, Stop. Step2: Look back 730 days in medical claims history for ICD-10 Disease Group B17, B18, B19 (Hepatitis C) excluding ICD 10 B17.0, B17.2, B19.1, B19.10, B19.11 (Hepatitis B & E). IF FOUND, PROCEED TO STEP 4. Otherwise, PROCEED TO STEP 3. Step 3: Look back 730 days in medical claims history for ICD-10 J12.1, B97.4 (RSV), Disease Group B16, ICD 10 B19.10, B19.11 (Hepatitis B), Disease Group C43, D03 (Malignant Melanoma). IF FOUND, APPROVE. Otherwise, DENY for NCPDP EC 75/31008 with supplemental message: M/I Diagnosis Code Step 4: Look back in drug history 30 days for any drug in < Hepatitis Therapy List A>. IF FOUND, APPROVE. Otherwise DENY for NCPDP EC 75/31006 with supplemental message: Missing Prerequisite drug therapy Approvable Hepatitis C Diagnosis ICD-10 Disease Groups <table><tr><td>B17, B18, B19 (excluding ICD-10 B17.0, B17.2, B19.1, B19.10, B19.11)</td><td>Hepatitis C</td></tr></table> Approvable Hepatitis B Diagnosis ICD-10 Disease Groups <table><tr><td>B16</td><td>Hepatitis B</td></tr><tr><td>C43, D03</td><td>Malignant Melanoma</td></tr></table> Approvable Hepatitis B Diagnosis ICD-10 CM Codes <table><tr><td>J12.1, B97.4</td><td>RSV-respiratory syncytial virus</td></tr><tr><td>B19.10, B19.11</td><td>Hepatitis B</td></tr></table>	B17, B18, B19 (excluding ICD-10 B17.0, B17.2, B19.1, B19.10, B19.11)	Hepatitis C	B16	Hepatitis B	C43, D03	Malignant Melanoma	J12.1, B97.4	RSV-respiratory syncytial virus	B19.10, B19.11	Hepatitis B
Drug Name	Drug Code																																							
Daklinza	HSN = 041377																																							
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Technivie	HSN = 041734																																							
Viekira XR/Pak	HSN = 041644																																							
Vosevi	HSN = 044428																																							
Zepatier	HSN = 043030																																							
Drug Name	Drug Code																																							
Pegasys	HSN = 024035																																							
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B17, B18, B19 (excluding ICD-10 B17.0, B17.2, B19.1, B19.10, B19.11)	Hepatitis C																																							
B16	Hepatitis B																																							
C43, D03	Malignant Melanoma																																							
J12.1, B97.4	RSV-respiratory syncytial virus																																							
B19.10, B19.11	Hepatitis B																																							

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Edit	Drugs		Steps																			
	Copegus Moderiba Ribapak Ribasphere/Rebetol Ribatab	HSN = 004184 Excluding GSN 009631-Virazole																				
Tobramycin nebulizer solution Auto PA Automated PA approval satisfies L=Auto PA drug logic *Automated PA approval will NOT override R = Non-PDL coding and will not satisfy the automation logic	<table><thead><tr><th>Generic Name</th><th>Brand Name</th><th>Drug Code</th></tr></thead><tbody><tr><td>Tobramycin 300mg/4ml Ampule*</td><td>Bethkis 300mg/4ml Ampule</td><td>GSN = 064682</td></tr><tr><td>Tobramycin Pak 300mg/5ml*</td><td>Kitabis Pak 300mg/5ml</td><td>GSN = 073201</td></tr><tr><td>Tobramycin 300mg/5ml Ampule</td><td>Tobi 300mg/5ml Solution*</td><td>GSN = 037042</td></tr></tbody></table>	Generic Name	Brand Name	Drug Code	Tobramycin 300mg/4ml Ampule*	Bethkis 300mg/4ml Ampule	GSN = 064682	Tobramycin Pak 300mg/5ml*	Kitabis Pak 300mg/5ml	GSN = 073201	Tobramycin 300mg/5ml Ampule	Tobi 300mg/5ml Solution*	GSN = 037042	Step 1: If the incoming claim is for Tobramycin ampule (GSN 037042), Bethkis Ampules (GSN 064682) or Kitabis Pak (GSN 073201) with Prior Authorization = L-AutoPA, Go to Step 2. Step 2: Look back in the medical claims history 730 days for ICD 10 Disease Group E84 (Cystic Fibrosis). If found, NO PA REQUIRED. Otherwise, Deny for PRIOR AUTHORIZATION REQUIRED (75) with supplemental message “M/I Diagnosis Code” Note: This edit does NOT override quantity limits <table><thead><tr><th colspan="2">Approvable ICD-10 Disease Groups</th></tr></thead><tbody><tr><td>E84</td><td>Cystic fibrosis</td></tr></tbody></table>	Approvable ICD-10 Disease Groups		E84	Cystic fibrosis				
Generic Name	Brand Name	Drug Code																				
Tobramycin 300mg/4ml Ampule*	Bethkis 300mg/4ml Ampule	GSN = 064682																				
Tobramycin Pak 300mg/5ml*	Kitabis Pak 300mg/5ml	GSN = 073201																				
Tobramycin 300mg/5ml Ampule	Tobi 300mg/5ml Solution*	GSN = 037042																				
Approvable ICD-10 Disease Groups																						
E84	Cystic fibrosis																					
Gaucher Therapy Automation Automated PA approval satisfies L=Auto PA drug edit	<table><thead><tr><th colspan="2">Gauchers Therapy List</th></tr><tr><th>Drug Name</th><th>Drug Code</th></tr></thead><tbody><tr><td>*Cerdelga</td><td>HSN = 041346</td></tr><tr><td>*Cerezyme</td><td>HSN = 009022</td></tr><tr><td>Elelyso</td><td>HSN = 039837</td></tr><tr><td>*Vpriv</td><td>HSN = 036874</td></tr><tr><td>Zavesca</td><td>HSN = 025098</td></tr></tbody></table> *Denotes: R-Non PDL agents and non-preferred agents will	Gauchers Therapy List		Drug Name	Drug Code	*Cerdelga	HSN = 041346	*Cerezyme	HSN = 009022	Elelyso	HSN = 039837	*Vpriv	HSN = 036874	Zavesca	HSN = 025098	Step 1: If the incoming claim is for a product from the <Gauchers Therapy List>, look back in the medical claims history 730 days for ICD 10 Disease Group E75 (Lipidoses-Gaucher’s). If found, NO PA REQUIRED. Otherwise, Deny for PRIOR AUTHORIZATION REQUIRED (75) with supplemental message “M/I Diagnosis Code).” <table><thead><tr><th colspan="2">Quantity Limitation</th></tr></thead><tbody><tr><td>Cerdelga</td><td>2 capsules per day</td></tr><tr><td>Cerezyme</td><td>22 vials per 27 days</td></tr></tbody></table>	Quantity Limitation		Cerdelga	2 capsules per day	Cerezyme	22 vials per 27 days
Gauchers Therapy List																						
Drug Name	Drug Code																					
*Cerdelga	HSN = 041346																					
*Cerezyme	HSN = 009022																					
Elelyso	HSN = 039837																					
*Vpriv	HSN = 036874																					
Zavesca	HSN = 025098																					
Quantity Limitation																						
Cerdelga	2 capsules per day																					
Cerezyme	22 vials per 27 days																					

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Edit	Drugs	Steps	
Automated PA approval will NOT override R=Non-PDL edit	NOT satisfy the automation logic	Elelyso	82 vials per 25 days
		Vpriv	41 vials per 25 days
		Zavesca	3 capsules per day
		Approvable ICD-10 Disease Groups	
		E75	Lipidoses-Gaucher's

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Edit	Drugs	Steps																																								
Hereditary Angioedema Auto PA Automated PA approval satisfies L = Auto PA drug logic <i>*Automated PA approval will NOT override R = Non-PDL coding and will not satisfy the automation logic</i>	<table><tr><th colspan="3">HAE Drug List</th></tr><tr><th>Generic Name</th><th>Brand Name</th><th>Drug Code</th></tr><tr><td>Icatibant</td><td>Firazyr Sajazir*</td><td>HSN = 035962</td></tr><tr><td>C1 Esterase Inhibitor</td><td>Berinert</td><td>HSN = 018568</td></tr><tr><td>C1 Esterase Inhibitor, Recombinant</td><td>Cinryze*</td><td>HSN = 037766</td></tr><tr><td>Ecallantide</td><td>Haegarda*</td><td>HSN = 036797</td></tr><tr><td>C1 Esterase Inhibitor, Recombinant</td><td>Ruconest*</td><td>HSN = 037766</td></tr><tr><td>Ecallantide</td><td>Kalbitor*</td><td>HSN = 036797</td></tr></table>	HAE Drug List			Generic Name	Brand Name	Drug Code	Icatibant	Firazyr Sajazir*	HSN = 035962	C1 Esterase Inhibitor	Berinert	HSN = 018568	C1 Esterase Inhibitor, Recombinant	Cinryze*	HSN = 037766	Ecallantide	Haegarda*	HSN = 036797	C1 Esterase Inhibitor, Recombinant	Ruconest*	HSN = 037766	Ecallantide	Kalbitor*	HSN = 036797	Step 1: If incoming drug in <HAE Drug List> and prior authorization code = L, look back 365 days in the patient’s health conditions for an <i>ICD-10 = D84.1</i> (Hereditary Angioedema) if found, NO PA REQUIRED. Otherwise, deny for PRIOR AUTHORIZATION REQUIRED NCPDP EC 75 with supplemental message: <i>“RECEIPT DOESN’T HAVE REQ DIAGNOSIS ON FILE.”</i> Note: The following quantity limits apply: <table><tr><th colspan="2">Quantity Limits</th></tr><tr><td>Firazyr</td><td>9 mls per 28 days</td></tr><tr><td>Berinert</td><td>16 vials per 28 days</td></tr><tr><td>Cinryze</td><td>20 vials per 30 days</td></tr><tr><td>Haegarda</td><td>22 vials per 30 days (3000 unit vials) 33 vials per 30 days (2000 unit vials)</td></tr><tr><td>Ruconest</td><td>2 vials per day</td></tr></table> <table><tr><th colspan="2">Approvable ICD-10 CM Code</th></tr><tr><td>D84.1</td><td>Hereditary Angioedema</td></tr></table>	Quantity Limits		Firazyr	9 mls per 28 days	Berinert	16 vials per 28 days	Cinryze	20 vials per 30 days	Haegarda	22 vials per 30 days (3000 unit vials) 33 vials per 30 days (2000 unit vials)	Ruconest	2 vials per day	Approvable ICD-10 CM Code		D84.1	Hereditary Angioedema
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Step Therapy for Trintellix Automated PA approval satisfies L=Auto PA drug edit Automated PA approval will NOT override R = Non-PDL edit	Trintellix List			Step 1: If the incoming claim is for Trintellix <Trintellix List>, look back in the medical claims history 730 days for ICD 10 Disease Group: F32 (major depressive disorder – single episode), 296.3, ICD 10 Disease Group: F33 (major depressive disorder – recurrent episodes). If found, proceed to step 2. Otherwise, Deny for PRIOR AUTHORIZATION REQUIRED (75) with supplemental message: “M/I Diagnosis Code.” Step 2: If incoming claim is for Trintellix <Trintellix List>, look back 180 days in patient’s drug history for a claim in <Trintellix List>, If found: CLAIM PAYS. Otherwise, Proceed to Step 3. Step 3: If incoming drug is for Trintellix <Trintellix List>, look back 180 days in the patient’s drug history for 1 claim of a generic SSRI <SSRI> list and a day supply ≥ 24. If found, proceed to step 4. Otherwise, deny for NCPDP EC 75 with supplemental message: “missing prerequisite drug therapy.” Step 4: If incoming drug is for Trintellix <Trintellix List>, look back 180 days in the patient’s drug history for 1 claim of other generic antidepressant <other antidepressant list> and a day supply ≥24. If found: CLAIM PAYS. Otherwise, deny for NCPDP EC 75 with supplemental message: “missing prerequisite drug therapy.” **Quantity and age limitations are not a part of the automated prior authorization. (Max quantity = 1 per day; Minimum age = 18 years) Note: The meds below do not have an FDA indication for depression thus were omitted from the automation:
	Generic Name	Brand Name	Drug Code	
	vortioxetine hydrobromide	Trintellix	HICL = 040637	
	SSRI List			
	Citalopram hydrobromide	Celexa	HICL= 010321 and generic drug name = 1	
	Escitalopram oxalate	Lexapro	HICL =024022 and generic drug name = 1	
	Fluoxetine HCL	Prozac	HICL = 001655 (excluding GSN 046219, 046216, 065296 –Sarafem) and generic drug name = 1	
	Paroxetine/ER HCL	Paxil, Paxil CR	HICL =007344and generic drug name = 1	
	Paroxetine Mesylate	Pexeva	HICL =025796 (excluding GSN 071167 – Brisdelle) and generic drug name = 1	
	Sertraline HCL	Zoloft	HICL = 006324 and generic drug name code = 1	

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Other Antidepressants List		
Generic Name	Brand Name	Drug Code
Bupropion Hydrobromide ER	Aplenzin	HICL = 036156 and generic drug name code = 1
Bupropion HCL/SR/XL	Wellbutrin /SR/XL, Budeprion SR/XL	HICL = 001653 (excluding GSN 031439-Buproban/Zyban) and generic drug name code = 1
Nefazodone HCL	Serzone	HICL = 009612 and generic drug name code = 1
Vilazodone	Viibryd	HICL = 037597 and generic drug name code = 1
Antipsychotic/Antidepressant Combinations		
Amitriptyline/chlordiazepoxide	Limbitrol	HICL = 001656 and generic drug name code = 1
Amitriptyline/perphenazine	Etrafon, Triavil	HICL = 013819 and generic drug name code = 1
Olanzapine/fluoxetine	Symbyax	HICL = 025800 and generic drug name code = 1
Heterocyclics		
Amoxapine	N/A	HICL = 001648 and generic drug name code = 1
Maprotiline HCL	Ludiomil	HICL = 001651 and generic drug name code = 1
Mirtazapine	Remeron	HICL = 011505 and generic drug name code = 1
Trazodone HCL/ER	Desyrel, Oleptro ER	HICL = 001652 and generic drug name code = 1

MAOIs			
Generic Name	Brand Name	Drug Code	FDA approved Indication
Rasagiline Mesylate	Azilect	HICL = 032911	Parkinson's disease
SSRIs			
Fluvoxamine maleate CR	Luvox CR	HICL = 006338	Obsessive Compulsive Disorder (OCD), social phobia (social anxiety disorder)
Fluoxetine	Sarafem Rapiflux	GSN: 46216 46219	Premenstrual dysphoric disorder (PMDD)
Paroxetine mesylate	Brisdelle	GSN 71167	Hot Flashes
TCAs			
Clomipramine HCL	Anafranil	HICL = 004744	OCD

Approvable ICD-10 Disease Groups	
F32	Major depressive disorder- single episode
F33	Major depressive disorder-recurrent episodes

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MAOIs		
Isocarboxazid	Marplan	HICL = 001638 and generic drug name code = 1
Phenelzine sulfate	Nardil	HICL = 001639 and generic drug name code = 1
Tranlycypromine sulfate	Parnate	HICL = 001640 and generic drug name code = 1
Selegiline HCL	Emsam	HICL = 033510 and generic drug name code = 1
SNRIs		
Desvenlafaxine ER	Khedeza	HSN = 040202 and generic drug name code = 1
Desvenlafaxine succinate ER	Pristiq ER	HSN = 035420 and generic drug name code = 1
Desvenlafaxine fumarate	N/A	HSN = 040692 and generic drug name code = 1
Duloxetine HCL DR	Cymbalta	HICL = 026521 and generic drug name code = 1
Levomilnacipran	Fetzima	HICL = 040632 and generic drug name code = 1
Venlafaxine/ER HCL	Effexor, Effexor XR	HICL = 008847 and generic drug name code = 1
TCAs		
Amitriptyline HCL	Elavil	HICL = 001643 and generic drug name code = 1
Desipramine HCL	Norpramin	HICL = 001645 and generic drug name code = 1
Doxepin HCL	Silenor, Sinequan	HICL = 001650 (excluding GSN 021715-Prudoxin/Zonalon cream) and generic drug name code = 1
Imipramine HCL	Tofranil	HICL = 001641 and generic drug name code = 1
Imipramine pamoate	Tofranil PM	HICL = 001642 and generic drug name code = 1
Nortriptyline HCL	Aventyl, Pamelor	HICL = 001644 and generic drug name code = 1
Protriptyline HCL	Vivactil	HICL = 001646 and generic drug name code = 1

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Edit	Drugs			Steps																																																																																							
	Trimipramine maleate	Surmontil	HICL = 001649 and generic drug name code = 1																																																																																								
	**Please note: Blue font indicates product is no longer available																																																																																										
Tybost Automation Automated PA approval satisfies L=Auto PA drug edit Automated PA approval will NOT override R = Non-PDL edit	<table><tr><th>Drug Name</th><th>Drug Code</th></tr><tr><td>Tybost</td><td>HSN= 041076</td></tr></table>			Drug Name	Drug Code	Tybost	HSN= 041076	Step 1: If the incoming claim is for <Tybost> look back in the patient’s drug history 40 days for a claim of <HSN 033842 - Prezista> or <HSN 025390 -Reyataz>. IF FOUND, PROCEED TO STEP 2. Otherwise, DENY for NCPDP EC 75 with supplemental message: “missing prerequisite drug therapy.” Step 2: If the incoming claim is for <Tybost> and the quantity on the incoming claim is less than or equal to 1 tablet per day: NO PA REQUIRED. Otherwise, DENY for PLAN LIMITATIONS EXCEEDED (76).																																																																																			
Drug Name	Drug Code																																																																																										
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Edit	Drugs			Steps
	candesartan/hydrochlorothiazide	Atacand HCT	021280	
	eprosartan	Teveten	016920	
	irbesartan/hydrochlorothiazide	Avalide	018963	
	irbesartan	Avapro	015576	
	losartan	Cozaar	009829	
	losartan/hydrochlorothiazide	Hyzaar	009863	
	olmesartan	Benicar	023490	
	olmesartan/hydrochlorothiazide	Benicar HCT	025446	
	amlodipine/olmesartan	Azor	035042	
	olmesartan/ amlodipine/hydrochlorothiazide	Tribenzor	037089	
	telmisartan	Micardis	018839	
	telmisartan/hydrochlorothiazide	Micardis HCT	021873	
	telmisartan/amlodipine	Twynsta	036697	
	valsartan	Diovan	012204	
	valsartan/hydrochlorothiazide	Diovan HCT	017084	
	amlodipine/valsartan	Exforge	034433	
	amlodipine/valsartan/hydrochlorothiazide	Exforge HCT	036305	
	RAS Inhibitors List (continued)			
	Generic Name	Brand Name	HSN	
	Direct Renin Inhibitors (DRI)			
	aliskiren	Tekturna	034493	
	Aliskiren/hydrochlorothiazide	Tekturna HCT	035338	
	RAS Inhibitors List (continued)			
	Generic Name	Brand Name	HSN	
	Angiotensin Receptor - Neprilysin Inhibitor (ARNI) Combination			
	sacubitril/valsartan	Entresto	042256	

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Edit	Drugs			Steps
	RAS Inhibitors List <i>(continued)</i>			
	Generic Name	Brand Name	HICL	
	Angiotensin Receptor Blockers (ARB)			
	azilsartan	Edarbi	037444	
	azilsartan	Edarbyclor	038370	
	candesartan	Atacand	016913	
	candesartan	Atacand HCT	021280	
	eprosartan	Teveten	016920	
	eprosartan	Teveten HCT	024744	
	irbesartan	Avalide	018963	
	irbesartan	Avapro	015576	
	losartan	Cozaar	009829	
	losartan	Hyzaar	009863	
	olmesartan	Benicar	023490	
	olmesartan	Benicar HCT	025446	
	olmesartan	Azor	035042	
	olmesartan	Tribenzor	037089	
	telmisartan	Micardis	018839	
	telmisartan	Micardis HCT	021873	
	telmisartan	Twynsta	036697	
	valsartan	Diovan	012204	
	valsartan	Diovan HCT	017084	
	valsartan	Exforge	034433	
	valsartan	Exforge HCT	036305	
	valsartan	Entresto	042256	
	Direct Renin Inhibitors (DRI)			
	aliskiren	Tekturna	034493	
	aliskiren	Tekturna HCT	035338	
	aliskiren	Tekamlo	037135	
	aliskiren	Amturnide	037333	

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Dual PPI Blockade DUR edit

Proton Pump Inhibitors List		
Generic Name	Brand Name	HICL
and generic drug name code = 1 or 2 and Route of Admin = Oral		
rabeprazole	Aciphex	018847
dexlansoprazole	Dexilant	036085
esomeprazole	Nexium	021607
lansoprazole	Prevacid	008993 025742
omeprazole	Prilosec	011115 004673
pantoprazole	Protonix	022008
omeprazole/ sodium bicarbonate	Zegerid	033512

Automation Logic:

Step 1: If incoming claim from <PPI List> and route of administration = oral, look back 30 days for a fill from <PPI List> , excluding itself. If found, claim rejects 76 with additional message “TD Proton Pump Inhibitor; Review & submit appropriate DUR cd ”. If not found, claim pays.

Limitation:

Allow 1 pharmacy level override in 180 days for claims that deny out of the PPI AutoPA. Pharmacy must submit DUR Reason For Service Code: TD-Therapeutic Duplication for pharmacy level override. Deny the second, and subsequent attempts of a pharmacy level overrides (within a rolling 180 days) NCPDP 75 PA required with additional message “PA Req’d.Max:1 ProtonPumpInhib TD ovr/180dys.FaxPA877-614-1078

Max Fill Limit:

For incoming claims from <PPI List> and route of administration = oral and a day supply >= 28, create a maximum fill limit = 6 fills per 365 days across the HSNs. The 7th attempted fill will reject 76 – Plan limitations exceeded with additional message “PPI Therapy not indicated for chronic use”. Excluding recipients with a diagnosis, within 730 days, of Zollinger-Ellison syndrome, Barrett’s esophagus, gastric malignancy, cystic fibrosis or history of gastric bypass as listed below:

ICD-10 CM Code	Description
PCS Code:	Drainage of Stomach with Drainage Device, Open Approach, Percutaneous Approach, Percutaneous Endoscopic Approach
0D9600Z	Drainage of Stomach, Open Approach, Percutaneous Approach ,Percutaneous
0D960ZZ	Endoscopic Approach, Via Natural or
0D9630Z	Artificial Opening, Via Natural or
0D963ZZ	Artificial Opening Endoscopic
0D9640Z	Extirpation of Matter from Stomach,
0D964ZZ	Open Approach, Percutaneous
0D967ZZ	Approach, Percutaneous Endoscopic
0D968ZZ	Approach
0DC60ZZ	Insertion of Monitoring Device into
0DC63ZZ	Stomach, Open Approach
0DC64ZZ	Insertion of Infusion Device into
0DH60ZZ	Stomach, Open Approach,
0DH603Z	Percutaneous Endoscopic Approach
0DH63UZ	
0DH64UZ	
0D1607A	Bypass Stomach to Cutaneous with
0D160JA	Autologous Tissue Substitute, Open
0D160KA	Approach, Percutaneous Endoscopic
0D160ZA	Approach, Via Natural or Artificial
0D1687A	Opening Endoscopic,

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Edit	Drugs	Steps
		0D168JA Bypass Stomach to Cutaneous with 0D168KA Synthetic Substitute, Open Approach, 0D168ZA Percutaneous Approach, Via Natural or 0DW04UZ Artificial Opening Endoscopic 0DW08UZ Bypass Stomach to Cutaneous with 0D16079 Nonautologous Tissue Substitute, Open 0D1607A Approach, Percutaneous Endoscopic 0D160J9 Approach, Via Natural or Artificial 0D160JA Opening Endoscopic 0D160K9 Bypass Stomach to Cutaneous, Open 0D160KA Approach, Percutaneous Endoscopic 0D160Z9 Approach, Via Natural or Artificial 0D160ZA Opening Endoscopic 0D16879 Insertion of Feeding Device into 0D1687A Stomach, Open Approach, Via Natural 0D168J9 or Artificial Opening 0D168JA Endoscopic 0D168K9 Bypass Stomach to Duodenum with 0D168KA Autologous Tissue Substitute, Open 0D168Z9 Approach, Via Natural or Artificial 0D168ZA Opening Endoscopic Bypass Stomach to Jejunum with Autologous Tissue Substitute, Open Approach Bypass Stomach to Duodenum with Synthetic Substitute, Open Approach, Percutaneous Endoscopic Approach, Via Natural or Artificial Opening Endoscopic Bypass Stomach to Duodenum with Nonautologous Tissue Substitute, Open Approach, Percutaneous Endoscopic Approach, Via Natural or Artificial Opening Endoscopic Bypass Stomach to Jejunum with Nonautologous Tissue Substitute, Open Approach Percutaneous Endoscopic Approach, Via Natural or Artificial Opening Endoscopic Bypass Stomach to Duodenum, Open Approach, Percutaneous Endoscopic Approach, Via Natural or Artificial Opening Endoscopic, Bypass Stomach to Jejunum, Open Approach, Percutaneous Endoscopic Approach, Via Natural or Artificial Opening Endoscopic,
		0H87XZZ Division of Abdomen Skin, External 0DHA3UZ Approach 0DHA4UZ Insertion of Feeding Device into 0DHA8UZ Jejunum, Open Approach, 0DH80UZ Percutaneous Approach, percutaneous 0DH83UZ Endoscopic Approach, Via Natural or 0DH84UZ Artificial Opening, Via Natural or 0DH87UZ Artificial Opening Endoscopic 0DH88UZ Insertion of Feeding Device into Small

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Edit	Drugs	Steps
		ODH90UZ ODH93UZ ODH94UZ ODH97UZ ODH98UZ ODHA0UZ ODHA7UZ Intestine, Open Approach, Percutaneous Approach, percutaneous Endoscopic Approach, Via Natural or Artificial Opening, Via Natural or Artificial Opening Endoscopic Insertion of Feeding Device into Duodenum, Open Approach, Percutaneous Approach, percutaneous Endoscopic Approach, Via Natural or Artificial Opening, Via Natural or Artificial Opening Endoscopic
		OD9670Z Drainage of Stomach with Drainage Device, Via Natural or Artificial Opening
		OD9670Z Drainage of Stomach with Drainage Device, Via Natural or Artificial Opening Endoscopic
		K22.70 Barrett's esophagus without dysplasia
		K22.710 K22.711 Barrett's esophagus with low grade dysplasia
		K22.719 Barrett's esophagus with high grade dysplasia Barrett's esophagus unspecified
		Z98.84 Bariatric surgeries
		Z98.0 Gastric Bypass
		ICD 10 Disease group: C15 Malignant Neoplasm of esophagus
		ICD 10 Disease group: C16 Malignant Neoplasm of stomach
		E16.4 Abnormality of secretion of Gastrin
		ICD-10 Disease Group E84 Cystic Fibrosis
		K31.84 Gastroparesis
		K94.20 K94.21 K94.22 K94.23 K94.29 Gastrostomy complication unspecified Gastrostomy hemorrhage Gastrostomy infection Gastrostomy malfunction Other complications of gastrostomy

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Edit	Drugs	Steps																																											
		K94.10 K94.11 K94.12 K94.13 K94.19	Enterostomy Complication, Unspecified Enterostomy Hemorrhage Enterostomy Infection Enterostomy Malfunction Other Complications of Enterostomy																																										
		Z93.1	Gastrostomy Status																																										
		Z93.4	Other artificial openings of gastrointestinal tract status																																										
		Z43.1	Encounter for Attention to Gastrostomy																																										
		Z43.4	Encounter for attention to other artificial openings of digestive tract																																										
Duration Edit SMR (Skeletal Muscle Relaxants)	<table><thead><tr><th colspan="3">SMR List</th></tr><tr><th>Generic Name</th><th>Brand Name</th><th>Drug Code</th></tr></thead><tbody><tr><td>Baclofen*</td><td>N/A</td><td>HICL = 001949</td></tr><tr><td>Chlorzoxazone</td><td>Lorzone</td><td>HICL = 001941</td></tr><tr><td>Cyclobenzaprine</td><td>Flexeril/ Amrix/ Fexmid</td><td>HICL = 001950</td></tr><tr><td>Orphenadrine</td><td>N/A</td><td>HICL = 001906</td></tr><tr><td>Metaxalone</td><td>Skelaxin</td><td>HICL = 001945</td></tr><tr><td>Methocarbamol</td><td>Robaxin</td><td>HICL = 001938</td></tr><tr><td>Tizanidine*</td><td>Zanaflex</td><td>HICL = 011582</td></tr><tr><td colspan="3">and Route of Admin = oral and day supply >= 30</td></tr></tbody></table>	SMR List			Generic Name	Brand Name	Drug Code	Baclofen*	N/A	HICL = 001949	Chlorzoxazone	Lorzone	HICL = 001941	Cyclobenzaprine	Flexeril/ Amrix/ Fexmid	HICL = 001950	Orphenadrine	N/A	HICL = 001906	Metaxalone	Skelaxin	HICL = 001945	Methocarbamol	Robaxin	HICL = 001938	Tizanidine*	Zanaflex	HICL = 011582	and Route of Admin = oral and day supply >= 30			6 fills every 365 days *EXCLUDING drugs in HSN 001949 (Baclofen) or HSN 011582 (Zanaflex) that have a diagnosis listed below, in history, within the past 730 days: <table><thead><tr><th>ICD-10 CM Code</th><th>Description</th></tr></thead><tbody><tr><td>ICD 10 Disease Group: G11, ICD 10: G32.81</td><td>Hereditary Ataxia</td></tr><tr><td>ICD 10: G12.20, G12.21, G12.22, G12.29, G12.8</td><td>Motor Neuron disease: Other spinal muscle atrophis and related syndromes</td></tr><tr><td>ICD 10: I69.053, I69.051, I69.052, I69.053, I69.054, I69.059, I69.151, I69.152, I69.153, I69.154, I69.159, I69.251, I69.252, I69.253, I69.254, I69.259, I69.351, I69.352, I69.353, I69.354, I69.359, I69.851, I69.852, I69.853, I69.854, I69.859, I69.951, I69.952, I69.953, I69.954, I69.959</td><td>Hemiplegia and hemiparesis following unspecified cerebrovascular disease</td></tr><tr><td>ICD 10: I69.031, I69.032, I69.033, I69.034, I69.039, I69.131, I69.132, I69.133, I69.134, I69.139, I69.231, I69.232, I69.233, I69.234, I69.239, I69.331, I69.332, I69.333, I69.334, I69.339, I69.831, I69.832, I69.833, I69.834, I69.839, I69.931, I69.932, I69.933, I69.934, I69.939</td><td>Monoplegia of upper limb following unspecified cerebrovascular disease</td></tr><tr><td>ICD 10: I69.041, I69.042, I69.043, I69.044, I69.049, I69.141,</td><td>Monoplegia of lower limb following unspecified cerebrovascular disease</td></tr></tbody></table>		ICD-10 CM Code	Description	ICD 10 Disease Group: G11, ICD 10: G32.81	Hereditary Ataxia	ICD 10: G12.20, G12.21, G12.22, G12.29, G12.8	Motor Neuron disease: Other spinal muscle atrophis and related syndromes	ICD 10: I69.053, I69.051, I69.052, I69.053, I69.054, I69.059, I69.151, I69.152, I69.153, I69.154, I69.159, I69.251, I69.252, I69.253, I69.254, I69.259, I69.351, I69.352, I69.353, I69.354, I69.359, I69.851, I69.852, I69.853, I69.854, I69.859, I69.951, I69.952, I69.953, I69.954, I69.959	Hemiplegia and hemiparesis following unspecified cerebrovascular disease	ICD 10: I69.031, I69.032, I69.033, I69.034, I69.039, I69.131, I69.132, I69.133, I69.134, I69.139, I69.231, I69.232, I69.233, I69.234, I69.239, I69.331, I69.332, I69.333, I69.334, I69.339, I69.831, I69.832, I69.833, I69.834, I69.839, I69.931, I69.932, I69.933, I69.934, I69.939	Monoplegia of upper limb following unspecified cerebrovascular disease	ICD 10: I69.041, I69.042, I69.043, I69.044, I69.049, I69.141,	Monoplegia of lower limb following unspecified cerebrovascular disease
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Baclofen*	N/A	HICL = 001949																																											
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Cyclobenzaprine	Flexeril/ Amrix/ Fexmid	HICL = 001950																																											
Orphenadrine	N/A	HICL = 001906																																											
Metaxalone	Skelaxin	HICL = 001945																																											
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Edit	Drugs	Steps	
		I69.142, I69.143, I69.144, I69.149, I69.241, I69.242, I69.243, I69.244, I69.249, I69.341, I69.342, I69.343, I69.344, I69.349, I69.841, I69.842, I69.843, I69.844, I69.849, I69.949, I69.941, I69.942, I69.943, I69.944, I69.949	
		ICD 10: I69.061, I69.062, I69.063, I69.064, I69.065, I69.069, I69.161, I69.162, I69.163, I69.164, I69.165, I69.169, I69.261, I69.262, I69.263, I69.264, I69.265, I69.269, I69.361, I69.362, I69.363, I69.364, I69.365, I69.369, I69.861, I69.862, I69.863, I69.864, I64.865, I69.869, I69.961, I69.962, I69.963, I69.964, I69.965, I69.969	Other paralytic syndrome following unspecified cerebrovascular disease
		ICD 10: I69.00, I69.10, I69.20, I69.30, I69.80, I69.90	Unspecified sequelae of unspecified cerebrovascular disease
		ICD 10: G35	Multiple sclerosis
		ICD 10 Disease Groups: G36, G37	Other demyelinating diseases of central nervous system
		ICD 10 Disease Group: G81	Hemiplegia/Hemiparesis
		ICD 10 Disease Group: G80	Cerebral Palsy
		ICD 10 Disease Group: G82, G83	Paraplegia (paraparesis) and quadriplegia (quadriparesis) Other paralytic syndromes
		ICD 10: R53.2	Functional Quadriplegia
		ICD 10: R29.0	Tetany
		ICD 10: S14.101A, S14.102A, S14.103A, S14.104A, S14.105A, S14.106A, S14.107A, S14.108A, S14.109A, S14.111A, S14.112A, S14.113A, S14.114A, S14.115A, S14.116A, S14.117A, S14.118A, S14.119A, S14.121A, S14.122A, S14.123A, S14.124A, S14.125A, S14.126A, S14.127A, S14.128A, S14.129A, S14.131A, S14.132A, S14.133A, S14.134A, S14.135A, S14.136A, S14.137A, S14.138A, S14.139A, S14.141A, S14.142A,	Spinal Cord Injury without evidence of spinal bone injury

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Edit	Drugs		Steps																					
			S14.143A, S14.144A, S14.145A, S14.146A, S14.147A, S14.148A, S14.149A, S14.0XXA, S14.151A, S14.152A, S14.153A, S14.154A, S14.155A, S14.156A, S14.157A, S14.158A, S14.159A, S24.101A, S24.102A, S24.103A, S24.104A, S24.109A, S24.111A, S24.112A, S24.113A, S24.114A, 24. 119A, S24.131A, S24.132A, S24.133A, S24.134A, S24.139A, S24.141A, S24.142A, S24.143A, S24.144A, S24.149A, S24.151A, S24.152A, S24.153A, S24.154A, S24.159A, S24.0XXA, S34.01XA, S34.101A, S34.102A, S34.103A, S34.104A, S34.105A, S34.109A, S34.111A, S34.112A, S34.113A, S34.114A, S34.115A, S34.119A, S34.121A, S34.122A, S34.123A, S34.124A, S34.125A, S34.129A, S34.131A, S34.132A, S34.139A, S34.02XA, S34.3XXA																					
Hypertonic Solution Automated PA approval satisfies L=Auto PA drug edit and non OBRA-rebateable status	<table><tr><th colspan="2">Hypertonic Solution</th></tr><tr><th>Drug Name</th><th>GSN</th></tr><tr><td>Sodium Chloride 3%, vial neb soln</td><td>000588</td></tr><tr><td>Sodium Chloride 7% vial neb soln</td><td>062746</td></tr><tr><td>Hyper-Sal 7% neb solution</td><td></td></tr><tr><td>Pulmosal 7% neb solution</td><td></td></tr><tr><td>Sodium Chloride 10% vial neb sol</td><td>000587</td></tr><tr><td>Hyper-Sal 3.5% neb solution</td><td>068364</td></tr></table>		Hypertonic Solution		Drug Name	GSN	Sodium Chloride 3%, vial neb soln	000588	Sodium Chloride 7% vial neb soln	062746	Hyper-Sal 7% neb solution		Pulmosal 7% neb solution		Sodium Chloride 10% vial neb sol	000587	Hyper-Sal 3.5% neb solution	068364	Step 1: If the incoming claim is from the <Hypertonic solution list>, look back in the medical claims history 730 days for ICD 10 Disease Group E84 (Cystic Fibrosis). If found, NO PA REQUIRED. Otherwise, Deny for PRIOR AUTHORIZATION REQUIRED (75) with supplemental message “M/I Diagnosis Code.” <table><tr><th colspan="2">Approvable ICD 10-CM Disease Group</th></tr><tr><td>E84</td><td>Cystic fibrosis</td></tr></table>		Approvable ICD 10-CM Disease Group		E84	Cystic fibrosis
Hypertonic Solution																								
Drug Name	GSN																							
Sodium Chloride 3%, vial neb soln	000588																							
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Approvable ICD 10-CM Disease Group																								
E84	Cystic fibrosis																							

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Edit	Drugs		Steps																			
	Nebusal 6% neb solution	067053																				
Alpha Antitrypsin deficiency (AAT deficiency) Automation Automated PA approval satisfies L=Auto PA drug edit Automated PA approval will NOT override R = Non-PDL edit	<table><tr><th colspan="3">AAT Deficiency Drug List</th></tr><tr><th>Generic Name</th><th>Brand Name</th><th>Drug Code</th></tr><tr><td rowspan="4">Alpha-1 Proteinase inhibitor</td><td>Aralast</td><td rowspan="4">HSN = 004529</td></tr><tr><td>Aralast NP</td></tr><tr><td>Glassia</td></tr><tr><td>Prolastin C</td></tr><tr><td></td><td>Zemaira</td><td></td></tr></table>		AAT Deficiency Drug List			Generic Name	Brand Name	Drug Code	Alpha-1 Proteinase inhibitor	Aralast	HSN = 004529	Aralast NP	Glassia	Prolastin C		Zemaira		Step 1: If incoming drug in <AAT deficiency List> and prior authorization code = L, look back 730 days in the patient’s health conditions for an <i>ICD-10 = E88.01</i> (Alpha-antitrypsin deficiency) if found, NO PA REQUIRED. Otherwise, deny for PRIOR AUTHORIZATION REQUIRED NCPDP EC 75 with supplemental message: <i>“RECEIPT DOESN’T HAVE REQ DIAGNOSIS ON FILE.”</i> <table><tr><th colspan="2">Approvable ICD-10 CM Code</th></tr><tr><td>E88.01</td><td>Alpha Antitrypsin deficiency (AAT) or Alpha -1 Antitrypsin deficiency</td></tr></table>	Approvable ICD-10 CM Code		E88.01	Alpha Antitrypsin deficiency (AAT) or Alpha -1 Antitrypsin deficiency
AAT Deficiency Drug List																						
Generic Name	Brand Name	Drug Code																				
Alpha-1 Proteinase inhibitor	Aralast	HSN = 004529																				
	Aralast NP																					
	Glassia																					
	Prolastin C																					
	Zemaira																					
Approvable ICD-10 CM Code																						
E88.01	Alpha Antitrypsin deficiency (AAT) or Alpha -1 Antitrypsin deficiency																					
Fabrazyme Automation Automated PA approval satisfies L=Auto PA drug edit Automated PA approval will NOT override R = Non-PDL edit	<table><tr><th>Generic Name</th><th>Brand Name</th><th>Drug Code</th></tr><tr><td>Agalsidase Beta</td><td>Fabrazyme</td><td>HSN = 024861</td></tr></table>		Generic Name	Brand Name	Drug Code	Agalsidase Beta	Fabrazyme	HSN = 024861	Step 1: If incoming claims is for <HSN 024861> and prior authorization code = L, look back 730 days in the patient’s health conditions for an <i>ICD-10 = E75.21</i> (Fabry –Anderson disease) if found, NO PA REQUIRED. Otherwise, deny for PRIOR AUTHORIZATION REQUIRED NCPDP EC 75 with supplemental message: <i>“RECEIPT DOESN’T HAVE REQ DIAGNOSIS ON FILE.”</i> <table><tr><th colspan="2">Approvable ICD-10 CM Code</th></tr><tr><td>E75.21</td><td>Fabry (Anderson) disease</td></tr></table>	Approvable ICD-10 CM Code		E75.21	Fabry (Anderson) disease									
Generic Name	Brand Name	Drug Code																				
Agalsidase Beta	Fabrazyme	HSN = 024861																				
Approvable ICD-10 CM Code																						
E75.21	Fabry (Anderson) disease																					
Pulmozyme Automated PA approval satisfies L=Auto PA drug edit Automated PA approval will NOT override R = Non-PDL edit	<table><tr><th>Drug Name</th><th>Drug Code</th></tr><tr><td>Pulmozyme 1mg/mL</td><td>HSN=008832</td></tr></table>		Drug Name	Drug Code	Pulmozyme 1mg/mL	HSN=008832	Step 1: Step 1: If the incoming claim is for Pulmozyme (HSN 008832) look back in medical claims history 730 days for any of the following ICD codes: ICD-10 Disease Group E84 (Cystic Fibrosis). If found, NO PA REQUIRED. Otherwise, deny for PRIOR AUTHORIZATION REQUIRED (75) with supplemental message “M/I Diagnosis Code” <table><tr><th colspan="2">Approvable ICD 10-CM Disease Group</th></tr><tr><td>E84</td><td>Cystic fibrosis</td></tr></table>	Approvable ICD 10-CM Disease Group		E84	Cystic fibrosis											
Drug Name	Drug Code																					
Pulmozyme 1mg/mL	HSN=008832																					
Approvable ICD 10-CM Disease Group																						
E84	Cystic fibrosis																					
Long Acting Opioid Polypharmacy	<table><tr><th colspan="2"><Long Acting Opioid List></th></tr><tr><th>Drug Name</th><th>Drug Code</th></tr><tr><td>Buprenorphine (Belbuca)</td><td>GSNs = 075050, 075051, 075052, 075053, 075054, 075055, 075056</td></tr><tr><td>Fentanyl (Duragesic)</td><td>GSNs = 015880, 015881, 015882, 015883, 059102, 073524, 073525, 073532</td></tr></table>		<Long Acting Opioid List>		Drug Name	Drug Code	Buprenorphine (Belbuca)	GSNs = 075050, 075051, 075052, 075053, 075054, 075055, 075056	Fentanyl (Duragesic)	GSNs = 015880, 015881, 015882, 015883, 059102, 073524, 073525, 073532	Step 1: If incoming claim is from <Long Acting Opioid List> look back 30 days for a fill from <Long Acting Opioid List (different HSN)>, excluding itself. If found, Proceed to STEP 2: If not CLAIM PAYS Step 2: Look back in medical claims history 365 days for ICD 10 Disease Block C00-C14, C15-C26, C30-39, C40-41, C43-C44, C45-C49, C50, C51-C58, C60-C63, C64-C68, C69-C72, C73-C75, C76-C80, C7A, C7B, C81-C96, D00-D09,											
<Long Acting Opioid List>																						
Drug Name	Drug Code																					
Buprenorphine (Belbuca)	GSNs = 075050, 075051, 075052, 075053, 075054, 075055, 075056																					
Fentanyl (Duragesic)	GSNs = 015880, 015881, 015882, 015883, 059102, 073524, 073525, 073532																					

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Edit	Drugs		Steps																
	Hydrocodone, extended release (Zohydro ER/ Hysingla)	GSNs = 071602, 073621, 071603, 073622, 071604, 073623, 071605, 073624, 071606, 073625, 071607, 073626, 073176, 073177, 073179, 073180, 073181, 073182, 073183	D10-D36, D37-D48, D3A, D49, ICD-10-K31.7, K63.5, Q85.00, Q85.01,Q85.02 (cancer) or ICD10 Disease Group D56, D57, D58 (sickle cell disease) or an LTC indicator or Patient Residence 03 on the claim. . If found, CLAIM PAYS, Otherwise rejects NCPDP 76 with additional message “PA Req’d. Max of 1 LA Opioid per month: Fax PA 877-614-1078” Note: This edit does NOT override the 4 Controlled Substance limit (or 6 for recipients with a diagnosis of cancer or sickle cell disease) per rolling 27 days Note: This edit does NOT override the Oxycontin AP logic. Note: This edit does NOT override existing age limits, quantity limits, or Non PDL coding.																
	Hydromorphone (Exalgo)	GSNs = 066200, 069860, 069889, 069890																	
	Methadone (Dolophine)	GSNs = 004235, 004237, 004238, 004239, 004240, 004242																	
	morphine sulfate ER (MS Contin/ Kadian ER, Arymo ER, Morphabond ER)	GSNs = 011887, 004096, 004097, 011886, 016522, 050222, 064739, 050221, 064740, 050220, 050219, 060355, 060356, 061748, 069899, 060357, 061749, 061722, 060358, 062358, 077053, 077054, 077055, 074968,074969, 074970, 074971																	
	morphine sulfate/ naltrexone ER (Embeda)	GSNs = 073302, 073303, 073304, 073305, 073306, 073307																	
	<Long Acting Opioid List> (continued) <table><tr><th>Drug Name</th><th>Drug Code</th></tr><tr><td>Oxycodone/Acetaminophen ER (Xartemis ER)</td><td>GSN = 072134</td></tr><tr><td>oxycodone ER (OxyContin)</td><td>GSNs = 072862, 072863, 072864, 072865, 072866, 072867, and 072868</td></tr><tr><td>Oxycodone Myristate (Xtampza ER)</td><td>GSNs = 076031, 076032, 076033, 076034, 076035</td></tr><tr><td>oxymorphone (Opana)</td><td>GSNs = 061091, 070397, 063782, 070320, 061092, 070398, 063783, 070321, 061093, 070399, 063784, 070400, 061094, 070401</td></tr><tr><td>Tapentadol (Nucynta ER)</td><td>GSNs = 067266, 067267, 067268, 067270, 067271</td></tr><tr><td>Tramadol (Ultram ER/ Ryzolt/ Conzip)</td><td>GSNs = 043536, 043537, 060274, 063422, 063423, 063424, 067760, 067761, 067762, 068721</td></tr><tr><td>transdermal buprenorphine (Butrans)</td><td>GSNs = 059589, 059590, 059591, 072673, 071432</td></tr></table>		Drug Name	Drug Code	Oxycodone/Acetaminophen ER (Xartemis ER)	GSN = 072134	oxycodone ER (OxyContin)	GSNs = 072862, 072863, 072864, 072865, 072866, 072867, and 072868	Oxycodone Myristate (Xtampza ER)	GSNs = 076031, 076032, 076033, 076034, 076035	oxymorphone (Opana)	GSNs = 061091, 070397, 063782, 070320, 061092, 070398, 063783, 070321, 061093, 070399, 063784, 070400, 061094, 070401	Tapentadol (Nucynta ER)	GSNs = 067266, 067267, 067268, 067270, 067271	Tramadol (Ultram ER/ Ryzolt/ Conzip)	GSNs = 043536, 043537, 060274, 063422, 063423, 063424, 067760, 067761, 067762, 068721	transdermal buprenorphine (Butrans)	GSNs = 059589, 059590, 059591, 072673, 071432	
	Drug Name	Drug Code																	
	Oxycodone/Acetaminophen ER (Xartemis ER)	GSN = 072134																	
	oxycodone ER (OxyContin)	GSNs = 072862, 072863, 072864, 072865, 072866, 072867, and 072868																	
	Oxycodone Myristate (Xtampza ER)	GSNs = 076031, 076032, 076033, 076034, 076035																	
	oxymorphone (Opana)	GSNs = 061091, 070397, 063782, 070320, 061092, 070398, 063783, 070321, 061093, 070399, 063784, 070400, 061094, 070401																	
	Tapentadol (Nucynta ER)	GSNs = 067266, 067267, 067268, 067270, 067271																	
Tramadol (Ultram ER/ Ryzolt/ Conzip)	GSNs = 043536, 043537, 060274, 063422, 063423, 063424, 067760, 067761, 067762, 068721																		
transdermal buprenorphine (Butrans)	GSNs = 059589, 059590, 059591, 072673, 071432																		

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Edit	Drugs			Steps
Gonadotropin-Releasing Hormone (GnRH) analog Auto PA Automated PA approval satisfies L=Auto PA drug logic *Automated PA approval will NOT override R = Non-PDL edit and will not satisfy the automation logic	GnRH analog List A			Incoming drug in GnRH Analog List A: Step 1: If the incoming claim is for a GnRH analog <List A> look back in medical claims history 730 days for any of the following ICD codes: ICD-10 Disease Group N80 (Endometriosis), OR ICD 10 Disease Group D25 (leiomyoma of uterus), . If found, NO PA REQUIRED. Otherwise, deny for PRIOR AUTHORIZATION REQUIRED (75/31008) with supplemental message "M/I Diagnosis Code"
	leuprolide acetate	Lupron Depot 3.75 mg (1 month)	GSN =045017	Incoming drug in GnRH Analog List B: Step 1: If the incoming claim is for a GnRH analog <List B>look back in medical claims history 730 days for any of the following ICD codes: ICD-10 E30.1 (precocious puberty), E22.8 (other hyperfunction of pituitary gland), OR E22.9 (hyperfunction of pituitary) If found, NO PA REQUIRED. Otherwise, deny for PRIOR AUTHORIZATION REQUIRED (75/31008) with supplemental message "M/I Diagnosis Code"
	leuprolide acetate	Lupron Depot 11.25 mg (3 month)	GSN =044980	
	leuprolide acetate/ norethindrone	Lupaneta Pack 3.75–5 mg (1 month)	GSN = 070481	
	leuprolide acetate/ norethindrone	Lupaneta Pack 11.25 mg–5mg (3 month)	GSN = 070480	
	Norethindrone AC (Lupaneta)		NDC = 74104902, 74104904 74104930	
	GnRH analog List B			Incoming drug in GnRH Analog List C: Step 1: If the incoming claim is for a GnRH analog <List C> look back in medical claims history 730 days for any of the following ICD codes: ICD-10 Code C61 (prostate cancer) If found, NO PA REQUIRED. Otherwise, deny for PRIOR AUTHORIZATION REQUIRED (75/31008) with supplemental message "M/I Diagnosis Code"
	leuprolide acetate	Fensolvi 45mg (6 month)	GSN = 081002	Incoming drug in GnRH Analog List D: Step 1: If the incoming claim is for a GnRH analog (<List D>) look back in medical claims history 730 days for any of the following ICD codes: ICD 10 Disease Group: N80 (Endometriosis), ICD-10: E30.1 (precocious puberty), E22.8 (other hyperfunction of pituitary gland), OR E22.9 (hyperfunction of pituitary) If found, NO PA REQUIRED. Otherwise, deny for PRIOR AUTHORIZATION REQUIRED (75/31008) with supplemental message "M/I Diagnosis Code"
	leuprolide acetate	Lupron Depot Ped 7.5 mg	GSN = 047666	
	leuprolide acetate	Lupron Depot Ped 11.25 mg	GSN = 047665	
	leuprolide acetate	Lupron Depot Ped 11.25 mg (3 months)	GSN = 067738	
	leuprolide acetate	Lupron Depot Ped 15 mg	GSN = 047851	
	leuprolide acetate	Lupron Depot Ped 30 mg	GSN = 067737	Incoming drug in GnRH Analog List E: Step 1: If the incoming claim is for a GnRH analog (<List E>) look back in medical claims history 730 days for any of the following ICD codes: ICD-10 Disease Group N80 (Endometriosis), ICD 10: N93.8 (other specified abnormal uterine and vaginal bleeding), N93.9 (abnormal uterine and vaginal bleeding, unspecified), ICD 10 codes: C50.011-C50.019 C50.111-C50.119, C50.211-C50.219, C50.311-C50.319, C50.411-C50.419, C50.511-C50.519, C50.611-C50.619,
	leuprolide acetate	Lupron Depot Ped 45 mg	GSN = 084681	

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Edit	Drugs			Steps	
	triptorelin pamoate	Triptodur 22.5mg vial	GSN = 077557	C50.811-C50.819, C50.911-C50.919 (malignant neoplasm of breast), OR ICD-10 : C61 (prostate cancer) If found, NO PA REQUIRED. Otherwise, deny for PRIOR AUTHORIZATION REQUIRED (75/31008) with supplemental message "M/I Diagnosis Code"	
	GnRH analog List C				
	Generic Name	Brand Name	Drug Code		
	goserelin acetate	Zoladex 10.8mg implant	GSN = 044961		
	leuprolide acetate	Lupron 1mg/0.2ml kit	GSN = 044967		
	leuprolide acetate	Lupron 1mg/0.2ml vial	GSN = 044969		
	leuprolide acetate	Lupron Depot 7.5mg (1 month)	GSN = 067356		
	leuprolide acetate	Lupron Depot 22.5mg (3 month)	GSN = 044964 and 044965		
	leuprolide acetate	Lupron Depot 30mg (4 month)	GSN = 044968		
	leuprolide acetate	Lupron Depot 45mg (6 month)	GSN = 067506		
	leuprolide acetate/lidocaine	Viadur implant kit	GSN = 047600		
	leuprolide mesylate	Camcevi 42mg (6 month)	GSN = 082352		
	triptorelin pamoate	Trelstar 3.75 mg vial (1 month)	GSN = 049720		
	triptorelin pamoate	Trelstar 11.25 mg vial (3 month)	GSN = 049718		
	triptorelin pamoate	Trelstar 22.5 mg vial (6 month)	GSN = 066266		
	GnRH analog List D				
	Generic Name	Brand Name	Drug Code		
	Nafarelin acetate	Synarel 2mg/ml nasal spray	GSN = 044984		
	GnRH analog List E				
	Generic Name	Brand Name	Drug Code		
	goserelin acetate	Zoladex 3.6mg implant	GSN = 044962		

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Edit	Drugs		Steps	
	Approvable Diagnosis Codes			
	ICD 10 Codes	Description		
	C50.011-C50.019 C50.111-C50.119, C50.211-C50.219, C50.311-C50.319, C50.411-C50.419, C50.511-C50.519, C50.611-C50.619, C50.811-C50.819, C50.911-C50.919	Malignant neoplasm of female breast		
	C61	Prostate cancer		
	Disease Group D25	Leiomyoma of uterus		
	E22.8 E22.9	Hyperfunction of pituitary gland		
	E30.1	Precocious puberty Other		
	Disease Group N80	Endometriosis		
	N93.8	Other specified abnormal uterine and vaginal bleeding		
	N93.9	Abnormal uterine and vaginal bleeding, unspecified		
GI Motility Auto PA	GI Motility Agents		Step 1: If the incoming claim is from <GI Motility Agents List> and Prior Auth = L- AutoPA, and there is no previous history of itself (same HICL) in the past 180 days:	
Automated PA approval satisfies	Generic Name	Brand Name		Drug Code

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Edit	Drugs			Steps																		
L=Auto PA drug logic	Linacotide	Linzess	HSN= 039583	PROCEED TO STEP 2. If there is a previous history of itself in the past 180 days, APPROVE. Step 2: Look back in drug history 90 days for a fill of <Lactulose>: If found, claim pays, NO PA REQUIRED. Otherwise, DENY for PRIOR AUTHORIZATION REQUIRED (75), with supplemental messaging “Missing Prerequisite Drug Therapy Note: This edit does NOT override existing age or quantity limits. <table><tr><th>Drug Name</th><th>Age Limit (Min Age)</th><th>Quantity Limitations</th></tr><tr><td>Amitiza</td><td>18</td><td>Maximum of 60 tablets per fill</td></tr><tr><td>Linzess</td><td>6</td><td>Max 1 tablet per day</td></tr><tr><td>Movantik</td><td>18</td><td>Max 1 tablet per day</td></tr><tr><td>Relistor</td><td>18</td><td>For 8 mg/0.4 ml: Max 12ml per 30 days For 12 mg/0.6 ml: Max 18ml per 30 days For 150mg Tabs: Max 3 tablets per day</td></tr><tr><td>Trulance</td><td>18</td><td>Max 1 tablet per day</td></tr></table> Note: - PA approval SATISFIES L = Auto PA drug edit - Automated PA approval will NOT override R= Non-PDL edit	Drug Name	Age Limit (Min Age)	Quantity Limitations	Amitiza	18	Maximum of 60 tablets per fill	Linzess	6	Max 1 tablet per day	Movantik	18	Max 1 tablet per day	Relistor	18	For 8 mg/0.4 ml: Max 12ml per 30 days For 12 mg/0.6 ml: Max 18ml per 30 days For 150mg Tabs: Max 3 tablets per day	Trulance	18	Max 1 tablet per day
Drug Name	Age Limit (Min Age)	Quantity Limitations																				
Amitiza	18	Maximum of 60 tablets per fill																				
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Relistor	18	For 8 mg/0.4 ml: Max 12ml per 30 days For 12 mg/0.6 ml: Max 18ml per 30 days For 150mg Tabs: Max 3 tablets per day																				
Trulance	18	Max 1 tablet per day																				
Automated PA approval will NOT override R = Non-PDL coding and will not satisfy the automation logic	Lubiprostone	Amitiza	HSN= 033451																			
	Methylnaltrexone Bromide	Relistor	HSN = 035611 (Excluding tabs GSN = 076398)																			
	Naloxegol	Movantik	HSN= 041686																			
	Plecanatide	Trulance	HSN = 044054																			
	Lactulose List																					
	Generic Name	Brand Name	Drug Code																			
	Lactulose	Constulose, Enulose, Generlac, Kristalose	HSN = 001396																			
Compound Claims Max Limit	Compound Claims			The maximum payable amount on compound claims with a dosage form of cream, lotion, ointment, powder, emulsion, or shampoo is \$300.00																		
Abuse Deterrent Narcotic (ADN.) & Short Acting (SA) before Long Acting (LA) Narcotic Edit	<table><tr><th colspan="3"><Abuse Deterrent Narcotic (ADN) List></th></tr><tr><th>Generic Name</th><th>Brand Name</th><th>Drug Code</th></tr><tr><td>hydrocodone bitartrate ER</td><td>Hysingla ER</td><td>GSNs = 073176, 073177, 073179, 073180, 073181, 073182, 073183</td></tr><tr><td>oxycodone ER</td><td>OxyContin</td><td>GSNs = 072862, 072863,</td></tr></table>			<Abuse Deterrent Narcotic (ADN) List>			Generic Name	Brand Name	Drug Code	hydrocodone bitartrate ER	Hysingla ER	GSNs = 073176, 073177, 073179, 073180, 073181, 073182, 073183	oxycodone ER	OxyContin	GSNs = 072862, 072863,	Step 1: If incoming claim is for <ADN List> or <LA Narcotic List> look back 365 days in patient’s medical history for ICD 10 Disease Block C00-C14, C15-C26, C30-39, C40-41, C43-C44, C45-C49, C50, C51-C58, C60-C63, C64-C68, C69-C72, C73-C75, C76-C80, C7A, C7B, C81-C96, D00-D09, D10-D36, D37-D48, D3A, D49, ICD-10-K31.7, K63.5, Q85.00, Q85.01, Q85.02 (cancer) or ICD10 Disease Group D56, D57, D58 (sickle cell disease) or an LTC indicator or Patient Residence 03 on the claim. If found, CLAIM MOVES OUT OF EDIT (other clinical edits for products still apply). Otherwise, PROCEED TO STEP 2. Step 2: If incoming claim is for <OxyContin> is Patient >=11 and <= 17. If Yes, CLAIM MOVES OUT OF EDIT (other clinical edits for products still apply). Otherwise,						
<Abuse Deterrent Narcotic (ADN) List>																						
Generic Name	Brand Name	Drug Code																				
hydrocodone bitartrate ER	Hysingla ER	GSNs = 073176, 073177, 073179, 073180, 073181, 073182, 073183																				
oxycodone ER	OxyContin	GSNs = 072862, 072863,																				

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Edit	Drugs			Steps
			072864, 072865, 072866, 072867, 072868	PROCEED TO STEP 3. If incoming claim is for any other product in <LA Narcotic List> or <ADN List> PROCEED TO STEP 3. Step 3: If incoming claim is from <ADN List>, is patient >= 18 years? If Yes, PROCEED TO STEP 7. If incoming claim is from <LA Narcotic List> is patient >= 18 years? If Yes, PROCEED TO STEP 4. Otherwise, DENY for Product Not Cov'd for Patient Age (60/31021), Min age 18 except OxyContin min age 11 (supplemental message) Step 4: If incoming claim is from <LA Narcotic List> look back 60 days in patient drug history for another fill from <LA Narcotic List> or itself. If found, CLAIM MOVES OUT OF EDIT (other clinical edits for products still apply). Otherwise, PROCEED TO STEP 5. Step 5: If incoming claim from <LA Narcotic List> look back 60 days in patient drug history for ≥ 14 days' supply utilized from the <SA Narcotic List>. If found, PROCEED TO STEP 6. Otherwise, DENY for PRIOR AUTHORIZATION (75/31031), Patient Must Have a Trial of at least 14 Days of an IR before an ER (supplemental message) Step 6: If incoming claim is from <LA Narcotic List> (Excluding generic MS Contin: GSNs: 004096, 004097, 011886, 011887, 016522 and generic drug code = 1) DENY for PRIOR AUTHORIZATION (75/31032), Patient Must Try generic MS Contin First (supplemental message). Otherwise, CLAIM MOVES OUT OF EDIT (other clinical edits for products still apply). Step 7: If incoming claim from <ADN List> look back 60 days in patient drug history for another fill from <ADN List>, <LA Narcotic>, or itself. If found, CLAIM MOVES OUT OF EDIT (other clinical edits for products still apply). Otherwise, PROCEED TO STEP 8. Step 8: If incoming claim is from <ADN list> look back 60 days in patient drug history for ≥ 14 days' supply utilized from the <SA Narcotic List>. If found, CLAIM MOVES OUT OF EDIT (other clinical edits for products still apply). Otherwise, DENY for PRIOR AUTHORIZATION (75/31031), Patient Must Have a Trial of at least 14 Days of an IR before an ER (supplemental message) Note: This edit does NOT override the following existing edits:
	oxycodone myristate	Xtampza ER	GSNs = 076031, 076032, 076033, 076034, 076035	
	morphine sulfate ER	Arymo ER	GSNs = 077053, 077054, 077055	
	morphine sulfate ER	Morphabond ER	GSNs = 074968, 074969, 074970, 074971	
	morphine sulfate/ naltrexone ER	Embeda	GSNs = 073302, 073303, 073304, 073305, 073306, 073307	
*purple font indicates a non-preferred medication				
<Long Acting (LA) Narcotic List>				
	Generic Name	Brand Name	Drug Code	
	buprenorphine	Belbuca	GSNs = 075050, 075051, 075052, 075053, 075054, 075055, 075056	
	fentanyl	Duragesic	GSNs = 015880, 015881, 015882, 015883, 059102, 073524, 073525, 073532	

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Edit	Drugs			Steps
	hydrocodone bitartrate ER	Zohydro	GSNs = 073621, 073622,073623, 073624, 073625, 073626	4 Controlled Substance limit (or 6 for recipients with a diagnosis of cancer or sickle cell disease) per rolling 27 days - Long Acting Opioid Polypharmacy logic - OxyContin AP logic- Any existing age limits, quantity limits, or Non PDL coding-
	hydromorphone ER	Exalgo	GSNs = 066200, 069860, 069889, 069890	
	methadone	Dolophine	GSNs = 004235, 004237, 004238, 004239, 004240, 004242, 082101	
	morphine sulfate ER tabs, caps	MS Contin/ Kadian	GSNs = 011887, 004096, 004097, 011886, 016522, 050222, 064739, 050221, 064740, 050220, 050219, 060355, 060356, 061748, 069899, 060357, 061749, 061722, 060358, 062358	
	oxycodone/ acetaminophen ER	Xartemis XR	GSN = 072134	
	oxymorphone ER	Opana ER	GSNs = 061091, 061092, 061093, 061094, 063782, 063783, 063784, 070397, 070320,	

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Edit	Drugs			Steps
			070398, 070321, 070399, 070400, 070401	
	tapentadol ER	Nucynta ER	GSNs = 067266, 067267, 067268, 067270, 067271,	
	tramadol ER	Ultram ER/ Ryzolt/ Conzip	GSNs = 043536, 043537, 060274 , 063422, 063423, 063424, 067760, 067761, 067762, 068721	
	transdermal buprenorphine	Butrans	GSNs = 059589, 059590, 059591, 072673, 071432	
	*purple font indicates a non-preferred medication			
	<Short Acting (SA) Narcotic List>			
	Generic Name	Brand Name	Drug Code	
	acetaminophen/ codeine	Capital/ Codeine Tylenol/ Codeine	GSNs = 004161, 004163, 004165, 004169, 045155, 070212, 070222, 070224	
	acetaminophen/ caffeine/ dihydrocodeine	Trezix	GSN = 073169	
	aspirin/caffeine/ dihydrocodeine	Synalgos-DC	GSN = 062407	
	benzhydrocodone/	Apadaz	GSNs = 079489,	

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Edit	Drugs			Steps
	acetaminophen		078222, 079488	
	carisoprodol/ aspirin/codeine	Soma Compound/ codeine	GSNs = 048518	
	codeine sulfate	N/A	GSNs =004185, 004186, 004187	
	codeine/ butalbital/ APAP/ caffeine	N/A	GSNs = 004149, 071253	
	codeine/ butalbital/ ASA/ caffeine	Ascomp/ Codeine Fiorinal/ Codeine	GSNs = 004120	
	fentanyl spray	Subsys	GSNs = 068412, 068413, 068414, 068415, 068416, 068756, 068757	
	fentanyl citrate	Abstral , Actiq, Fentora, Lazanda	GSNs = 022358, 022360, 041339, 041340, 041341, 041342, 061492, 061493, 061495, 061496, 061497, 064712 , 064713 , 064714 , 064715 , 064716 , 064717 , 065633, 066764, 076221	
	hydrocodone/ acetaminophen	Hycet, Lorcet/HD/Plus, Lortab, Norco, Verdrocet,	GSNs =004201, 030623, 047430, 047431,	

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Edit	Drugs			Steps
		Vicodin/ES/HP, Xodol, Zamicet	053582, 057726, 060338, 060533, 063727, 064261, 066836, 068600, 071384, 071385, 064753, 064754	
	hydrocodone/ ibuprofen	Ibudone, Reprexain, Vicoprofen, Xylon	GSNs = 034068, 054674, 063650, 064781	
	hydromorphone	Dilaudid	GSNs = 004110, 004112, 015190, 016156	
	levorphanol	N/A	GSNs =004228, 079449	
	meperidine	Demerol	GSNs = 004051, 004052, 004053	
	morphine sulfate	N/A	GSNs = 004087, 004089, 004090, 004091, 004092, 069602, 071396	
	oxycodone	Oxaydo, Roxicodone, Roxybond	GSNs = 004224, 004225, 013467, 015065, 024507, 045298, 046474, 046475, 068467, 069101 076361, 078532 , 078533	

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Edit	Drugs			Steps
	oxycodone/ acetaminophen	Endocet, Percocet, Primlev, Prolate	GSNs = 004221, 004222, 013998, 048976, 048977, 060727, 060728, 060729, 082012	
	oxycodone/ aspirin	N/A	GSNs = 060638	
	oxycodone/ ibuprofen	N/A	GSNs = 058402	
	oxymorphone	Opana IR	GSNs = 061086, 061087	
	pentazocine/ naloxone	N/A	GSNs = 004292	
	tapentadol	Nucynta	GSNs = 065319, 065320, 065321	
	tramadol	Ultram, Qdolo	GSNs = 023139, 044975, 081474	
	tramadol/ acetaminophen	Ultracet	GSNs = 048456	
	tramadol/ celecoxib	Seglantis	GSN = 082830	
	*blue font indicates manufacturer obsolete			

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Edit	Drugs	Steps																																			
Armodafinil/Modafinil Auto PA Automated PA approval satisfies L=Auto PA drug edit *Automated PA approval will NOT override R = Non-PDL coding and will not satisfy the automation logic	<table><thead><tr><th>Generic Name</th><th>Brand Name</th><th>Drug Code</th></tr></thead><tbody><tr><td>Armodafinil</td><td>Nuvigil*</td><td>HSN = 034868</td></tr><tr><td>Modafinil</td><td>Provigil*</td><td>HSN = 010865</td></tr></tbody></table>	Generic Name	Brand Name	Drug Code	Armodafinil	Nuvigil*	HSN = 034868	Modafinil	Provigil*	HSN = 010865	Step 1: If incoming claim is for HSN 010865 <Modafinil> or HSN 034868 <Armodafinil> and Prior Auth L=Auto PA Drug, PROCEED TO STEP 2. Otherwise, Stop. Step 2: If incoming claim is for HSN 010865 Modafinil or HSN 034868 <Armodafinil>, and Prior Auth = L=Auto PA Drug, look back 730 days in medical claims for Narcolepsy Obstructive Sleep Apnea, Circadian Rhythm Sleep Disorder, or Shift Work Type diagnosis (see approvable ICD-10s below), If Found CLAIM PAYS. Otherwise, DENY for PRIOR AUTHORIZATION REQUIRED (75/31008) with supplemental message: “M/I Diagnosis Code” <table><thead><tr><th colspan="2">Approvable ICD 10 Codes</th></tr><tr><th>ICD 10 CM Code</th><th>Description</th></tr></thead><tbody><tr><td>G47.411</td><td>Narcolepsy with cataplexy</td></tr><tr><td>G47.419</td><td>Narcolepsy without cataplexy</td></tr><tr><td>G47.421</td><td>Narcolepsy in conditions classified elsewhere with cataplexy</td></tr><tr><td>G47.429</td><td>Narcolepsy in conditions classified elsewhere without cataplexy</td></tr><tr><td>G47.33</td><td>Obstructive sleep apnea for adult, pediatric</td></tr><tr><td>G47.26</td><td>Circadian Rhythm Sleep Disorder, Shift Work Type</td></tr></tbody></table> Note: This edit does NOT override existing age limits, quantity limits, or Non PDL coding. <table><thead><tr><th colspan="2">Quantity Limitations</th></tr></thead><tbody><tr><td>Nuvigil (Armodafinil) 50mg</td><td>2 tablets per day</td></tr><tr><td>Nuvigil (Armodafinil) 150mg, 200mg, 250mg tablets</td><td>1 tablet per day</td></tr><tr><td>Provigil (Modafinil) 100mg</td><td>3 tablets per day</td></tr><tr><td>Provigil (Modafinil) 200mg</td><td>2 tablets per day</td></tr></tbody></table>	Approvable ICD 10 Codes		ICD 10 CM Code	Description	G47.411	Narcolepsy with cataplexy	G47.419	Narcolepsy without cataplexy	G47.421	Narcolepsy in conditions classified elsewhere with cataplexy	G47.429	Narcolepsy in conditions classified elsewhere without cataplexy	G47.33	Obstructive sleep apnea for adult, pediatric	G47.26	Circadian Rhythm Sleep Disorder, Shift Work Type	Quantity Limitations		Nuvigil (Armodafinil) 50mg	2 tablets per day	Nuvigil (Armodafinil) 150mg, 200mg, 250mg tablets	1 tablet per day	Provigil (Modafinil) 100mg	3 tablets per day	Provigil (Modafinil) 200mg	2 tablets per day
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		GOLIMUMAB	SIMPONI																										
		INFLIXIMAB	REMICADE																										
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		M05	
		M06	
		ICD-10 Disease Group: M08	Juvenile Rheumatoid Arthritis
		ICD-10 Disease Group: M45	Ankylosing Spondylitis
		infliximab	
		ICD 10-CM Code	Description
		ICD10 Disease Group: K50, K52	Crohn's Disease
		ICD10 Disease Group: K51	Ulcerative Colitis
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		ICD-10 Disease Group: M45	Ankylosing Spondylitis
		XELJANZ	
		ICD 10-CM Code	Description
		ICD10 Disease Group: K51	Ulcerative Colitis
		ICD10 Disease Group: L40	Psoriasis, including psoriatic arthritis
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		ICD-10 Disease Group: M08	Juvenile Rheumatoid Arthritis

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Edit	Drugs	Steps	
		ICD-10 Disease Group: M45	Ankylosing Spondylitis
		RINVOQ	
		ICD 10-CM Code	Description
		ICD10 Disease Group: K50, K52	Crohn’s Disease
		ICD10 Disease Group: K51	Ulcerative Colitis
		ICD10 Disease Group: L40	Psoriasis, including psoriatic arthritis
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		Note: This edit does NOT override existing age limits, quantity limits, or Non PDL coding.	

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				Quantity Limitations							
				Enbrel	25mg Kit: 2 kits every 28 days 25mg/0.5ml Syringe/Vial: 4.08mL’s every 28 days 50mg/ml Sure Click, Syringe: 7.84mL’s every 28 days						
				Hadlima	4 syringes every 28 days						
				Humira	40mg/0.8ml Syringe/Pen Kit: 2 kits every 28 days All others: 1 kit every 28 days						
				Infliximab	14 vials every 28 days						
				Otezla	Tablet: 2 tablets per day Starter/dose pack: 1 pack every 365 days						
				Rinvoq	1 tablet per day						
				Xeljanz	Solution: 10mL’s per day Tablet: 2 tablets per day						
Transderm Scop Automation Automated PA approval Satisfies L=Auto PA drug edit Automated PA approval will NOT override R = Non-PDL edit				Step 1: If incoming claim is for <Transderm Scop> look back 60 days in claims history for itself. If Found, CLAIM PAYS, Otherwise, PROCEED TO STEP 2. Step 2: Look back 365 days in medical history for diagnosis of sickle cell or cancer (see approvable ICD-10s below). If Found, CLAIM PAYS, Otherwise, PROCEED TO STEP 3							
	<table><tr><th>Generic Name</th><th>Brand Name</th><th>Drug Code</th></tr><tr><td>Scopolamine</td><td>Transderm Scop</td><td>HSN = 012306</td></tr></table>			Generic Name	Brand Name	Drug Code	Scopolamine	Transderm Scop	HSN = 012306		
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			<table><tr><th colspan="2">Approvable ICD 10 Codes</th></tr><tr><th>ICD 10 CM Code</th><th>Description</th></tr><tr><td>D56</td><td rowspan="2">Thalassemia, Sickle Cell,</td></tr><tr><td>D57</td></tr></table>		Approvable ICD 10 Codes		ICD 10 CM Code	Description	D56	Thalassemia, Sickle Cell,	D57
Approvable ICD 10 Codes											
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	Ondansetron HCL in D5W	N/A	HSN = 009765																																																															
	D58	Other Hereditary hemolytic anemias																																																																
	C00-C14 C15-C26 C30-C39 C40-C41 C43-C44 C45-C49 C50 C51-C58 C60-C63 C64-C68 C69-C72 C73-C75 C7A C7B C76-C80 C81-C96 D00-D09 D10-D36 D3A D37-D48 D49 K31.7 K63.5 Q85.00 Q85.01 Q85.02	Neoplasms																																																																
	Step 3: Look back 90 days in medical history for diagnosis of Motion Sickness or Postoperative Nausea and Vomiting (see approvable ICD-10s below). If Found, PROCEED TO STEP 4. Otherwise, DENY for PRIOR AUTHORIZATION REQUIRED (75) with supplemental message: “M/I Diagnosis Code”																																																																	
	<table><tr><th colspan="2">Approvable ICD 10 Codes</th></tr><tr><th>ICD 10 CM Code</th><th>Description</th></tr><tr><td>K91.89</td><td>Other Postprocedural complications and disorder of digestive system</td></tr><tr><td>R11.2</td><td>Nausea with vomiting, unspecified</td></tr><tr><td>T75.3XXA T75.3XXD</td><td>Motion Sickness: Initial Encounter Motion Sickness: Subsequent Encounter Motion Sickness: Sequela</td></tr></table>		Approvable ICD 10 Codes		ICD 10 CM Code	Description	K91.89	Other Postprocedural complications and disorder of digestive system	R11.2	Nausea with vomiting, unspecified	T75.3XXA T75.3XXD	Motion Sickness: Initial Encounter Motion Sickness: Subsequent Encounter Motion Sickness: Sequela																																																						
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Edit	Drugs	Steps																																							
	<table><tr><th colspan="3">Antiemetic List Continued</th></tr><tr><td colspan="3">Generic drug name = 1 or 2 Rx Indicator = Yes</td></tr><tr><th>Generic Name</th><th>Brand Name</th><th>Drug Code</th></tr><tr><td>Ondansetron HCL/ PF</td><td>N/A</td><td>HSN = 033598</td></tr><tr><td>Palonosetron HCL</td><td>Aloxi</td><td>HSN = 025512</td></tr><tr><td>Prochlorperazine</td><td>Compro Compazine Suppository</td><td>HSN = 004588</td></tr><tr><td>Prochlorperazine Edisylate</td><td>N/A</td><td>HSN = 001628</td></tr><tr><td>Prochlorperazine Maleate</td><td>Compazine</td><td>HSN = 001629</td></tr><tr><td>Promethazine HCL</td><td>Phenadoz Phenergan Promethegan</td><td>HSN = 012014</td></tr><tr><td>Rolapitant HCL</td><td>Varubi</td><td>HSN = 042468</td></tr><tr><td>Trimethobenzamide HCL</td><td>Tigan</td><td>HSN = 001952</td></tr></table>	Antiemetic List Continued			Generic drug name = 1 or 2 Rx Indicator = Yes			Generic Name	Brand Name	Drug Code	Ondansetron HCL/ PF	N/A	HSN = 033598	Palonosetron HCL	Aloxi	HSN = 025512	Prochlorperazine	Compro Compazine Suppository	HSN = 004588	Prochlorperazine Edisylate	N/A	HSN = 001628	Prochlorperazine Maleate	Compazine	HSN = 001629	Promethazine HCL	Phenadoz Phenergan Promethegan	HSN = 012014	Rolapitant HCL	Varubi	HSN = 042468	Trimethobenzamide HCL	Tigan	HSN = 001952	<table><tr><td>T75.3XXS</td><td></td></tr></table> Step 4: Look back 90 days in claim history for 2 medications (different chemical entities HSN's) in <Antiemetic List>. If Found, PROCEED TO STEP 5. Otherwise, DENY for PRIOR AUTHORIZATION REQUIRED (75) with supplemental message: "Missing Prerequisite Drug Therapy" Step 5: Look back 90 days in claim history for <Meclizine> If Found, CLAIM PAYS, Otherwise, DENY for PRIOR AUTHORIZATION REQUIRED (75) with supplemental message "Patient Must try Meclizine Prior to Transderm Scop" Note: This edit does NOT override existing age limits, quantity limits, or Non PDL coding. <table><tr><th colspan="2">Quantity Limitations</th></tr><tr><td>Transderm Scop 1.5mg/3day Patch</td><td>10 patches every 30 days</td></tr></table>	T75.3XXS		Quantity Limitations		Transderm Scop 1.5mg/3day Patch	10 patches every 30 days
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Solaraze 3% Gel Automation Automated PA approval Satisfies L=Auto PA drug edit Automated PA approval will NOT override R = Non-PDL_edit	<table><tr><th>Drug Name</th><th>Drug Code</th></tr><tr><td>Solaraze 3% Gel (diclofenac sodium)</td><td>GSN = 039826</td></tr></table>	Drug Name	Drug Code	Solaraze 3% Gel (diclofenac sodium)	GSN = 039826	Step 1: If incoming claim for <Solaraze> look back in medical claims 365 days for actinic keratosis diagnosis (see approvable ICD-10s below). If found, NO PA REQUIRED; Otherwise, DENY for PRIOR AUTHORIZATION REQUIRED (75) with supplemental message "M/I Diagnosis Code" <table><tr><th colspan="2">Actinic Keratosis Approvable ICD 10Codes</th></tr><tr><th>ICD-10-CM Code</th><th>Description</th></tr><tr><td>L57.0</td><td>Actinic Keratosis</td></tr></table> <table><tr><th colspan="2">Quantity Limitations</th></tr><tr><td>Solaraze 3% Gel (diclofenac sodium)</td><td>200gm every 30 days</td></tr></table> Note: This edit does NOT override existing age limits, quantity limits, or Non PDL coding.	Actinic Keratosis Approvable ICD 10Codes		ICD-10-CM Code	Description	L57.0	Actinic Keratosis	Quantity Limitations		Solaraze 3% Gel (diclofenac sodium)	200gm every 30 days																									
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Clomipramine Automation Automated PA approval Satisfies L=Auto PA drug edit	<table><tr><th>Drug Name</th><th>Drug Code</th></tr><tr><td>Clomipramine</td><td>GSN = 046120 046121, 046122 (Generic only)</td></tr></table>	Drug Name	Drug Code	Clomipramine	GSN = 046120 046121, 046122 (Generic only)	Step 1: If incoming claim is for <Clomipramine Generic only> look back 180 days in patient's drug history for <Anafranil/Clomipramine-GSNs 046120, 046121, 046122 brand or generic> If found, CLAIM PAYS, NO PA REQUIRED; Otherwise, Proceed to STEP 2. Step 2: Look back in patient's medical claim history 365 days for a diagnosis Obsessive Compulsive Disorder <ICD 10																																			
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Edit	Drugs	Steps																																																											
Automated PA approval will NOT override R = Non-PDL edit	<table><tr><th colspan="3">SSRI List</th></tr><tr><th>Generic Name</th><th>Brand Name</th><th>Drug Code</th></tr><tr><td>Citalopram hydrobromide</td><td>Celexa</td><td>HSN = 010321</td></tr><tr><td>Escitalopram oxalate</td><td>Lexapro</td><td>HSN = 024022</td></tr><tr><td>Fluoxetine HCL</td><td>Prozac, Prozac Weekly</td><td>HSN = 001655 (excluding GSN 046216-Rapiflux) 046219, 065296 - Sarafem)</td></tr><tr><td>Fluvoxamine maleate CR</td><td>Luvox CR</td><td>HSN = 006338</td></tr><tr><td>Paroxetine/ER HCL</td><td>Paxil, Paxil CR</td><td>HSN = 007344</td></tr><tr><td>Paroxetine Mesylate</td><td>Pexeva</td><td>HSN = 025796 excluding GSN 071167 – Brisdelle)</td></tr><tr><td>Sertraline HCL</td><td>Zoloft</td><td>HSN = 006324</td></tr></table>	SSRI List			Generic Name	Brand Name	Drug Code	Citalopram hydrobromide	Celexa	HSN = 010321	Escitalopram oxalate	Lexapro	HSN = 024022	Fluoxetine HCL	Prozac, Prozac Weekly	HSN = 001655 (excluding GSN 046216-Rapiflux) 046219, 065296 - Sarafem)	Fluvoxamine maleate CR	Luvox CR	HSN = 006338	Paroxetine/ER HCL	Paxil, Paxil CR	HSN = 007344	Paroxetine Mesylate	Pexeva	HSN = 025796 excluding GSN 071167 – Brisdelle)	Sertraline HCL	Zoloft	HSN = 006324	listed below> If Found, PROCEED to Step 3. Otherwise, DENY for PRIOR AUTHORIZATION REQUIRED (75) with supplemental message “M/I Diagnosis Code” Step 3: Look back 30 days in patient’s drug history for claim in <SSRI List> and a day supply >= 24. If Found, CLAIM PAYS. Otherwise, DENY for PRIOR AUTHORIZATION REQUIRED (75) with supplemental message “Missing Prerequisite Drug Therapy” <table><tr><th colspan="2">Approvable ICD 10 CM Codes</th></tr><tr><th>ICD-10-CM Code</th><th>Description</th></tr><tr><td>F42</td><td>Obsessive-compulsive disorder</td></tr><tr><td>F42.2</td><td>Mixed obsessional thoughts and acts</td></tr><tr><td>F42.3</td><td>Hoarding disorder</td></tr><tr><td>F42.4</td><td>Excoriation (skin-picking) disorder</td></tr><tr><td>F42.8</td><td>Other obsessive-compulsive disorder</td></tr><tr><td>F42.9</td><td>Obsessive-compulsive disorder, unspecified</td></tr></table> Note: The meds below do not have an FDA indication for OCD or Depression thus were omitted from the automation: <table><tr><th colspan="4">SSRIs</th></tr><tr><td>Fluoxetine</td><td>Sarafem</td><td>GSN = 046216, 065296</td><td>Premenstrual dysphoric disorder (PMDD)</td></tr><tr><td></td><td>Rapiflux</td><td>046219</td><td></td></tr><tr><td>Paroxetine mesylate</td><td>Brisdelle</td><td>GSN = 071167</td><td>Hot Flashes</td></tr></table> Note: Blue font indicates product Is no longer available	Approvable ICD 10 CM Codes		ICD-10-CM Code	Description	F42	Obsessive-compulsive disorder	F42.2	Mixed obsessional thoughts and acts	F42.3	Hoarding disorder	F42.4	Excoriation (skin-picking) disorder	F42.8	Other obsessive-compulsive disorder	F42.9	Obsessive-compulsive disorder, unspecified	SSRIs				Fluoxetine	Sarafem	GSN = 046216, 065296	Premenstrual dysphoric disorder (PMDD)		Rapiflux	046219		Paroxetine mesylate	Brisdelle	GSN = 071167	Hot Flashes
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Long Acting Injectable (LAI) AutoPA Automated PA approval satisfies L = AutoPA drug logic <i>*Automated PA approval will NOT override R = Non-PDL coding and will not satisfy the automation logic</i>	<table><tr><th colspan="3"><Long Acting Injectable (LAI) Antipsychotic List></th></tr><tr><th>Generic Name</th><th>Brand Name</th><th>Drug Code</th></tr><tr><td>aripiprazole</td><td>Abilify Asimtufii, Abilify Maintena</td><td>GSNs= 084704, 084705, 070669, 070670, 073298, 073299</td></tr><tr><td>aripiprazole lauroxil</td><td>Aristada ER</td><td>HSN = 042595</td></tr><tr><td>aripiprazole lauroxil submicr</td><td>Aristada Initio</td><td>HSN = 045050</td></tr><tr><td>haloperidol decanoate</td><td>Haldol Decanoate</td><td>HSN = 001660</td></tr></table>	<Long Acting Injectable (LAI) Antipsychotic List>			Generic Name	Brand Name	Drug Code	aripiprazole	Abilify Asimtufii, Abilify Maintena	GSNs= 084704, 084705, 070669, 070670, 073298, 073299	aripiprazole lauroxil	Aristada ER	HSN = 042595	aripiprazole lauroxil submicr	Aristada Initio	HSN = 045050	haloperidol decanoate	Haldol Decanoate	HSN = 001660	Step 1: If incoming claim is from <LAI Antipsychotic List> and Prior Auth = L-AutoPA, look back 365 days in paid claims history for <itself- products with the same HSN/GSN>. If found, claim MOVES OUT OF EDIT (Quantity Limit (QL) and Age (AG) limitations still apply). Otherwise, Proceed to Step 2. Step 2: If incoming claim from <LAI Antipsychotic List> look back 730 days in medical claim history for a diagnosis of Schizophrenia or Schizoaffective disorder (see approvable ICD 10 codes below). If found, claim MOVES OUT OF EDIT (QL and AG limitations still apply). Otherwise, proceed to Step 3. <table><tr><th colspan="2">Approvable Diagnosis Codes</th></tr><tr><th>ICD 10 Disease Group</th><th>Description</th></tr><tr><td>F20</td><td>Schizophrenia</td></tr><tr><td>F25</td><td>Schizoaffective Disorder</td></tr></table> Step 3: If incoming claim is for <Abilify Asimtufii, Abilify Maintena or Risperdal Consta> look back 730 days in medical claim history for diagnosis of Bipolar Disorder (see approvable ICD 10 codes below). If found, claim	Approvable Diagnosis Codes		ICD 10 Disease Group	Description	F20	Schizophrenia	F25	Schizoaffective Disorder																																	
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Edit	Drugs			Steps																																				
	paliperidone palmitate	Invega Sustenna, Invega Trinza, Invega Hafyera	HSN = 036479	MOVES OUT OF EDIT (QL and AG limitations still apply). Otherwise, DENY for NCPDP 75 with supplemental messaging “M/I Diagnosis Code”. <table><tr><th colspan="2">Approvable Diagnosis Codes</th></tr><tr><th>ICD 10 Disease Group</th><th>Description</th></tr><tr><td>F31</td><td>Bipolar Disorder</td></tr></table> Note: - Automated PA approval will NOT override age, quantity, or mg per day limits. - Automated PA approval will NOT override R=Non-PDL edit <table><tr><th>Drug Name</th><th>Age Limit (Min Age)</th><th>Quantity Limitation</th></tr><tr><td>Abilify Maintena</td><td>18</td><td>1 every 28 days</td></tr><tr><td>Aristada</td><td>18</td><td>441mg: 1.6mLs every 28 days 662mg: 2.4mLs every 28 days 882mg: 3.2mLs every 28 days 1064mg: 3.9mLs every 60 days</td></tr><tr><td>Aristada Initio</td><td>18</td><td>2.4mLs every 180 days</td></tr><tr><td>Invega Hafyera</td><td>18</td><td>1092mg: 3.5mLs every 180 days 1560mg: 5mLs every 180 days</td></tr><tr><td>Invega Sustenna</td><td>18</td><td>390mg every 28 days 2 fills every 28 days</td></tr><tr><td>Invega Trinza</td><td>18</td><td>273mg: 0.880mLs every 84 days 410mg: 1.32mLs every 84 days 546mg: 1.75mLs every 84 days 819mg: 2.63mLs every 84 days</td></tr><tr><td>Perseris</td><td>18</td><td>1 every 25 days</td></tr><tr><td>Risperdal Consta</td><td>18</td><td>2 every 28 days</td></tr><tr><td>Zyprexa Relprevv</td><td>18</td><td>210mg & 300mg: 2 every 28 days 405mg: 1 every 28 days</td></tr></table>	Approvable Diagnosis Codes		ICD 10 Disease Group	Description	F31	Bipolar Disorder	Drug Name	Age Limit (Min Age)	Quantity Limitation	Abilify Maintena	18	1 every 28 days	Aristada	18	441mg: 1.6mLs every 28 days 662mg: 2.4mLs every 28 days 882mg: 3.2mLs every 28 days 1064mg: 3.9mLs every 60 days	Aristada Initio	18	2.4mLs every 180 days	Invega Hafyera	18	1092mg: 3.5mLs every 180 days 1560mg: 5mLs every 180 days	Invega Sustenna	18	390mg every 28 days 2 fills every 28 days	Invega Trinza	18	273mg: 0.880mLs every 84 days 410mg: 1.32mLs every 84 days 546mg: 1.75mLs every 84 days 819mg: 2.63mLs every 84 days	Perseris	18	1 every 25 days	Risperdal Consta	18	2 every 28 days	Zyprexa Relprevv	18	210mg & 300mg: 2 every 28 days 405mg: 1 every 28 days
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fluphenazine decanoate	N/A	HSN = 001624																																						
risperidone	Perseris, Uzedy	GSNs = 078740, 078741, 084729, 084730, 084731, 084728, 084732, 084733, 084734																																						
risperidone microspheres	Risperdal Consta, Rykindo*	HSN = 025509																																						
olanzapine pamoate	Zyprexa Relprevv*	HSN = 036716																																						

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Edit	Drugs			Steps
Ambien/Edluar Automation	Generic Name	Brand Name	Drug code	Step 1: If incoming claim <Ambien 10mg>, <Ambien CR 12.5mg>, or <Edluar 10mg> look back 30 days in recipient’s paid claim history for itself. If found, CLAIM PAYS. Otherwise, PROCEED TO STEP 2. Step 2: Look back 90 days in recipient’s paid claim history for <Ambien 5mg>, <Ambien CR 6.25mg>, or <Edluar 5mg> with a Day Supply Utilized >/= 24. If found, CLAIM PAYS. Otherwise, DENY NCPDP EC 75 with supplemental messaging “Pt must have trial of lower strengths (5mg or 6.25mg) prior to higher strengths (10mg or 12.5mg), Fax PA form to 877-614-1078” Note: This edit does NOT override any existing age limits, quantity limits, or Non PDL coding.
	Zolpidem	Ambien 5mg Tablets	GSN = 019187	
		Ambien 10mg Tablets	GSN = 019188	
		Ambien 6.25mg CR Tablets	GSN = 059696	
		Ambien 12.5mg CR Tablets	GSN = 059697	
		Edluar 5mg SL Tablets	GSN = 065335	
		Edluar 10mg SL Tablets	GSN = 065334	
Overlapping Stimulant- BZP DUR edit	Stimulants-Benzodiazepine (BZP) List			Step 1: If incoming claim from <Stimulant List> lookback 30 days for a fill from the <BZP List> If found, PROCEED TO STEP 2. Otherwise CLAIM MOVES OUT OF EDIT (other clinical edits for products still apply) Step 2: If incoming claim from <Stimulant List> look back 60 days for fill from <BZP List> and <Stimulant List>. If found, claim rejects NCPDP 76 with additional message “DD - Caution Overlapping BZP-Stimulant therapy. Review & submit appropriate DUR cd Max:2 BZP-Stimulant DD ovr/180 dys.” Otherwise, DENY for PRIOR AUTHORIZATION (75), with additional message “PA Req’d. Overlapping BZP-Stimulant therapy: Fax PA 877-614-1078” Limitation: Allow 2 pharmacy level overrides in 180 days for claims that deny out of the Stimulant-BZP AutoPA. Pharmacy must submit DUR Reason for Service Code: DD-Drug to Drug Interaction for pharmacy level override. Deny the third, and subsequent attempts of a pharmacy level overrides (within a rolling 180 days) NCPDP 75 PA required with additional message “PA Req’d.Max:2 BZP-Stimulant DD ovr/180 dys. Fax PA 877-614-1078”
	Generic Name	Brand Name	Drug Code	
	Stimulants			
	amphetamine	Adzenys XR ODT, Dyanavel XR	HSN = 043652	
	amphetamine sulfate	Evekeo, Evekeo ODT	HSN = 002064	
	dexmethylphenidate	Focalin, Focalin XR	HSN = 022987	
	dextroamphetamine	Dexedrine, Procentra, Zenzedi	HSN = 002065	
	dextroamphetamine	Xelstrym	HSN = 047926	
	dextroamphetamine/ amphetamine	Adderall, Adderall XR, Mydayis ER	HSN = 013449	
	lisdexamfetamine dimesylate	Vyvanse capsules/chewable tabs	HSN = 034486	
	methamphetamine	Desoxyn	HSN = 002067	
	methylphenidate	Cotempla XR ODT, Daytrana	HSN = 033556	
	methylphenidate HCL	Aptensio XR, Concerta, Jornay PM, Metadate ER, Methylin ER, Quillichew, Quillivant, Relexxii ER, Ritalin/ Ritalin LA	HSN = 001682	

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Edit	Drugs			Steps
	serdexmethylphenidate/dexmethylphenidate	Azstarys	HSN = 047187	
	Benzodiazepines			
	alprazolam	Xanax, Xanax XR	HSN = 001617	
	chlordiazepoxide	N/A	HSN = 001610	
	chlordiazepoxide/amitriptyline	N/A	HSN = 001656	
	chlordiazepoxide/clidinium	Librax	HSN = 002037	
	clobazam	Onfi, Sympazan	HSN = 006536	
	clonazepam	Klonopin	HSN = 001894	
	clorazepate	N/A	HSN = 001612	
	diazepam	Valium	GSNs = 003762, 003763, 003764, 003765, 003766, 003767, 003768, 068715, 078712	
	estazolam	N/A	HSN = 006036	
	flurazepam	N/A	HSN = 001593	
	lorazepam	Ativan, Loreev XR	HSN = 004846	
	midazolam	N/A	HSN = 001619	
	oxazepam	Serax	HSN = 001616	
	Quazepam	N/A	HSN = 001595	
	temazepam	Restoril	HSN = 001592	
	triazolam	Halcion	HSN = 001594	

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Edit	Drugs			Steps	
Benzodiazepine (BZP) – LA Opioid DUR Edit	<Benzodiazepine (BZP) >			Step 1: If incoming claim from <BZP List> lookback 30 days for a fill from the <LA Opioid List>. If found, PROCEED TO STEP 2. Otherwise CLAIM MOVES OUT OF EDIT (other clinical edits for products still apply) Step 2: If incoming claim from <BZP List> look back 60 days for fill from the <BZP List>. If found, claim rejects NCPDP 76 with additional message “DD – Toxicity Warning-Overlapping BZP-LA Opioid therapy. Review & submit DUR cd; Max:2 BZP DD ovr/180 dys.” Otherwise, DENY for PRIOR AUTHORIZATION (75), with additional message “PA Req’d. Overlapping BZP-LA Opioid therapy: Fax PA 877-614-1078”. Limitation: Allow 2 pharmacy level overrides in 180 days for claims that deny out of the BZP-LA Opioid Edit for NCPDP 76. Pharmacy must submit DUR Reason for Service Code: DD-Drug to Drug Interaction for pharmacy level override. Deny the third, and subsequent attempts of pharmacy level overrides (within a rolling 180 days) NCPDP 75 PA required with additional message “PA Req’d. Max:2 BZP-LA Opioid DD ovr/180 dys. Fax PA 877-614-1078” **** Excluding recipients with LTC indicator or Patient Residence 03 on the claim and those with the following approvable cancer, sickle cell, or seizure diagnosis in claims history within 730 days: <i>The provider will be able to override the 1st -two denials, for non-treatment naïve recipients.</i>	
	Generic Name	Brand Name	Drug Code		
	alprazolam	Xanax, Xanax XR	HSN = 001617		
	chlordiazepoxide	Librium, Poxi	HSN = 001610		
	chlordiazepoxide / amitriptyline	Limbitrol	HSN = 001656		
	chlordiazepoxide / clidinium	Librax	HSN = 002037		
	clonazepam	Klonopin, Cerberclon	HSN = 001894		
	clobazam	Onfi, Sympazan	HSN = 006536		
	clorazepate	Tranxene, Gen-Xene	HSN = 001612		
	diazepam	Valium	GSNs = 003761, 003762, 003763, 003764, 003765, 003766, 003767, 003768, 034017, 034018, 034019, 068715, 078712, 079289		
	estazolam	Prosom	HSN = 006036		
	flurazepam	Dalmane	HSN = 001593		
	lorazepam	Ativan, Loreev XR	HSN = 004846		
	midazolam	n/a	HSN = 001619		
	oxazepam	Serax	HSN = 001616		
	quazepam	Doral	HSN = 001595		
	temazepam	Restoril	HSN = 001592		
	triazolam	Halcion	HSN = 001594		
	<Long Acting Opioid Lists>				
	Generic Name	Brand Name	Drug Code		
	buprenorphine	Belbuca, Butrans	GSNs = 075050, 075051, 075052, 075053, 075054, 075055, 075056, 059589, 059590, 059591, 072673, 071432		
	fentanyl	Duragesic	GSNs = 015880, 015881, 015882, 015883, 059102, 073524, 073525, 073532		
	hydrocodone bitartrate ER	Hysingla ER, Zohydro	GSNs = 073176, 073177, 073179, 073180, 073181, 073182, 073183, 073621,073622,073623, 073624, 073625, 073626, 071602, 071603, 071604, 071605, 071606, 071607		
	Approvable Seizure Diagnosis ICD-10 Codes				
	ICD-10-CM Code		Description		
	ICD 10 Disease Block C00-C14, C15-C26, C30-39, C40-41, C43-C44, C45-C49, C50, C51-C58, C60-C63, C64-C68, C69-C72, C73-C75, C76-C80, C7A, C7B, C81-C96, D00-D09, D10-D36, D37-D48, D3A, D49, ICD-10-K31.7, K63.5, Q85.00, Q85.01, Q85.02		Cancer		
	ICD 10 Disease Group: D56, D57, D58		Sickle Cell		
	ICD 10: G25.3		Myoclonus		
ICD 10 Disease Group: G80		Cerebral Palsy			
ICD 10 Disease Group: G40		Epilepsy			
ICD 10 Disease Group: G45, G46		Transient cerebral ischemic attacks and related syndromes			
		Vascular syndromes of brain in cerebrovascular diseases			

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Edit	Drugs			Steps	
	hydromorphone ER	Exalgo	GSNs = 066200, 069860, 069889, 069890	ICD 10 Disease Block: I60-I69	Cerebrovascular Disease
	methadone	Dolophine, Methadose	GSNs = 004235, 004237, 004238, 004239, 004240, 004242, 082101	ICD 10: G90.1	Familial dysautonomia [Riley –Day]
	morphine sulfate ER	Arymo ER, Morphabond ER, MS Contin, Kadian ER	GSNs= 077053, 077054, 077055, 074968,074969, 074970, 074971, 011887, 004096, 004097, 011886, 016522, 050222, 064739, 050221, 064740, 050220, 050219, 060355, 060356, 061748, 069899, 060357, 061749, 061722, 060358, 062358	ICD 10 Disease Block: Q00-Q07	Congenital Malformations of the brain, spinal cord, nervous system
				ICD 10 Disease Group: R56	Convulsions not elsewhere classified
				ICD 10 Disease Group: S06	Intracranial Injury
				ICD 10: T74.12XA T74.12XD T74.12XS T74.4XXA T74.4XXD T74.4XXS T76.12XA T76.12XD T76.12XS	Child physical abuse, confirmed/suspected, initial encounter Shaken infant syndrome, initial encounter
	morphine sulfate/ naltrexone ER	Embeda	GSNs = 073302, 073303, 073304, 073305, 073306, 073307		
	oxycodone ER	OxyContin	GSNs = 072862, 072863, 072864, 072865, 072866, 072867, 072868		
	oxycodone/acetaminophen ER	Xartemis ER	GSN = 072134		
	oxycodone myristate	Xtampza ER	GSNs = 076031, 076032, 076033, 076034, 076035		
	oxymorphone ER	Opana ER	GSNs = 061091, 061092, 061093, 061094, 063782, 063783, 063784, 070320, 070321, 070397, 070398, 070399, 070400, 070401		
	tapentadol ER	Nucynta ER	GSNs = 067266, 067267, 067268, 067270, 067271		
	tramadol ER	Conzip, Ryzolt, Ultram ER	GSNs = 043536, 043537, 060274, 063422, 063423, 063424, 067760, 067761, 067762, 068721		
Austedo-Ingrezza-Tetrabenazine Auto PA				Step 1: If incoming claim is for <Ingrezza> or <Austedo> look back 730 days in medical claim history for ICD-10 in Disease Group G10 (Huntington’s Disease), G24 (Dystonia), G25 (other extrapyramidal and movement disorders) or G26 (extrapyramidal and movement disorders in diseases classified elsewhere). If found, claim MOVES OUT OF EDIT (QL and AG limitations still apply). Otherwise, DENY for PRIOR AUTHORIZATION REQUIRED (75) with supplemental message “M/I Diagnosis Code”	
Automated PA approval satisfies L=Auto PA drug logic	Generic Name	Brand Name	Drug Code		
	deutetrabenazine	Austedo/XR/Titra tion Kit*	HSN = 044192		

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Edit	Drugs			Steps									
Automated PA approval will NOT override R = Non-PDL edit coding and will not satisfy the automation logic	valbenazine tosylate	Ingrezza/Sprinkle Initiation Pack	HSN = 044202	If incoming claim is for <Tetrabenazine> look back 730 days in medical claim history for ICD-10 in Disease Group G10 (Huntington’s Disease). If found, claim MOVES OUT OF EDIT (QL and AG limitations still apply). Otherwise, DENY for PRIOR AUTHORIZATION REQUIRED (75) with supplemental message “M/I Diagnosis Code” Note: - Automated PA approval will NOT override age, quantity, or mg per day limits. - Automated PA approval will NOT override R=Non-PDL edit									
	tetrabenazine	Xenazine*	HSN = 007350										
				<table><tr><th>Drug Name</th><th>Age Limit (Min Age)</th><th>Quantity Limitations</th></tr><tr><td>Austedo (Deutetrabenazine)</td><td>18</td><td> Maximum of 48mg per day For 6 mg tablets: Maximum of 2 tablets per day For 9 mg & 12 mg tablets: Maximum of 4 tablets per day For XR tablets: Maximum of 1 tablet per day </td></tr><tr><td>Tetrabenazine (Xenazine)</td><td>18</td><td> Maximum of 100mg per day For 12.5 mg tablets: Maximum of 3 tablets per day For 25mg tablets: Maximum of 4 tablets per day </td></tr></table>	Drug Name	Age Limit (Min Age)	Quantity Limitations	Austedo (Deutetrabenazine)	18	Maximum of 48mg per day For 6 mg tablets: Maximum of 2 tablets per day For 9 mg & 12 mg tablets: Maximum of 4 tablets per day For XR tablets: Maximum of 1 tablet per day	Tetrabenazine (Xenazine)	18	Maximum of 100mg per day For 12.5 mg tablets: Maximum of 3 tablets per day For 25mg tablets: Maximum of 4 tablets per day
Drug Name	Age Limit (Min Age)	Quantity Limitations											
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Edit	Drugs	Steps																																																										
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Asthma- Inhaled Corticosteroid Edit	<table><tr><th colspan="3">Inhaled Corticosteroid List (ICS)</th></tr><tr><th colspan="3">Single Agent-Inhaled Corticosteroid</th></tr><tr><th>Generic</th><th>Brand Name</th><th>Drug Code</th></tr><tr><td>beclomethasone dipropionate</td><td>Qvar RediHaler</td><td>GSNs = 046698, 046699, 077643, 077644</td></tr><tr><td>budesonide</td><td>Pulmicort/Flexhaler/R espules</td><td>GSNs = 018165, 022232, 046525, 046526, 062240, 062241,</td></tr><tr><td>ciclesonide</td><td>Alvesco</td><td>GSNs = 058671, 058672</td></tr><tr><td>fluticasone furoate</td><td>Arnuity Ellipta</td><td>GSNs = 072722, 072723, 078449</td></tr><tr><td>fluticasone propionate</td><td>ArmonAir Digihaler/ Flovent HFA/Diskus</td><td>GSNs = 019317, 019318, 019319, 021251, 021253, 021483, 084176, 081478, 081485</td></tr><tr><td>mometasone furoate</td><td>Asmanex/HFA</td><td>GSNs = 051649, 059326, 059327, 059328, 064010, 073197, 073198, 080669</td></tr><tr><th colspan="3">Combination Agents- Inhaled Corticosteroid</th></tr><tr><th colspan="3">Generic</th></tr><tr><td>albuterol/budesonide</td><td>Airsupra</td><td>HSN = 048596</td></tr><tr><td>budesonide/formoterol</td><td>Breyna, Symbicort</td><td>HSN = 021993</td></tr><tr><td>budesonide/glycopyrrolate/formoterol</td><td>Breztri Aerosphere</td><td>HSN = 046753</td></tr><tr><td>fluticasone propionate/salmeterol</td><td>Advair HFA/Diskus, AirDuo Digihaler/RespiClick, Wixela Inhub</td><td>HSN = 019963</td></tr><tr><td>fluticasone/umeclidin/vilanter</td><td>Trelegy Ellipta</td><td>HSN = 044508</td></tr><tr><td>fluticasone/vilanterol</td><td>Breo Ellipta</td><td>HSN = 040319</td></tr><tr><td>mometasone/formoterol</td><td>Dulera</td><td>HSN = 037050</td></tr></table>	Inhaled Corticosteroid List (ICS)			Single Agent-Inhaled Corticosteroid			Generic	Brand Name	Drug Code	beclomethasone dipropionate	Qvar RediHaler	GSNs = 046698, 046699, 077643, 077644	budesonide	Pulmicort/Flexhaler/R espules	GSNs = 018165, 022232, 046525, 046526, 062240, 062241,	ciclesonide	Alvesco	GSNs = 058671, 058672	fluticasone furoate	Arnuity Ellipta	GSNs = 072722, 072723, 078449	fluticasone propionate	ArmonAir Digihaler/ Flovent HFA/Diskus	GSNs = 019317, 019318, 019319, 021251, 021253, 021483, 084176, 081478, 081485	mometasone furoate	Asmanex/HFA	GSNs = 051649, 059326, 059327, 059328, 064010, 073197, 073198, 080669	Combination Agents- Inhaled Corticosteroid			Generic			albuterol/budesonide	Airsupra	HSN = 048596	budesonide/formoterol	Breyna, Symbicort	HSN = 021993	budesonide/glycopyrrolate/formoterol	Breztri Aerosphere	HSN = 046753	fluticasone propionate/salmeterol	Advair HFA/Diskus, AirDuo Digihaler/RespiClick, Wixela Inhub	HSN = 019963	fluticasone/umeclidin/vilanter	Trelegy Ellipta	HSN = 044508	fluticasone/vilanterol	Breo Ellipta	HSN = 040319	mometasone/formoterol	Dulera	HSN = 037050	Step 1: If incoming claim is for a drug in <Inhaled Corticosteroid List> look back 730 days in recipient’s medical claims history for diagnosis of Asthma (ICD 10 Disease group J45). If found PROCEED TO STEP 2. Otherwise, CLAIM MOVES OUT OF EDIT (other clinical edits for products apply). Step 2: Is patient < 12 years of age? If so, proceed to step 3. Otherwise, CLAIM MOVES OUT OF EDIT (other clinical edits for products apply). Step 3: Look back 180 days in recipient’s paid claim history for a fill from <SABA- Rescue Therapy List>. If found, STOP. Otherwise, go to step 4. Step 4: If Incoming Inhaled Corticosteroid is PA code = R- Non PDL, DENY for PRIOR AUTHORIZATION REQUIRED (75) with supplemental message “Non Pref Drug Contact Prescriber for chg to Preferred Drug or to obtain PA. Give Medicaid Pamphlet if not corrected. M/I PreReq Therapy: SABA Req'd prior to/concomitantly with ICS Therapy.” Otherwise, go to step 5. Step 5: If Incoming Inhaled Corticosteroid is PA code = S-PDL, DENY 75/31007 with supplemental message “M/I PreReq Therapy: SABA Req'd prior to/concomitantly with ICS Therapy, Review & submit appropriate DUR cd.” Note: The provider may override the 75/31007 denial for Inhaled Corticosteroids utilizing only the approved intervention/professional service codes, outcome/result of service codes listed below. Note: This edit will not override existing age limits, quantity limits, or Non PDL edit <table><tr><th>Professional Service</th><th>Result of Service</th></tr><tr><td>RO</td><td>1A</td></tr></table>	Professional Service	Result of Service	RO	1A
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Edit	Drugs			Steps	
	Rescue Therapy List			P0	1B
	Short Acting Beta Agonist (SABA)			M0	1C
	Generic			Name	Drug Code
	albuterol sulfate		HSN = 002073	1D	
	albuterol sulfate levalbuterol HCl	ProAir Digihaler/RespiClick, Ventolin HFA	HSN = 002073 HSN = 019858		1E
		Xopenex			1F
	levalbuterol tartrate	Xopenex HFA	HSN = 032814		1F
	metaproterenol	Alupent	HSN = 002058		2A
	terbutaline	Brethine	HSN = 002071		2B
Overlapping TNF Inhibitors- Related Agents DUR Edit	Tumor Necrosis Factor Inhibitors (TNFi) List			Step 1: If incoming claim from <TNFi List> PROCEED to STEP 3.	
	Generic Name	Brand Name	Drug Codes	If incoming claim from <Non-Biologics List> PROCEED to STEP 2.	
	adalimumab	Humira/ Pediatric Crohn's/ Crohn's-UC- HS Starter/ Psoriasis- Uveitis	HSN = 024800	If incoming claim from < Non-TNFi Biologics List> look back 60 days for fill from <TNFi List> or <Non-Biologics List>. If found, claim rejects NCPDP 75 with additional message "DD- Caution Overlapping TNFi, Non-TNFi Biologics, or Non-Biologics (Otezla, Olumiant, Xeljanz/XR, Rinvoq ER) Therapy. PA Req'd": Fax PA to 877-614-1078". Otherwise, CLAIM MOVES OUT OF EDIT (other clinical edits for products still apply).	
	adalimumab-atto	Amjevita	HSN = 043886	Step 2: If incoming claim from <Non-Biologics List> look back 60 days for fill from <TNFi List> or <Non TNFi Biologics List>. If found, claim rejects NCPDP 75 with additional message "DD- Caution Overlapping TNFi, Non-TNFi Biologics, or Non-Biologics (Otezla, Olumiant, Xeljanz/XR, Rinvoq ER) Therapy. PA Req'd": Fax PA to 877-614-1078". Otherwise, CLAIM MOVES OUT OF EDIT (other clinical edits for products still apply).	
	certolizumab pegol	Cimzia	HSN = 035554	Step 3: If incoming claim from <TNFi List (HIC3)> look back 60 days for fill from < Non-TNFi Biologics List> or <Non-Biologics List>. If found, claim rejects NCPDP 75 with additional message "DD- Caution Overlapping TNFi, Non-TNFi Biologics,	
	etanercept	Enbrel/Mini/ Sureclick	HSN = 018830		
	golimumab	Simponi/ Aria	HSN = 036278		
	infliximab	Remicade	HSN = 018747		
	infliximab-abda	Renflexis	HSN = 044432		

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Edit	Drugs				Steps	
	infliximab-axxq	Avsola	HSN = 046242		or Non-Biologics (Otezla, Olumiant, Xeljanz/XR, Rinvoq ER) Therapy. PA Req'd": Fax PA to 877-614-1078". Otherwise, PROCEED to STEP 4.	
	Infliximab-dyyb	Inflectra	HSN = 043249			
	Non TNFi Biologic List				Step 4: If incoming claim is from <TNFi List (HSN)> look back 60 days in patient drug history for another fill from < TNFi List (HSN)> excluding itself. If found claim rejects NCPDP 75 with additional message "TD- Caution Overlapping TNFi Therapy. PA Req'd": Fax PA to 877-614-1078". Otherwise, CLAIM MOVES OUT OF EDIT (other clinical edits for products still apply). Note: This edit does NOT override existing age limits, quantity limits, or Non PDL edit	
	Generic Name	Brand Name	Drug Codes			
	abatacept	Orencia	HIC3 = S2Q			
	anakinra	Kineret	HIC3 = S2M			
	rilonacept	Arcalyst				
	brodalumab	Siliq	HSN = 044102			
	canakinumab	Ilaris	HIC3 = S2V			
	guselkumab	Tremfya	HSN = 044418			
	ixekizumab	Taltz	HSN = 043193			
	risankizumab-rzaa	Skyrizi	HSN = 045699			
	rituximab	Rituxan	HSN = 016848			
	sarilumab	Kevzara	HIC3 = Z2V			
	satralizumab-mwge	Enspryng				
	tocilizumab	Actemra				
	secukinumab	Cosentyx	HSN = 041715			
	tildrakizumab-asmn	Ilumya	HSN = 044823			
	ustekinumab	Stelara	HIC3 = Z2U			
	vedolizumab	Entyvio	HIC3 = D6K			
	Non-Biologics List					
	Generic Name	Brand Name	Drug Codes			
	apremilast	Otezla	HIC3 = S2Z			
	abrocitinib	Cibinqo	HIC3 = Z2Z			

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Edit	Drugs			Steps	
	baricitinib	Olumiant			
	tofacitinib	Xeljanz/XR			
	upadacitinib	Rinvoq ER			
Overlapping Dipeptidyl-Peptidase IV Inhibitor (DPP-4) and Glucagon-Like Peptide 1 Agonist (GLP-1) DUR Edit	Dipeptidyl-Peptidase IV Inhibitor List (DPP-4)			Step 1: If incoming claim from <DPP-4 Inhibitor List (HIC3)> PROCEED to STEP 2.	
	Single Agent: DPP-4 Inhibitors				
	HIC3	Brand Name	Generic Name	HSN	If incoming claim from <GLP-1 Receptor Agonist List (HIC3)> look back 90 days for fill from <DPP-4 Inhibitor List (HIC3)>. If found, claim rejects NCPDP 76 with additional message “DD- Caution Overlapping DPP-4 Inhibitor & GLP-1 Receptor Agonist Therapy. Review & submit appropriate DUR cd.” If not found, PROCEED to STEP #3.
	C4J	Januvia	sitagliptin phosphate	034126	
		Nesina	alogliptin benzoate	039968	
		Onglyza	saxagliptin HCl	036471	
		Tradjenta	linagliptin	037576	
	Combination Agents: DPP-4 Inhibitors				
	HIC3	Brand Name	Generic Name	HSN	
	C4C	Oseni	alogliptin benz/pioglitazone	039967	
	C4F	Janumet/XR	sitagliptin phos/metformin HCl	034665	
		Jentadueto/XR	linagliptin/metformin HCl	038464	
		Kazano	alogliptin benz/metformin HCl	039970	
		Kombiglyze XR	saxagliptin hcl/metformin HCl	037246	
	C4W	Glyxambi	empagliflozin/linagliptin	041724	
		Qtern	dapagliflozin/saxagliptin HCl	043957	
		Steglujan	ertugliflozin/sitagliptin phos	044706	
	Glucagon-Like Peptide 1 Agonist (GLP-1) List			Step 2: If incoming claim from <DPP-4 Inhibitor List (HIC3)> look back 90 days for fill from <GLP-1 Receptor Agonist List (HIC3)>. If found, claim rejects NCPDP 76 with additional message “DD- Caution Overlapping DPP-4 Inhibitor & GLP-1 Receptor Agonist Therapy. Review & submit appropriate DUR cd”. If not found, PROCEED to STEP 4.	
	Single Agent: GLP-1 Agonist				
	HIC3	Brand Name	Generic Name		HSN
	C4I	Adlyxin	lixisenatide		040782
		Bydureon Bcise	exenatide microspheres		038451
		Byetta	exenatide		032893
		Ozempic/Rybelsus	semaglutide		044675
		Tanzeum	albiglutide		041163
		Trulicity	dulaglutide		041421
		Victoza	liraglutide		036436
			Step 3: If incoming claim from <GLP-1 Receptor Agonist List (HSN)> look back 90 days for fill from <GLP-1 Receptor Agonist List (HSN)>, excluding itself. If found, claim rejects NCPDP 76 with additional message “TD of GLP-1 Receptor Agonist Therapy. Review & submit appropriate DUR cd.” Otherwise, CLAIM PAYS.		
			Step 4: If incoming claim from <DPP-4 Inhibitor List (HSN)> look back 90 days for fill from <DPP-4 Inhibitor List (HSN)>, excluding itself. If found, claim rejects NCPDP 76 with additional message “TD of DPP-4 Inhibitor Therapy. Review & submit appropriate DUR cd.” Otherwise, CLAIM PAYS		
			Limitation: Allow 1 pharmacy level override in 90 days for claims that deny out of the DPP-4/GLP-1 automation logic. Pharmacy must submit DUR Reason for Service Code for pharmacy level override. Deny the second, and subsequent attempts of a pharmacy level override, within a rolling 90-day period, for NCPDP 75 PA required with additional message “PA Req’d. Max: 1 DPP-4/GLP-1 TD override/90 days. Fax PA to 877-614-1078” Note: This edit does NOT override existing age limits, quantity limits, or Non PDL edit		

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Edit	Drugs				Steps
	Combination Agents: Insulin glargine/degludec and GLP-1 Agonist				
	C4X	Soliqua	insulin glargine/lixisenatide	043944	
		Xultophy	insulin degludec/liraglutide	041880	
	Combination Agent: Glucose-Dependent Insulinotropic Polypeptide (GIP) Receptor and Glucagon-Like Peptide 1 (GLP-1) Agonist				
C4Z	Mounjaro	tirzepatide	048014		
Short Acting Narcotic Max Day Supply Edit					Limitation: Allow a maximum day supply = 3 for products in the SA Narcotic List with a DEA code = 2 Limitation: Allow a maximum of two -3 day supplies per 30 days. Please reject the 3rd request for a 3-day supply within 30-day period for NCPDP 76 with supplemental messaging “Schedule II SA Narcotic – Acute Therapy - Max of 6 days of therapy per month” Limitation: Allow a maximum day supply = 7 for products in the SA Narcotic list with a DEA code = 2 with a PA Type Code Field NCPDP Field code # 461-EU) = 5 entered on the incoming claim Limitation: Allow a maximum of two -7 day supplies per 30 days. Please reject the 3rd request for a 7-day supply within 30 days period for NCPDP 76 with supplemental messaging “Schedule II SA Narcotic - ACUTE PAIN EXEMPTION- Max of 14 days of therapy per month” Limitation (CIII-CV): Allow a maximum of 14 days supply every 30 days. Please reject claims that exceed 14 days supply every 30 days for NCPDP EC 76 – Plan limitation exceeded with additional message “Schedule III-V SA Narcotic- Acute therapy- Max of 14 days supply of therapy per month” Limitation: Allow a maximum of two -3 day supplies per 30 days. Please reject the 3rd request for a 3-day supply within 30-day period for NCPDP 76 with supplemental messaging “Schedule II SA Narcotic– Acute Therapy-Max of 6 days of therapy per month” Limitation: Allow a maximum of two -7 day supplies per 30 days. Please reject the 3rd request for a 7-day supply within 30 days period for NCPDP 76 with supplemental messaging “Schedule II SA Narcotic - ACUTE PAIN EXEMPTION- Max of 14 days of therapy per month” Please exclude recipients with LTC indicator or Patient Residence 03 on the claim OR a diagnosis of ICD 10 Disease Block C00-C14, C15-C26, C30-39, C40-41, C43-C44, C45-C49,
	<Short Acting (SA) Narcotic List>				
	Generic Name	Brand Name	Drug Code		
	acetaminophen/codeine	Capital/Codeine Tylenol/Codeine	GSNs = 004161, 004163, 004165, 004169, 045155, 070212, 070222, 070224		
	acetaminophen/caffeine/dihydrocodeine	Trezix	GSN = 073169		
	aspirin/caffeine/dihydrocodeine	Synalgos-DC	GSN = 062407		
	benzhydrocodone/ e/ acetaminophen	Apadaz	GSNs = 079489, 078222, 079488		
	carisoprodol/aspirin/codeine	Soma Compound/codeine	GSNs = 048518		
	codeine sulfate	N/A	GSNs =004185, 004186, 004187		
	codeine/butalbital/ ASA/caffeine	Ascomp/Codeine Fiorinal/Codeine	GSNs = 004120		
fentanyl spray	Subsys	GSNs = 068412, 068413, 068414, 068415, 068416, 068756, 068757			

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Edit	Drugs			Steps
	fentanyl citrate	Abstral, Actiq, Fentora, Lazanda	GSNs = 022358, 022360, 041339, 041340, 041341, 041342, 061492, 061493, 061495, 061496, 061497, 064712 , 064713 , 064714 , 064715 , 064716 , 064717 , 065633, 066764, 076221	C50, C51-C58, C60-C63, C64-C68, C69-C72, C73-C75, C76-C80, C7A, C7B, C81-C96, D00-D09, D10-D36, D37-D48, D3A, D49, ICD-10-K31.7, K63.5, Q85.00, Q85.01, Q85.02 (cancer) or ICD10 Disease Group D56, D57, D58 (sickle cell disease) or ICD 10 D55.0, D55.1, D55.2, D55.3, D55.8, D55.9, G11.0, G11.2, G11.3, G11.8, G12.0, G12.9, G12.1, G12.8, G12.21, G95.0, G95.19, G95.11, G32.0, G99.2, G95.89, G95.81, G95.9, G95.29, G95.20, G90.50, G90.519, G90.511, G90.512, G90.513 , G90.521, G90.522, G90.523, G90.529, G90.59, G35, G36.0, G37.0, G37.5, G73.3, G37.3, G37.1, G37.2, G37.8, G36.1, G36.8, G37.9, G36.9, G82.50, G82.20, G04.1, G82.21, G82.22, G83.0, G83.10, G83.20, G83.30, G83.31, G83.32, G83.33, G83.34, G83.4, (G83.5), G83.81, G83.82, G83.83, G83.84, G83.89, G83.9, G54.6, G54.7, G60.0, G60.2 G61.0, G63, M47.12, M47.011, M47.012, M47.013, M47.014, M47.015, M47.016, M47.019, M47.021, M47.022, M47.029, M47.11, M47.13 , M47.14, M47.15 ,M47.16, M48.20, M48.21, M48.22, M48.23, M48.24, M48.25, M48.26, M48.27, M48.10, M48.11, M48.12, M48.13, M48.14, M48.15, M48.16, M48.17, M48.18, M48.19, M48.9, M25.78, M47.10, M50.20, M50.21, M50.22, M50.23, M51.26, M51.27, M51.24, M51.25, M51.9, M51.34, M51.35, M51.36, M51.37, M50.00, M50.01, M50.02, M50.03, M51.04, M51.05 ,M51.06, M96.1, M46.40, M46.48, M46.49, M50.80, M50.90, M46.41, M46.42, M46.43, M50.81, M50.82, M50.83, M50.91, M50.92, M50.93, M46.45, M51.84, M51.85, M46.44, M46.47, M51.86, M51.87, M46.46, M48.02, M48.01, M48.03, M99.20, M99.21, M99.30, M99.31, M99.40, M99.41, M99.50, M99.51, M99.60, M99.61, M99.70, M99.71, M54.12, M54.13, M50.10, M50.11, M50.12, M50.13, M54.11, M54.02, M54.00, M54.01, M67.88, M48.00, M48.04, M48.05, M99.22, M99.32, M99.42, M99.52, M99.62, M99.72, M48.06, M99.43, M99.53, M99.63, M99.73, M48.07, M99.23, M99.33, M48.08, M99.34, M99.35, M99.36, M99.37, M99.38, M99.39, M99.44, M99.45, M99.46, M99.47, M99.48, M99.49, M99.55, M99.56, M99.57, M99.58, M99.59, M99.64, M99.65, M99.66, M99.67, M99.68, M99.69, M99.74, M99.75, M99.76, M99.77, M99.78, M99.79, M99.24, M99.25, M99.26, M99.27, M99.28, M99.29, M54.14, M54.15, M54.16, M54.17, M51.14, M51.15, M51.16, M51.17, M89.00, M89.011, M89.012, M89.019, M89.021, M89.022, M89.029, M89.031, M89.032, M89.039, M89.041, M89.042, M89.049, M89.051, M89.052, M89.059, M89.061, M89.062, M89.069, M89.071, M89.072, M89.079, M89.08, M89.09 (CNMP) in medical claims history within 365 days from the DOS of incoming claim.
	hydrocodone/ acetaminophen	Hycet, Lorcet/HD/Pl us, Lortab, Norco, Verdrocet, Vicodin/ES/H P, Xodol, Zamiset	GSNs =004201, 030623, 047430, 047431, 053582, 057726, 060338, 060533, 063727, 064261, 066836, 068600, 071384, 071385, 064753, 064754	
	hydrocodone/ ibuprofen	Ibudone, Reprexain, Vicoprofen, Xylon	GSNs = 034068, 054674, 063650, 064781	
	hydromorphone	Dilaudid	GSNs = 004110, 004112, 015190, 016156	
	levorphanol	N/A	GSNs =004228, 079449	
	meperidine	Demerol, Meperitab	GSNs = 004051, 004052, 004053	
	morphine sulfate	N/A	GSNs = 004087, 004089, 004090, 004091, 004092, 069602, 071396, 004086, 004085, 004084, 004083	
	oxycodone	Oxaydo, Roxicodone	GSNs = 004224, 004225, 013467, 015065, 024507, 045298, 046474, 046475, 068467, 069101, 076361, 078532, 078533	
	oxycodone/ acetaminophen	Endocet, Percocet, Primlev, Prolate	GSNs = 004221, 004222, 013998, 048976, 048977, 060727, 060728, 060729	

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Edit	Drugs			Steps														
	oxycodone/ aspirin	N/A	GSNs = 060638															
	oxycodone/ ibuprofen	N/A	GSNs = 058402															
	oxymorphone	Opana IR	GSNs = 061086, 061087															
	pentazocine/ naloxone	N/A	GSNs = 004292															
	tapentadol	Nucynta	GSNs = 065319, 065320, 065321															
	tramadol	Ultram, Qdolo	GSNs = 023139, 044975, 081474															
	tramadol/ acetaminophen	Ultracet	GSNs = 048456															
	tramadol/ celecoxib	Seglensis	GSN = 082830															
Doxepin 5% cream AutoPA Automated PA approval satisfies L = AutoPA drug logic <i>*Automated PA approval will NOT override R = Non-PDL coding and will not satisfy the automation logic</i>	<table><thead><tr><th>Drug Name</th><th>Brand Name</th><th>Drug Code</th></tr></thead><tbody><tr><td>Doxepin 5% Cream</td><td>Zonalon*</td><td>GSN = 021715 Excluding Prudoxin (NDCs: 00064360045 00378813045 40076051145)</td></tr></tbody></table> Blue font = manufacturer obsolete			Drug Name	Brand Name	Drug Code	Doxepin 5% Cream	Zonalon*	GSN = 021715 Excluding Prudoxin (NDCs: 00064360045 00378813045 40076051145)	Step 1: If incoming claim is for <Doxepin 5% cream> look back 365 days in medical claim history for a diagnosis of Atopic dermatitis ICD 10 Disease group: L20) or Lichen simplex chronicus (ICD 10 Disease group: L28). If found, no PA REQUIRED; Otherwise, DENY for PRIOR AUTHORIZATION REQUIRED (75) with supplemental message “M/I Diagnosis Code” Note: This edit does NOT override existing age limits, quantity limits, or Non PDL coding <table><thead><tr><th>Drug Name</th><th>Age Limit (Min Age)</th><th>Quantity Limitations</th></tr></thead><tbody><tr><td>Doxepin 5% Cream</td><td rowspan="3">18</td><td rowspan="3">90 grams every 30 days</td></tr><tr><td>Prudoxin 5% Cream</td></tr><tr><td>Zonalon 5% Cream</td></tr></tbody></table> Note: - PA approval SATISFIES L = Auto PA drug edit - Automated PA approval will NOT override R= Non-PDL edit	Drug Name	Age Limit (Min Age)	Quantity Limitations	Doxepin 5% Cream	18	90 grams every 30 days	Prudoxin 5% Cream	Zonalon 5% Cream
Drug Name	Brand Name	Drug Code																
Doxepin 5% Cream	Zonalon*	GSN = 021715 Excluding Prudoxin (NDCs: 00064360045 00378813045 40076051145)																
Drug Name	Age Limit (Min Age)	Quantity Limitations																
Doxepin 5% Cream	18	90 grams every 30 days																
Prudoxin 5% Cream																		
Zonalon 5% Cream																		

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Edit	Drugs		Steps																																							
Calcipotriene 0.005% AutoPA Automated PA approval satisfies L=Auto PA drug logic <i>*Automated PA approval will NOT override R = Non-PDL coding and will not satisfy the automation logic</i>			If incoming claim is for <Calcipotriene 0.005% cream, ointment or solution> and Prior Auth = L- AutoPA, look back 365 days in medical history for a diagnosis of Chronic Plaque Psoriasis (ICD 10 Disease group Psoriasis: L40). If found, No PA REQUIRED. Otherwise, DENY for PRIOR AUTHORIZATION REQUIRED (75) with supplemental message “M/I Diagnosis Code” Note: This edit does NOT override existing age limits, quantity limits, or Non PDL coding.																																							
	<table><tr><th>Drug Name</th><th>Drug Code</th></tr><tr><td>Calcipotriene 0.005% cream</td><td>GSN = 021134</td></tr><tr><td>Calcipotriene 0.005% ointment</td><td>GSN = 019160</td></tr><tr><td>Calcipotriene 0.005% solution</td><td>GSN = 022483</td></tr></table>	Drug Name		Drug Code	Calcipotriene 0.005% cream	GSN = 021134	Calcipotriene 0.005% ointment	GSN = 019160	Calcipotriene 0.005% solution	GSN = 022483																																
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		<table><tr><th>Drug Name</th><th>Age Limit (Min Age)</th><th>Quantity Limitations</th></tr><tr><td>Calcipotriene 0.005% cream, ointment</td><td>18</td><td>120 grams every 30 days 2 fills every 90 days</td></tr><tr><td>Calcipotriene 0.005% solution</td><td>18</td><td>60mls every 30 days</td></tr></table>	Drug Name	Age Limit (Min Age)	Quantity Limitations	Calcipotriene 0.005% cream, ointment	18	120 grams every 30 days 2 fills every 90 days	Calcipotriene 0.005% solution	18	60mls every 30 days																															
Drug Name	Age Limit (Min Age)	Quantity Limitations																																								
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Calcipotriene 0.005% solution	18	60mls every 30 days																																								
Dual Statin Blockade DUR edit			Step 1: If incoming claim from <Statins List> look back 30 days for fill from <Statins List> excluding itself. If found, claim rejects NCPDP 76 with additional message “TD of Statin Therapy. Review & submit appropriate DUR cd.” Otherwise, CLAIM MOVES OUT OF EDIT (other clinical edits for products still apply). Limitation: Allow 1 pharmacy level override in 180 days for claims that deny out of the Dual Statin AutoPA logic. Pharmacy must submit DUR Reason For Service Code: TD-Therapeutic Duplication for pharmacy level override. Deny the second, and subsequent attempts of a pharmacy level overrides (within a rolling 180 days) NCPDP 75 PA required with additional message “PA Req’d. Max 1 Statin TD override/180 days. Fax PA to 877-614-1078. Note: This edit will not override existing quantity limits or Non PDL edit.																																							
	<table><tr><th colspan="3">HMG-CoA Reductase Inhibitors (Statins) List</th></tr><tr><th>Generic Name</th><th>Brand Name</th><th>HSN</th></tr><tr><td>Atorvastatin</td><td>Lipitor</td><td>012404</td></tr><tr><td>Atorvastatin/ Amlodipine</td><td>Caduet</td><td>025951</td></tr><tr><td>Atorvastatin/ Ezetimibe</td><td>Liptruzet</td><td>040279</td></tr><tr><td>Ezetimibe / Simvastatin</td><td>Vytorin</td><td>026505</td></tr><tr><td>Fluvastatin/ER</td><td>Lescol, Lescol XL</td><td>008946</td></tr><tr><td>Lovastatin</td><td>Altoprev, Mevacor</td><td>002793</td></tr><tr><td>Pitavastatin Calcium</td><td>Livalo</td><td>036983</td></tr><tr><td>Pitavastatin Magnesium</td><td>Zypitamag</td><td>044422</td></tr><tr><td>Pravastatin</td><td>Pravachol</td><td>006227</td></tr><tr><td>Rosuvastatin</td><td>Crestor, Ezallor</td><td>025009</td></tr><tr><td>Rosuvastatin/ Ezetimibe</td><td>Roszet</td><td>041633</td></tr></table>			HMG-CoA Reductase Inhibitors (Statins) List			Generic Name	Brand Name	HSN	Atorvastatin	Lipitor	012404	Atorvastatin/ Amlodipine	Caduet	025951	Atorvastatin/ Ezetimibe	Liptruzet	040279	Ezetimibe / Simvastatin	Vytorin	026505	Fluvastatin/ER	Lescol, Lescol XL	008946	Lovastatin	Altoprev, Mevacor	002793	Pitavastatin Calcium	Livalo	036983	Pitavastatin Magnesium	Zypitamag	044422	Pravastatin	Pravachol	006227	Rosuvastatin	Crestor, Ezallor	025009	Rosuvastatin/ Ezetimibe	Roszet	041633
	HMG-CoA Reductase Inhibitors (Statins) List																																									
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	Atorvastatin	Lipitor		012404																																						
	Atorvastatin/ Amlodipine	Caduet		025951																																						
	Atorvastatin/ Ezetimibe	Liptruzet		040279																																						
	Ezetimibe / Simvastatin	Vytorin		026505																																						
	Fluvastatin/ER	Lescol, Lescol XL		008946																																						
	Lovastatin	Altoprev, Mevacor		002793																																						
	Pitavastatin Calcium	Livalo		036983																																						
	Pitavastatin Magnesium	Zypitamag		044422																																						
	Pravastatin	Pravachol		006227																																						
	Rosuvastatin	Crestor, Ezallor		025009																																						
Rosuvastatin/ Ezetimibe	Roszet	041633																																								

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Edit	Drugs			Steps
	Simvastatin	Flolipid, Zocor	006312	
	Blue font = manufacturer obsolete			
Dual Long Acting Insulins DUR edit	Long Acting Insulin List			Step 1: If incoming claim from <Long Acting Insulin List> look back 30 days for fill from <Long Acting Insulin List> excluding itself. If found, claim rejects NCPDP 76 with additional message "TD of long acting insulin therapy. Review & submit appropriate DUR cd." Otherwise, CLAIM MOVES OUT OF EDIT (other clinical edits for products still apply). <i>The provider will be able to override the denial utilizing only the approved intervention/professional service codes, outcome/result of service codes</i> Limitation: Allow 1 pharmacy level override in 180 days for claims that deny out of the Dual Long Acting Insulins DUR logic. Pharmacy must submit DUR Reason For Service Code: TD-Therapeutic Duplication for pharmacy level override. Deny the second, and subsequent attempts of a pharmacy level overrides (within a rolling 180 days) NCPDP 75 PA required with additional message "PA Req'd. Max 1 long acting insulin TD override/180 days. Fax PA to 877-614-1078. Note: This edit will not override existing quantity limits or Non PDL edit.
	Generic Name	Brand Name	GSN	
	Insulin Degludec	Tresiba Flextouch 100 units/ml	071842	
		Tresiba Flextouch 200 units/ml	071843	
		Tresiba 100 unit/ml Vial	079385	
	Insulin Detemir	Levemir 100 unit/ml Vial	059586	
		Levemir Flexpen 100 unit/ml, Levemir Flextouch 100 unit/ml	057439	
	Insulin Glargine	Lantus, Semglee 100 unit/ml Vial	047780	
		Lantus 100 units/ml Cartridge	050836	
		Lantus, Semglee 100 unit/ml Solostar, Basaglar 100 unit/ml Kwikpen	062867	
		Toujeo Solostar 300 unit/ml	073567	
		Toujeo Max Solostar 300 unit/ml	078265	
	Insulin Glargine-YFGN	Semglee (YFGN) 100 unit/ml Vial	082541	
		Semglee (YFGN) 100 unit/ml Pen	082542	

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Edit	Drugs			Steps
	Insulin Degludec/ Liraglutide	Xultophy 100 unit-3.6 mg/ml Pen	073919	
	Insulin Glargine/ Lixisenatide	Soliqua 100 unit-33 mcg/ml Pen	076864	
Oral Antipsychotic Polypharmacy Edit	Oral Antipsychotic Agents			Automation Logic: Step 1: If incoming claim from <Oral Antipsychotic List with a <i>Formulary Ind = OAP</i>>, look back 90 days for a fill from the LAI AP List. If found, proceed to step 2. If not found, proceed to step 3. Step 2: If incoming claim from <Oral Antipsychotic List with a <i>Formulary Ind = OAP</i>>, and recipient has paid claim history of >= 1 fill of a product from the LAI AP List within the past 90 days AND >= 91 days supply of any product(s) from the LAI AP List within the past 120 days; claim will reject NCPDP 75 with additional message “PA Req’d; Max Overlapping Oral and Long Acting Antipsychotics 90 days: Fax PA 877-614-1078.” Otherwise, proceed to step 3. Step 3: If incoming claim from <Oral Antipsychotic List with a <i>Formulary Ind = OAP</i>>, look back 60 days for two fills from <Oral Antipsychotic List with a <i>Formulary Ind = OAP</i>> of a different chemical entity (HSN), excluding itself. If found, claim rejects NCPDP 75 with additional message “PA Req’d; Max of 2 Oral Antipsychotics per 60 days: Fax PA 877-614-1078.” Otherwise, claim MOVES OUT OF EDIT (other clinical edits still apply). Note: Products within the same HSN should continue to pay regardless of number of fills within a month.
	Generic Name	Brand Name	Drug Code	
	aripiprazole	Abilify	HSN = 024551	
	asenapine maleate	Saphris	HSN = 036576	
	brexpiprazole	Rexulti	HSN = 042283	
	cariprazine	Vraylar	HSN = 042552	
	chlorpromazine	N/A	HSN = 001621	
	clozapine	Clozaril; Fazaclo; Versacloz	HSN = 004834	
	fluphenazine	N/A	HSN = 001626	
	haloperidol	Haldol	HSN = 001662	
	haloperidol lactate	Haldol	HSN = 001661	
	iloperidone	Fanapt	HSN = 036778	
	loxapine succinate	Loxitane	HSN = 001664	
	lumeperone tosylate	Caplyta	HSN = 046280	
	lurasidone	Latuda	HSN = 037321	
	molindone	N/A	HSN = 001666	
	olanzapine	Zyprexa	HSN = 011814	
	olanzapine/ fluoxetine	Symbyax	HSN = 025800	
	olanzapine/ samidorphan malate	Lybalvi	HSN = 047406	
	paliperidone	Invega ER	HSN = 034343	
	perphenazine	Trilafon	HSN = 001627	
	perphenazine /amitriptyline	Etrafon-A/ Triavil	HSN = 013819	
	pimavanserin	Nuplazid	HSN = 043373	

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Edit	Drugs			Steps
	pimozide	Orap	HSN = 001637	
	prochlorperazine Maleate	Compazine	HSN = 001629	
	quetiapine fumarate	Seroquel/XR	HSN = 014015	
	risperidone	Risperdal/ M-Tab	HSN = 008721	
	thioridazine HCL	Mellaril	HSN = 001631	
	thiothixene	Navane	HSN = 001668	
	trifluoperazine	Stelazine	HSN = 001630	
	ziprasidone HCL	Geodon	HSN = 021974	
	PLUS			
	<Long Acting Injectable (LAI) Antipsychotic List>			
	Generic Name	Brand Name	Drug Code	
	aripiprazole	Abilify Asimtufii/ Maintena	GSNs = 070669, 070670, 073298, 073299, 084704, 084705	
	aripiprazole lauroxil	Aristada ER	HSN = 042595	
	aripiprazole lauroxil submicr	Aristada Initio	HSN = 045050	
	fluphenazine decanoate	N/A	HSN = 001624	
	haloperidol decanoate	Haldol Decanoate	HSN = 001660	
	olanzapine pamoate	Zyprexa Relprevv	HSN = 036716	
	paliperidone palmitate	Invega Hafyera/ Sustenna/Trinza	HSN = 036479	
	risperidone	Perseris; Uzed ER	GSNs = 078740, 078741, 084728, 084729, 084730, 084731, 084732, 084733, 084734	
	risperidone microspheres	Risperdal Consta	HSN = 025509	
	Blue font = manufacturer obsolete products			

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Edit	Drugs			Steps
Antipsychotics and Opioids ProDUR edit	Antipsychotics List			Automation Logic: Exclude patients with ICD 10 from Disease Block C00-C14, C15-C26, C30-39, C40-41, C43-C44, C45-C49, C50, C51-C58, C60-C63, C64-C68, C69-C72, C73-C75, C76-C80, C7A, C7B, C81-C96, D00-D09, D10-D36, D37-D48, D3A, D49, or ICD-10-K31.7, K63.5, Q85.00, Q85.01, Q85.02 (cancer) or ICD10 from Disease Group D56, D57, D58 (sickle cell disease) in medical history within the past 365 days. - Exclude LTC Residents and claims that include Patient Residence Code = 3-Nursing Facility. - If incoming claim is from the <Antipsychotic List>: look back 30 days for fill from <Opioid List>. If found, claim rejects NCPDP 6W with additional message <i>"DD - Caution Overlapping Opioid-Antipsychotic therapy. Review & submit appropriate DUR cd."</i> - If incoming claim is from <Opioid List> look back 30 days for fill from <Antipsychotic List> excluding Aristada ER (HSN: 042595), Invega Hafyera (GSNs: 082645, 082646), and Invega Trinza (GSNs: 074140, 074141, 074142, 074143). If found, claim rejects NCPDP 6W with additional message <i>"DD - Caution Overlapping Opioid-Antipsychotic therapy. Review & submit appropriate DUR cd."</i> - If incoming claim is from <Opioid List> look back 60 days for fill of Aristada <HSN 042595>. If found, claim rejects NCPDP 6W with additional message <i>"DD - Caution Overlapping Opioid-Antipsychotic therapy. Review & submit appropriate DUR cd."</i> - If incoming claim is from <Opioid List> look back 180 days for fill of Invega Hafyera (GSNs: 082645, 082646). If found, claim rejects NCPDP 6W with additional message <i>"DD - Caution Overlapping Opioid-Antipsychotic therapy. Review & submit appropriate DUR cd."</i> - If incoming claim is from <Opioid List> look back 90 days for fill of Invega Trinza (GSNs: 074140, 074141, 074142, 074143). If found, claim rejects NCPDP 6W with additional message <i>"DD - Caution Overlapping Opioid-Antipsychotic therapy. Review & submit appropriate DUR cd."</i> <i>The provider will be able to override the denial utilizing only the approved intervention/professional service codes, outcome/result of service codes</i> Note: This edit does NOT override existing age limits, quantity limits, or Non PDL coding.
	Generic Name	Brand Name	Drug Code	
	Aripiprazole	Abilify; Abilify Asimtufii; Abilify Maintena; Abilify Mycite; Opienza	HSN = 024551	
		Aristada ER	HSN = 042595	
		Aristada Initio	HSN = 045050	
	Asenapine	Saphris	HSN = 036576	
		Secuado	HSN = 046175	
	Brexiprazole	Rexulti	HSN = 042283	
	Cariprazine	Vraylar	HSN = 042552	
	Chlorpromazine	N/A	HSN = 001621	
	Clozapine	Clozaril; Fazaclo ; Versacloz	HSN = 004834	
	Fluphenazine Decanoate	N/A	HSN = 001624	
	Fluphenazine	N/A	HSN = 001626	
	Haloperidol Decanoate	Haldol Decanoate	HSN = 001660	
	Haloperidol	Haldol	HSN = 001662	
	Iloperidone	Fanapt	HSN = 036778	
	Loxapine; Loxapine Succinate	Loxitane	HSN = 001664	
	Lumateperone Tosylate	Caplyta	HSN = 046280	
	Lurasidone	Latuda	HSN = 037321	
	Molindone	N/A	HSN = 001666	
	Olanzapine; Olanzapine Pamoate	Zyprexa; Zyprexa Zydis	HSN = 011814	
		Zyprexa Relprevv	HSN = 036716	
	Olanzapine/Fluoxetine	Symbyax	HSN = 025800	
	Olanzapine/Samidorphan Malate	Lybalvi	HSN = 047406	
	Paliperidone ER	Invega	HSN = 034343	
	Paliperidone ER; Paliperidone Palmitate	Invega Hafyera	GSNs = 082645, 082646	
		Invega Sustenna, Erzofri	GSNs = 065448, 065449, 065450, 065451, 065452, 086368	

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Edit	Drugs			Steps
		Invega Trinza	GSNs = 074140, 074141, 074142, 074143	
	Perphenazine	Trilafon	HSN = 001627	
	Perphenazine/ Amitriptyline	Etrafon; Etrafon-A; Triavil	HSN = 013819	
	Pimavanserin	Nuplazid	HSN = 043373	
	Pimozide	Orap	HSN = 001637	
	Prochlorperazine Maleate	Compazine	HSN = 001629	
	Quetiapine Fumarate	Seroquel; Seroquel XR	HSN = 014015	
	Risperidone; Risperidone Microspheres	Risperdal; Risperdal M-Tab; Perseris; Uzedy	HSN = 008721	
		Risperdal Consta; Rykindo	HSN = 025509	
	Thioridazine HCL	Mellaril	HSN = 001631	
	Thiothixene	Navane	HSN = 001668	
	Trifluoperazine	Stelazine	HSN = 001630	
	Ziprasidone HCL	Geodon	HSN = 021974	
	Opioids List			
	Generic Name	Brand Name	Drug Code	
	acetaminophen/ codeine	Capital/ Codeine, Tylenol/ Codeine	HSN = 001717	
	acetaminophen/ caffeine/ dihydrocodeine	Dvorah, Panlor, Trezix	HSN = 001739	
	aspirin/caffeine/ dihydrocodeine	Synalgos-DC	HSN = 034574	
	benzhydrocodon e/APAP	Apadaz	HSN = 044795	
buprenorphine	Buprenex, Belbuca, Probuphine	HSN = 001762		
buprenorphine transdermal	Butrans, Sublocade	HSN = 023438		
butorphanol spray/vial	N/A	HSN = 001777		
carisoprodol/ aspirin/codeine	N/A	HSN = 001720		
codeine sulfate	N/A	HSN = 001722		
codeine/ butalbital/ APAP/ caffeine	Fioricet	HSN = 001713		
codeine/ butalbital/ASA/ caffeine	Ascomp/ Codeine Fiorinal/ Codeine	HSN = 001699		
fentanyl	Duragesic, Subsys	HSN = 006438		

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Edit	Drugs			Steps
	fentanyl citrate	Abstral , Actiq, Fentora, Lazanda	HSN = 001747	
	hydrocodone bitartrate	Hysingla, Zohydro	HSN = 001731	
	hydrocodone/acetaminophen	Lorcet/HD/Plus , Lortab, Norco , Verdrocet , Vicodin/ES/HP , Xodol , Zamiset	HSN = 001730	
	hydrocodone/ibuprofen	Ibudone , Reprexain , Xylon	HSN = 014296	
	hydromorphone /ER	Dilaudid, Exalgo	HSN = 001695	
	levorphanol	N/A	HSN = 001743	
	meperidine	Demerol	HSN = 001687	
	methadone	Dolophine , Methadose	HSN = 001745	
	morphine sulfate/ER	MS Contin, Kadian , MorphaBond , Arymo ER	HSN = 001694	
	morphine sulfate/ naltrexone ER	Embeda	HSN = 036577	
	nalbuphine	N/A	HSN = 001744	
	opium/belladonna alkaloids	N/A	HSN = 001758	
	oxycodone/ER	Oxaydo, Oxycontin, Roxicodone, Roxybond	HSN = 001742	
	oxycodone/acetaminophen/ER	Endocet, Nalocet, Percocet, Primlev, Prolate	HSN = 001741	
	oxycodone/ aspirin	N/A	HSN = 004576	
	oxycodone/ ibuprofen	N/A	HSN = 026757	
	oxycodone myristate	Xtampza ER	HSN = 043376	
	oxymorphone/ER	Opana IR/ ER	HSN = 001696	
	pentazocine/naloxone	N/A	HSN = 001781	
	sufentanil citrate	Duvia	HSN = 001749	
	tapentadol	Nucynta/ ER	HSN = 036411	
	tramadol	Conzip, Qdolo , Ultram	HSN = 008317	
	tramadol/acetaminophen	Ultracet	HSN = 022880	
	tramadol/celecoxib	Seglentis	HSN = 047670	

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Edit	Drugs			Steps
Non-BZP Sedative – LA Opioid ProDUR Automated PA approval does not satisfy Non-PDL edit	Non-BZP Sedative List			Step 1: If incoming claim is from <Non-BZP Sedative List> lookback 30 days for a fill from the <LA Opioid List>. If found, PROCEED TO STEP 2. Otherwise CLAIM MOVES OUT OF EDIT (other clinical edits for products still apply) Step 2: If incoming claim from <Non-BZP Sedative List> Look back 60 days for a fill from the <Non-BZP Sedative List>. If found, deny NCPDP EC 76 with additional message “DD – Toxicity Warning-Overlapping Non-BZP Sedative-LA Opioid therapy. Review & submit DUR cd; Max:2 Non-BZP Sedative DD ovr/180 dys.” Otherwise, deny for PRIOR AUTHORIZATION NCPDP EC 75 with additional message “PA Req’d. Overlapping Non-BZP Sedative-LA Opioid therapy: Fax PA 877-614-1078”. Limitation: Allow 2 pharmacy level overrides in 180 days for claims that deny out of the Non-BZP Sedative-LA Opioid Edit for NCPDP 76. Pharmacy must submit DUR Reason for Service Code: DD- Drug to Drug Interaction for pharmacy level override. Deny the third, and subsequent attempts of pharmacy level overrides (within a rolling 180 days) NCPDP 75 PA required with additional message “PA Req’d.Max:2 Non-BZP Sedative-LA Opioid DD ovr/180 dys. Fax PA 877-614-1078” The provider will be able to override the 1st -two denials, for non-treatment naïve recipients, utilizing only the approved intervention/professional service codes, outcome/result of service codes that are listed in the QuikChek **** Please exclude recipients with LTC indicator or Patient Residence 03 on the claim OR a diagnosis in ICD 10 Disease Block C00-C14, C15-C26, C30-39, C40-41, C43-C44, C45-C49, C50, C51-C58, C60-C63, C64-C68, C69-C72, C73-C75, C76-C80, C7A, C7B, C81-C96, D00-D09, D10-D36, D37-D48, D3A, D49, ICD-10-K31.7, K63.5, Q85.00, Q85.01, Q85.02 (cancer) or ICD10 Disease Group D56, D57, D58 (sickle cell disease) Note: This edit does NOT override existing age limits, quantity limits, or Non PDL coding.
	Generic Name	Brand Name	Drug Code	
	Eszopiclone	Lunesta 1mg Tablet	HSN = 026791	
		Lunesta 2mg Tablet		
		Lunesta 3mg Tablet		
	Zaleplon	Sonata 5mg Capsule	HSN = 020347	
		Sonata 10mg Capsule		
	Zolpidem	Ambien 5mg Tablets	HSN = 007842	
		Ambien 10mg Tablets		
		Ambien CR 6.25mg Tablets		
		Ambien CR 12.5 mg Tablets		
		Edluar 5mg SL Tablet		
		Edluar 10mg SL Tablet		
		Intermezzo 1.75mg SL Tablet		
		Intermezzo 3.5mg SL Tablet		
		Zolpimist 5mg Oral Spray		
	PLUS			
	**Please note: Blue font denotes manufacturer obsolete products			
	<Long Acting Opioids Lists>			
	Generic Name	Brand Name	Drug Code	
	buprenorphine	Belbuca	GSNs = 075050, 075051, 075052,	

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Edit	Drugs			Steps
			075053, 075054, 075055, 075056	
	fentanyl	Duragesic	GSNs = 015880, 015881, 015882, 015883, 059102, 073524, 073525, 073532	
	Hydrocodone bitartrate ER	Hysingla ER, Zohydro	GSNs = 073176, 073177, 073179, 073180, 073181, 073182, 073183, 073621, 073622, 0736 23, 073624, 073625, 073626, 071602, 071603, 071604, 071605, 071606, 071607	
	hydromorphone ER	Exalgo	GSNs = 066200, 069860, 069889, 069890	
	morphine sulfate ER	Arymo ER, Morphabond ER MS Contin, Kadian ER	GSNs= 077053, 077054, 077055, 074968, 074969, 074970, 074971, 011887, 004096, 004097, 011886, 016522, 050222, 064739, 050221, 064740, 050220, 050219, 060355, 060356, 061748, 069899, 060357, 061749, 061722, 060358, 062358	
	morphine sulfate/ naltrexone ER	Embeda	GSNs = 073302, 073303, 073304, 073305, 073306, 073307	
	methadone	Dolophine, Methadose	GSNs = 004235, 004237, 004238, 004239, 004240, 004242	

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Edit	Drugs			Steps
	oxycodone ER	OxyContin	GSNs = 072862, 072863, 072864, 072865, 072866, 072867, 072868	
	oxycodone/ acetaminophen	Xartemis ER	GSN = 072134	
	oxycodone myristate	Xtampza ER	GSNs = 076031, 076032, 076033, 076034, 076035	
	oxymorphone ER	Opana ER	GSNs = 061091, 061092, 061093, 061094, 063782, 063783, 063784, 070320, 070321, 070397, 070398, 070399, 070400, 070401	
	tapentadol ER	Nucynta ER	GSNs = 067266, 067267, 067268, 067270, 067271	
	tramadol ER	Conzip	GSNs = 043536, 043537, 060274, 063422, 063423, 063424, 067760, 067761, 067762, 068721	
	transdermal buprenorphine	Butrans	GSNs = 059589, 059590, 059591, 072673, 071432	

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Edit	Drugs			Steps
Anticonvulsant Polypharmacy edit Automated PA approval will NOT override R = Non-PDL edit	Anticonvulsant Lists			Step 1: If incoming claims is from <Anticonvulsants List with a Formulary Ind = ACD> look back 60 days for two fills from <Anticonvulsants List with a Formulary Ind = ACD> with a different chemical entity (HSN), excluding itself. If found, claim rejects NCPDP 76 with additional message <i>"TD – Caution Overlapping Anticonvulsants. Review & submit appropriate DUR cd."</i> Otherwise, claim MOVES OUT OF EDIT (other clinical edits still apply). <i>The provider will be able to override the denial utilizing intervention/professional service codes, outcome/result of service codes</i> Note: This edit does NOT override existing age limits, quantity limits, or Non PDL coding.
	HSN	Gen Name	Brand Name	
	043088	Brivaracetam	Briviact	
	045006	Cannabidiol (CBD) Extract	Epidiolex	
	001893	Carbamazepine	Tegretol/XR, Carbatrol, Eptol, Equetro	
	046241	Cenobamate	Xcopri	
	006536	Clobazam	Sympazan, Onfi	
	001894	Clonazepam	Klonopin	
	001615 (excluding Diazepam kit GSNs: 034015, 059781, 059782)	Diazepam		
	001884	Divalproex Sodium	Depakote	
	036675	Eslicarbazepine Acetate	Aptiom	
	001891	Ethosuximide	Zarontin	
	001880	Ethotoin	Peganone	
	037667	Ezogabine	Potiga	
	008186	Felbamate	Felbatol	
	008831	Gabapentin	Neurontin	
	035872	Lacosamide	Vimpat	
	007378	Lamotrigine	Lamictal/ODT/XR, Subvenite	
	020952	Levetiracetam	Keppra, Roweepra XR, Spritam	
	001890	Methsuximide	Celontin	
	011735	Oxcarbazepine	Trileptal, Oxtellar XR	
	039628	Perampanel	Fycompa	

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Edit	Drugs			Steps																	
	001879	Phenytoin Infatab	Dilantin																		
	001877	Phenytoin Sodium Extended	Dilantin, Phenytek																		
	001561	Phenobarbital																			
	026470	Pregabalin	Lyrica/CR																		
	001886	Primidone	Mysoline																		
	034982	Rufinamide	Banzel																		
	035461	Stiripentol	Diacomit																		
	015773	Tiagabine HCL	Gabitril																		
	011060	Topiramate	Topamax, Qudexy XR, Trokendi XR,																		
	001883	Valproic Acid	Depakene																		
	001882	Valproic Acid (As Sodium Salt)	Depakene, Depacon																		
	007377	Vigabatrin	Vigadrone, Sabril																		
	021140	Zonisamide	Zonegran																		
	***Please Note: Blue font indicates product is no longer available																				
Pancreatic Enzyme AP Logic	Pancreatic Enzyme List <table><thead><tr><th>Drug Code</th><th>Generic Name</th><th>Brand Name</th></tr></thead><tbody><tr><td rowspan="5">HSN = 008060</td><td rowspan="5">Lipase/ Protease/ Amylase</td><td>Creon/ DR Capsule</td></tr><tr><td>Pancreaze DR Capsule</td></tr><tr><td>Pertzye DR Capsule</td></tr><tr><td>Viokace Tablet</td></tr><tr><td>Zenpep Capsule</td></tr></tbody></table> If incoming claim is from <Pancreatic Enzyme List> look back in medical claims history 730 days for a diagnosis of Malignant neoplasm of the pancreas, Cystic Fibrosis, Other disease of the pancreas, Other congenital malformations of digestive system, or Acquired absence of pancreas (see approvable ICD-10s below). If found, claim MOVES OUT OF EDIT. Otherwise, DENY for PRIOR AUTHORIZATION REQUIRED (75) with supplemental message “M/I Diagnosis Code” <table><thead><tr><th>ICD-10 Code</th><th>Description</th></tr></thead><tbody><tr><td>Disease group: C25</td><td>Malignant neoplasm of the pancreas</td></tr><tr><td>Disease group: E84</td><td>Cystic Fibrosis</td></tr><tr><td>Disease group: K86</td><td>Other disease of the pancreas</td></tr></tbody></table>			Drug Code	Generic Name	Brand Name	HSN = 008060	Lipase/ Protease/ Amylase	Creon/ DR Capsule	Pancreaze DR Capsule	Pertzye DR Capsule	Viokace Tablet	Zenpep Capsule	ICD-10 Code	Description	Disease group: C25	Malignant neoplasm of the pancreas	Disease group: E84	Cystic Fibrosis	Disease group: K86	Other disease of the pancreas
Drug Code	Generic Name	Brand Name																			
HSN = 008060	Lipase/ Protease/ Amylase	Creon/ DR Capsule																			
		Pancreaze DR Capsule																			
		Pertzye DR Capsule																			
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ICD-10 Code	Description																				
Disease group: C25	Malignant neoplasm of the pancreas																				
Disease group: E84	Cystic Fibrosis																				
Disease group: K86	Other disease of the pancreas																				

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Edit	Drugs	Steps	
		Disease group: Q45	Other congenital malformations of digestive system
		Z90.41	Acquired absence of pancreas
		Z90.410	Acquired total absence of pancreas
		Z90.411	Acquired partial absence of pancreas
Eucrisa AP Logic			
	Drug Name		Drug Code
	Eucrisa 2% Ointment		HSN= 043999
	Topical Calcineurin Inhibitors		
	Generic Name	Brand Name	Drug Code
	Tacrolimus	Protopic	GSN = 047346, 047347
	Pimecrolimus	Elidel	GSN = 049724
	Topical Corticosteroids		
	Generic Name	Brand Name	Drug Code
	Alclometasone Dipropionate		GSN = 007636, 007637
	Amcinonide		GSN = 007631, 007632, 007633
	Betamethasone Dipropionate	Diprolene (AF), Sernivo	GSN = 007561, 007562, 007568, 007569, 007570, 014219, 016429, 075550
	Betamethasone Valerate	Luxiq	GSN = 007572, 007573, 007574, 026471
		Quantity Limitations	
		Eucrisa 2% Ointment	60 grams every 30 days

Step 1: If incoming claim is for <Eucrisa> look back 180 days within claims history for <Eucrisa>. If found, NO PA REQUIRED; Otherwise PROCEED TO STEP 2.

Step 2: Look back 180 days within claim history for a previous fill of a <Topical Calcineurin Inhibitor> or <Topical Corticosteroid>. If found, CLAIM PAYS. Otherwise, DENY for PRIOR AUTHORIZATION REQUIRED (75) with supplemental message "Missing Prerequisite Drug Therapy."

Note: This edit does **NOT** override existing quantity limits

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Edit	Drugs			Steps
	Clobetasol Propionate	Clobex, Clodan, Cormax, Impoyz, Olux (E), Temovate, Tovet	GSN = 007634, 007635, 015349, 018288, 021904, 021986, 046803, 053749, 059967, 061865, 072507, 077979, 080288	
	Clocortolone Pivalate	Cloderm	GSN = 007585	
	Desonide	Desonate, Desowen, Tridesilon, Verdeso	GSN = 007620, 007622, 016650, 061463, 062148	
	Desoximetasone	Topicort (LP)	GSN = 007581, 007582, 007583, 007584, 041987, 070883	
	Diflorasone Diacetate	Apexicon E, Psorcon E	GSN = 007629, 007630, 041729	
	Fluocinolone Acetonide	Capex, Derma-Smoother, Synalar	GSN = 007507, 007608, 007609, 007611, 007612, 015562, 058950, 069952, 070318, 070319	
	Fluocinonide	Fluovix, Vanos	GSN = 007614, 007615, 007616, 007617, 007618, 058794, 079822	
	Flurandrenolide	Cordran, Nolix	GSN = 007601, 007602, 007603, 007605, 007606	
	Fluticasone Propionate	Beser, Cutivate	GSN = 016015, 016255, 059177, 079738	
	Halcinonide	Halog	GSN = 007625, 007627, 007628	
	Halobetasol Propionate	Bryhali, Lexette, Ultravate(X),	GSN = 015605, 015606, 069538, 069539, 075826, 079214, 079262	

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Edit	Drugs			Steps
	Hydrocortisone	Ala-Cort, Aqua Glycolic HC, Dermasorb HC, Procto-Pak, Proctocort, Scalacort, Texacort	GSN = 006859, 007544, 007545, 007547, 007548, 007553, 007554, 007555, 019151, 064718, 068786, 071713	
	Hydrocortisone Butyrate	Locoid	GSN = 007530, 007531, 016897, 018275, 053275	
	Hydrocortisone Probutate	Pandel	GSN = 030797	
	Hydrocortisone Valerate		GSN = 007532, 007533	
	Mometasone Furoate	Elocon, Quinixil, Quinosone	GSN = 007638, 007639, 035527, 065215, 080080	
	Prednicarbate	Dermatop	GSN = 021191, 040785	
	Triamcinolone Acetonide	Ellzia, Kenalog, Sila III, Silalite, Silazone, Trianex, Triderm	GSN = 007593, 007594, 007595, 007596, 007597, 007598, 007599, 007600, 015542, 062564, 071710, 074811, 077163, 078715, 080519	

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Edit	Drugs			Steps
Nurtec ODT/Qulipta/Ubr elvy Auto PA Automated PA approval satisfies L=Auto PA drug logic *Automated PA approval will NOT override R = Non-PDL coding and will not satisfy the automation logic				Step 1: If incoming claim is for HSN 046383-Nurtec ODT, HSN 047599-Qulipta or HSN 046273-Ubrelvy and Prior Auth = L-Auto PA, PROCEED TO STEP 2. Otherwise, Stop.
				Step 2: Look back 180 days in paid claim history for itself (a product within the same HICL as incoming claim). If found, APPROVE. Otherwise, PROCEED TO STEP 3.
				Step 3: If incoming claim is for HSN 046383-Nurtec ODT or HSN 047599-Qulipta, PROCEED TO STEP 4. If incoming claim is for HSN 046273-Ubrelvy, PROCEED TO STEP 6.
				Step 4: If incoming claim is for HSN 046383-Nurtec ODT or HSN 047599-Qulipta, look back in medical claims history 730 days for a diagnosis from < <i>Approvable Migraine (ICD-10) Diagnoses List</i> >. If found, APPROVE. Otherwise, PROCEED TO STEP 5.
				Step 5: If incoming claim is for HSN 046383-Nurtec ODT, PROCEED TO STEP 6. Otherwise (if claim is for HSN 047599-Qulipta), DENY for PRIOR AUTHORIZATION REQUIRED (75/31008) with supplemental message <i>M/I Diagnosis Code</i>
				Step 6: If incoming claim is for HSN 046383-Nurtec ODT or HSN 046273-Ubrelvy, look back 180 days within paid claim history for >= two fills from <Triptans List> of a different chemical entity (HSN). If found, CLAIM PAYS. Otherwise, DENY for PRIOR AUTHORIZATION REQUIRED (75/31006) with supplemental message <i>Missing Prerequisite drug therapy</i>

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Edit	Drugs	Steps																																																											
Jornay PM Automation Automated PA approval satisfies L=Auto PA drug edit *Automated PA approval will NOT override R = Non-PDL coding and will not satisfy the automation logic	<table><tr><th colspan="3">Jornay PM List</th></tr><tr><th>Generic Name</th><th>Brand Name</th><th>Drug Code</th></tr><tr><td>methylphenidate ER cap</td><td>Jornay PM</td><td>GSNs = 078724, 078725, 078726, 078727, 078728</td></tr></table>	Jornay PM List			Generic Name	Brand Name	Drug Code	methylphenidate ER cap	Jornay PM	GSNs = 078724, 078725, 078726, 078727, 078728	Step 1: If incoming claim is for <Jornay PM> look back 180 days within claims history for <Jornay PM>. If found, CLAIM PAYS; Otherwise PROCEED TO STEP 2. Step 2: If incoming claim is for <Jornay PM> and Prior Auth = L- AutoPA, look back 180 days within claims history for two fills from the <ADHD list>. If found, CLAIM PAYS. Otherwise, DENY for PRIOR AUTHORIZATION REQUIRED (75) with supplemental message “Missing Prerequisite Drug Therapy” Note: Automated PA approval will NOT override age, quantity, or mg per day limits.																																																		
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Opioid - MAT Edit	Opioids List			
	Generic Name	Brand Name	Drug Code	
	acetaminophen/ codeine	Capital/ Codeine, Tylenol/ Codeine	HSN = 001717	Step 1: If incoming claim is from <Opioids List> look back 365 days in patient's medical history for cancer (ICD 10 Disease Block C00-C14, C15-C26, C30-39, C40-41, C43-C44, C45-C49, C50, C51-C58, C60-C63, C64-C68, C69-C72, C73-C75, C76-C80, C7A, C7B, C81-C96, D00-D09, D10-D36, D37-D48, D3A, D49, ICD-10-K31.7, K63.5, Q85.00, Q85.01, Q85.02) or sickle cell disease (ICD 10 Disease Group D56, D57, D58) or an LTC indicator or Patient Residence 03 on the claim. If found, CLAIM MOVES OUT OF EDIT (other clinical edits for products still apply). Otherwise, PROCEED TO STEP 2.
	acetaminophen/ caffeine/ dihydrocodeine	Dvorah, Panlor, Trezix	HSN = 001739	
	aspirin/caffeine/ dihydrocodeine	Synalgos-DC	HSN = 034574	
	benzhydrocodone /APAP	Apadaz	HSN = 044795	
	buprenorphine	Belbuca, Buprenex	HSN = 001762 (excluding Probuphine: GSN 076145 and Subutex: GSNs 029312, 029313,)	Step 2: Look back in medical history 30 days for a diagnosis of Opioid Use Disorder (ICD-10 Disease Group: F11). If found, DENY for PRIOR AUTHORIZATION (75), with additional message "PA Req'd. Overlapping Drug-disease therapy: Fax PA 877-614-1078". Otherwise, PROCEED TO STEP 3.
	buprenorphine transdermal	Butrans	HSN = 023438 (excluding Sublocade: GSNs 077999, 078000, and Brixadi GSNs 080366, 080367, 080368, 080369, 080370, 080371, 080372)	
	butorphanol spray/vial	N/A	HSN = 001777	
	carisoprodol/ aspirin/codeine	N/A	HSN = 001720	
	codeine sulfate	N/A	HSN = 001722	Step 3: Look back 30 days for a fill from the <Opioid MAT Therapy List>. If found, DENY for PRIOR AUTHORIZATION (75), with additional message "PA Req'd. Overlapping Opioid - MAT therapy: Fax PA 877-614-1078". Otherwise, CLAIM MOVES OUT OF EDIT (other clinical edits for products still apply). Note: This edit does NOT override existing age limits, quantity limits, or Non PDL coding. Note: This edit does NOT override existing age limits, quantity limits, or Non PDL coding.
	codeine/ butalbital/ APAP/ caffeine	Fioricet-Cod	HSN = 001713	
	codeine/ butalbital/ASA/ caffeine	Ascomp-Codeine Fiorinal/ Codeine	HSN = 001699	
	fentanyl	Duragesic, Subsys	HSN = 006438	
	fentanyl citrate	Abstral, Actiq, Fentora, Lazanda	HSN = 001747	
	Hydrocodone bitartrate	Hysingla, Zohydro	HSN = 001731	
	hydrocodone/ acetaminophen	Lorcet/HD/Plus, Lortab, Norco, Verdrocet, Vicodin/ES/HP, Xodol, Zamicet	HSN = 001730	
	hydrocodone/ ibuprofen	Ibudone, Reprexain, Xylon	HSN = 014296	
	hydromorphone/ ER	Dilaudid, Exalgo	HSN = 001695	
	levorphanol	N/A	HSN = 001743	

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Edit	Drugs			Steps
	meperidine	Demerol	HSN = 001687	
	methadone	Dolophine, Methadose	HSN = 001745	
	morphine sulfate/ER	Arymo ER, Kadian ER, MorphaBond, MS Contin	HSN = 001694	
	morphine sulfate/ naltrexone ER	Embeda	HSN = 036577	
	nalbuphine	N/A	HSN = 001744	
	opium/belladonna alkaloids	N/A	HSN = 001758	
	oxycodone/ER	Oxaydo, Oxycontin, Roxicodone, Roxybond	HSN = 001742	
	oxycodone/ acetaminophen/ER	Endocet, Nalocet, Percocet, Primlev, Prolate	HSN = 001741	
	oxycodone/ aspirin	N/A	HSN = 004576	
	oxycodone/ ibuprofen	N/A	HSN = 026757	
	oxycodone myristate	Xtampza ER	HSN = 043376	
	oxymorphone/ER	Opana	HSN = 001696	
	pentazocine/ naloxone	N/A	HSN = 001781	
	sufentanil citrate	Duvia	HSN = 001749	
	tapentadol	Nucynta/ ER	HSN = 036411	
	tramadol	Conzip, Qdolo, Ultram	HSN = 008317	
	tramadol/ acetaminophen	Ultracet	HSN = 022880	
	tramadol/celecoxib	Seglantis	HSN = 047670	
	Opioid MAT Therapy List			
	Generic Name	Brand Name	Drug Codes	
	buprenorphine HCL	Probuphine, Subutex	GSNs = 029312, 029313, 076145	
	buprenorphine ER	Sublocade/ Brixadi	GSNs = 077999, 078000, 080366, 080367, 080368, 080369, 080370, 080371, 080372	

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Edit	Drugs			Steps
	buprenorphine/ naloxone	Bunavail, Suboxone, Zubsolv	HSN = 024846	
	Naltrexone	N/A	GSN = 004518	
	Naltrexone microspheres	Vivitrol	HSN = 033782	
	Blue font = manufacturer obsolete products			

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Vraylar Auto PA

Automated PA approval satisfies L=Auto PA drug edit

*Automated PA approval will NOT override R = Non-PDL coding and will not satisfy the automation logic

Vraylar List		
Generic Name	Brand Name	Drug Code
Cariprazine	Vraylar	HSN = 042552
Antidepressants List		
Generic Name	Brand Name	Drug Code
Brexanolone	Zulresso	HIC3 = H24
Selegiline	Emsam	HIC3 = H2H
Citalopram Hydrobromide	Celexa	HIC3 = H2S
Escitalopram Oxalate	Lexapro	
Fluoxetine HCL	Prozac	
Fluvoxamine Maleate/ER	N/A	
Paroxetine HCL	Paxil/CR	
Paroxetine Mesylate	Pexeva	
Sertraline HCL	Zoloft	
Amitriptyline HCL	N/A	
Amoxapine	N/A	HSN = 001643, 001648, 001645, 001650, 001641, 001642, 001651, 001644, 001646, 001649
Desipramine HCL	Norpramin	
Doxepin HCL	N/A	
Imipramine HCL	N/A	
Imipramine Pamoate	N/A	
Maprotiline HCL	N/A	
Nortriptyline HCL	Pamelor	
Protriptyline HCL	N/A	
Trimipramine Maleate	N/A	HIC3 = H7B
Mirtazapine	Remeron	
Desvenlafaxine	N/A	HIC3 = H7C
Desvenlafaxine Succinate	Pristiq	
Levomilnacipran HCL	Fetzima	
Venlafaxine Besylate	N/A	
Venlafaxine HCL	Effexor XR	
Bupropion HBR	Aplenzin	HIC3 = H7D
Bupropion HCL	Forfivo XL/ Wellbutrin XL/SR	
Trazodone HCL	N/A	HIC3 = H7E
Nefazodone HCL	N/A	
Isocarboxazid	Marplan	HIC3 = H7J

Step 1: If incoming claim is for HSN 042552 <Vraylar> and Prior Auth = L-Auto PA Drug, look back 365 days within claims history for HSN 042552 <Vraylar>. If found, CLAIM PAYS; Otherwise PROCEED TO STEP 2. (Age and quantity limitations still apply).

Step 2: Look back in the medical claims history 730 days for ICD-10 Disease Group: F32 (major depressive disorder – single episode) or ICD-10 Disease Group: F33 (major depressive disorder – recurrent episodes). If found, proceed to step 3; Otherwise PROCEED TO STEP 4.

Approvable ICD-10 Disease Groups	
F32	Major depressive disorder- single episode
F33	Major depressive disorder-recurrent episodes

Step 3: Look back in drug history 365 days for a fill from <Antidepressants List>. If found, CLAIM PAYS. Otherwise, deny for PRIOR AUTHORIZATION REQUIRED (75) with supplemental message Missing Prerequisite drug therapy.

Step 4: Look back in drug history 365 days for a fill from <Oral Atypical Antipsychotics List> of a preferred drug (Prior Auth = S-PDL or L-AutoPA). If found, CLAIM PAYS. Otherwise, deny for PRIOR AUTHORIZATION REQUIRED (75) with supplemental message **Missing Prerequisite drug therapy**.

Note:

- Automated PA approval will NOT override age or quantity limits.

Drug Name	Age Limit (Min Age)	Quantity Limitations
Vraylar	18	Max of 6mg per day
		Max of 1 capsule per day per GSN

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Edit	Drugs			Steps
	Phenelzine Sulfate	Nardil		
	Tranylcypromine Sulfate	Parnate		
	Dextromethorphan HBR/Bupropion	Auvelity	HIC3 = H81	
	Vilazodone HCL	Viibryd	HIC3 = H8P	
	Vortioxetine Hydrobromide	Trintellix	HIC3 = H8T	
	Esketamine HCL	Spravato	HIC3 = H8Z	
	Oral Atypical Antipsychotics List			
	Generic Name	Brand Name	Drug Code	
	Aripiprazole (solution/tablets)	Abilify	GSN = 051333 - 051336, 052898, 058594, 060225, 060319, 060322, 082063 - 082066, 082069 – 082076, 086425 - 086427	
	asenapine maleate	Saphris	HSN = 036576	
	brexpiprazole	Rexulti	HSN = 042283	
	Clozapine tablets	Clozaril	HSN = 004834	
	lloperidone tablets	Fanapt	HSN = 036778	
	lumateperone tosylate	Caplyta	HSN = 046280	
	Lurasidone tablets	Latuda	HSN = 037321	
	Olanzapine (tablets/ODT)	Zyprexa/Zydis	GSN = 027959 - 027961,029077, 041026, 041027, 045190, 045191, 047285, 047286	
	olanzapine/ fluoxetine	Symbyax	HSN = 025800	
	olanzapine/ samidorphan malate	Lybalvi	HSN = 047406	
	paliperidone	Invega ER	HSN = 034343	
	pimavanserin	Nuplazid	HSN = 043373	

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Edit	Drugs			Steps
	Quetiapine/ER tablets	Seroquel//XR	HSN = 014015	
	Risperidone (solution, tablets/ODT)	Risperdal	GSN = 021154 – 021157, 026177, 042922, 042923, 051799, 051800, 052049, 059402, 059403, 065235, 071304 - 071306	
	Ziprasidone capsules	Geodon	HSN = 021974	

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Gabapentinoids Overlapping Therapy ProDUR Edit

Gabapentinoids List		
Generic Name	Brand Name	Drug Code
Gabapentin	Gralise, Neurontin	HSN = 008831
Gabapentin Enacarbil	Horizant	HSN = 037574
Pregabalin	Lyrica	HSN = 026470

PLUS

Overlapping Therapy List		
Gabapentinoids List		
Generic Name	Brand Name	Drug Code
Gabapentin	Gralise, Neurontin	HSN = 008831
Gabapentin Enacarbil	Horizant	HSN = 037574
Pregabalin	Lyrica	HSN = 026470
Benzodiazepine (BZP) List		
Generic Name	Brand Name	Drug Code
alprazolam	Xanax, Nivaram	HSN= 001617
chlordiazepoxide	Librium , Poxi	HSN= 001610
chlordiazepoxide/ amitriptyline	Limbitrol	HSN= 001656
chlordiazepoxide/ clidinium	Librax, Lidox	HSN= 002037
clonazepam	Klonopin, Cerberclon	HSN= 001894
clorazepate	Tranxene, Gen-Xene	HSN= 001612
diazepam	Valium, Valtoco	HSN= 001615
estazolam	Prosom	HSN= 006036
flurazepam	Dalmane	HSN= 001593
lorazepam	Ativan	HSN= 004846
midazolam	n/a	HSN= 034908, 001619

If incoming claim is from the <Gabapentinoids List> look back 30 days for any fill from the <Overlapping Therapy List>, excluding itself (HSN). If found, claim rejects NCPDP 76 with additional message “DD – Caution Risk of breathing difficulties with combination of these medications. Review & submit appropriate DUR cd.” Otherwise, CLAIM MOVES OUT OF EDIT (other clinical edits for products still apply).

The provider will be able to override the denial utilizing only the approved intervention/professional service codes, outcome/result of service codes.

Note: This edit does **NOT** override existing age limits or quantity limits.

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Edit	Drugs			Steps
	oxazepam	Serax	HSN= 001616	
	quazepam	Doral	HSN= 001595	
	temazepam	Restoril	HSN= 001592	
	triazolam	Halcion	HSN= 001594	
	Opioid List			
	Generic Name	Brand Name	Drug Code	
	acetaminophen/ codeine	Capital/ Codeine, Tylenol/ Codeine	HSN= 001717	
	acetaminophen/ caffeine/ dihydrocodeine	Dvorah, Panlor, Trezix	HSN= 001739	
	aspirin/caffeine/ dihydrocodeine	Synalgos-DC	HSN= 034574	
	benzhydrocodone/ APAP	Apadaz	HSN= 044795	
	buprenorphine	Belbuca, Buprenex	HSN= 001762	
	buprenorphine transdermal	Butrans	HSN= 023438	
	butorphanol spray/vial	N/A	HSN= 001777	
	carisoprodol/ aspirin/codeine	N/A	HSN= 001720	
	codeine sulfate	N/A	HSN= 001722	
	codeine/ butalbital/ APAP/ caffeine	Fioricet-Cod	HSN= 001713	
	codeine/ butalbital/ASA/ caffeine	Ascomp/ Codeine	HSN= 001699	
		Fiorinal/ Codeine		
	fentanyl	Duragesic, Subsys	HSN= 006438	
	fentanyl citrate	Abstral, Actiq, Fentora, Lazanda	HSN= 001747	
	hydrocodone bitartrate	Hysingla, Zohydro	HSN= 001731	

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Edit	Drugs			Steps
	hydrocodone/ acetaminophen	Lorcet/HD/Plus, Lortab, Norco, Verdrocet , Vicodin/ ES /HP, Xodol , Zamiset	HSN= 001730	
	hydrocodone/ ibuprofen	Ibudone, Reprexain, Xylon	HSN= 014296	
	hydromorphone/E R	Dilaudid, Exalgo	HSN= 001695	
	levorphanol	N/A	HSN= 001743	
	meperidine	Demerol	HSN= 001687	
	methadone	Dolophine, Methadose	HSN= 001745	
	morphine sulfate/ER	Arymo ER, Kadian ER, MorphaBond, MS Contin	HSN= 001694	
	morphine sulfate/ naltrexone ER	Embeda	HSN= 036577	
	nalbuphine	N/A	HSN= 001744	
	opium/belladonna alkaloids	N/A	HSN= 001758	
	oxycodone/ER	Oxaydo, Oxycontin, Roxicodone, Roxybond	HSN= 001742	
	oxycodone/ acetaminophen/ER	Endocet, Nalocet, Percocet, Primlev, Prolate	HSN= 001741	
	oxycodone/ aspirin	N/A	HSN= 004576	
	oxycodone/ ibuprofen	N/A	HSN= 026757	
	oxycodone myristate	Xtampza ER	HSN= 043376	
	oxymorphone/ER	Opana	HSN= 001696	
	pentazocine/ naloxone	N/A	HSN= 001781	
	sufentanil citrate	Dsuvia	HSN= 001749	
	tapentadol	Nucynta/ ER	HSN= 036411	
	tramadol	Conzip, Ultram	HSN= 008317	

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Edit	Drugs			Steps
Blue font = Manufacturer obsolete product	tramadol/ acetaminophen	Ultracet	HSN= 022880	
	Skeletal Muscle Relaxant (SMR) List			
	Generic Name	Brand Name	Drug Code	
	baclofen	N/A	HSN= 001949	
	carisoprodol	Soma	HSN= 001944	
	chlorzoxazone	Lorzone	HSN= 001941	
	cyclobenzaprine	Flexeril/Amrix/Fex mid	HSN= 001950	
	metaxalone	Skelaxin	HSN= 001945	
	methocarbamol	Robaxin	HSN= 001938	
	orphenadrine	N/A	HSN= 001906	
	tizanidine	Zanaflex	HSN= 011582	

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Hydroxy/ Chloroquine Auto PA Automated PA approval satisfies L=Auto PA drug logic *Automated PA approval will NOT override R = Non- PDL coding and will not satisfy the automation logic	Hydroxy/Chloroquine List			Step 1: If incoming claim is from < Hydroxy/Chloroquine list> look back in medical claims history, 730 days, for a diagnosis from <Approvable Hydroxy/Chloroquine (ICD-10) Diagnoses List> below. If found, claim PAYS. Otherwise, DENY for PRIOR AUTHORIZATION REQUIRED (75/31008) with supplemental message “M/I Diagnosis Code”.																																				
	Generic Name	Brand Name	Drug Code																																					
	Hydroxy- chloroquine	Plaquenil*	HSN = 004151																																					
	Chloroquine	Aralen	HSN = 004147																																					
				<table><tr><th colspan="2">Approvable Hydroxy/Chloroquine (ICD-10) Diagnoses List</th></tr><tr><th>ICD-10- CM Code</th><th>Description</th></tr><tr><td>A06.4</td><td>Amebic liver abscess</td></tr><tr><td>A06.5</td><td>Amebic lung abscess</td></tr><tr><td>A06.6</td><td>Amebic brain abscess</td></tr><tr><td>A06.7</td><td>Cutaneous amebiasis</td></tr><tr><td>A06.81</td><td>Amebic cystitis</td></tr><tr><td>A06.82</td><td>Other amebic genitourinary infections</td></tr><tr><td>A06.89</td><td>Other amebic infections</td></tr><tr><td>A06.9</td><td>Amebiasis, unspecified</td></tr><tr><td>B52.0</td><td>Plasmodium malariae malaria with nephropathy</td></tr><tr><td>B52.8</td><td>Plasmodium malariae malaria with other complications</td></tr><tr><td>B52.9</td><td>Plasmodium malariae malaria without complication</td></tr><tr><td>B53.0</td><td>Plasmodium ovale malaria</td></tr><tr><td>B53.1</td><td>Malaria due to simian plasmodia</td></tr><tr><td>B53.8</td><td>Other malaria, not elsewhere classified</td></tr><tr><td>B54</td><td>Unspecified malaria</td></tr><tr><td>L93.0</td><td>Discoid lupus erythematosus</td></tr></table>	Approvable Hydroxy/Chloroquine (ICD-10) Diagnoses List		ICD-10- CM Code	Description	A06.4	Amebic liver abscess	A06.5	Amebic lung abscess	A06.6	Amebic brain abscess	A06.7	Cutaneous amebiasis	A06.81	Amebic cystitis	A06.82	Other amebic genitourinary infections	A06.89	Other amebic infections	A06.9	Amebiasis, unspecified	B52.0	Plasmodium malariae malaria with nephropathy	B52.8	Plasmodium malariae malaria with other complications	B52.9	Plasmodium malariae malaria without complication	B53.0	Plasmodium ovale malaria	B53.1	Malaria due to simian plasmodia	B53.8	Other malaria, not elsewhere classified	B54	Unspecified malaria	L93.0	Discoid lupus erythematosus
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Edit	Drugs	Steps																												
		<table><tr><td>M05.9</td><td>Rheumatoid arthritis with rheumatoid factor, unspecified</td></tr><tr><td>M32.0</td><td>Drug-induced systemic lupus erythematosus</td></tr><tr><td>M32.10</td><td>Systemic lupus erythematosus, organ or system involvement unspecified</td></tr><tr><td>M32.8</td><td>Other forms of systemic lupus erythematosus</td></tr><tr><td>M32.9</td><td>Systemic lupus erythematosus, unspecified</td></tr></table> Note: This edit does NOT override existing quantity limits. <table><tr><th>Drug Name</th><th>Quantity Limitations</th></tr><tr><td>Hydroxychloroquine</td><td>Max of 600mg per day</td></tr><tr><td>100mg</td><td>1 per day</td></tr><tr><td>200mg</td><td>3 per day</td></tr><tr><td>300mg</td><td>2 per day</td></tr><tr><td>400mg</td><td>1 per day</td></tr><tr><td>Chloroquine</td><td>Max of 1,000mg per day</td></tr><tr><td>250mg</td><td>1 per day</td></tr><tr><td>500mg</td><td>2 per day</td></tr></table>	M05.9	Rheumatoid arthritis with rheumatoid factor, unspecified	M32.0	Drug-induced systemic lupus erythematosus	M32.10	Systemic lupus erythematosus, organ or system involvement unspecified	M32.8	Other forms of systemic lupus erythematosus	M32.9	Systemic lupus erythematosus, unspecified	Drug Name	Quantity Limitations	Hydroxychloroquine	Max of 600mg per day	100mg	1 per day	200mg	3 per day	300mg	2 per day	400mg	1 per day	Chloroquine	Max of 1,000mg per day	250mg	1 per day	500mg	2 per day
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Endari/Siklos Auto PA Automated PA approval satisfies L=Auto PA drug logic <i>*Automated PA approval will NOT override R = Non-PDL coding and will not satisfy the automation logic</i>	<table><tr><th colspan="3">Sickle Cell List</th></tr><tr><th>Generic Name</th><th>Brand Name</th><th>Drug Code</th></tr><tr><td>L-glutamine</td><td>Endari</td><td>GSN = 078050</td></tr><tr><td>hydroxyurea</td><td>Siklos</td><td>GSNs = 067584, 078316</td></tr></table>	Sickle Cell List			Generic Name	Brand Name	Drug Code	L-glutamine	Endari	GSN = 078050	hydroxyurea	Siklos	GSNs = 067584, 078316	Step 1: Is incoming claim for GSN 078050 <Endari> or GSN 067584 or GSN 078316 <Siklos> and Prior Auth = L-Auto PA? If yes, PROCEED TO STEP 2. Otherwise, STOP. Step 2: Is incoming claim for GSN 078050 <Endari>? If yes, PROCEED TO STEP 3. Otherwise (claim is for Siklos), PROCEED TO STEP 4. Step 3: Look back 180 days within claims history for GSN 078050 <Endari>. If found, CLAIM PAYS; Otherwise PROCEED TO STEP 5. Step 4: If incoming claim is for GSN 067584 or GSN 078316 <Siklos> look back 180 within claim history for GSN 067584 or 078316 <Siklos>. If found, CLAIM PAYS; Otherwise PROCEED TO STEP 5.																
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Edit	Drugs	Steps																								
		Step 5: Look back 730 days in the patient’s medical history for ICD-10 in Disease Group D56, D57, D58 (sickle cell disease). If found, CLAIM PAYS. If not found, deny for NCPDP 75/2462 with additional message “Recip doesn't have Req Diagnosis on file for this Medication” Note: Automated PA approval will NOT override age or quantity limits <table><tr><th>Drug Name</th><th>Age Limit (Min Age)</th><th>Quantity Limitations</th></tr><tr><td>Endari</td><td>5</td><td>Max of 180 packets every 30 days</td></tr><tr><td>Siklos</td><td>2</td><td>Max of 3,500 mg per day</td></tr></table>	Drug Name	Age Limit (Min Age)	Quantity Limitations	Endari	5	Max of 180 packets every 30 days	Siklos	2	Max of 3,500 mg per day															
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Zirabev Auto PA Automated PA approval satisfies L=Auto PA drug logic *Automated PA approval will NOT override R = Non-PDL coding and will not satisfy the automation logic	<table><tr><th>Drug Name</th><th>Drug Code</th></tr><tr><td>Zirabev 25 mg/ml vial</td><td>HSN = 045849</td></tr></table>	Drug Name	Drug Code	Zirabev 25 mg/ml vial	HSN = 045849	Step 1: If incoming claim is for <Zirabev vial > and Prior Auth = L – Auto PA, look back 365 days in medical history for a diagnosis from Approvable Diagnosis Codes below. If found, CLAIM PAYS. Otherwise, DENY for PRIOR AUTHORIZATION REQUIRED (75) with supplemental message “M/I Diagnosis Code” <table><tr><th colspan="2">Approvable Diagnosis Codes</th></tr><tr><th>ICD 10 Codes</th><th>Description</th></tr><tr><td>C18.0</td><td>Malignant neoplasm of cecum</td></tr><tr><td>C18.2</td><td>Malignant neoplasm of ascending colon</td></tr><tr><td>C18.3</td><td>Malignant neoplasm of hepatic flexure</td></tr><tr><td>C18.4</td><td>Malignant neoplasm of transverse colon</td></tr><tr><td>C18.5</td><td>Malignant neoplasm of splenic flexure</td></tr><tr><td>C18.6</td><td>Malignant neoplasm of descending colon</td></tr><tr><td>C18.7</td><td>Malignant neoplasm of sigmoid colon</td></tr><tr><td>C18.8</td><td>Malignant neoplasm of overlapping sites of colon</td></tr></table>	Approvable Diagnosis Codes		ICD 10 Codes	Description	C18.0	Malignant neoplasm of cecum	C18.2	Malignant neoplasm of ascending colon	C18.3	Malignant neoplasm of hepatic flexure	C18.4	Malignant neoplasm of transverse colon	C18.5	Malignant neoplasm of splenic flexure	C18.6	Malignant neoplasm of descending colon	C18.7	Malignant neoplasm of sigmoid colon	C18.8	Malignant neoplasm of overlapping sites of colon
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Edit	Drugs	Steps	
		C18.9	Malignant neoplasm of colon, unspecified
		C19	Malignant neoplasm of rectosigmoid junction
		C20	Malignant neoplasm of rectum
		C21.8	Malignant neoplasm of overlapping sites of rectum, anus and anal canal
		C78.5	Secondary malignant neoplasm of large intestine and rectum
		C78.6	Secondary malignant neoplasm of retroperitoneum and peritoneum
		D37.4	Neoplasm of uncertain behavior of colon
		D37.5	Neoplasm of uncertain behavior of rectum
		C34.0	Malignant neoplasm of main bronchus
		C34.00	Malignant neoplasm of unspecified main bronchus
		C34.01	Malignant neoplasm of right main bronchus
		C34.02	Malignant neoplasm of left main bronchus
		C34.1	Malignant neoplasm of upper lobe, bronchus or lung
		C34.10	Malignant neoplasm of upper lobe, unspecified bronchus or lung
		C34.11	Malignant neoplasm of upper lobe, right bronchus or lung
		C34.12	Malignant neoplasm of upper lobe, left bronchus or lung

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Edit	Drugs	Steps	
		C34.2	Malignant neoplasm of middle lobe, bronchus or lung
		C34.3	Malignant neoplasm of lower lobe, bronchus or lung
		C34.30	Malignant neoplasm of lower lobe, unspecified bronchus or lung
		C34.31	Malignant neoplasm of lower lobe, right bronchus or lung
		C34.32	Malignant neoplasm of lower lobe, left bronchus or lung
		C34.8	Malignant neoplasm of overlapping sites of bronchus and lung
		C34.80	Malignant neoplasm of overlapping sites of unspecified bronchus and lung
		C34.81	Malignant neoplasm of overlapping sites of right bronchus and lung
		C34.82	Malignant neoplasm of overlapping sites of left bronchus and lung
		C34.9	Malignant neoplasm of unspecified part of bronchus or lung
		C34.90	Malignant neoplasm of unspecified part of unspecified bronchus or lung
		C34.91	Malignant neoplasm of unspecified part of right bronchus or lung
		C34.92	Malignant neoplasm of unspecified part of left bronchus or lung
		C71	Malignant neoplasm of brain

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Edit	Drugs	Steps	
		C71.0	Malignant neoplasm of cerebrum, except lobes and ventricles
		C71.1	Malignant neoplasm of frontal lobe
		C71.2	Malignant neoplasm of temporal lobe
		C71.3	Malignant neoplasm of parietal lobe
		C71.4	Malignant neoplasm of occipital lobe
		C71.5	Malignant neoplasm of cerebral ventricle
		C71.6	Malignant neoplasm of cerebellum
		C71.7	Malignant neoplasm of brain stem
		C71.8	Malignant neoplasm of overlapping sites of brain
		C71.9	Malignant neoplasm of brain, unspecified
		C72.0	Malignant neoplasm of spinal cord
		C64.1	Malignant neoplasm of right kidney, except renal pelvis
		C64.2	Malignant neoplasm of left kidney, except renal pelvis
		C64.9	Malignant neoplasm of unspecified kidney, except renal pelvis
		C53.0	Malignant neoplasm of endocervix
		C53.1	Malignant neoplasm of exocervix
		C53.8	Malignant neoplasm of overlapping sites of cervix uteri
		C53.9	Malignant neoplasm of cervix uteri, unspecified

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Edit	Drugs	Steps		
		C56.1	Malignant neoplasm of right ovary	
		C56.2	Malignant neoplasm of left ovary	
		C56.3	Malignant neoplasm of bilateral ovaries	
		C56.9	Malignant neoplasm of unspecified ovary	
		C57.0	Malignant neoplasm of fallopian tube	
		C57.00	Malignant neoplasm of unspecified fallopian tube	
		C57.01	Malignant neoplasm of right fallopian tube	
		C57.02	Malignant neoplasm of left fallopian tube	
		C48.0	Malignant neoplasm of retroperitoneum	
		C48.1	Malignant neoplasm of specified parts of peritoneum	
		C48.2	Malignant neoplasm of peritoneum, unspecified	
		C48.8	Malignant neoplasm of overlapping sites of retroperitoneum and peritoneum	
		Note: Automated PA approval will NOT override age limits or quantity limits		
Drug Name		Age Limit (Min Age)	Quantity Limitations	
Zirabev 25 mg/ml vial		18	110 mL’s every 30 days	

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Edit	Drugs	Steps																
Ellence Auto PA Automated PA approval satisfies L=Auto PA drug logic *Automated PA approval will NOT override R = Non-PDL coding and will not satisfy the automation logic	<table><thead><tr><th>Drug Name</th><th>Drug Code</th></tr></thead><tbody><tr><td>Ellence 2 mg/ml vial</td><td>HSN = 006578</td></tr></tbody></table>	Drug Name	Drug Code	Ellence 2 mg/ml vial	HSN = 006578	Step 1: If incoming claim is for < Ellence > and Prior Auth = L- AutoPA, look back 365 days in medical history for a diagnosis from Approvable Diagnosis Codes below. If found, CLAIM PAYS. Otherwise, DENY for PRIOR AUTHORIZATION REQUIRED (75) with supplemental message “M/I Diagnosis Code” <table><thead><tr><th colspan="2">Approvable Diagnosis Codes</th></tr><tr><th>ICD 10 Codes</th><th>Description</th></tr></thead><tbody><tr><td>C50.011-C50.019 C50.111-C50.119, C50.211-C50.219, C50.311-C50.319, C50.411-C50.419, C50.511-C50.519, C50.611-C50.619, C50.811-C50.819, C50.911-C50.919</td><td>Malignant neoplasm of female breast</td></tr></tbody></table> Note: Automated PA approval will NOT override age limits or quantity limits <table><thead><tr><th>Drug Name</th><th>Age Limit (Min Age)</th><th>Quantity Limitations</th></tr></thead><tbody><tr><td>Ellence 2 mg/ml vial</td><td>18</td><td>1125mL’s per lifetime</td></tr></tbody></table>	Approvable Diagnosis Codes		ICD 10 Codes	Description	C50.011-C50.019 C50.111-C50.119, C50.211-C50.219, C50.311-C50.319, C50.411-C50.419, C50.511-C50.519, C50.611-C50.619, C50.811-C50.819, C50.911-C50.919	Malignant neoplasm of female breast	Drug Name	Age Limit (Min Age)	Quantity Limitations	Ellence 2 mg/ml vial	18	1125mL’s per lifetime
Drug Name	Drug Code																	
Ellence 2 mg/ml vial	HSN = 006578																	
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Ruxience Auto PA Automated PA approval satisfies L=Auto PA drug logic *Automated PA approval will NOT override R = Non-PDL coding and will not satisfy the automation logic	<table><thead><tr><th>Drug Name</th><th>Drug Code</th></tr></thead><tbody><tr><td>Ruxience 10mg/mL Vial</td><td>HSN = 045899</td></tr></tbody></table>	Drug Name	Drug Code	Ruxience 10mg/mL Vial	HSN = 045899	Step 1: If incoming claim is for <Ruxience vial > and Prior Auth = L – Auto PA, look back 365 days in medical history for a diagnosis from Approvable Diagnosis Codes below. If found, CLAIM PAYS. Otherwise, DENY for PRIOR AUTHORIZATION REQUIRED (75) with supplemental message “M/I Diagnosis Code” <table><thead><tr><th colspan="2">Approvable Diagnosis Codes</th></tr><tr><th>ICD 10 Codes</th><th>Description</th></tr></thead><tbody><tr><td>Disease Group: C85</td><td>Other specified and unspecified types of non-Hodgkin lymphoma</td></tr></tbody></table>	Approvable Diagnosis Codes		ICD 10 Codes	Description	Disease Group: C85	Other specified and unspecified types of non-Hodgkin lymphoma						
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Disease Group: C85	Other specified and unspecified types of non-Hodgkin lymphoma																	

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Edit	Drugs	Steps		
		C91.1	Chronic lymphocytic leukemia of B-cell type	
		C91.10	Chronic lymphocytic leukemia of B-cell type not having achieved remission	
		C91.11	Chronic lymphocytic leukemia of B-cell type in remission	
		C91.12	Chronic lymphocytic leukemia of B-cell type in relapse	
		Disease Group:		
		M05	Rheumatoid arthritis with or without Rheumatoid Factor	
		M06		
		M31.3	Wegener's granulomatosis	
		M31.7	Microscopic polyangiitis	
		Note:		
		Automated PA approval will NOT override age limits or quantity limits		

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Edit	Drugs	Steps																
Vidaza Auto PA Automated PA approval satisfies L=Auto PA drug logic Automated PA approval will NOT override R = Non-PDL coding and will not satisfy the automation logic	<table><tr><th>Drug Name</th><th>Drug Code</th></tr><tr><td>Vidaza 100 mg Vial</td><td>GSN = 054660</td></tr></table>	Drug Name	Drug Code	Vidaza 100 mg Vial	GSN = 054660	If incoming claim is from <Vidaza> and Prior Auth = L- AutoPA, look back in medical claims history 365 days for a diagnosis of Chronic Monocytic Leukemia, Juvenile Myelomonocytic Leukemia or Myelodysplastic Syndromes (see approvable ICD-10s below). If found, claim MOVES OUT OF EDIT. Otherwise, DENY for PRIOR AUTHORIZATION REQUIRED (75) with supplemental message “M/I Diagnosis Code” <table><tr><th>ICD-10 Code</th><th>Description</th></tr><tr><td>C93.10 - C93.12</td><td>Chronic Monocytic Leukemia</td></tr><tr><td>C93.30 - C93.32</td><td>Juvenile Myelomonocytic Leukemia</td></tr><tr><td>Disease group: D46</td><td>Myelodysplastic Syndromes</td></tr></table> Note: Automated PA approval will NOT override age limits or quantity limits. <table><tr><th>Drug Name</th><th>Quantity Limitations</th></tr><tr><td>Vidaza 100 mg Vial</td><td>17 vials every 28 days</td></tr></table>	ICD-10 Code	Description	C93.10 - C93.12	Chronic Monocytic Leukemia	C93.30 - C93.32	Juvenile Myelomonocytic Leukemia	Disease group: D46	Myelodysplastic Syndromes	Drug Name	Quantity Limitations	Vidaza 100 mg Vial	17 vials every 28 days
Drug Name	Drug Code																	
Vidaza 100 mg Vial	GSN = 054660																	
ICD-10 Code	Description																	
C93.10 - C93.12	Chronic Monocytic Leukemia																	
C93.30 - C93.32	Juvenile Myelomonocytic Leukemia																	
Disease group: D46	Myelodysplastic Syndromes																	
Drug Name	Quantity Limitations																	
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Reset AutoPA Automated PA approval satisfies L=Auto PA drug edit *Automated PA approval will NOT override R = NonPDL edit and will not satisfy the automation logic	<table><tr><th colspan="2">Reset List</th></tr><tr><th>HSN</th><th>Device</th></tr><tr><td>048063</td><td>RESET (SUD) RESET (SUD) (NON-MONETARY CM)</td></tr><tr><td>048064</td><td>RESET-O (OUD) RESET-O (OUD)(NON-MONETARY CM)</td></tr></table>	Reset List		HSN	Device	048063	RESET (SUD) RESET (SUD) (NON-MONETARY CM)	048064	RESET-O (OUD) RESET-O (OUD)(NON-MONETARY CM)	Step 1 : If the incoming claim is for HSN 048063 – Reset SUD with FMT Prior Auth = L-Auto PA Drug, PROCEED TO STEP 2. If the incoming claim is for HSN 048064 – RESET-O with FMT Prior Auth = L-Auto PA Drug, PROCEED TO STEP 3. Step 2: If the incoming claim is for HSN 048063 – Reset look back in claims history 365 days for an ICD 10 in disease group = F19 (Other psychoactive substance related disorders). If found, APPROVE. If not, PROCEED TO STEP 4. Step 3: If the incoming claim is for HSN 048064 – RESET-O look back in claims history 365 days for an ICD 10 in disease group = F11 (Opioid Use Disorder). If found, APPROVE. If not, PROCEED TO STEP 4. Step 4: If the incoming claim includes Prior Auth Type Code = 3, APPROVE. If not, DENY for PRIOR AUTHORIZATION REQUIRED (75) with supplemental message “M/I Diagnosis Code” (INTERNAL ERROR CODE 2462). Note: This logic does NOT override existing age or quantity limits								
Reset List																		
HSN	Device																	
048063	RESET (SUD) RESET (SUD) (NON-MONETARY CM)																	
048064	RESET-O (OUD) RESET-O (OUD)(NON-MONETARY CM)																	

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Edit	Drugs	Steps																										
		<table><tr><th colspan="3">Approvable ICD-10 Disease Groups</th></tr><tr><th>Device Name</th><th>Disease Group</th><th>Diagnosis</th></tr><tr><td>RESET (SUD) RESET (SUD) (NON-MONETARY CM)</td><td>F19</td><td>Other Psychoactive Substance Related Disorders</td></tr><tr><td>RESET-O (OUD) RESET-O (OUD)(NON-MONETARY CM)</td><td>F11</td><td>Opioid Use Disorder</td></tr></table>	Approvable ICD-10 Disease Groups			Device Name	Disease Group	Diagnosis	RESET (SUD) RESET (SUD) (NON-MONETARY CM)	F19	Other Psychoactive Substance Related Disorders	RESET-O (OUD) RESET-O (OUD)(NON-MONETARY CM)	F11	Opioid Use Disorder														
		Approvable ICD-10 Disease Groups																										
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RESET (SUD) RESET (SUD) NON-MONETARY CM	18	Max 1 fill every 90 days; Max of 2 fills per 328 days																										
RESET-O (OUD) RESET-O (OUD) NON-MONETARY CM		Max 1 fill every 84 days; Max of 2 fills per 328 days																										
Glucagon-Like Peptide 1 (GLP-1) Agonists Auto PA Automated PA approval satisfies L=Auto PA drug logic *Automated PA approval will NOT override R = Non-PDL coding and will not satisfy the automation logic	<table><tr><th colspan="3">Glucagon-Like Peptide 1 (GLP-1) Agonists List</th></tr><tr><th>Generic Name</th><th>Brand Name</th><th>Drug Code</th></tr><tr><td>Lixisenatide</td><td>Adlyxin</td><td>HSN = 040782</td></tr><tr><td rowspan="3">Exenatide ER</td><td>Bydureon Bcise*</td><td>GSN = 077890</td></tr><tr><td>Bydureon Pen</td><td>GSN = 072230</td></tr><tr><td>Bydureon Vial</td><td>GSN = 068505</td></tr><tr><td>Exenatide</td><td>Byetta*</td><td>HSN = 032893</td></tr><tr><td>Semaglutide</td><td>Ozempic</td><td>GSN = 084300, 081168, 077985, 083225, 077986</td></tr></table>	Glucagon-Like Peptide 1 (GLP-1) Agonists List			Generic Name	Brand Name	Drug Code	Lixisenatide	Adlyxin	HSN = 040782	Exenatide ER	Bydureon Bcise*	GSN = 077890	Bydureon Pen	GSN = 072230	Bydureon Vial	GSN = 068505	Exenatide	Byetta*	HSN = 032893	Semaglutide	Ozempic	GSN = 084300, 081168, 077985, 083225, 077986	Step 1: If the incoming claim is for a medication on the < Glucagon-Like Peptide 1 (GLP-1) Agonists List > with Prior Authorization = L=AutoPA, look back 365 days in medical history for ICD 10 Disease Group E11 (Type II Diabetes Mellitus). If found, CLAIM PAYS. Otherwise, DENY for PRIOR AUTHORIZATION REQUIRED (75/31008) with supplemental message M/I Diagnosis Code <table><tr><th colspan="2">Approvable ICD-10 Disease Groups</th></tr><tr><td>E11</td><td>Type II Diabetes Mellitus</td></tr></table>	Approvable ICD-10 Disease Groups		E11	Type II Diabetes Mellitus
Glucagon-Like Peptide 1 (GLP-1) Agonists List																												
Generic Name	Brand Name	Drug Code																										
Lixisenatide	Adlyxin	HSN = 040782																										
Exenatide ER	Bydureon Bcise*	GSN = 077890																										
	Bydureon Pen	GSN = 072230																										
	Bydureon Vial	GSN = 068505																										
Exenatide	Byetta*	HSN = 032893																										
Semaglutide	Ozempic	GSN = 084300, 081168, 077985, 083225, 077986																										
Approvable ICD-10 Disease Groups																												
E11	Type II Diabetes Mellitus																											

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Edit	Drugs			Steps																					
		Rybelsus*	GSN = 080228, 080229, 080230	Note: Automated PA approval will NOT override age limits or quantity limits. <table><tr><th>Drug Name</th><th>Age Limit (Min Age)</th><th>Quantity Limitations</th></tr><tr><td>Byetta 5mcg</td><td rowspan="2">18</td><td>1.2 mL's every 28 days</td></tr><tr><td>Byetta 10mcg</td><td>2.4 mL's every 28 days</td></tr><tr><td>Ozempic 0.25-0.5 mg</td><td rowspan="2">18</td><td>3 mL's every 28 days</td></tr><tr><td>Ozempic 1mg Ozempic 2mg</td><td>3 mL's every 28 days</td></tr><tr><td>Trulicity</td><td>10</td><td>3mL's every 28 days</td></tr><tr><td>Victoza</td><td>10</td><td>9mL's every 28 days</td></tr></table>			Drug Name	Age Limit (Min Age)	Quantity Limitations	Byetta 5mcg	18	1.2 mL's every 28 days	Byetta 10mcg	2.4 mL's every 28 days	Ozempic 0.25-0.5 mg	18	3 mL's every 28 days	Ozempic 1mg Ozempic 2mg	3 mL's every 28 days	Trulicity	10	3mL's every 28 days	Victoza	10	9mL's every 28 days
	Drug Name	Age Limit (Min Age)	Quantity Limitations																						
	Byetta 5mcg	18	1.2 mL's every 28 days																						
	Byetta 10mcg		2.4 mL's every 28 days																						
	Ozempic 0.25-0.5 mg	18	3 mL's every 28 days																						
	Ozempic 1mg Ozempic 2mg		3 mL's every 28 days																						
	Trulicity	10	3mL's every 28 days																						
Victoza	10	9mL's every 28 days																							
Dulaglutide	Trulicity	HSN = 041421																							
Liraglutide	Victoza	GSN = 065344																							
Glucose-Dependent Insulinotropic Polypeptide (GIP) Receptor and Glucagon-Like Peptide 1 (GLP-1) Agonists List																									
Generic Name	Brand Name	Drug Code																							
Tirzepatide	Mounjaro*	HSN = 048014																							
Hep C DAA AutoPA Automated PA approval satisfies L=Auto PA drug edit *Automated PA approval will NOT override J-Non-PDL Clinical PA, R = NonPDL or B = Clinical PA edit and will not satisfy the automation logic	Hepatitis C DAA			If the incoming claim is for brand Mavyret (HSN 044453) or generic Sofosbuvir/Velpatasvir (HSN 043561) with FMT Prior Auth = L-Auto PA Drug, look back in claims history 365 days for a Hepatitis C diagnosis (see approvable ICD-10s below). If found, APPROVE. If not, DENY for PRIOR AUTHORIZATION REQUIRED (75/31008) with supplemental message "M/I Diagnosis Code".																					
	Generic Name	Brand Name	Drug Code																						
	Daclatasvir Dihydrochloride	Daklinza*	HSN = 041377																						
	Sofosbuvir/ Velpatasvir	Epclusa	HSN = 043561																						
	Ledipasvir/ Sofosbuvir	Harvoni*	HSN = 041457	<table><tr><th colspan="2">Approvable Hepatitis C DAA ICD-10 Disease Groups</th></tr><tr><td>B17, B18, B19 (excluding B17.0, B17.2, B19.1, B19.10, & B19.11)</td><td>Hepatitis C</td></tr></table>			Approvable Hepatitis C DAA ICD-10 Disease Groups		B17, B18, B19 (excluding B17.0, B17.2, B19.1, B19.10, & B19.11)	Hepatitis C															
	Approvable Hepatitis C DAA ICD-10 Disease Groups																								
	B17, B18, B19 (excluding B17.0, B17.2, B19.1, B19.10, & B19.11)	Hepatitis C																							
	Glecaprevir/ Pibrentasvir	Mavyret	HSN = 044453																						
	Simeprevir Sodium	Olysio*	HSN = 040771																						
	Sofosbuvir	Sovaldi*	HSN = 040795	Note: This logic does NOT override existing age or quantity limits																					
	Ombitasvir/ Paritaprev/ Ritonav	Technivie*	HSN = 041734																						
	Ombita/Paritap/ Riton/Dasabuvir	Viekira/XR*	HSN = 041644																						
	Sofosbuvir/ Velpatas/ Voxilaprev	Vosevi*	HSN = 044428																						
	Elbasvir/ Grazoprevir	Zepatier*	HSN = 043030	<table><tr><th>Drug Name</th><th>Age Limit (Min Age)</th><th>Quantity Limitations</th></tr><tr><td rowspan="2">Epclusa</td><td>3 (pellet)</td><td rowspan="2">Maximum of 1 pellet/tab per day; 84 tabs/pellets per lifetime</td></tr><tr><td>6 (tablet)</td></tr><tr><td rowspan="2">Harvoni</td><td>3 (pellet)</td><td rowspan="2">Maximum of 1 pellet/tab per day; 84 tabs/pellets per lifetime</td></tr><tr><td>12 (tablet)</td></tr><tr><td>Mavyret</td><td>3</td><td>Maximum of 5 pellets per day; 280 pellets per lifetime</td></tr></table>			Drug Name	Age Limit (Min Age)	Quantity Limitations	Epclusa	3 (pellet)	Maximum of 1 pellet/tab per day; 84 tabs/pellets per lifetime	6 (tablet)	Harvoni	3 (pellet)	Maximum of 1 pellet/tab per day; 84 tabs/pellets per lifetime	12 (tablet)	Mavyret	3	Maximum of 5 pellets per day; 280 pellets per lifetime					
Drug Name	Age Limit (Min Age)	Quantity Limitations																							
Epclusa	3 (pellet)	Maximum of 1 pellet/tab per day; 84 tabs/pellets per lifetime																							
	6 (tablet)																								
Harvoni	3 (pellet)	Maximum of 1 pellet/tab per day; 84 tabs/pellets per lifetime																							
	12 (tablet)																								
Mavyret	3	Maximum of 5 pellets per day; 280 pellets per lifetime																							
Blue font = manufacturer obsolete																									

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Edit	Drugs			Steps																						
					Maximum of 3 tabs per day; 168 tabs per lifetime																					
				Sovaldi	3 (pellet)	Maximum of 1 pellet/tab per day; 168 tabs/pellets per lifetime																				
					12 (tablet)																					
				Viekira Pak	18	Maximum of 4 tabs per day; 112 tabs per 25 days; 672 tabs/pellets per lifetime																				
				Vosevi	18	Maximum of 1 tab per day; 84 tabs per lifetime																				
				Zepatier	12	Maximum of 1 tab per day; 112 tabs per lifetime																				
Entresto Soft Edit				Step 1: If the incoming claim is for GSN 074408, PROCEED TO STEP 2. Step 2: If the incoming claim includes Prior Auth Type Code = 1 – Prior Authorization, APPROVE. If not, DENY for PLAN LIMITATIONS EXCEEDED (76/7001) with message: <i>Please discuss with prescriber/patient about appropriate dose escalation. Submit Prior Auth Type Code = 1 - Prior Authorization</i>																						
Baclofen Solution AutoPA Automated PA approval satisfies L = AutoPA drug logic *Automated PA approval will NOT override R = Non-PDL coding and will not satisfy the automation logic	<table><tr><th colspan="3">Baclofen List</th></tr><tr><th>Generic Name</th><th>Brand Name</th><th>Drug Code</th></tr><tr><td rowspan="2">Baclofen Solution</td><td rowspan="2">Ozobax*</td><td>GSN= 017884</td></tr><tr><td>GSN = 085432</td></tr><tr><td>Baclofen Suspension</td><td>Fleqsuvy*</td><td>GSN = 083047</td></tr></table>			Baclofen List			Generic Name	Brand Name	Drug Code	Baclofen Solution	Ozobax*	GSN= 017884	GSN = 085432	Baclofen Suspension	Fleqsuvy*	GSN = 083047	If the incoming claim is from <Baclofen List> and Prior Auth = L- AutoPA, look back in medical claims 365 days for a diagnosis listed below. If found, claim MOVES OUT OF EDIT. Otherwise, DENY for PRIOR AUTHORIZATION REQUIRED (75/31008) with supplemental message <i>M/I Diagnosis Code</i> <table><tr><th>ICD -10 Code</th><th>Description</th></tr><tr><td>Disease Group: G11, G32.81</td><td>Hereditary Ataxia:</td></tr><tr><td>G12.20, G12.21, G12.22, G12.29, G12.8</td><td>Motor Neuron disease: Other spinal muscle atrophies and related syndromes</td></tr><tr><td>I69.053, I69.051, I69.052, I69.054, I69.059, I69.151, I69.152, I69.153, I69.154, I69.159, I69.251, I69.252, I69.253, I69.254, I69.259, I69.351, I69.352, I69.353, I69.354, I69.359, I69.851, I69.852, I69.853, I69.854,</td><td>Hemiplegia and hemiparesis following unspecified cerebrovascular disease</td></tr></table>		ICD -10 Code	Description	Disease Group: G11, G32.81	Hereditary Ataxia:	G12.20, G12.21, G12.22, G12.29, G12.8	Motor Neuron disease: Other spinal muscle atrophies and related syndromes	I69.053, I69.051, I69.052, I69.054, I69.059, I69.151, I69.152, I69.153, I69.154, I69.159, I69.251, I69.252, I69.253, I69.254, I69.259, I69.351, I69.352, I69.353, I69.354, I69.359, I69.851, I69.852, I69.853, I69.854,	Hemiplegia and hemiparesis following unspecified cerebrovascular disease
				Baclofen List																						
				Generic Name	Brand Name	Drug Code																				
				Baclofen Solution	Ozobax*	GSN= 017884																				
						GSN = 085432																				
				Baclofen Suspension	Fleqsuvy*	GSN = 083047																				
ICD -10 Code	Description																									
Disease Group: G11, G32.81	Hereditary Ataxia:																									
G12.20, G12.21, G12.22, G12.29, G12.8	Motor Neuron disease: Other spinal muscle atrophies and related syndromes																									
I69.053, I69.051, I69.052, I69.054, I69.059, I69.151, I69.152, I69.153, I69.154, I69.159, I69.251, I69.252, I69.253, I69.254, I69.259, I69.351, I69.352, I69.353, I69.354, I69.359, I69.851, I69.852, I69.853, I69.854,	Hemiplegia and hemiparesis following unspecified cerebrovascular disease																									

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Edit	Drugs	Steps	
		I69.859, I69.951, I69.952, I69.953, I69.954, I69.959	
		I69.031, I69.032, I69.033, I69.034, I69.039, I69.131, I69.132, I69.133, I69.134, I69.139, I69.231, I69.232, I69.233, I69.234, I69.239, I69.331, I69.332, I69.333, I69.334, I69.339, I69.831, I69.832, I69.833, I69.834, I69.839, I69.931, I69.932, I69.933, I69.934, I69.939	Monoplegia of upper limb following unspecified cerebrovascular disease
		I69.041 I69.042, I69.043, I69.044, I69.049, I69.141, I69.142, I69.143, I69.144, I69.149, I69.241, I69.242, I69.243, I69.244, I69.249, I69.341, I69.342, I69.343, I69.344, I69.349, I69.841, I69.842, I69.843, I69.844, I69.849, I69.949, I69.941, I69.942, I69.943, I69.944,	Monoplegia of lower limb following unspecified cerebrovascular disease
		I69.061, I69.062, I69.063, I69.064, I69.065, I69.069, I69.161, I69.162, I69.163, I69.164, I69.165 I69.169, I69.261, I69.262, I69.263, I69.264, I69.265, I69.269, I69.361, I69.362, I69.363, I69.364, I69.365, I69.369, I69.861, I69.862, I69.863, I69.864, I64.865, I69.869, I69.961, I69.962, I69.963, I69.964, I69.965, I69.969	Other paralytic syndrome following unspecified cerebrovascular disease
		I69.00, I69.10, I69.20, I69.30, I69.80, I69.90	Unspecified sequelae of unspecified cerebrovascular disease
		Disease group: G35	Multiple sclerosis

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Edit	Drugs	Steps	
		Disease Groups: G36, G37	Other demyelinating diseases of central nervous system
		Disease Group: G81	Hemiplegia/Hemiparesis
		Disease Group: G80	Cerebral Palsy
		Disease Group: G82, G83	Paraplegia (paraparesis) and quadriplegia (quadriparesis) Other paralytic syndromes
		R53.2	Functional Quadriplegia
		R29.0	Tetany
		S14.101A, S14.102A, S14.103A, S14.104A, S14.105A, S14.106A, S14.107A, S14.108A, S14.109A, S14.111A, S14.112A, S14.113A, S14.114A, S14.115A, S14.116A, S14.117A, S14.118A, S14.119A, S14.121A, S14.122A, S14.123A, S14.124A, S14.125A, S14.126A, S14.127A, S14.128A, S14.129A, S14.131A, S14.132A, S14.133A, S14.134A, S14.135A, S14.136A, S14.137A, S14.138A, S14.139A, S14.141A, S14.142A, S14.143A, S14.144A, S14.145A, S14.146A, S14.147A, S14.148A, S14.149A, S14.0XXA, S14.151A, S14.152A, S14.153A, S14.154A, S14.155A, S14.156A, S14.157A, S14.158A, S14.159A, S24.101A, S24.102A, S24.103A, S24.104A, S24.109A, S24.111A, S24.112A, S24.113A, S24.114A, S24.119A, S24.131A, S24.132A, S24.133A, S24.134A, S24.139A, S24.141A, S24.142A, S24.143A, S24.144A, S24.149A, S24.151A, S24.152A, S24.153A, S24.154A, S24.159A,	Spinal Cord Injury without evidence of spinal bone injury

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Edit	Drugs	Steps																											
		S24.0XXA, S34.101A, S34.102A, S34.103A, S34.104A, S34.105A, S34.109A, S34.111A, S34.112A, S34.113A, S34.114A, S34.115A, S34.119A, S34.121A, S34.122A, S34.123A, S34.124A, S34.125A, S34.129A, S34.131A, S34.132A, S34.139A, S34.02XA, S34.3XXA																											
		Z93.1 Gastrostomy status																											
		Note: This edit does NOT override existing age or quantity limits. <table> <tr> <th>Drug Name</th><th>Age Limit (Min Age)</th><th>Quantity Limitations</th></tr> <tr> <td>Baclofen 5mg/5ml Solution</td><td rowspan="3">12</td><td>Maximum of 80mL daily</td></tr> <tr> <td>Baclofen 10mg/5ml Solution</td><td>Maximum of 40 mL daily</td></tr> <tr> <td>Baclofen 25mg/5ml Susp</td><td>Maximum of 16 mL daily</td></tr> </table> Note: - PA approval SATISFIES L = Auto PA drug edit - Automated PA approval will NOT override R= Non-PDL edit	Drug Name	Age Limit (Min Age)	Quantity Limitations	Baclofen 5mg/5ml Solution	12	Maximum of 80mL daily	Baclofen 10mg/5ml Solution	Maximum of 40 mL daily	Baclofen 25mg/5ml Susp	Maximum of 16 mL daily																	
Drug Name	Age Limit (Min Age)	Quantity Limitations																											
Baclofen 5mg/5ml Solution	12	Maximum of 80mL daily																											
Baclofen 10mg/5ml Solution		Maximum of 40 mL daily																											
Baclofen 25mg/5ml Susp		Maximum of 16 mL daily																											
Tricyclic Antidepressant Soft Edit	<table> <tr> <th colspan="3">Tricyclic Antidepressants List</th></tr> <tr> <th>Generic Name</th><th>Brand Name</th><th>HSN</th></tr> <tr> <td>Amitriptyline</td><td>Elavil</td><td>001643</td></tr> <tr> <td>Amoxapine</td><td></td><td>001648</td></tr> <tr> <td>Clomipramine</td><td>Anafranil</td><td>004744</td></tr> <tr> <td>Desipramine</td><td></td><td>001645</td></tr> <tr> <td>Doxepin</td><td>Sinequan</td><td>001650</td></tr> <tr> <td>Imipramine Tab</td><td>Tofranil</td><td>001641</td></tr> <tr> <td>Imipramine Cap</td><td>Tofranil - PM</td><td>001642</td></tr> </table>	Tricyclic Antidepressants List			Generic Name	Brand Name	HSN	Amitriptyline	Elavil	001643	Amoxapine		001648	Clomipramine	Anafranil	004744	Desipramine		001645	Doxepin	Sinequan	001650	Imipramine Tab	Tofranil	001641	Imipramine Cap	Tofranil - PM	001642	Step 1: If the incoming claim is for HIC3 = H2U and patient age >= 65, PROCEED TO STEP 2. Step 2: If the incoming claim includes Prior Auth Type Code = 1 – Prior Authorization, STOP. If not, DENY for PLAN LIMITATIONS EXCEEDED (76/7001) with message: <i>Geriatrics are at increased risk for falls due to the sedative and orthostatic hypotensive effects of Tricyclic Antidepressants. Providers are advised to exercise caution when prescribing and to use at lower doses than used in adult patients. Submit Prior Auth Type Code = 1 - Prior Authorization</i>
Tricyclic Antidepressants List																													
Generic Name	Brand Name	HSN																											
Amitriptyline	Elavil	001643																											
Amoxapine		001648																											
Clomipramine	Anafranil	004744																											
Desipramine		001645																											
Doxepin	Sinequan	001650																											
Imipramine Tab	Tofranil	001641																											
Imipramine Cap	Tofranil - PM	001642																											

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Edit	Drugs			Steps
	Nortriptyline	Pamelor	001644	
	Protriptyline	Vivactil	001646	
	Trimipramine	Surmontil	001649	

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Praluent/Repatha Auto PA

Automated PA approval satisfies L=Auto PA drug edit

*Automated PA approval will NOT override R = Non-PDL coding and will not satisfy the automation logic

Praluent/Repatha List		
Generic Name	Brand Name	Drug Code
Alirocumab	Praluent	HSN = 042347
Evolocumab	Repatha	HSN = 042378

Ezetimibe/Statin List		
Generic Name	Brand Name	Drug Code
Ezetimibe/Atorvastatin Calcium	Liptruzet	HSN = 040279
Ezetimibe/Simvastatin	Vytorin	HSN = 026505

Ezetimibe List		
Generic Name	Brand Name	Drug Code
Bempedoic Acid/Ezetimibe	Nexlizet	HSN = 046386
Ezetimibe	Zetia	HSN = 024459

Statin List		
Generic Name	Brand Name	Drug Code
Amlodipine/Atorvastatin	Caduet	HSN = 025951
Atorvastatin Calcium	Lipitor/Atorvaliq	HSN = 012404
Fluvastatin Sodium	Lescol XL	HSN = 008946

Step 1: If incoming claim is HSN = 042347 or 042378 from the <Praluent/Repatha List> and Prior Auth = L-Auto PA Drug, look back 365 days within claims history for a medication from the <Praluent/Repatha List>. If found, CLAIM PAYS; Otherwise PROCEED TO STEP 2. (Age and quantity limitations still apply).

Step 2: Look back in drug history 365 days for a fill from < Ezetimibe/Statin List >. If found, CLAIM PAYS. Otherwise, PROCEED TO STEP 3.

Step 3: Look back in drug history 365 days for a fill from < Ezetimibe List >. If found, PROCEED TO STEP 4. Otherwise, deny for PRIOR AUTHORIZATION REQUIRED (75) with supplemental message Missing Prerequisite drug therapy.

Step 4: Look back in drug history 365 days for a fill from < Statin List >. If found, CLAIM PAYS. Otherwise, deny for PRIOR AUTHORIZATION REQUIRED (75) with supplemental message Missing Prerequisite drug therapy.

Note:

- Automated PA approval will NOT override age or quantity limits.

Drug Name	Age Limit (Min Age)	Quantity Limitations
Praluent	18	Max of 2 ml every 28 days
Repatha	10	Max of 6 ml every 28 days

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Edit	Drugs			Steps
	Lovastatin	Altoprev	HSN = 002793	
	Niacin/Lovastatin	Advicor	HSN = 023090	
	Niacin/Simvastatin	Simcor	HSN = 035395	
	Pitavastatin Calcium	Livalo	HSN = 036983	
	Pitavastatin Magnesium	Zypitamag	HSN = 044422	
	Pravastatin Sodium	N/A	HSN = 006227	
	Rosuvastatin Calcium	Crestor/Ezallor Sprinkle	HSN = 025009	
	Simvastatin	Zocor	HSN = 006312	
Overlapping Long Acting-Intermediate Insulins DUR Edit	Long-Acting Insulin List			If incoming claim from <Long-Acting Insulin List> look back 30 days for fill from <Intermediate-Acting Insulin List>. If found, claim rejects NCPDP 76 with additional message “TD of long and intermediate-acting insulin therapy. Review & submit appropriate DUR cd.” If incoming claim from <Intermediate-Acting Insulin List> look back 30 days for fill from <Long-Acting Insulin List>. If found, claim rejects NCPDP 76 with additional message “TD of long and intermediate-acting insulin therapy. Review & submit appropriate DUR cd.” The provider will be able to override the denial utilizing Reason for Service code TD and only the approved intervention/professional service codes, outcome/result of service codes. Limitation: Allow 1 pharmacy level override in 180 days for claims that deny out of the Overlapping Long Acting-Intermediate Insulins DUR edit. Pharmacy must submit DUR Reason For Service Code: TD-Therapeutic Duplication for pharmacy level override. Deny the second, and subsequent attempts of a pharmacy level overrides (within a rolling 180 days) NCPDP 75 PA required with additional message “PA Req’d. Max 1 long and intermediate-acting insulin TD override/180 days. Fax PA to 877-614-1078.” Note: This edit will not override existing quantity limits or Non PDL edit.
	Generic Name	Brand Name	HSN	
	Insulin Degludec	Tresiba Flextouch U-100 Insulin Degludec Pen (U-100) Tresiba Flextouch U-200 Insulin Degludec Pen (U-200) Tresiba Insulin Degludec	040844	
	Insulin Detemir	Levemir Flextouch Levemir Flexpen Levemir	026407	

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Edit	Drugs			Steps
	Insulin Glargine	Semglee	022025	
		Lantus		
		Insulin Glargine		
		Basaglar Kwikpen U-100		
		Basaglar Tempo Pen U-100		
	Insulin Glargine- YFGN	Lantus Solostar	047511	
		Insulin Glargine Solostar		
		Toujeo Solostar		
		Toujeo Max Solostar		
Insulin Glargine- YFGN	Semglee (Yfgn)	047511		
	Semglee (Yfgn) Pen			
	Insulin Glargine-Yfgn			
Insulin Glargine- AGLR	Rezvoglar Kwikpen	047733		
Insulin Degludec/Liraglutide	Xultophy 100-3.6	041880		
Insulin Glargine/Lixisenatide	Soliqua 100-33	043944		
Intermediate-Acting Insulin List				
Generic Name	Brand Name	HSN		
Insulin NPH Human Isophane	Humulin N	000780		
	Novolin N			
	Humulin N Kwikpen			
	Novolin N Flexpen			
Insulin NPH Hum/Reg Insulin Hm	Humulin 70-30	006215		
	Novolin 70-30			
	Humulin 70/30 Kwikpen			
	Novolin 70-30 Flexpen			

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Edit	Drugs			Steps						
Caplyta AutoPA Automated PA approval satisfies L = AutoPA drug logic *Automated PA approval will NOT override R = Non-PDL coding and will not satisfy the automation logic	Generic Name	Brand Name	Drug Code	Step 1: If incoming claim is for HSN 046280 <Caplyta> and Prior Auth = L-Auto PA Drug, look back 365 days within claims history for HSN 046280 <Caplyta>. If found, CLAIM PAYS; Otherwise PROCEED TO STEP 2. (Age and quantity limitations still apply).						
	Lumateperone Tosylate	Caplyta	HSN = 046280							
	Oral Atypical Antipsychotics			Step 2: Look back in drug history 365 days for a fill from <Oral Atypical Antipsychotics> and Prior Auth code = S-PDL or L-AutoPA. If found, CLAIM PAYS. Otherwise, deny for 75/31006 PRIOR AUTHORIZATION REQUIRED with supplemental message Missing Prerequisite drug therapy						
	Generic Name	Brand Name	Drug Code							
	aripiprazole	Abilify	GSNs = 051333 – 051336, 052898, 058594, 060225, 060319, 060322, 082063 - 082066, 082069 – 082076, 086425 - 086427	Note: This edit does NOT override existing age or quantity limits. <table><tr><th>Drug Name</th><th>Age Limit (Min Age)</th><th>Quantity Limitations</th></tr><tr><td>Caplyta</td><td>18</td><td>1 per day</td></tr></table> Note: - PA approval SATISFIES L = Auto PA drug edit - Automated PA approval will NOT override R= Non-PDL edit	Drug Name	Age Limit (Min Age)	Quantity Limitations	Caplyta	18	1 per day
	Drug Name	Age Limit (Min Age)	Quantity Limitations							
	Caplyta	18	1 per day							
	asenapine maleate	Saphris	HSN = 036576							
	brexpiprazole	Rexulti	HSN = 042283							
	cariprazine	Vraylar	HSN = 042552							
	clozapine	Clozaril; Fazaclo; Versacloz	HSN = 004834							
	iloperidone	Fanapt	HSN = 036778							
	lurasidone	Latuda	HSN = 037321							
	olanzapine	Zyprexa	GSNs = 027959, 027960, 027961, 029077, 041026-041027, 045190, 045191, 047285, 047286							
	olanzapine/ fluoxetine	Symbyax	HSN = 025800							
olanzapine/ samidorphan malate	Lybalvi	HSN = 047406								

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Edit	Drugs			Steps						
	paliperidone	Invega ER	HSN = 034343							
	pimavanserin	Nuplazid	HSN = 043373							
	quetiapine fumarate	Seroquel/XR	HSN = 014015							
	risperidone	Risperdal/ M-Tab	GSNs = 021154, 021155, 021156, 021157, 026177, 042922, 042923, 051799, 051800, 052049, 059402, 059403, 065235, 071304 - 071306							
	ziprasidone HCL	Geodon	HSN = 021974							
Fanapt AutoPA	Generic Name	Brand Name	Drug Code	Step 1: If incoming claim is for HSN 036778 <Fanapt> and Prior Auth = L-Auto PA Drug, look back 365 days within claims history for HSN 036778 <Fanapt>. If found, CLAIM PAYS; Otherwise PROCEED TO STEP 2. (Age and quantity limitations still apply). Step 2: Look back in drug history 365 days for a fill from <Oral Atypical Antipsychotics> and Prior Auth code = S-PDL or L-AutoPA. If found, CLAIM PAYS. Otherwise, deny for PRIOR AUTHORIZATION REQUIRED with supplemental message Missing Prerequisite drug therapy Note: This edit does NOT override existing age or quantity limits. <table><tr><th>Drug Name</th><th>Age Limit (Min Age)</th><th>Quantity Limitations</th></tr><tr><td>Fanapt</td><td>18</td><td>Max 2 tablets per day * For ages 6 – 11, 8mg, 10mg, & 12mg: Max 1 tablet per day</td></tr></table>	Drug Name	Age Limit (Min Age)	Quantity Limitations	Fanapt	18	Max 2 tablets per day * For ages 6 – 11, 8mg, 10mg, & 12mg: Max 1 tablet per day
Drug Name	Age Limit (Min Age)	Quantity Limitations								
Fanapt	18	Max 2 tablets per day * For ages 6 – 11, 8mg, 10mg, & 12mg: Max 1 tablet per day								
Automated PA approval satisfies L = AutoPA drug logic	iloperidone	Fanapt	HSN = 036778 Excluding GSN 065908 - titration pack)							
	Oral Atypical Antipsychotics									
	Generic Name	Brand Name	Drug Code							
	aripiprazole	Abilify	GSNs = 051333 – 051336, 052898, 058594, 060225, 060319, 060322, 082063 -082066, 082069-082076, 086425 - 086427							
	asenapine maleate	Saphris	HSN = 036576							
	brexpiprazole	Rexulti	HSN = 042283							
	cariprazine	Vraylar	HSN = 042552							
	clozapine	Clozaril; Fazaclo; Versacloz	HSN = 004834							

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Edit	Drugs			Steps
	lumateperone tosylate	Caplyta	HSN = 046280	Automated PA approval will NOT override R= Non-PDL edit
	lurasidone	Latuda	HSN = 037321	
	olanzapine	Zyprexa	GSNs = 027959 - 027961, 029077, 041026-041027, 045190, 045191, 047285, 047286	
	olanzapine/ fluoxetine	Symbyax	HSN = 025800	
	olanzapine/ samidorphan malate	Lybalvi	HSN = 047406	
	paliperidone	Invega ER	HSN = 034343	
	pimavanserin	Nuplazid	HSN = 043373	
	quetiapine fumarate	Seroquel/XR	HSN = 014015	
	risperidone	Risperdal/ M-Tab	GSNs = 021154 – 021157, 026177, 042922, 042923, 051799, 051800, 052049, 059402, 059403, 065235, 071304 - 071306	
	ziprasidone HCL	Geodon	HSN = 021974	

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Rexulti Auto PA	Rexulti List			Step 1: If incoming claim is for HSN 042283 <Rexulti> and Prior Auth = L-Auto PA Drug, look back 365 days within claims history for HSN 042283 <Rexulti>. If found, CLAIM PAYS; Otherwise PROCEED to step 2. (Age and quantity limitations still apply).
	Generic Name	Brand Name	Drug Code	
	brexpiprazole	Rexulti	HSN = 042283 (excluding GSNs 085355 & 085342 - sample packs)	
Automated PA approval satisfies L=Auto PA drug edit *Automated PA approval will NOT override R = Non-PDL coding and will not satisfy the automation logic	Antidepressants List			Step 2: Look back in the medical claims history 730 days for ICD 10 Disease Group: G30 (Alzheimer’s Disease). If found, CLAIM PAYS; Otherwise proceed to step 3.
	Generic Name	Brand Name	Drug Code	
	Brexanolone	Zulresso	HIC3 = H24	
	Zuranolone	Zurzuvae		
	Selegiline	Emsam	HIC3 = H2H	
	Citalopram Hydrobromide	Celexa	HIC3 = H2S	
	Escitalopram Oxalate	Lexapro		
	Fluoxetine HCL	Prozac		
	Fluvoxamine Maleate/ER	N/A		
	Paroxetine HCL	Paxil/CR		
	Sertraline HCL	Zoloft		
	Amitriptyline HCL	N/A		
	Amoxapine	N/A		
	Desipramine HCL	Norpramin	HSN = 001643, 001648, 001645, 001650, 001641, 001642, 001651, 001644, 001646, 001649	
	Doxepin HCL	N/A		
	Imipramine HCL	N/A		
	Imipramine Pamoate	N/A		
	Maprotiline HCL	N/A		
	Nortriptyline HCL	Pamelor		
	Protriptyline HCL	N/A		
	Trimipramine Maleate	N/A		
	Mirtazapine	Remeron		
	Desvenlafaxine	N/A	HIC3 = H7B	
	Desvenlafaxine Succinate	Pristiq	HIC3 = H7C	
	Levomilnacipran HCL	Fetzima		
	Venlafaxine Besylate	N/A		
	Venlafaxine HCL	Effexor XR		
	Bupropion HBR	Aplenzin		
	Bupropion HCL	Forfivo XL/ Wellbutrin XL/SR	HIC3 = H7D	

Approvable ICD-10 Disease Groups	
F32	Major depressive disorder- single episode
F33	Major depressive disorder-recurrent episodes
G30	Alzheimer’s Disease

Step 3: Look back in the medical claims history 730 days for ICD 10 Disease Group: F32 (major depressive disorder – single episode) or F33 (major depressive disorder – recurrent episodes). If found, proceed to step 4; Otherwise proceed to step 5.

Step 4: Look back in drug history 365 days for a fill from <Antidepressants List>. If found, CLAIM PAYS. Otherwise, deny for PRIOR AUTHORIZATION REQUIRED (75/31006) with supplemental message Missing Prerequisite drug therapy.

Step 5: Look back in drug history 365 days for a fill from <Oral Atypical Antipsychotics List> of a preferred drug (Prior Auth = S-PDL or L-AutoPA). If found, CLAIM PAYS. Otherwise, deny for PRIOR AUTHORIZATION REQUIRED (75/31006) with supplemental message Missing Prerequisite drug therapy.

Note:

- Automated PA approval will NOT override age or quantity limits.

Drug Name	Age Limit (Min Age)	Quantity Limitations
Rexulti	13	1 tablet per day

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Edit	Drugs			Steps
	Trazodone HCL	N/A		
	Nefazodone HCL	N/A	HIC3 = H7E	
	Isocarboxazid	Marplan		
	Phenelzine Sulfate	Nardil	HIC3 = H7J	
	Tranylcypromine Sulfate	Parnate		
	Dextromethorphan HBR/Bupropion	Auvelity		
	Vilazodone HCL	Viibryd	HIC3 = H8I	
	Vortioxetine Hydrobromide	Trintellix	HIC3 = H8P	
	Esketamine HCL	Spravato	HIC3 = H8T	
			HIC3 = H8Z	
Oral Atypical Antipsychotics				
Generic Name	Brand Name	Drug Code		
aripiprazole	Abilify	GSNs = 051333 – 051336, 052898, 058594, 060225, 060319, 060322, 082063 -082066, 082069 – 082076, 086425 - 086427		
asenapine maleate	Saphris	HSN = 036576		
cariprazine	Vraylar	HSN = 042552		
clozapine	Clozaril, Versacloz	HSN = 004834		
lloperidone	Fanapt	HSN = 036778		
lumateperone tosylate	Caplyta	HSN = 046280		
lurasidone	Latuda	HSN = 037321		
olanzapine	Zyprexa/Zydis	GSNs = 027959 – 027961, 029077, 041026, 041027, 045190, 045191, 047285, 047286		
olanzapine/ fluoxetine	Symbyax	HSN = 025800		
olanzapine/	Lybalvi	HSN = 047406		

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Edit	Drugs			Steps								
	samidorphan malate											
	paliperidone	Invega ER	HSN = 034343									
	pimavanserin	Nuplazid	HSN = 043373									
	quetiapine fumarate	Seroquel/XR	HSN = 014015									
	risperidone	Risperdal	GSNs = 021154 – 021157, 026177, 042922, 042923, 051799, 051800, 052049, 059402, 059403, 065235, 071304 - 071306									
	ziprasidone HCL	Geodon	HSN = 021974									
Qelbree Auto PA Automated PA approval satisfies L = AutoPA drug logic <i>*Automated PA approval will NOT override R = Non-PDL coding and will not satisfy the automation logic</i>	Qelbree List			Step 1: If incoming claim is HSN = 007345 from the <Qelbree List> and Prior Auth = L- AutoPA, look back 180 days within claims history for <Qelbree>. If found, CLAIM PAYS; Otherwise PROCEED TO STEP 2.								
	Generic Name	Brand Name	Drug Code									
	viloxazine	Qelbree	HSN = 007345	Step 2: If incoming claim is for <Qelbree> and Prior Auth = L- AutoPA, look back 180 days within claims history for two fills from the <ADHD list>. If found, CLAIM PAYS. Otherwise, DENY for PRIOR AUTHORIZATION REQUIRED (75) with supplemental message “Missing Prerequisite Drug Therapy”.								
	ADHD list											
	Generic Name	Brand Name	Drug Code	Note: This edit does NOT override existing age or quantity limits. <table><tr><th>Drug Name</th><th>Age Limit (Min Age)</th><th>Quantity Limitations*</th></tr><tr><td>Qelbree 100mg & 150mg</td><td rowspan="2">6</td><td>Max of 2 capsules per day</td></tr><tr><td>Qelbree 200mg</td><td>Max of 3 capsules per day</td></tr></table>	Drug Name	Age Limit (Min Age)	Quantity Limitations*	Qelbree 100mg & 150mg	6	Max of 2 capsules per day	Qelbree 200mg	Max of 3 capsules per day
	Drug Name	Age Limit (Min Age)	Quantity Limitations*									
	Qelbree 100mg & 150mg	6	Max of 2 capsules per day									
	Qelbree 200mg		Max of 3 capsules per day									
	amphetamine	Adzenys ER/XR ODT, Dyanavel XR	HSN = 043652									
	amphetamine	Evekeo/Evekeo ODT	HSN = 002064									
	atomoxetine	Strattera	HSN = 024703									
	clonidine ER	N/A	GSN = 066895									
	dexmethylphenidate	Focalin/Focalin XR	HSN = 022987									
	dextroamphetamine	Dexedrine, Procentra, Zenzedi	HSN = 002065									
	dextroamphetamine	Xelstrym	HSN = 047926									
	dextroamphetamine/amphetamine	Adderall/Adderall XR, Mydayis	HSN = 013449									
	guanfacine ER	Intuniv ER	GSN = 065570, 065572, 065573, 065574									
	lisdexamfetamine	Vyvanse	HSN = 034486									
	methamphetamine	Desoxyn	HSN = 002067									
	methylphenidate	Cotempla XR ODT, Daytrana	HSN = 033556									

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Edit	Drugs			Steps
		Aptensio XR, Concerta, Jornay PM, Metadate ER, Methylin, Methylin ER, Quillichew, Quillivant, Relexxii, Ritalin/Ritalin LA	HSN = 001682	
	serdexmethylphen/dexmethylphen	Azstarys	HSN = 047187	
	viloxazine	Qelbree	HSN = 007345	

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Continuous Glucose Monitors (CGM) Auto PA

Automated PA approval satisfies L=Auto PA drug edit

*Automated PA approval will NOT override R = Non-PDL coding and will not satisfy the automation logic

CGMs, Sensors and Transmitters List	
Drug Code	Label Name
NDC = 08627009111	DEXCOM G6 RECEIVER
NDC = 08627007801	DEXCOM G7 RECEIVER
NDC = 08627005303	DEXCOM G6 SENSOR
NDC = 08627007701	DEXCOM G7 SENSOR
NDC = 08627001601	DEXCOM G6 TRANSMITTER
NDC = 57599080300	FREESTYLE LIBRE 2 READER
NDC = 57599082000	FREESTYLE LIBRE 3 READER
NDC = 57599000200	FREESTYLE LIBRE 14 DAY READER
NDC = 57599080000	FREESTYLE LIBRE 2 SENSOR
NDC = 57599081800	FREESTYLE LIBRE 3 SENSOR
NDC = 57599083500	FREESTYLE LIBRE 2 PLUS SENSOR
NDC = 57599084400	FREESTYLE LIBRE 3 PLUS SENSOR
NDC = 57599000101	FREESTYLE LIBRE 14 DAY SENSOR

Insulin Pumps	
Drug Code	Label Name
NDC = 73108000100	CEQUR SIMPLICITY INSERTER
HSN = 038483	VGO 20 DISPOSABLE DEVICE
HSN = 038484	VGO 30 DISPOSABLE DEVICE
HSN = 038486	VGO 40 DISPOSABLE DEVICE
HSN = 044109	CEQUR SIMPLICITY 2 UNIT 4-DAY PATCH
	CEQUR SIMPLICITY 2 UNIT 3-DAY PATCH
HSN = 047493	OMNIPOD DASH PODS (GEN 4) 5PK
HSN = 047923	OMNIPOD DASH INTRO KIT (GEN 4)
HSN = 048902	OMNIPOD GO 10 UNIT/DAY PODS
HSN = 048904	OMNIPOD GO 15 UNIT/DAY PODS

Step 1: If incoming claim is for a product with FMT Formulary Ind = CGM, DIP, or DTS and Prior Auth = L=Auto PA Drug, look back in the medical claims history 730 days for a diagnosis listed below. If found, PROCEED to step 2; Otherwise, DENY for PRIOR AUTHORIZATION REQUIRED (75/31008) with supplemental message **M/I Diagnosis Code**.

Approvable ICD 10 Codes	
ICD 10 Code	Description
Disease Group: E08	Diabetes mellitus due to underlying condition with hyperosmolarity
Disease Group: E09	Drug or chemical induced diabetes mellitus
Disease Group: E10	Type 1 diabetes mellitus
Disease Group: E11	Type 2 diabetes mellitus
Disease Group: E13	Other specified diabetes mellitus
Disease Group: O24	Diabetes mellitus in pregnancy, childbirth, and the puerperium
E74.0	Glycogen storage disease

Step 2: Look back in drug history 90 days for a fill from <Insulins List>. If found, CLAIM PAYS. Otherwise, deny for PRIOR AUTHORIZATION REQUIRED (75/31006) with supplemental message **Missing Prerequisite drug therapy**.

Note:

Automated PA approval will NOT override quantity limits.

Drug Name	Quantity Limitations
DEXCOM G7 RECEIVER	Max of 1 each per year
DEXCOM G6 RECEIVER	
DEXCOM G6 SENSOR	Max of 3 each per 28 days
DEXCOM G7 SENSOR	
DEXCOM G6 TRANSMITTER	Max of 1 each per 90 days

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Edit	Drugs		Steps		
	HSN = 048905	OMNIPOD GO 20 UNIT/DAY PODS	FREESTYLE LIBRE 3 READER		Max of 1 each per year
	HSN = 048906	OMNIPOD GO 25 UNIT/DAY PODS			
	HSN = 048907	OMNIPOD GO 30 UNIT/DAY PODS			
	HSN = 048908	OMNIPOD GO 35 UNIT/DAY PODS	FREESTYLE LIBRE 14 DAY READER		
	HSN = 048909	OMNIPOD GO 40 UNIT/DAY PODS			
	HSN = 049386	OMNIPOD 5 G6-G7 PODS (GEN 5)	FREESTYLE LIBRE 2 READER		
	HSN = 049391	OMNIPOD 5 G6-G7 INTRO KT (GEN 5)			
	HSN = 049846	OMNIPOD 5 (G6/LIBRE 2 PLUS)	FREESTYLE LIBRE 2 SENSOR		Max of 2 each per 28 days
	HSN = 049847	OMNIPOD 5 INTRO(G6/LIBRE2PLUS)			
			FREESTYLE LIBRE 14 DAY SENSOR		
	Insulins List		Drug Codes		
	Generic Drug Name	Brand Name			
	INSULIN ASPART	INSULIN ASPART	FREESTYLE LIBRE 2 PLUS SENSOR		Max of 2 each per 30 days
		INSULIN ASPART FLEXPEN			
		INSULIN ASPART PENFILL			
		NOVOLOG	FREESTYLE LIBRE 3 PLUS SENSOR		
		NOVOLOG FLEXPEN			
		NOVOLOG PENFILL			
	INSULIN ASPART (NIACINAMIDE)	FIASP	CEQUR PATCH		Max of 10 per 30 days
		FIASP FLEXTOUCH	OMNIPOD KIT		Max of 1 each per 5 years
		FIASP PENFILL	OMNIPOD GO PODS		Max of 15 each per 30 days
			V-GO DEVICE		Max of 1 per day
	INSULIN ASPART PROT/INSULN ASP	INSULIN ASPART PROT MIX 70-30	HIC3= C4G		
		NOVOLOG MIX 70-30			
		NOVOLOG MIX 70-30 FLEXPEN			
	INSULIN ASPART/B3/PUMP CART	FIASP PUMPCART			
	INSULIN DEGLUDEC	INSULIN DEGLUDEC			
		INSULIN DEGLUDEC PEN (U-100)			
INSULIN DEGLUDEC PEN (U-200)					
TRESIBA					
TRESIBA FLEXTOUCH U-100					
TRESIBA FLEXTOUCH U-200					
INSULIN DETEMIR	LEVEMIR				
	LEVEMIR FLEXPEN				
	LEVEMIR FLEXTOUCH				
	BASAGLAR KWIKPEN U-100				

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Edit	Drugs		Steps		
	INSULIN GLARGINE,HUM.REC.ANLOG	BASAGLAR TEMPO PEN U-100			
		INSULIN GLARGINE			
		INSULIN GLARGINE MAX SOLOSTAR			
		INSULIN GLARGINE SOLOSTAR			
		LANTUS			
		LANTUS SOLOSTAR			
		TOUJEO MAX SOLOSTAR			
		TOUJEO SOLOSTAR			
	INSULIN GLARGINE-AGLR	REZVOGLAR KWIKPEN			
	INSULIN GLARGINE-YFGN	INSULIN GLARGINE-YFGN			
		SEMGLEE (YFGN)			
		SEMGLEE (YFGN) PEN			
	INSULIN GLULISINE	APIDRA			
		APIDRA SOLOSTAR			
	INSULIN LISPRO	ADMELOG			
		ADMELOG SOLOSTAR			
		HUMALOG			
		HUMALOG JUNIOR KWIKPEN			
		HUMALOG KWIKPEN U-100			
		HUMALOG KWIKPEN U-200			
		HUMALOG TEMPO PEN U-100			
		INSULIN LISPRO			
		INSULIN LISPRO JUNIOR KWIKPEN			
		INSULIN LISPRO KWIKPEN U-100			
	INSULIN LISPRO PROTAMIN/ LISPRO	HUMALOG MIX 50-50 KWIKPEN			
		HUMALOG MIX 75-25			
		HUMALOG MIX 75-25 KWIKPEN			
		INSULIN LISPRO PROTAMINE MIX			
	INSULIN LISPRO-AABC	LYUMJEV			
		LYUMJEV KWIKPEN U-100			
		LYUMJEV KWIKPEN U-200			
		LYUMJEV TEMPO PEN U-100			
	INSULIN NPH HUM/REG INSULIN HM	HUMULIN 70/30 KWIKPEN			
		HUMULIN 70-30			
		NOVOLIN 70-30			
		NOVOLIN 70-30 FLEXPEN			
	INSULIN NPH HUMAN ISOPHANE	HUMULIN N			
		HUMULIN N KWIKPEN			
		NOVOLIN N			
		NOVOLIN N FLEXPEN			
	INSULIN REGULAR, HUMAN	AFREZZA			

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Edit	Drugs		Steps
		HUMULIN R	
		HUMULIN R U-500	
		HUMULIN R U-500 KWIKPEN	
		NOVOLIN R	
		NOVOLIN R FLEXPEN	

Notes:

- Quantity limits as found on drug file will still apply to all drugs in edits above, regardless of passing edits as noted.
- All edits are to be effective back to start of plan.
- All edits are date of service driven.

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Bypass List:

Edit	Drugs		Steps
50 Morphine Milligram Equivalent (MME) HD (high dose) Bypass Logic	Opioid HIC4 List		Limitation: Maximum of 50 MME per day across the HIC4 Logic: Please deny all High Dose (HD) claims for opioid tolerant recipients that exceed the limitation. Opioid tolerant is defined as having a paid opioid claim, within 60 days, of the incoming claim <i>The provider will be able to override the denial utilizing the DUR Reason for Service Code: HD- High Dose and only the approved intervention/professional service codes, outcome/result of service codes.</i> Exclusions: Recipients with an LTC indicator, a patient residence = 03- Nursing facility, or an active diagnosis of cancer or sickle cell in medical claims history (within 365 days from the DOS of the incoming claim) of ICD 10 Disease Block C00-C14, C15-C26, C30-39, C40-41, C43-C44, C45-C49, C50, C51-C58, C60-C63, C64-C68, C69-C72, C73-C75, C76-C80, C7A, C7B, C81-C96, D00-D09, D10-D36, D37-D48, D3A, D49, ICD-10-K31.7, K63.5, Q85.00, Q85.01, Q85.02 (cancer), ICD10 Disease Group D56, D57, D58 (sickle cell disease) will bypass the 50MME limitation. Note: Naïve recipients (recipients that do not have a paid opioid claim, within 60 days of the incoming claim) will continue to follow the 90 MME per day limit.
	Drug Code = HIC4	Generic Name	
	H3AA	Meperidine	
	H3AD	Morphine	
	H3AE	Hydromorphone	
	H3AF	Oxymorphone	
	H3AH	Codeine	
	H3AJ	Hydrocodone	
	H3AK	Dihydrocodeine	
	H3AL	Oxycodone	
	H3AN	Levorphanol	
	H3AR	Methadone	
	H3AT	Fentanyl	
	H3AY	Opium	
	H3AZ	Buprenorphine	
	H3BH	Tramadol	
	H3BL	Butorphanol	
	H3BS	Tapentadol	
	H3BM	Pentazocine	
	H3BV	Benzhydrocodone/Acetaminophen	

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Edit	Drugs		Steps
90 Morphine Milligram Equivalent (MME) Bypass Logic	<Opioid HIC4 List>		Bypass Logic: If incoming Claim for a drug in <Opioid HIC4 List> look back 60 days in recipient's paid claim history for any product in <Opioid HIC4 List, including itself>. If found, Bypass 90MME per accumulation limitation Exclusions: Look back 365 in patient's medical claim history for ICD 10 Disease Block C00-C14, C15-C26, C30-39, C40-41, C43-C44, C45-C49, C50, C51-C58, C60-C63, C64-C68, C69-C72, C73-C75, C76-C80, C7A, C7B, C81-C96, D00-D09, D10-D36, D37-D48, D3A, D49, ICD-10-K31.7, K63.5, Q85.00, Q85.01, Q85.02 (cancer) or ICD10 Disease Group D56, D57, D58 (sickle cell disease) OR an LTC indicator or Patient Residence 03 on the claim. If found, Bypass 90MME per accumulation limitation. Limitation: Maximum of 90 MME per day across the HIC4
	Drug Code = HIC4	Generic Name	
	H3AA	Meperidine	
	H3AD	Morphine	
	H3AE	Hydromorphone	
	H3AF	Oxymorphone	
	H3AH	Codeine	
	H3AJ	Hydrocodone	
	H3AK	Dihydrocodeine	
	H3AL	Oxycodone	
	H3AN	Levorphanol	
	H3AR	Methadone	
	H3AT	Fentanyl	
	H3AY	Opium	
	H3AZ	Buprenorphine	
	H3BH	Tramadol	
	H3BL	Butorphanol	
	H3BS	Tapentadol	
	H3BM	Pentazocine	
	H3BV	Benzhydrocodone/Acetaminophen	
Mercaptopurine Non-PDL and QL bypass 75/2462 OVERRIDE IS NO LONGER ACTIVE Generic Mercaptopurine (HICL 003908) changed to S-PDL effective 10/01/2016 so 75/2462 bypass is	HICL	Drug Name	If the incoming claim is GENERIC Mercaptopurine (HSN 003908- excluding Brand Purinethol), look back in medical claims history 730 days for ICD 10 Disease Group: K40, K41, K42, K43, K44, K45, K46, K50, K52 (Crohn's disease), or 556.0-556.9, ICD 10 Disease Group: K51 (Ulcerative colitis): IF FOUND BYPASS THE NON-PDL REQUIREMENT (NO PA REQUIRED) AND BYPASS THE QUANTITY LIMITATION OF 90 per 27 days.
	003908	Mercaptopurine (Generic only)	
	Approvable ICD-10 Disease Groups		
	K40, K41, K42, K43, K44, K45, K46, K50, K52	Crohn's disease	
	K51	Ulcerative colitis	

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no longer required. Continue to bypass 76 for quantity limit if criteria met.											
Hydroxyurea Non-PDL and QL bypass	If the incoming claim is in <Hydroxyurea Drug List>, look back in medical claims history 730 days for ICD 10: D45(polycythemia vera), D75.0 (familial polycythemia), D47.3 (essential thrombocythemia), Disease Group D56, D57, D58 (sickle cell): IF FOUND BYPASS THE NON-PDL REQUIREMENT (NO PA REQUIRED) AND BYPASS THE QUANTITY LIMITATION OF 90 per 27 days.										
			<table><tr><th colspan="2">Approvable ICD-10 Disease Groups</th></tr><tr><td>D56, D57, D58</td><td>Sickle Cell</td></tr></table>	Approvable ICD-10 Disease Groups		D56, D57, D58	Sickle Cell				
	Approvable ICD-10 Disease Groups										
	D56, D57, D58	Sickle Cell									
			<table><tr><th colspan="2">Approvable ICD-10 CM Codes</th></tr><tr><td>D45</td><td>Polycythemia vera</td></tr><tr><td>D75.0</td><td>Familial Polycythemia</td></tr><tr><td>D47.3</td><td>Essential Thrombocythemia</td></tr></table>	Approvable ICD-10 CM Codes		D45	Polycythemia vera	D75.0	Familial Polycythemia	D47.3	Essential Thrombocythemia
	Approvable ICD-10 CM Codes										
D45	Polycythemia vera										
D75.0	Familial Polycythemia										
D47.3	Essential Thrombocythemia										

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Zanaflex (Tizanidine) and Baclofen FDB limit Bypass	SMR List		
	Generic Name	Brand Name	Drug Code
	Baclofen	N/A	HICL = 001949
	Tizanidine	Zanaflex	HICL = 011582
If incoming claim is for Baclofen <HSN 001949> or Zanaflex (Tizanidine) <HSN 011582>, look back in medical claims history 730 days for ICD 10s: listed below, in history, if found, BYPASS HIGH DOSE(HD) PRODUR MAXIMUM DAILY DOSE EDIT – CLAIM PAYS.			
ICD -10 CM Code		Description	
ICD 10 Disease Group: G11, ICD 10: G32.81		Hereditary Ataxia:	
ICD 10: G12.20, G12.21, G12.22, G12.29, G12.8		Motor Neuron disease: Other spinal muscle atrophis and related syndromes	
ICD 10: I69.053, I69.051, I69.052 I69.053, I69.054, I69.059, I69.151, I69.152, I69.153, I69.154, I69.159, I69.251, I69.252, I69.253, I69.254, I69.259, I69.351, I69.352, I69.353, I69.354, I69.359, I69.851, I69.852, I69.853, I69.854, I69.859, I69.951, I69.952, I69.953, I69.954, I69.959		Hemiplegia and hemiparesis following unspecified cerebrovascular disease	
ICD 10: I69.031, I69.032, I69.033, I69.034, I69.039, I69.131, I69.132, I69.133, I69.134, I69.139, I69.231, I69.232, I69.233, I69.234, I69.239, I69.331, I69.332, I69.333, I69.334, I69.339, I69.831, I69.832, I69.833, I69.834, I69.839, I69.931, I69.932, I69.933, I69.934, I69.939		Monoplegia of upper limb following unspecified cerebrovascular disease	
ICD 10: I69.041 I69.042, I69.043, I69.044, I69.049, I69.141, I69.142, I69.143, I69.144, I69.149, I69.241, I69.242, I69.243, I69.244, I69.249, I69.341, I69.342, I69.343, I69.344, I69.349, I69.841, I69.842, I69.843, I69.844, I69.849, I69.949, I69.941, I69.942, I69.943, I69.944, I69.949		Monoplegia of lower limb following unspecified cerebrovascular disease	
ICD 10: I69.061, I69.062, I69.063, I69.064, I69.065 I69.069, I69.161, I69.162, I69.163, I69.164, I69.165 I69.169, I69.261, I69.262, I69.263, I69.264, I69.265, I69.269, I69.361, I69.362, I69.363, I69.364, I69.365, I69.369, I69.861, I69.862, I69.863, I69.864, I64.865, I69.869, I69.961, I69.962, I69.963, I69.964, I69.965, I69.969		Other paralytic syndrome following unspecified cerebrovascular disease	

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		ICD 10: I69.00, I69.10, I69.20, I69.30, I69.80, I69.90	Unspecified sequelae of unspecified cerebrovascular disease
		ICD 10: G35	Multiple sclerosis
		ICD 10 Disease Groups: G36, G37	Other demyelinating diseases of central nervous system
		ICD 10 Disease Group: G81	Hemiplegia/Hemiparesis
		ICD 10 Disease Group: G80	Cerebral Palsy
		ICD 10: Disease Group: G82, G83	Paraplegia (paraparesis) and quadriplegia (quadriparesis) Other paralytic syndromes
		ICD 10: R53.2	Functional Quadriplegia
		ICD 10: R29.0	Tetany
		ICD 10: S14.101A, S14.102A, S14.103A, S14.104A, S14.105A, S14.106A, S14.107A, S14.108A, S14.109A, S14.111A, S14.112A, S14.113A, S14.114A, S14.115A, S14.116A, S14.117A, S14.118A, S14.119A, S14.121A, S14.122A, S14.123A, S14.124A, S14.125A, S14.126A, S14.127A, S14.128A, S14.129A, S14.131A, S14.132A, S14.133A, S14.134A, S14.135A, S14.136A, S14.137A, S14.138A, S14.139A, S14.141A, S14.142A, S14.143A, S14.144A, S14.145A, S14.146A, S14.147A, S14.148A, S14.149A, S14.0XXA, S14.151A, S14.152A, S14.153A, S14.154A, S14.155A, S14.156A, S14.157A, S14.158A, S14.159A, S24.101A, S24.102A, S24.103A, S24.104A, S24.109A, S24.111A, S24.112A, S24.113A, S24.114A, S24.119A, S24.131A, S24.132A, S24.133A, S24.134A, S24.139A, S24.141A, S24.142A, S24.143A, S24.144A, S24.149A, S24.151A, S24.152A, S24.153A, S24.154A, S24.159A, S24.0XXA, S24.01XA, S34.101A, S34.102A, S34.103A, S34.104A, S34.105A, S34.109A, S34.111A,	Spinal Cord Injury without evidence of spinal bone injury

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Edit	Drugs	Steps	
		S34.112A, S34.113A, S34.114A, S34.115A, S34.119A, S34.121A, S34.122A, S34.123A, S34.124A, S34.125A, S34.129A, S34.131A, S34.132A, S34.139A, S34.02XA, S34.3XXA	