-Automated PA:

<table>
<tr><th>Edit</th><th>Drugs</th><th>Steps</th></tr>
<tr>
<td>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</td>
<td>
<table>
<tr><th colspan="3">Anticonvulsants List A</th></tr>
<tr><th>Generic Name</th><th>Brand Name</th><th>Drug Code</th></tr>
<tr><td>Brivaracetam</td><td>Briviact</td><td>HSN = 043088</td></tr>
<tr><td>Cenobamate</td><td>Xcopri</td><td>HSN =-046241</td></tr>
<tr><td>Clobazam</td><td>Sympazan</td><td>GSN = 078861, 078862, 078863</td></tr>
<tr><td>Diazepam</td><td>Valtoco</td><td>GSN = 080630, 080631, 080632, 080633</td></tr>
<tr><td>Eslicarbazepine</td><td>Aptiom</td><td>HSN = 036675</td></tr>
<tr><td>Perampanel</td><td>Fycompa</td><td>HSN = 039628</td></tr>
<tr><td>Ethotoin</td><td>Peganone</td><td>HSN = 001880</td></tr>
<tr><td>Methsuximide</td><td>Celontin*</td><td>HSN = 001890</td></tr>
<tr><td>Midazolam</td><td>Nayzilam</td><td>GSN = 079754</td></tr>
<tr><td>Oxcarbazepine</td><td>Oxtellar XR</td><td>GSN = 070190, 070191, 070192</td></tr>
<tr><td>Rufinamide</td><td>Banzel</td><td>GSN = 063076, 063077</td></tr>
</table>
<table>
<tr><th colspan="3">Anticonvulsants List B</th></tr>
<tr><th>Generic Name</th><th>Brand Name</th><th>Drug Code</th></tr>
<tr><td>Carbamazepine</td><td>Tegretol, Tegretol XR, Carbatrol, Epitol, Equetro</td><td>HSN = 001893</td></tr>
<tr><td>Clobazam</td><td>Onfi</td><td>GSN = 017026, 020647, 027400, 071282</td></tr>
<tr><td>Clonazepam</td><td>Klonopin</td><td>HSN = 001894</td></tr>
<tr><td>Diazepam</td><td>Diastat</td><td>GSN = 034015

034016, 034017,

034018, 034019,

059781, 059782</td></tr>
<tr><td>Divalproex Sodium</td><td>Depakote/Depakote Sprinkle/Depakote ER</td><td>HSN = 001884</td></tr>
<tr><td>Ethosuximide</td><td>Zarontin</td><td>HSN = 001891 (excluding GSN 004555- Zarontin solution)</td></tr>
<tr><td>Felbamate</td><td>Felbatol</td><td>HSN = 008186</td></tr>
<tr><td>Gabapentin</td><td>Neurontin, Gralise ER</td><td>HSN = 008831 excluding GSN 063753 (powder)</td></tr>
</table>
</td>
<td>
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.”
<table>
<tr><th colspan="2">Approvable Seizure Diagnosis ICD-10 Codes</th></tr>
<tr><th>ICD-10-CM Code</th><th>Description</th></tr>
<tr><td>ICD 10: G25.3</td><td>Myoclonus</td></tr>
<tr><td>ICD 10 Disease Group: G80</td><td>Cerebral Palsy</td></tr>
<tr><td>ICD 10 Disease Group: G40</td><td>Epilepsy</td></tr>
<tr><td>ICD 10 Disease Group: G45, G46

ICD 10 Disease Block: I60-I69</td><td>Transient cerebral ischemic attacks and related syndromes

Vascular syndromes of brain in Cerebrovascular diseases

Cerebrovascular Disease</td></tr>
<tr><td>ICD 10: G90.1ICD 10 Disease Block: Q00-Q07</td><td>Familial dysautonomia [Riley –Day]

Congenital Malformations of the brain, spinal cord, nervous system</td></tr>
<tr><td>ICD 10 Disease Group: R56.00</td><td>Convulsions, not elsewhere classified</td></tr>
<tr><td>ICD 10 Disease Group: S06</td><td>Intracranial Injury</td></tr>
<tr><td>ICD 10:
T74.12XA
T74.12XD
T74.12XS
T74.4XXA</td><td>Child physical abuse, confirmed/suspected, initial encounter
Shaken infant syndrome, initial encounter</td></tr>
</table>
</td>
</tr>
</table>

Edit	Drugs			Steps
	Lacosamide	Vimpat	HSN = 035872 excluding GSN 064437 (vial)	
	Lamotrigine	Lamictal/ODT/XR/XR Starter Dose Pack, Subvenite	HSN = 007378 (excluding GSNs 065170, 065171 065172 - Lamictal ODT Start Kt)	
	Levetiracetam	Keppra, Roweepra	HSN = 020952 (excluding GSNs 074071, 074072 - Elepsia XR, 075619, 075620, 075621, 075622 - Spritam)	
	Mephobarbital	Mebaral	HSN = 001895	
	Oxcarbazepine	Trileptal	HSN = 011735 (excluding GSNs 070190, 070191, 070192 – Oxtellar XR)	
	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)	

T74.4XXD T74.4XXS T76.12XA T76.12XD T76.12XS	
ICD 10 Disease Group: F07 F48	Personality change due to known physiological condition and non-psychotic mental disorders
ICD 10 Disease Block: F70-F79	Intellectual Disabilities
ICD 10: S09.8XXA S09.8XXD S09.8XXS S09.90XD S09.90XS	Other/unspecified injuries of the head, initial encounter

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."

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

Edit	Drugs	Steps

Valproic Sodium	Depakene syrup	HSN = 001882 excluding GSNs = 031533 (vials) and 057977 (powder)
Vigabatrin	Sabril Tablets, Sabril Powder Pack, Vigadrone, Vigafyde	HSN = 007377
Zonisamide	Zonegran	HSN = 021140

Anticonvulsants List C

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

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.

Approvable Migraine Diagnosis ICD-10 Codes

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

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.	

Edit	Drugs	Steps

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)

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)

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.

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)

<table>
<tr><th>Edit</th><th>Drugs</th><th>Steps</th></tr>
<tr>
<td>Lidociane 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</td>
<td>
<table>
<tr><th colspan="3">Lidocaine Adhesive List</th></tr>
<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>
<table>
<tr><th colspan="3">Other Neuropathic Pain List</th></tr>
<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>
</td>
<td>
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.

<table>
<tr><th colspan="2">Approvable Herpes Zoster or Post Herpetic Neuralgia Diagnosis ICD-10 Disease Groups</th></tr>
<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
</td>
</tr>
<tr>
<td>OxyContin

Automated PA approval satisfies Non-PDL edit</td>
<td>
<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>
</td>
<td>
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)
</td>
</tr>
</table>

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	

<table>
<tr><th>Edit</th><th>Drugs</th><th>Steps</th></tr>
<tr><td></td><td></td><td>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</td></tr>
<tr><td>HIV Therapy Auto PA

Automated PA approval satisfies L=Auto PA drug logic</td><td><table><tr><th colspan="4">HIV Therapy List</th></tr><tr><th>HIC3</th><th>Generic Name</th><th>Brand Name</th><th>Drug Code</th></tr><tr><td>W0H</td><td>Darunavir/Cobicistat/ Emtricitabine/Tenofovir Alafenamide</td><td>Symtuza</td><td>HSN=044568</td></tr></table></td><td>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.
<table><tr><td>HSN 033888</td><td>Atripla</td></tr></table></td></tr>
</table>

Edit	Drugs			
Brand and Generic PDL products will bypass the logic *Automated PA approval will NOT override R = Non-PDL edit and will not satisfy the automation logic	W0I	Cabotegravir/Rilpivirine	Cabenuva	HSN=046258
		Dolutegravir/Rilpivirine	Juluca	HSN=044647
	W0K	Dolutegravir/Lamivudine	Dovato	HSN=045679
	W0N	Lenacapavir	Sunlenca	HSN= 048555
	W5C	Atazanavir	Reyataz powder pckt, caps*	HSN=025390
		Atazanavir Sulfate/ Cobicistat	Evotaz	HSN= 041722
		Fosamprenavir	Lexiva susp, tabs*	HSN=025662
		Indinavir	Crixivan	HSN=010683
		Nelfinavir	Viracept	HSN=010858
		Ritonavir*	Norvir	HSN=010412
		Saquinavir	Invirase	HSN=010232
	W5J	Abacavir	Ziagen*	HSN=018857
		Didanosine DR	Videx EC	HSN=006510
		Emtricitabine	Emtriva soln, caps*	HSN=025426
		Lamivudine	Epivir*	HSN=010215
		Stavudine	Zerit	HSN=009060
		Zidovudine	Retrovir vial, caps, syrup*	HSN=004185
	W5K	Doravirine	Pifeltro	HSN= 045216
		Efavirenz	Sustiva*	HSN= 018748
		Etravirine*	Intelence	HSN= 035342
		Nevirapine	Viramune*	HSN=011592
		Rilpivirine	Edurant	HSN=037628
	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

Steps

HIC3 W5X	Biktarvy/ Genvoya/ Stribild
HSN 046258	Cabenuva
HSN 044797	Cimduo/ Temixys
HSN 037822	Complera
HSN 045195	Delstrigo
HSN 045679	Dovato
HSN 037628	Edurant
HSN 041722	Evotaz
HSN 044647	Juluca
HSN 043121	Odefsey
HSN 045216	Pifeltro
HSN 041531	Prezcobix
HSN 046684	Rukobia
HSN 048555	Sunlenca
HSN 044568	Symtuza
HSN 044763	Symfi/ Symfi Lo
HIC3 W5Z	Triumeq
HSN 044791	Trogarzo
HSN 040834	Vitekta

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

Edit	Drugs				Steps
	W5Q	Doravirine/Lamivudine/Tenofo df	Delstrigo	HSN=045195	patient drug history for a total of at least 6 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). ** The Department of Health and Human Services Panel on Antiretroviral Guidelines for Adults and Adolescents recommends viral suppression for at least 3 months. The full recommendation can be found here. **Note:** This automation does **NOT** override existing age or quantity limits.
		Efavirenz/Emtricita/Tenofo df	Atripla*	HSN=033888	
		Efavirenz/Lamivudine/Tenofo df	Symfi Lo* Symfi*	HSN=044763	
		Emtricita/Rilpivirine/Tenofo df	Complera	HSN= 037822	
		Emtricita/Rilpivirine/Tenofo Ala	Odefsey	HSN=043121	
	W5U	Cabotegravir	Vocabria*	HSN=046411	
		Dolutegravir	Tivicay	HSN=040533	
		Raltegravir	Isentress	HSN=035072	
	W5X	Bictegrav/Emtricita/Tenofo Ala	Biktarvy	HSN=044765	
		Elviteg/Cob/Emtricita/Tenofo df	Stribild	HSN=039543	
		Elviteg/Cob/Emtricita/Tenofo Ala	Genvoya	HSN=042778	
	W5Z	Abacavir/Dolutegravir/Lamivudine	Triumeq/Triumeq PD	HSN=041355	
	W0J	Ibalizumab	Trogarzo	HSN=044791	
	W50	Fostemsavir	Rukobia	HSN=046684	

Drug Name	Age Limit (Min Age)	Quantity Limitation (tabs unless otherwise specified)
Apretude	12	7 (vials) per year
Atripla	12	1 per day
Biktarvy	3	1 per day
Cabenuva	12	6 (mL's) per month
Cimduo	12	1 per day
Complera	12	1 per day
Delstrigo	12	1 per day
Dovato	12	1 per day
Edurant	2	1 per day
Evotaz	12	1 per day
Genvoya	6	1 per day
Juluca	18	1 per day
Odefsey	12	1 per day
Pifeltro	12	1 per day
Prezcobix	12	1 per day
Rukobia	18	2 per day
Stribild	12	1 per day
Sunlenca Vial Sunlenca Tablet	18	4 (vials) per year 2 (fills) per year
Symfi, Symfi Lo	12	1 per day

<table>
<tr><th>Edit</th><th>Drugs</th><th>Steps</th></tr>
<tr><td></td><td></td><td>
<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>
</td></tr>
<tr><td>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</td><td>
<table>
<tr><th colspan="2">Hepatitis Therapy List A</th></tr>
<tr><th>Drug Name</th><th>Drug Code</th></tr>
<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>
</table>

<table>
<tr><th colspan="2">Hepatitis Therapy List B</th></tr>
<tr><th>Drug Name</th><th>Drug Code</th></tr>
<tr><td>Pegasys</td><td>HSN = 024035</td></tr>
<tr><td>PenIntron</td><td>HSN = 021367 Excluding GSNs 067283, 067284, 067285-Sylatron</td></tr>
</table>
</td><td>
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

<table>
<tr><th colspan="2">Approvable Hepatitis C Diagnosis ICD-10 Disease Groups</th></tr>
<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>

<table>
<tr><th colspan="2">Approvable Hepatitis B Diagnosis ICD-10 Disease Groups</th></tr>
<tr><td>B16</td><td>Hepatitis B</td></tr>
<tr><td>C43, D03</td><td>Malignant Melanoma</td></tr>
</table>

<table>
<tr><th colspan="2">Approvable Hepatitis B Diagnosis ICD-10 CM Codes</th></tr>
<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>
</td></tr>
</table>

<table>
<tr><th>Edit</th><th>Drugs</th><th>Steps</th></tr>
<tr><td></td><td>
<table>
<tr><td>Copegus
Moderiba
Ribapak
Ribasphere/Rebetol
Ribatab</td><td>HSN = 004184
Excluding GSN
009631-Virazole</td></tr>
</table>
</td><td></td></tr>
<tr><td>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</td><td>
<table>
<tr><th>Generic Name</th><th>Brand Name</th><th>Drug Code</th></tr>
<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>
</table>
</td><td>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>
<tr><th colspan="2">Approvable ICD-10 Disease Groups</th></tr>
<tr><td>E84</td><td>Cystic fibrosis</td></tr>
</table>
</td></tr>
<tr><td>Gaucher Therapy Automation

Automated PA approval satisfies L=Auto PA drug edit</td><td>
<table>
<tr><th colspan="2">Gauchers Therapy List</th></tr>
<tr><th>Drug Name</th><th>Drug Code</th></tr>
<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>
</table>
*Denotes: R-Non PDL agents and non-preferred agents will
</td><td>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>
<tr><th colspan="2">Quantity Limitation</th></tr>
<tr><td>Cerdelga</td><td>2 capsules per day</td></tr>
<tr><td>Cerezyme</td><td>22 vials per 27 days</td></tr>
</table>
</td></tr>
</table>

<table>
<tr><th>Edit</th><th>Drugs</th><th>Steps</th></tr>
<tr><td>Automated PA approval will NOT override R=Non-PDL edit</td><td>NOT satisfy the automation logic</td><td>
<table>
<tr><td>Elelyso</td><td>82 vials per 25 days</td></tr>
<tr><td>Vpriv</td><td>41 vials per 25 days</td></tr>
<tr><td>Zavesca</td><td>3 capsules per day</td></tr>
</table>
<table>
<tr><th colspan="2">Approvable ICD-10 Disease Groups</th></tr>
<tr><td>E75</td><td>Lipidoses-Gaucher’s</td></tr>
</table>
</td></tr>
</table>

<table>
<tr><th>Edit</th><th>Drugs</th><th>Steps</th></tr>
<tr>
<td>Hereditary Angioedema 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</td>
<td>
<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>
</td>
<td>
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 ICD-10 = D84.1 (Hereditary Angioedema) if found, NO PA REQUIRED. Otherwise, deny for PRIOR AUTHORIZATION REQUIRED NCPDP EC 75 with supplemental message: "RECEPIENT DOESN'T HAVE REQ DIAGNOSIS ON FILE."

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>
</td>
</tr>
</table>

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		
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

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:

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

MAOIs		
Isocarboxazid	Marplan	HICL = 001638 and generic drug name code = 1
Phenelzine sulfate	Nardil	HICL = 001639 and generic drug name code = 1
Tranylcypromine sulfate	Parnate	HICL = 001640 and generic drug name code = 1
Selegiline HCL	Emsam	HICL = 033510 and generic drug name code = 1
SNRIs		
Desvenlafaxine ER	Khedezla	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**

<table>
<tr><th>Edit</th><th>Drugs</th><th>Steps</th></tr>
<tr><td></td><td>
<table>
<tr><td>Trimipramine maleate</td><td>Surmontil</td><td>HICL = 001649 and generic drug name code = 1</td></tr>
</table>
**Please note: Blue font indicates product is no longer available
</td><td></td></tr>
<tr><td>Tybost Automation
Automated PA approval satisfies L=Auto PA drug edit
Automated PA approval will NOT override R = Non-PDL edit</td><td>
<table>
<tr><th>Drug Name</th><th>Drug Code</th></tr>
<tr><td>Tybost</td><td>HSN= 041076</td></tr>
</table>
</td><td>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).</td></tr>
<tr><td>Dual RAS Blockade DUR edit</td><td>
<table>
<tr><th colspan="3">RAS Inhibitors List</th></tr>
<tr><th>Generic Name</th><th>Brand Name</th><th>HSN</th></tr>
<tr><td colspan="3">Angiotensin Converting Enzyme (ACE) Inhibitors</td></tr>
<tr><td>benazepril</td><td>Lotensin</td><td>006113</td></tr>
<tr><td>benazepril/hydrochlorothiazide</td><td>Lotensin HCT</td><td>008962</td></tr>
<tr><td>amlodipine/benazepril</td><td>Lotrel</td><td>010041</td></tr>
<tr><td>captopril</td><td>Capoten</td><td>000128</td></tr>
<tr><td>captopril/hydrochlorothiazide</td><td>Capozide</td><td>000127</td></tr>
<tr><td>enalapril</td><td>Vasotec/Epaned</td><td>000130</td></tr>
<tr><td>enalapril/hydrochlorothiazide</td><td>Vaseretic</td><td>000129</td></tr>
<tr><td>enalaprilat</td><td></td><td>013237</td></tr>
<tr><td>fosinopril</td><td>Monopril</td><td>006106</td></tr>
<tr><td>fosinopril/hydrochlorothiazide</td><td>Monopril HCTZ</td><td>018610</td></tr>
<tr><td>Lisinopril</td><td>Qbrelis, Zestril</td><td>000132</td></tr>
<tr><td>lisinopril/hydrochlorothiazide</td><td>Zestoretic</td><td>000131</td></tr>
<tr><td>moexipril</td><td>Univasc</td><td>009934</td></tr>
<tr><td>perindopril</td><td>Aceon</td><td>013911</td></tr>
<tr><td>perindopril/amlodipine</td><td>Prestalia</td><td>036967</td></tr>
<tr><td>quinapril</td><td>Accupril</td><td>007631</td></tr>
<tr><td>quinapril/hydrochlorothiazide</td><td>Accuretic</td><td>007826</td></tr>
<tr><td>ramipril</td><td>Altace</td><td>006080</td></tr>
<tr><td>trandolapril</td><td>Mavik</td><td>008991</td></tr>
<tr><td>trandolapril/verapamil</td><td>Tarka</td><td>012230</td></tr>
<tr><th colspan="3">RAS Inhibitors List (continued)</th></tr>
<tr><th>Generic Name</th><th>Brand Name</th><th>HSN</th></tr>
<tr><td colspan="3">Angiotensin Receptor Blockers (ARB)</td></tr>
<tr><td>azilsartan</td><td>Edarbi</td><td>037444</td></tr>
<tr><td>azilsartan/chlorthalidone</td><td>Edarbyclor</td><td>038370</td></tr>
<tr><td>candesartan</td><td>Atacand</td><td>016913</td></tr>
</table>
</td><td>Automation Logic:
Step 1: If incoming claim from <RAS Inhibitor List> look back 100 days for fill from <RAS Inhibitor List> excluding itself, that has a day supply >/=84. If found, claim rejects NCPDP 76 with additional message “TD of Angiotensin drug. Review & submit appropriate DUR cd.” If not found, proceed to Step #2.
Step 2: If incoming claim from <RAS Inhibitor List> look back 30 days for fill from <RAS Inhibitor List> excluding itself. If found, claim rejects NCPDP 76 with additional message “TD of Angiotensin drug. Review & submit appropriate DUR cd.” If not found, claim pays.
Limitation:
Allow 2 pharmacy level overrides in 180 days for claims that deny out of the RAS Inhibitor AutoPA. Pharmacy must submit DUR Reason For Service Code: TD-Therapeutic Duplication 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 Angiotensin TD ovr/180 dys. FaxPA877-614-1078”</td></tr>
</table>

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	

Edit	Drugs	Steps

RAS Inhibitors List *(continued)*

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

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: 0D9600Z 0D960ZZ 0D9630Z 0D963ZZ 0D9640Z 0D964ZZ 0D967ZZ 0D968ZZ 0DC60ZZ 0DC63ZZ 0DC64ZZ 0DH602Z 0DH603Z 0DH63UZ 0DH64UZ	Drainage of Stomach with Drainage Device, Open Approach, Percutaneous Approach, Percutaneous Endoscopic Approach Drainage of Stomach, Open Approach, Percutaneous Approach ,Percutaneous Endoscopic Approach, Via Natural or Artificial Opening, Via Natural or Artificial Opening Endoscopic Extirpation of Matter from Stomach, Open Approach, Percutaneous Approach, Percutaneous Endoscopic Approach Insertion of Monitoring Device into Stomach, Open Approach Insertion of Infusion Device into Stomach, Open Approach, Percutaneous Endoscopic Approach
0D1607A 0D160JA 0D160KA 0D160ZA 0D1687A	Bypass Stomach to Cutaneous with Autologous Tissue Substitute, Open Approach, Percutaneous Endoscopic Approach, Via Natural or Artificial Opening Endoscopic,

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

Edit	Drugs	Steps	
		0DH90UZ 0DH93UZ 0DH94UZ 0DH97UZ 0DH98UZ 0DHA0UZ 0DHA7UZ	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
		0D9670Z	Drainage of Stomach with Drainage Device, Via Natural or Artificial Opening
		0D9670Z	Drainage of Stomach with Drainage Device, Via Natural or Artificial Opening Endoscopic
		K22.70 K22.710 K22.711 K22.719	Barrett's esophagus without dysplasia Barrett's esophagus with low grade dysplasia 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

<table>
<tr><th>Edit</th><th>Drugs</th><th>Steps</th></tr>
<tr><td></td><td></td><td>
<table>
<tr><td>K94.10
K94.11
K94.12
K94.13
K94.19</td><td>Enterostomy Complication, Unspecified
Enterostomy Hemorrhage
Enterostomy Infection
Enterostomy Malfunction
Other Complications of Enterostomy</td></tr>
<tr><td>Z93.1</td><td>Gastrostomy Status</td></tr>
<tr><td>Z93.4</td><td>Other artificial openings of gastrointestinal tract status</td></tr>
<tr><td>Z43.1</td><td>Encounter for Attention to Gastrostomy</td></tr>
<tr><td>Z43.4</td><td>Encounter for attention to other artificial openings of digestive tract</td></tr>
</table>
</td></tr>
<tr><td>Duration Edit SMR (Skeletal Muscle Relaxants)</td><td>
<table>
<tr><th colspan="3">SMR List</th></tr>
<tr><th>Generic Name</th><th>Brand Name</th><th>Drug Code</th></tr>
<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>
</table>
</td><td>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>
<tr><th>ICD-10 CM Code</th><th>Description</th></tr>
<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>
</table>
</td></tr>
</table>

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 (parapaesis) 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

<table>
<tr><th>Edit</th><th>Drugs</th><th>Steps</th></tr>
<tr><td></td><td></td><td>
<table>
<tr><td>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</td><td></td></tr>
</table>
</td></tr>
<tr><td>Hypertonic Solution
Automated PA approval satisfies L=Auto PA drug edit and non OBRA-rebateable status</td><td>
<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>
</td><td>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>
</td></tr>
</table>

<table>
<tr><th>Edit</th><th>Drugs</th><th>Steps</th></tr>
<tr><td></td><td><table><tr><td>Nebusal 6% neb solution</td><td>067053</td></tr></table></td><td></td></tr>
<tr><td>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</td><td><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
Aralast NP</td><td rowspan="4">HSN = 004529</td></tr><tr><td>Glassia</td></tr><tr><td>Prolastin C</td></tr><tr><td>Zemaira</td></tr></table></td><td>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 ICD-10 = E88.01 (Alpha-antitrypsin deficiency) if found, NO PA REQUIRED. Otherwise, deny for PRIOR AUTHORIZATION REQUIRED NCPDP EC 75 with supplemental message: “RECEPIENT DOESN’T HAVE REQ DIAGNOSIS ON FILE.”

<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></td></tr>
<tr><td>Fabrazyme Automation

Automated PA approval satisfies L=Auto PA drug edit

Automated PA approval will NOT override R = Non-PDL edit</td><td><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></td><td>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 ICD-10 = E75.21 (Fabry –Anderson disease) if found, NO PA REQUIRED. Otherwise, deny for PRIOR AUTHORIZATION REQUIRED NCPDP EC 75 with supplemental message: “RECEPIENT DOESN’T HAVE REQ DIAGNOSIS ON FILE.”

<table><tr><th colspan="2">Approvable ICD-10 CM Code</th></tr><tr><td>E75.21</td><td>Fabry (Anderson) disease</td></tr></table></td></tr>
<tr><td>Pulmozyme

Automated PA approval satisfies L=Auto PA drug edit

Automated PA approval will NOT override R = Non-PDL edit</td><td><table><tr><th>Drug Name</th><th>Drug Code</th></tr><tr><td>Pulmozyme 1mg/mL</td><td>HSN=008832</td></tr></table></td><td>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></td></tr>
<tr><td>Long Acting Opioid Polypharmacy</td><td><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></td><td>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,</td></tr>
</table>

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
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)

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

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.

<table>
<tr><th>Edit</th><th>Drugs</th><th>Steps</th></tr>
<tr>
<td>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</td>
<td>
<table>
<tr><th colspan="3">GnRH analog List A</th></tr>
<tr><th>Generic Name</th><th>Brand Name</th><th>Drug Code</th></tr>
<tr><td>leuprolide acetate</td><td>Lupron Depot 3.75 mg

(1 month)</td><td>GSN =045017</td></tr>
<tr><td>leuprolide acetate</td><td>Lupron Depot 11.25 mg

(3 month)</td><td>GSN =044980</td></tr>
<tr><td>leuprolide acetate/ norethindrone</td><td>Lupaneta Pack 3.75–5 mg

(1 month)</td><td>GSN = 070481</td></tr>
<tr><td>leuprolide acetate/ norethindrone</td><td>Lupaneta Pack 11.25 mg–5mg

(3 month)</td><td>GSN = 070480</td></tr>
<tr><td>Norethindrone AC (Lupaneta)</td><td></td><td>NDC = 74104902, 74104904 74104930</td></tr>
</table>
<table>
<tr><th colspan="3">GnRH analog List B</th></tr>
<tr><th>Generic Name</th><th>Brand Name</th><th>Drug Code</th></tr>
<tr><td>leuprolide acetate</td><td>Fensolvi 45mg (6 month)</td><td>GSN = 081002</td></tr>
<tr><td>leuprolide acetate</td><td>Lupron Depot Ped 7.5 mg</td><td>GSN = 047666</td></tr>
<tr><td>leuprolide acetate</td><td>Lupron Depot Ped 11.25 mg</td><td>GSN = 047665</td></tr>
<tr><td>leuprolide acetate</td><td>Lupron Depot Ped 11.25 mg (3 months)</td><td>GSN = 067738</td></tr>
<tr><td>leuprolide acetate</td><td>Lupron Depot Ped 15 mg</td><td>GSN = 047851</td></tr>
<tr><td>leuprolide acetate</td><td>Lupron Depot Ped 30 mg</td><td>GSN = 067737</td></tr>
<tr><td>leuprolide acetate</td><td>Lupron Depot Ped 45 mg</td><td>GSN = 084681</td></tr>
</table>
</td>
<td>
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”

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”

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”

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”

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,
</td>
</tr>
</table>

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	

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

Automated PA approval satisfies

GI Motility Agents

Generic Name	Brand Name	Drug Code

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:

<table>
<tr><th>Edit</th><th>Drugs</th><th>Steps</th></tr>
<tr>
<td>L=Auto PA drug logic

*Automated PA approval will NOT override R = Non-PDL coding and will not satisfy the automation logic</td>
<td>
<table>
<tr><td>Linaclotide</td><td>Linzess</td><td>HSN= 039583</td></tr>
<tr><td>Lubiprostone</td><td>Amitiza*</td><td>HSN= 033451</td></tr>
<tr><td>Methylnaltrexone Bromide</td><td>Relistor</td><td>HSN = 035611 (Excluding tabs GSN = 076398)</td></tr>
<tr><td>Naloxegol</td><td>Movantik</td><td>HSN= 041686</td></tr>
<tr><td>Plecanatide</td><td>Trulance</td><td>HSN = 044054</td></tr>
<tr><th colspan="3">Lactulose List</th></tr>
<tr><th>Generic Name</th><th>Brand Name</th><th>Drug Code</th></tr>
<tr><td>Lactulose</td><td>Constulose, Enulose, Generlac, Kristalose</td><td>HSN = 001396</td></tr>
</table>
</td>
<td>
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

</td>
</tr>
<tr>
<td>Compound Claims Max Limit</td>
<td>Compound Claims</td>
<td>The maximum payable amount on compound claims with a dosage form of cream, lotion, ointment, powder, emulsion, or shampoo is $300.00</td>
</tr>
<tr>
<td>Abuse Deterrent Narcotic (ADN.) & Short Acting (SA) before Long Acting (LA) Narcotic Edit</td>
<td>
<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>
</td>
<td>
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,
</td>
</tr>
</table>

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	

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,	

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,	

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,	

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	

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	Seglentis	GSN = 082830	
	*blue font indicates manufacturer obsolete			

<table>
<tr><th>Edit</th><th>Drugs</th><th>Steps</th></tr>
<tr>
<td>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</td>
<td>
<table>
<tr><th>Generic Name</th><th>Brand Name</th><th>Drug Code</th></tr>
<tr><td>Armodafinil</td><td>Nuvigil*</td><td>HSN = 034868</td></tr>
<tr><td>Modafinil</td><td>Provigil*</td><td>HSN = 010865</td></tr>
</table>
</td>
<td>
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>
<tr><th colspan="2">Approvable ICD 10 Codes</th></tr>
<tr><th>ICD 10
CM Code</th><th>Description</th></tr>
<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>
</table>
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>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>
</table>
</td>
</tr>
</table>

Edit	Drugs	Steps
CAM/JAK 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		**Step 1**: If incoming claim is for <HSN 024800 (Humira) or HSN 045894 (Hadlima) and Prior Auth = L- AutoPA>, PROCEED TO STEP 2. If not, Step 3. Step 2: look back in medical claims history 730 days for a diagnosis from approvable (HUMIRA/HADLIMA ICD-10s) below. If found, APPROVE; Otherwise, deny for PRIOR AUTHORIZATION REQUIRED (75/31008) with supplemental message ***M/I Diagnosis Code*** Step 3: If incoming claim is for <HSN 040967 (Otezla) and Prior Auth = L- AutoPA>, PROCEED TO STEP 4. If not, Step 5. Step 4: look back in medical claims history 730 days for a diagnosis from approvable (OTEZLA ICD-10s) below. If found, APPROVE; Otherwise, deny for PRIOR AUTHORIZATION REQUIRED (75/31008) with supplemental message ***M/I Diagnosis Code*** Step 5: If incoming claim is for <HSN 018830 (Enbrel) and Prior Auth = L- AutoPA>, PROCEED TO STEP 6. If not, Step 7. Step 6: look back in medical claims history 730 days for a diagnosis from approvable (ENBREL ICD-10s) below. If found, APPROVE; Otherwise, deny for PRIOR AUTHORIZATION REQUIRED (75/31008) with supplemental message ***M/I Diagnosis Code*** Step 7: If incoming claim is for <GSN 040650 (infliximab) and Prior Auth = L- AutoPA>, PROCEED TO STEP 8. If not, Step 9. Step 8: look back in medical claims history 730 days for a diagnosis from approvable (infliximab ICD-10s) below. If found, APPROVE; Otherwise, deny for PRIOR AUTHORIZATION REQUIRED (75/31008) with supplemental message ***M/I Diagnosis Code*** Step 9: If incoming claim is for <GSN 081537 (Xeljanz solution), GSN 070233 (Xeljanz IR) or GSN 078538 (Xeljanz IR) and Prior Auth = L- AutoPA>, PROCEED TO STEP 10. If not, Step 11. Step 10: look back in medical claims history 730 days for a diagnosis from approvable (XELJANZ ICD-10s) below. If found, PROCEED TO STEP 13; Otherwise, deny for PRIOR AUTHORIZATION REQUIRED (75/31008) with supplemental message ***M/I Diagnosis Code*** Step 11: If incoming claim is for HSN 045955 (Rinvoq ER) and Prior Auth = L- AutoPA>, PROCEED TO STEP 12. If not, STOP. Step 12: look back in medical claims history 730 days for a diagnosis from approvable (RINVOQ ICD-10s) below. If found, PROCEED TO STEP 13; Otherwise, deny for

Drug Name	Drug Code
Enbrel	HSN = 018830
Hadlima	HSN = 045894
Humira	HSN = 024800
Infliximab	GSN = 040650
Otezla	HSN = 040967
Rinvoq/Rinvoq LQ	HSN = 045955
Xeljanz 5mg Tablet	GSN = 070233
Xeljanz 10mg Tablet	GSN = 078538
Xeljanz 1 mg/mL Solution	GSN = 081537

Tumor Necrosis Factor Inhibitors (TNFi) List		
Drug Code	**Generic Name**	**Brand Name**
HIC3 = SJ2	ADALIMUMAB	HUMIRA
	ADALIMUMAB-AACF	IDACIO
	ADALIMUMAB-AATY	YUFLYMA
	ADALIMUMAB-ADAZ	HYRIMOZ
	ADALIMUMAB-ADBM	CYLTEZO
	ADALIMUMAB-AFZB	ABRILADA
	ADALIMUMAB-AQVH	YUSIMRY
	ADALIMUMAB-ATTO	AMJEVITA
	ADALIMUMAB-BWWD	HADLIMA
	ADALIMUMAB-FKJP	HULIO
	ADALIMUMAB-RYVK	SIMLANDI
	CERTOLIZUMAB PEGOL	CIMZIA
	ETANERCEPT	ENBREL

Edit	Drugs			Steps
				PRIOR AUTHORIZATION REQUIRED (75/31008) with supplemental message ***M/I Diagnosis Code***
		GOLIMUMAB	SIMPONI	Step 13: look back in drug history 365 days for a fill of a product in HIC3 SJ2 (TNFi LIST). If found, APPROVE; Otherwise, deny for PRIOR AUTHORIZATION REQUIRED ***(75/31006) with supplemental message Missing Prerequisite drug therapy.***
		INFLIXIMAB	REMICADE	
		INFLIXIMAB-ABDA	RENFLEXIS	
		INFLIXIMAB-AXXQ	AVSOLA	
		INFLIXIMAB-DYYB	INFLECTRA, ZYMFENTRA	

HUMIRA/HADLIMA

ICD 10-CM Code	Description
H44.111-H44.119	Other Endophthalmitis
H44.121-H44.129	
H44.131-H44.139	
H44.19	
ICD-10 Disease Group: H20	Iridocyclitis
ICD10 Disease Group: K50, K52	Crohn's Disease
ICD10 Disease Group: K51	Ulcerative Colitis
ICD10 Disease Group: L40	Psoriasis, including psoriatic arthritis
L73.2	Hidradenitis Suppurativa
ICD-10 Disease Group: M05 M06	Rheumatoid Arthritis
ICD-10 Disease Group: M08	Juvenile Rheumatoid Arthritis
ICD-10 Disease Group: M45	Ankylosing Spondylitis

OTEZLA

ICD 10-CM Code	Description
ICD10 Disease Group: L40	Psoriasis, including psoriatic arthritis
M35.2	Behçet's disease

ENBREL

ICD 10-CM Code	Description
ICD10 Disease Group: L40	Psoriasis, including psoriatic arthritis
ICD-10 Disease Group:	Rheumatoid Arthritis

Edit	Drugs	Steps

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
ICD10 Disease Group: L40	Psoriasis, including psoriatic arthritis
ICD-10 Disease Group: M05 M06	Rheumatoid Arthritis
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
ICD-10 Disease Group: M05 M06	Rheumatoid arthritis with or without Rheumatoid Factor
ICD-10 Disease Group: M08	Juvenile Rheumatoid Arthritis

<table>
<tr><th>Edit</th><th>Drugs</th><th>Steps</th></tr>
<tr><td></td><td></td><td>
<table>
<tr><td>ICD-10 Disease Group:

M45</td><td>Ankylosing Spondylitis</td></tr>
</table>

<table>
<tr><th colspan="2">RINVOQ</th></tr>
<tr><th>ICD 10-CM Code</th><th>Description</th></tr>
<tr><td>ICD10 Disease Group:

K50, K52</td><td>Crohn’s Disease</td></tr>
<tr><td>ICD10 Disease Group: K51</td><td>Ulcerative Colitis</td></tr>
<tr><td>ICD10 Disease Group:

L40</td><td>Psoriasis, including psoriatic arthritis</td></tr>
<tr><td>ICD-10 Disease Group:

M05

M06</td><td>Rheumatoid arthritis with or without Rheumatoid Factor</td></tr>
<tr><td>ICD-10 Disease Group:

M45</td><td>Ankylosing Spondylitis</td></tr>
</table>

• Note: This edit does NOT override existing age limits, quantity limits, or Non PDL coding.
</td></tr>
</table>

<table>
<tr><th>Edit</th><th>Drugs</th><th>Steps</th></tr>
<tr><td></td><td></td><td>
<table>
<tr><th colspan="2">Quantity Limitations</th></tr>
<tr><td>Enbrel</td><td>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</td></tr>
<tr><td>Hadlima</td><td>4 syringes every 28 days</td></tr>
<tr><td>Humira</td><td>40mg/0.8ml Syringe/Pen Kit:
2 kits every 28 days
All others:
1 kit every 28 days</td></tr>
<tr><td>Infliximab</td><td>14 vials every 28 days</td></tr>
<tr><td>Otezla</td><td>Tablet:
2 tablets per day
Starter/dose pack:
1 pack every 365 days</td></tr>
<tr><td>Rinvoq</td><td>1 tablet per day</td></tr>
<tr><td>Xeljanz</td><td>Solution:
10mL’s per day
Tablet:
2 tablets per day</td></tr>
</table>
</td></tr>
<tr><td>Transderm Scop Automation

Automated PA approval
Satisfies L=Auto PA
drug edit

Automated PA approval
will NOT override
R = Non-PDL edit</td><td>
<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>
</td><td>
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 colspan="2">Approvable ICD 10 Codes</th></tr>
<tr><th>ICD 10 CM Code</th><th>Description</th></tr>
<tr><td>D56
D57</td><td>Thalassemia, Sickle Cell,</td></tr>
</table>
</td></tr>
</table>

Edit	Drugs	Steps

Antiemetic List

Generic drug name = 1 or 2
Rx Indicator = Yes

Generic Name	Brand Name	Drug Code
Aprepitant	Emend	HSN = 025058
Dimenhydrinate	N/A	HSN = 004716
Dolasetron	Anzemet	HSN = 016576
Doxylamine/ Vitamin B6	Diclegis	HSN = 001970
Dronabinol	Marinol	HSN = 001955
Fosaprepitant	Emend Vial	HSN = 035346
Granisetron	Sancuso Sustol	HSN = 035877
Granisetron HCL	N/A	HSN = 007611
Granisetron HCL/PF	N/A	HSN = 034765
Meclizine	N/A	HSN = 001975
Metoclopramide	Reglan	HSN = 002148
Nabilone	Cesamet	HSN = 001956
Netupitant/ Palonosetron HCL	Akynzeo	HSN = 041467
Ondansetron	Zofran ODT Zuplenz	HSN = 019058
Ondansetron HCL	Zofran	HSN = 006055
Ondansetron HCL in 0.9% NACL	N/A	HSN = 017785
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"

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

<table>
<tr><th>Edit</th><th>Drugs</th><th>Steps</th></tr>
<tr><td></td><td>
<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>Prochloperazine 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>
</td><td>
<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>
</td></tr>
<tr><td>Solaraze 3% Gel Automation
Automated PA approval Satisfies L=Auto PA drug edit
Automated PA approval will NOT override
R = Non-PDL edit</td><td>
<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>
</td><td>
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.
</td></tr>
<tr><td>Clomipramine Automation
Automated PA approval
Satisfies L=Auto PA drug edit</td><td>
<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>
</td><td>
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
</td></tr>
</table>

<table>
<tr><th>Edit</th><th>Drugs</th><th>Steps</th></tr>
<tr>
<td>Automated PA approval
will NOT override R = Non-PDL edit</td>
<td>
<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>
</td>
<td>
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
Rapiflux</td><td>GSN = 046216, 065296
046219</td><td>Premenstrual dysphoric disorder (PMDD)</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
</td>
</tr>
<tr>
<td>Long Acting Injectable (LAI) 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</td>
<td>
<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>
</td>
<td>
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
</td>
</tr>
</table>

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*".
	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	

Approvable Diagnosis Codes	
ICD 10 Disease Group	**Description**
F31	Bipolar Disorder

Note:

- Automated PA approval will NOT override age, quantity, or mg per day limits.
- Automated PA approval will NOT override R=Non-PDL edit

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

<table>
<tr><th>Edit</th><th>Drugs</th><th>Steps</th></tr>
<tr><td>Ambien/Edluar Automation</td><td>
<table>
<tr><th>Generic Name</th><th>Brand Name</th><th>Drug code</th></tr>
<tr><td rowspan="6">Zolpidem</td><td>Ambien 5mg Tablets</td><td>GSN = 019187</td></tr>
<tr><td>Ambien 10mg Tablets</td><td>GSN = 019188</td></tr>
<tr><td>Ambien 6.25mg CR Tablets</td><td>GSN = 059696</td></tr>
<tr><td>Ambien 12.5mg CR Tablets</td><td>GSN = 059697</td></tr>
<tr><td>Edluar 5mg SL Tablets</td><td>GSN = 065335</td></tr>
<tr><td>Edluar 10mg SL Tablets</td><td>GSN = 065334</td></tr>
</table>
</td><td>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.</td></tr>
<tr><td>Overlapping Stimulant- BZP DUR edit</td><td>
<table>
<tr><th colspan="3">Stimulants-Benzodiazepine (BZP) List</th></tr>
<tr><th>Generic Name</th><th>Brand Name</th><th>Drug Code</th></tr>
<tr><th colspan="3">Stimulants</th></tr>
<tr><td>amphetamine</td><td>Adzenys XR ODT, Dyanavel XR</td><td>HSN = 043652</td></tr>
<tr><td>amphetamine sulfate</td><td>Evekeo, Evekeo ODT</td><td>HSN = 002064</td></tr>
<tr><td>dexmethylphenidate</td><td>Focalin, Focalin XR</td><td>HSN = 022987</td></tr>
<tr><td>dextroamphetamine</td><td>Dexedrine, Procentra,

Zenzedi</td><td>HSN = 002065</td></tr>
<tr><td>dextroamphetamine</td><td>Xelstrym</td><td>HSN = 047926</td></tr>
<tr><td>dextroamphetamine/ amphetamine</td><td>Adderall,

Adderall XR, Mydayis ER</td><td>HSN = 013449</td></tr>
<tr><td>lisdexamfetamine dimesylate</td><td>Vyvanse capsules/chewable tabs</td><td>HSN = 034486</td></tr>
<tr><td>methamphetamine</td><td>Desoxyn</td><td>HSN = 002067</td></tr>
<tr><td>methylphenidate</td><td>Cotempla XR ODT, Daytrana</td><td>HSN = 033556</td></tr>
<tr><td>methylphenidate HCL</td><td>Aptensio XR, Concerta, Jornay PM, Metadate ER, Methylin ER, Quillichew, Quillivant, Relexxii ER, Ritalin/ Ritalin LA</td><td>HSN = 001682</td></tr>
</table>
</td><td>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”</td></tr>
</table>

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	

<table>
<tr><th>Edit</th><th>Drugs</th><th>Steps</th></tr>
<tr>
<td>Benzodiazepine (BZP) – LA Opioid DUR Edit</td>
<td>
<table>
<tr><th colspan="3"><Benzodiazepine (BZP) ></th></tr>
<tr><th>Generic Name</th><th>Brand Name</th><th>Drug Code</th></tr>
<tr><td>alprazolam</td><td>Xanax, Xanax XR</td><td>HSN = 001617</td></tr>
<tr><td>chlordiazepoxide</td><td>Librium, Poxi</td><td>HSN = 001610</td></tr>
<tr><td>chlordiazepoxide / amitriptyline</td><td>Limbitrol</td><td>HSN = 001656</td></tr>
<tr><td>chlordiazepoxide / clidinium</td><td>Librax</td><td>HSN = 002037</td></tr>
<tr><td>clonazepam</td><td>Klonopin, Cerberclon</td><td>HSN = 001894</td></tr>
<tr><td>clobazam</td><td>Onfi, Sympazan</td><td>HSN = 006536</td></tr>
<tr><td>clorazepate</td><td>Tranxene, Gen-Xene</td><td>HSN = 001612</td></tr>
<tr><td>diazepam</td><td>Valium</td><td>GSNs = 003761, 003762, 003763, 003764, 003765, 003766, 003767, 003768, 034017, 034018, 034019, 068715, 078712, 079289</td></tr>
<tr><td>estazolam</td><td>Prosom</td><td>HSN = 006036</td></tr>
<tr><td>flurazepam</td><td>Dalmane</td><td>HSN = 001593</td></tr>
<tr><td>lorazepam</td><td>Ativan, Loreev XR</td><td>HSN = 004846</td></tr>
<tr><td>midazolam</td><td>n/a</td><td>HSN = 001619</td></tr>
<tr><td>oxazepam</td><td>Serax</td><td>HSN = 001616</td></tr>
<tr><td>quazepam</td><td>Doral</td><td>HSN = 001595</td></tr>
<tr><td>temazepam</td><td>Restoril</td><td>HSN = 001592</td></tr>
<tr><td>triazolam</td><td>Halcion</td><td>HSN = 001594</td></tr>
<tr><th colspan="3"><Long Acting Opioid Lists></th></tr>
<tr><th>Generic Name</th><th>Brand Name</th><th>Drug Code</th></tr>
<tr><td>buprenorphine</td><td>Belbuca, Butrans</td><td rowspan="2">GSNs = 075050, 075051, 075052, 075053, 075054, 075055, 075056, 059589, 059590, 059591, 072673, 071432</td></tr>
<tr><td></td><td></td></tr>
<tr><td>fentanyl</td><td>Duragesic</td><td>GSNs = 015880, 015881, 015882, 015883, 059102, 073524, 073525, 073532</td></tr>
<tr><td>hydrocodone bitartrate ER</td><td>Hysingla ER, Zohydro</td><td>GSNs = 073176, 073177, 073179, 073180, 073181, 073182, 073183, 073621,073622,073623, 073624, 073625, 073626, 071602, 071603, 071604, 071605, 071606, 071607</td></tr>
</table>
</td>
<td>
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:

The provider will be able to override the 1st -two denials, for non-treatment naïve recipients.

<table>
<tr><th colspan="2">Approvable Seizure Diagnosis ICD-10 Codes</th></tr>
<tr><th>ICD-10-CM Code</th><th>Description</th></tr>
<tr><td>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</td><td>Cancer</td></tr>
<tr><td>ICD 10 Disease Group: D56, D57, D58</td><td>Sickle Cell</td></tr>
<tr><td>ICD 10: G25.3</td><td>Myoclonus</td></tr>
<tr><td>ICD 10 Disease Group: G80</td><td>Cerebral Palsy</td></tr>
<tr><td>ICD 10 Disease Group: G40</td><td>Epilepsy</td></tr>
<tr><td>ICD 10 Disease Group: G45, G46</td><td>Transient cerebral ischemic attacks and related syndromes

Vascular syndromes of brain in cerebrovascular diseases</td></tr>
</table>
</td>
</tr>
</table>

<table>
<tr><th>Edit</th><th>Drugs</th><th>Steps</th></tr>
<tr><td></td><td>
<table>
<tr><td>hydromorphone ER</td><td>Exalgo</td><td>GSNs = 066200, 069860, 069889, 069890</td></tr>
<tr><td>methadone</td><td>Dolophine, Methadose</td><td>GSNs = 004235, 004237, 004238, 004239, 004240, 004242, 082101</td></tr>
<tr><td>morphine sulfate ER</td><td>Arymo ER, Morphabond ER, MS Contin, Kadian ER</td><td>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</td></tr>
<tr><td>morphine sulfate/ naltrexone ER</td><td>Embeda</td><td>GSNs = 073302, 073303, 073304, 073305, 073306, 073307</td></tr>
<tr><td>oxycodone ER</td><td>OxyContin</td><td>GSNs = 072862, 072863, 072864, 072865, 072866, 072867, 072868</td></tr>
<tr><td>oxycodone/acetaminophen ER</td><td>Xartemis ER</td><td>GSN = 072134</td></tr>
<tr><td>oxycodone myristate</td><td>Xtampza ER</td><td>GSNs = 076031, 076032, 076033, 076034, 076035</td></tr>
<tr><td>oxymorphone ER</td><td>Opana ER</td><td>GSNs = 061091, 061092, 061093, 061094, 063782, 063783, 063784, 070320, 070321, 070397, 070398, 070399, 070400, 070401</td></tr>
<tr><td>tapentadol ER</td><td>Nucynta ER</td><td>GSNs = 067266, 067267, 067268, 067270, 067271</td></tr>
<tr><td>tramadol ER</td><td>Conzip, Ryzolt, Ultram ER</td><td>GSNs = 043536, 043537, 060274, 063422, 063423, 063424, 067760, 067761, 067762, 068721</td></tr>
</table>
</td><td>
<table>
<tr><td>ICD 10 Disease Block: I60-I69</td><td>Cerebrovascular Disease</td></tr>
<tr><td>ICD 10: G90.1</td><td>Familial dysautonomia

[Riley –Day]</td></tr>
<tr><td>ICD 10 Disease Block: Q00-Q07</td><td>Congenital Malformations of the brain, spinal cord, nervous system</td></tr>
<tr><td>ICD 10 Disease Group: R56</td><td>Convulsions not elsewhere classified</td></tr>
<tr><td>ICD 10 Disease Group: S06</td><td>Intracranial Injury</td></tr>
<tr><td>ICD 10:
T74.12XA
T74.12XD
T74.12XS
T74.4XXA
T74.4XXD
T74.4XXS
T76.12XA
T76.12XD
T76.12XS</td><td>Child physical abuse, confirmed/suspected, initial encounter
Shaken infant syndrome, initial encounter</td></tr>
</table>
</td></tr>
<tr><td>Austedo-Ingrezza-Tetrabenazine Auto PA

Automated PA approval satisfies L=Auto PA drug logic</td><td>
<table>
<tr><th>Generic Name</th><th>Brand Name</th><th>Drug Code</th></tr>
<tr><td>deutetrabenazine</td><td>Austedo/XR/Titration Kit*</td><td>HSN = 044192</td></tr>
</table>
</td><td>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”</td></tr>
</table>

<table>
<tr><th>Edit</th><th>Drugs</th><th>Steps</th></tr>
<tr>
<td>*Automated PA approval will NOT override R = Non-PDL edit coding and will not satisfy the automation logic</td>
<td>
<table>
<tr><td>valbenazine tosylate</td><td>Ingrezza/Sprinkle Initiation Pack*</td><td>HSN = 044202</td></tr>
<tr><td>tetrabenazine</td><td>Xenazine*</td><td>HSN = 007350</td></tr>
</table>
</td>
<td>
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

<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>
</td>
</tr>
</table>

<table>
<tr><th>Edit</th><th>Drugs</th><th>Steps</th></tr>
<tr><td></td><td></td><td>
<table>
<tr><td>Valbenazine tosylate (Ingrezza)</td><td>18</td><td>Maximum of 80 mg per day

Maximum of 1 capsule per day</td></tr>
</table>
</td></tr>
<tr><td>Asthma- Inhaled Corticosteroid Edit</td><td>
<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/Respules</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>Generic</th><th>Brand Name</th><th>Drug Code</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/ glycopyrolate/ 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>
<table>
<tr><th>Rescue Therapy List</th></tr>
</table>
</td><td>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 will be able to override the denial utilizing only the approved intervention/professional service codes, outcome/result of service codes.

Note: This edit will not override existing age limits, quantity limits, or Non PDL edit</td></tr>
</table>

<table>
<tr><th>Edit</th><th>Drugs</th><th>Steps</th></tr>
<tr><td></td><td>
<table>
<tr><th colspan="3">Short Acting Beta Agonist (SABA)</th></tr>
<tr><th>Generic</th><th>Name</th><th>Drug Code</th></tr>
<tr><td>albuterol sulfate</td><td>ProAir Digihaler/ RespiClick,

Ventolin HFA</td><td>HSN = 002073</td></tr>
<tr><td>levalbuterol HCl</td><td>Xopenex</td><td>HSN = 019858</td></tr>
<tr><td>levalbuterol tartrate</td><td>Xopenex HFA</td><td>HSN = 032814</td></tr>
<tr><td>metaproterenol</td><td>Alupent</td><td>HSN = 002058</td></tr>
<tr><td>terbutaline</td><td>Brethine</td><td>HSN = 002071</td></tr>
</table>
</td><td></td></tr>
<tr><td>Overlapping TNF Inhibitors-Related Agents DUR Edit</td><td>
<table>
<tr><th colspan="4">Tumor Necrosis Factor Inhibitors (TNFi) List</th></tr>
<tr><th>Generic Name</th><th>Brand Name</th><th colspan="2">Drug Codes</th></tr>
<tr><td>adalimunab</td><td>Humira/ Pediatric Crohn's/ Crohn’s-UC-HS Starter/ Psoriasis-Uveitis</td><td>HSN = 024800</td><td rowspan="8">HIC3 = S2J</td></tr>
<tr><td>adalimumab-atto</td><td>Amjevita</td><td>HSN = 043886</td></tr>
<tr><td>certolizumab pegol</td><td>Cimzia</td><td>HSN = 035554</td></tr>
<tr><td>etanercept</td><td>Enbrel/Mini/ Sureclick</td><td>HSN = 018830</td></tr>
<tr><td>golimunab</td><td>Simponi/ Aria</td><td>HSN = 036278</td></tr>
<tr><td>infliximab</td><td>Remicade</td><td>HSN = 018747</td></tr>
<tr><td>infliximab-abda</td><td>Renflexis</td><td>HSN = 044432</td></tr>
</table>
</td><td>Step 1: If incoming claim from <TNFi List> PROCEED to STEP 3.

If incoming claim from <Non-Biologics List> PROCEED to STEP 2.

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).

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).

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,</td></tr>
</table>

Edit	Drugs	Steps

infliximab-axxq	Avsola	HSN = 046242	
Infliximab-dyyb	Inflectra	HSN = 043249	

Non TNFi Biologic List

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

or Non-Biologics (Otezla, Olumiant, Xeljanz/XR, Rinvoq ER) Therapy. PA Req'd": Fax PA to 877-614-1078". Otherwise, PROCEED to STEP 4.

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

<table>
<tr><th>Edit</th><th>Drugs</th><th>Steps</th></tr>
<tr><td></td><td>
<table>
<tr><td>baricitinib</td><td>Olumiant</td></tr>
<tr><td>tofacitinib</td><td>Xeljanz/XR</td></tr>
<tr><td>upadacitinib</td><td>Rinvoq ER</td></tr>
</table>
</td><td></td></tr>
<tr><td>Overlapping Dipeptidyl-Peptidase IV Inhibitor (DPP-4) and Glucagon-Like Peptide 1 Agonist (GLP-1) DUR Edit</td><td>
<table>
<tr><th colspan="4">Dipeptidyl-Peptidase IV Inhibitor List (DPP-4)</th></tr>
<tr><th colspan="4">Single Agent: DPP-4 Inhibitors</th></tr>
<tr><th>HIC3</th><th>Brand Name</th><th>Generic Name</th><th>HSN</th></tr>
<tr><td>C4J</td><td>Januvia</td><td>sitagliptin phosphate</td><td>034126</td></tr>
<tr><td></td><td>Nesina</td><td>alogliptin benzoate</td><td>039968</td></tr>
<tr><td></td><td>Onglyza</td><td>saxagliptin HCl</td><td>036471</td></tr>
<tr><td></td><td>Tradjenta</td><td>linagliptin</td><td>037576</td></tr>
<tr><th colspan="4">Combination Agents: DPP-4 Inhibitors</th></tr>
<tr><th>HIC3</th><th>Brand Name</th><th>Generic Name</th><th>HSN</th></tr>
<tr><td>C4C</td><td>Oseni</td><td>alogliptin benz/pioglitazone</td><td>039967</td></tr>
<tr><td rowspan="3">C4F</td><td>Janumet/XR</td><td>sitagliptin phos/metformin HCl</td><td>034665</td></tr>
<tr><td>Jentadueto/XR</td><td>linagliptin/metformin HCl</td><td>038464</td></tr>
<tr><td>Kazano</td><td>alogliptin benz/metformin HCl</td><td>039970</td></tr>
<tr><td rowspan="3">C4W</td><td>Kombiglyze XR</td><td>saxagliptin hcl/metformin HCl</td><td>037246</td></tr>
<tr><td>Glyxambi</td><td>empagliflozin/linagliptin</td><td>041724</td></tr>
<tr><td>Qtern</td><td>dapagliflozin/saxagliptin HCl</td><td>043957</td></tr>
<tr><td>Steglujan</td><td>ertugliflozin/sitagliptin phos</td><td>044706</td></tr>
</table>
<table>
<tr><th colspan="4">Glucagon-Like Peptide 1 Agonist (GLP-1) List</th></tr>
<tr><th colspan="4">Single Agent: GLP-1 Agonist</th></tr>
<tr><th>HIC3</th><th>Brand Name</th><th>Generic Name</th><th>HSN</th></tr>
<tr><td rowspan="7">C4I</td><td>Adlyxin</td><td>lixisenatide</td><td>040782</td></tr>
<tr><td>Bydureon Bcise</td><td>exenatide microspheres</td><td>038451</td></tr>
<tr><td>Byetta</td><td>exenatide</td><td>032893</td></tr>
<tr><td>Ozempic/ Rybelsus</td><td>semaglutide</td><td>044675</td></tr>
<tr><td>Tanzeum</td><td>albiglutide</td><td>041163</td></tr>
<tr><td>Trulicity</td><td>dulaglutide</td><td>041421</td></tr>
<tr><td>Victoza</td><td>liraglutide</td><td>036436</td></tr>
</table>
</td><td>Step 1: If incoming claim from <DPP-4 Inhibitor List (HIC3)> PROCEED to STEP 2.

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.

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.

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</td></tr>
</table>

<table>
<tr><th>Edit</th><th>Drugs</th><th>Steps</th></tr>
<tr><td></td><td>
<table>
<tr><td></td><td></td><td></td><td></td></tr>
<tr><td colspan="4">Combination Agents: Insulin glargine/degludec and GLP-1 Agonist</td></tr>
<tr><td>C4X</td><td>Soliqua

Xultophy</td><td>insulin glargine/lixisenatide
insulin degludec/liraglutide</td><td>043944

041880</td></tr>
<tr><td colspan="4">Combination Agent: Glucose-Dependent Insulinotropic Polypeptide (GIP) Receptor and Glucagon-Like Peptide 1 (GLP-1) Agonist</td></tr>
<tr><td>C4Z</td><td>Mounjaro</td><td>tirzepatide</td><td>048014</td></tr>
</table>
</td><td></td></tr>
<tr><td>Short Acting Narcotic Max Day Supply Edit</td><td>
<table>
<tr><th colspan="3"><Short Acting (SA) Narcotic List></th></tr>
<tr><th>Generic Name</th><th>Brand Name</th><th>Drug Code</th></tr>
<tr><td>acetaminophen/ codeine</td><td>Capital/ Codeine Tylenol/ Codeine</td><td>GSNs = 004161, 004163, 004165, 004169, 045155, 070212, 070222, 070224</td></tr>
<tr><td>acetaminophen/ caffeine/ dihydrocodeine</td><td>Trezix</td><td>GSN = 073169</td></tr>
<tr><td>aspirin/caffeine/ dihydrocodeine</td><td>Synalgos-DC</td><td>GSN = 062407</td></tr>
<tr><td>benzhydrocodone/

acetaminophen</td><td>Apadaz</td><td>GSNs = 079489,

078222, 079488</td></tr>
<tr><td>carisoprodol/ aspirin/codeine</td><td>Soma Compound/ codeine</td><td>GSNs = 048518</td></tr>
<tr><td>codeine sulfate</td><td>N/A</td><td>GSNs =004185, 004186, 004187</td></tr>
<tr><td>codeine/ butalbital/ ASA/ caffeine</td><td>Ascomp/ Codeine Fiorinal/ Codeine</td><td>GSNs = 004120</td></tr>
<tr><td>fentanyl spray</td><td>Subsys</td><td>GSNs = 068412, 068413, 068414, 068415, 068416, 068756, 068757</td></tr>
</table>
</td><td>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,</td></tr>
</table>

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/Plus, Lortab, Norco, Verdrocet, Vicodin/ES/HP, Xodol, Zamicet	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	

<table>
<tr><th>Edit</th><th>Drugs</th><th>Steps</th></tr>
<tr><td></td><td>
<table>
<tr><td>oxycodone/ aspirin</td><td>N/A</td><td>GSNs = 060638</td></tr>
<tr><td>oxycodone/ ibuprofen</td><td>N/A</td><td>GSNs = 058402</td></tr>
<tr><td>oxymorphone</td><td>Opana IR</td><td>GSNs = 061086, 061087</td></tr>
<tr><td>pentazocine/ naloxone</td><td>N/A</td><td>GSNs = 004292</td></tr>
<tr><td>tapentadol</td><td>Nucynta</td><td>GSNs = 065319, 065320, 065321</td></tr>
<tr><td>tramadol</td><td>Ultram, Qdolo</td><td>GSNs = 023139, 044975, 081474</td></tr>
<tr><td>tramadol/ acetaminophen</td><td>Ultracet</td><td>GSNs = 048456</td></tr>
<tr><td>tramadol/ celecoxib</td><td>Seglentis</td><td>GSN = 082830</td></tr>
</table>
</td><td></td></tr>
<tr><td>Doxepin 5% cream 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</td><td>
<table>
<tr><th>Drug Name</th><th>Brand Name</th><th>Drug Code</th></tr>
<tr><td>Doxepin 5% Cream</td><td>Zonalon*</td><td>GSN = 021715

Excluding Prudoxin (NDCs:

00064360045

00378813045

40076051145)</td></tr>
</table>

Blue font = manufacturer obsolete
</td><td>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>
<tr><th>Drug Name</th><th>Age Limit (Min Age)</th><th>Quantity Limitations</th></tr>
<tr><td>Doxepin 5% Cream

Prudoxin 5% Cream

Zonalon 5% Cream</td><td>18</td><td>90 grams every 30 days</td></tr>
</table>
Note:

PA approval SATISFIES L = Auto PA drug edit
Automated PA approval will NOT override R= Non-PDL edit

</td></tr>
</table>

<table>
<tr><th>Edit</th><th>Drugs</th><th>Steps</th></tr>
<tr>
<td>Calcipotriene 0.005% AutoPA

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</td>
<td>
<table>
<tr><th>Drug Name</th><th>Drug Code</th></tr>
<tr><td>Calcipotriene 0.005% cream
Calcipotriene 0.005% ointment
Calcipotriene 0.005% solution</td><td>GSN = 021134
GSN = 019160
GSN = 022483</td></tr>
</table>
</td>
<td>
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>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>
</td>
</tr>
<tr>
<td>Dual Statin Blockade DUR edit</td>
<td>
<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>
</td>
<td>
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.
</td>
</tr>
</table>

<table>
<tr><th>Edit</th><th>Drugs</th><th>Steps</th></tr>
<tr><td></td><td>
<table>
<tr><td>Simvastatin</td><td>Flolipid, Zocor</td><td>006312</td></tr>
</table>
Blue font = manufacturer obsolete
</td><td></td></tr>
<tr><td>Dual Long Acting Insulins DUR edit</td><td>
<table>
<tr><th colspan="3">Long Acting Insulin List</th></tr>
<tr><th>Generic Name</th><th>Brand Name</th><th>GSN</th></tr>
<tr><td rowspan="3">Insulin Degludec</td><td>Tresiba Flextouch 100 units/ml</td><td>071842</td></tr>
<tr><td>Tresiba Flextouch 200 units/ml</td><td>071843</td></tr>
<tr><td>Tresiba 100 unit/ml Vial</td><td>079385</td></tr>
<tr><td rowspan="2">Insulin Detemir</td><td>Levemir 100 unit/ml Vial</td><td>059586</td></tr>
<tr><td>Levemir Flexpen 100 unit/ml, Levemir Flextouch 100 unit/ml</td><td>057439</td></tr>
<tr><td rowspan="5">Insulin Glargine</td><td>Lantus, Semglee 100 unit/ml Vial</td><td>047780</td></tr>
<tr><td>Lantus 100 units/ml Cartridge</td><td>050836</td></tr>
<tr><td>Lantus, Semglee 100 unit/ml Solostar,

Basaglar 100 unit/ml Kwikpen</td><td>062867</td></tr>
<tr><td>Toujeo Solostar 300 unit/ml</td><td>073567</td></tr>
<tr><td>Toujeo Max Solostar 300 unit/ml</td><td>078265</td></tr>
<tr><td rowspan="2">Insulin Glargine-YFGN</td><td>Semglee (YFGN) 100 unit/ml Vial</td><td>082541</td></tr>
<tr><td>Semglee (YFGN) 100 unit/ml Pen</td><td>082542</td></tr>
</table>
</td><td>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).

The provider will be able to override the denial utilizing 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 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.</td></tr>
</table>

<table>
<tr><th>Edit</th><th>Drugs</th><th>Steps</th></tr>
<tr><td></td><td>
<table>
<tr><td>Insulin Degludec/ Liraglutide</td><td>Xultophy 100 unit-3.6 mg/ml Pen</td><td>073919</td></tr>
<tr><td>Insulin Glargine/ Lixisenatide</td><td>Soliqua 100 unit-33 mcg/ml Pen</td><td>076864</td></tr>
</table>
</td><td></td></tr>
<tr><td>Oral Antipsychotic Polypharmacy Edit</td><td>
<table>
<tr><th colspan="3">Oral Antipsychotic Agents</th></tr>
<tr><th>Generic Name</th><th>Brand Name</th><th>Drug Code</th></tr>
<tr><td>aripiprazole</td><td>Abilify</td><td>HSN = 024551</td></tr>
<tr><td>asenapine maleate</td><td>Saphris</td><td>HSN = 036576</td></tr>
<tr><td>brexpiprazole</td><td>Rexulti</td><td>HSN = 042283</td></tr>
<tr><td>cariprazine</td><td>Vraylar</td><td>HSN = 042552</td></tr>
<tr><td>chlorpromazine</td><td>N/A</td><td>HSN = 001621</td></tr>
<tr><td>clozapine</td><td>Clozaril; Fazaclo; Versacloz</td><td>HSN = 004834</td></tr>
<tr><td>fluphenazine</td><td>N/A</td><td>HSN = 001626</td></tr>
<tr><td>haloperidol</td><td>Haldol</td><td>HSN = 001662</td></tr>
<tr><td>haloperidol lactate</td><td>Haldol</td><td>HSN = 001661</td></tr>
<tr><td>iloperidone</td><td>Fanapt</td><td>HSN = 036778</td></tr>
<tr><td>loxapine succinate</td><td>Loxitane</td><td>HSN = 001664</td></tr>
<tr><td>lumateperone tosylate</td><td>Caplyta</td><td>HSN = 046280</td></tr>
<tr><td>lurasidone</td><td>Latuda</td><td>HSN = 037321</td></tr>
<tr><td>molindone</td><td>N/A</td><td>HSN = 001666</td></tr>
<tr><td>olanzapine</td><td>Zyprexa</td><td>HSN = 011814</td></tr>
<tr><td>olanzapine/ fluoxetine</td><td>Symbyax</td><td>HSN = 025800</td></tr>
<tr><td>olanzapine/ samidorphan malate</td><td>Lybalvi</td><td>HSN = 047406</td></tr>
<tr><td>paliperidone</td><td>Invega ER</td><td>HSN = 034343</td></tr>
<tr><td>perphenazine</td><td>Trilafon</td><td>HSN = 001627</td></tr>
<tr><td>perphenazine /amitriptyline</td><td>Etrafon-A/ Triavil</td><td>HSN = 013819</td></tr>
<tr><td>pimavanserin</td><td>Nuplazid</td><td>HSN = 043373</td></tr>
</table>
</td><td>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, procced 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 <i>“PA Req’d; Max</i> Overlapping Oral and Long Acting Antipsychotics 90 days: <i>Fax PA 877-614-1078.”</i> 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 <i>“PA Req’d; Max</i> of 2 Oral Antipsychotics per 60 days: <i>Fax PA 877-614-1078.”</i> 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.</td></tr>
</table>

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; Uzedy ER	GSNs = 078740, 078741, 084728, 084729, 084730, 084731, 084732, 084733, 084734
risperidone microspheres	Risperdal Consta	HSN = 025509

Blue font = manufacturer obsolete products

<table>
<tr><th>Edit</th><th>Drugs</th><th>Steps</th></tr>
<tr>
<td>Antipsychotics and Opioids ProDUR edit</td>
<td>
<table>
<tr><th colspan="3">Antipsychotics List</th></tr>
<tr><th>Generic Name</th><th>Brand Name</th><th>Drug Code</th></tr>
<tr><td rowspan="3">Aripiprazole</td><td>Abilify; Abilify Asimtufii; Abilify Maintena; Abilify Mycite; Opipza</td><td>HSN = 024551</td></tr>
<tr><td>Aristada ER</td><td>HSN = 042595</td></tr>
<tr><td>Aristada Initio</td><td>HSN = 045050</td></tr>
<tr><td rowspan="2">Asenapine</td><td>Saphris</td><td>HSN = 036576</td></tr>
<tr><td>Secuado</td><td>HSN = 046175</td></tr>
<tr><td>Brexpiprazole</td><td>Rexulti</td><td>HSN = 042283</td></tr>
<tr><td>Cariprazine</td><td>Vraylar</td><td>HSN = 042552</td></tr>
<tr><td>Chlorpromazine</td><td>N/A</td><td>HSN = 001621</td></tr>
<tr><td>Clozapine</td><td>Clozaril; Fazaclo; Versacloz</td><td>HSN = 004834</td></tr>
<tr><td>Fluphenazine Decanoate</td><td>N/A</td><td>HSN = 001624</td></tr>
<tr><td>Fluphenazine</td><td>N/A</td><td>HSN = 001626</td></tr>
<tr><td>Haloperidol Decanoate</td><td>Haldol Decanoate</td><td>HSN = 001660</td></tr>
<tr><td>Haloperidol</td><td>Haldol</td><td>HSN = 001662</td></tr>
<tr><td>Iloperidone</td><td>Fanapt</td><td>HSN = 036778</td></tr>
<tr><td>Loxapine; Loxapine Succinate</td><td>Loxitane</td><td>HSN = 001664</td></tr>
<tr><td>Lumateperone Tosylate</td><td>Caplyta</td><td>HSN = 046280</td></tr>
<tr><td>Lurasidone</td><td>Latuda</td><td>HSN = 037321</td></tr>
<tr><td>Molindone</td><td>N/A</td><td>HSN = 001666</td></tr>
<tr><td rowspan="2">Olanzapine; Olanzapine Pamoate</td><td>Zyprexa; Zyprexa Zydis</td><td>HSN = 011814</td></tr>
<tr><td>Zyprexa Relprevv</td><td>HSN = 036716</td></tr>
<tr><td>Olanzapine/ Fluoxetine</td><td>Symbyax</td><td>HSN = 025800</td></tr>
<tr><td>Olanzapine/ Samidorphan Malate</td><td>Lybalvi</td><td>HSN = 047406</td></tr>
<tr><td>Paliperidone ER</td><td>Invega</td><td>HSN = 034343</td></tr>
<tr><td rowspan="2">Paliperidone ER; Paliperidone Palmitate</td><td>Invega Hafyera</td><td>GSNs = 082645, 082646</td></tr>
<tr><td>Invega Sustenna, Erzofri</td><td>GSNs = 065448, 065449, 065450, 065451, 065452, 086368</td></tr>
</table>
</td>
<td>. Automation Logic:

1. 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.

2. Exclude LTC Residents and claims that include Patient Residence Code = 3-Nursing Facility.

3. 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 “DD - Caution Overlapping Opioid-Antipsychotic therapy. Review & submit appropriate DUR cd.”

4. 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 “DD - Caution Overlapping Opioid-Antipsychotic therapy. Review & submit appropriate DUR cd.”

5. 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 “DD - Caution Overlapping Opioid-Antipsychotic therapy. Review & submit appropriate DUR cd.”

6. 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 “DD - Caution Overlapping Opioid-Antipsychotic therapy. Review & submit appropriate DUR cd.”

7. 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 “DD - Caution Overlapping Opioid-Antipsychotic therapy. Review & submit appropriate DUR cd.”

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, quantity limits, or Non PDL coding.</td>
</tr>
</table>

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
benzhydrocodone/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

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, Zamicet	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	Dsuvia	HSN = 001749	
	tapentadol	Nucynta/ ER	HSN = 036411	
	tramadol	Conzip, Qdolo, Ultram	HSN = 008317	
	tramadol/ acetaminophen	Ultracet	HSN = 022880	
	tramadol/ celecoxib	Seglentis	HSN = 047670	

<table>
<tr><th>Edit</th><th>Drugs</th><th>Steps</th></tr>
<tr>
<td>Non-BZP Sedative – LA Opioid ProDUR

Automated PA approval does not satisfy Non-PDL edit</td>
<td>
<table>
<tr><th colspan="3">Non-BZP Sedative List</th></tr>
<tr><th>Generic Name</th><th>Brand Name</th><th>Drug Code</th></tr>
<tr><td rowspan="3">Eszopiclone</td><td>Lunesta 1mg Tablet</td><td rowspan="3">HSN = 026791</td></tr>
<tr><td>Lunesta 2mg Tablet</td></tr>
<tr><td>Lunesta 3mg Tablet</td></tr>
<tr><td rowspan="2">Zaleplon</td><td>Sonata 5mg Capsule</td><td rowspan="2">HSN = 020347</td></tr>
<tr><td>Sonata 10mg Capsule</td></tr>
<tr><td rowspan="10">Zolpidem</td><td>Ambien 5mg Tablets</td><td rowspan="10">HSN = 007842</td></tr>
<tr><td>Ambien 10mg Tablets</td></tr>
<tr><td>Ambien CR 6.25mg Tablets</td></tr>
<tr><td>Ambien CR 12.5 mg Tablets</td></tr>
<tr><td>Edluar 5mg SL Tablet</td></tr>
<tr><td>Edluar 10mg SL Tablet</td></tr>
<tr><td>Intermezzo 1.75mg SL Tablet</td></tr>
<tr><td>Intermezzo 3.5mg SL Tablet</td></tr>
<tr><td>Zolpimist 5mg Oral Spray</td></tr>
</table>

PLUS

**Please note: Blue font denotes manufacturer obsolete products

<table>
<tr><th colspan="3"><Long Acting Opioids Lists></th></tr>
<tr><th>Generic Name</th><th>Brand Name</th><th>Drug Code</th></tr>
<tr><td>buprenorphine</td><td>Belbuca</td><td>GSNs = 075050, 075051, 075052,</td></tr>
</table>
</td>
<td>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.

**** 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.</td>
</tr>
</table>

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, 073621,073622,073623, 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	

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	

<table>
<tr><th>Edit</th><th>Drugs</th><th>Steps</th></tr>
<tr>
<td>Anticonvulsant Polypharmacy edit

Automated PA approval will NOT override R = Non-PDL edit</td>
<td>
<table>
<tr><th colspan="3">Anticonvulsant Lists</th></tr>
<tr><th>HSN</th><th>Gen Name</th><th>Brand Name</th></tr>
<tr><td>043088</td><td>Brivaracetam</td><td>Briviact</td></tr>
<tr><td>045006</td><td>Cannabidiol (CBD) Extract</td><td>Epidiolex</td></tr>
<tr><td>001893</td><td>Carbamazepine</td><td>Tegretol/XR, Carbatrol, Epitol, Equetro</td></tr>
<tr><td>046241</td><td>Cenobamate</td><td>Xcopri</td></tr>
<tr><td>006536</td><td>Clobazam</td><td>Sympazan, Onfi</td></tr>
<tr><td>001894</td><td>Clonazepam</td><td>Klonopin</td></tr>
<tr><td>001615

(excluding Diazepam kit GSNs: 034015, 059781, 059782)</td><td>Diazepam</td><td></td></tr>
<tr><td>001884</td><td>Divalproex Sodium</td><td>Depakote</td></tr>
<tr><td>036675</td><td>Eslicarbazepine Acetate</td><td>Aptiom</td></tr>
<tr><td>001891</td><td>Ethosuximide</td><td>Zarontin</td></tr>
<tr><td>001880</td><td>Ethotoin</td><td>Peganone</td></tr>
<tr><td>037667</td><td>Ezogabine</td><td>Potiga</td></tr>
<tr><td>008186</td><td>Felbamate</td><td>Felbatol</td></tr>
<tr><td>008831</td><td>Gabapentin</td><td>Neurontin</td></tr>
<tr><td>035872</td><td>Lacosamide</td><td>Vimpat</td></tr>
<tr><td>007378</td><td>Lamotrigine</td><td>Lamictal/ODT/XR, Subvenite</td></tr>
<tr><td>020952</td><td>Levetiracetam</td><td>Keppra, Roweepra XR, Spritam</td></tr>
<tr><td>001890</td><td>Methsuximide</td><td>Celontin</td></tr>
<tr><td>011735</td><td>Oxcarbazepine</td><td>Trileptal, Oxtellar XR</td></tr>
<tr><td>039628</td><td>Perampanel</td><td>Fycompa</td></tr>
</table>
</td>
<td>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 “TD – Caution Overlapping Anticonvulsants. Review & submit appropriate DUR cd.” Otherwise, claim MOVES OUT OF EDIT (other clinical edits still apply).

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

Note:
This edit does NOT override existing age limits, quantity limits, or Non PDL coding.</td>
</tr>
</table>

<table>
<tr><th>Edit</th><th>Drugs</th><th>Steps</th></tr>
<tr><td></td><td>
<table>
<tr><td>001879</td><td>Phenytoin Infatab</td><td>Dilantin</td></tr>
<tr><td>001877</td><td>Phenytoin Sodium Extended</td><td>Dilantin, Phenytek</td></tr>
<tr><td>001561</td><td>Phenobarbital</td><td></td></tr>
<tr><td>026470</td><td>Pregabalin</td><td>Lyrica/CR</td></tr>
<tr><td>001886</td><td>Primidone</td><td>Mysoline</td></tr>
<tr><td>034982</td><td>Rufinamide</td><td>Banzel</td></tr>
<tr><td>035461</td><td>Stiripentol</td><td>Diacomit</td></tr>
<tr><td>015773</td><td>Tiagabine HCL</td><td>Gabitril</td></tr>
<tr><td>011060</td><td>Topiramate</td><td>Topamax, Qudexy XR, Trokendi XR,</td></tr>
<tr><td>001883</td><td>Valproic Acid</td><td>Depakene</td></tr>
<tr><td>001882</td><td>Valproic Acid (As Sodium Salt)</td><td>Depakene, Depacon</td></tr>
<tr><td>007377</td><td>Vigabatrin</td><td>Vigadrone, Sabril</td></tr>
<tr><td>021140</td><td>Zonisamide</td><td>Zonegran</td></tr>
</table>
***Please Note: Blue font indicates product is no longer available
</td><td></td></tr>
<tr><td>Pancreatic Enzyme AP Logic</td><td>
<table>
<tr><th colspan="3">Pancreatic Enzyme List</th></tr>
<tr><th>Drug Code</th><th>Generic Name</th><th>Brand Name</th></tr>
<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>
</table>
</td><td>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>
<tr><th>ICD-10 Code</th><th>Description</th></tr>
<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>
</table>
</td></tr>
</table>

<table>
<tr><th>Edit</th><th>Drugs</th><th>Steps</th></tr>
<tr><td></td><td></td><td>
<table>
<tr><td>Disease group: Q45</td><td>Other congenital malformations of digestive system</td></tr>
<tr><td>Z90.41</td><td>Acquired absence of pancreas</td></tr>
<tr><td>Z90.410</td><td>Acquired total absence of pancreas</td></tr>
<tr><td>Z90.411</td><td>Acquired partial absence of pancreas</td></tr>
</table>
</td></tr>
<tr><td>Eucrisa AP Logic</td><td>
<table>
<tr><th>Drug Name</th><th>Drug Code</th></tr>
<tr><td>Eucrisa 2% Ointment</td><td>HSN= 043999</td></tr>
</table>
<table>
<tr><th colspan="3">Topical Calcineurin Inhibitors</th></tr>
<tr><th>Generic Name</th><th>Brand Name</th><th>Drug Code</th></tr>
<tr><td>Tacrolimus</td><td>Protopic</td><td>GSN = 047346, 047347</td></tr>
<tr><td>Pimecrolimus</td><td>Elidel</td><td>GSN = 049724</td></tr>
</table>
<table>
<tr><th colspan="3">Topical Corticosteroids</th></tr>
<tr><th>Generic Name</th><th>Brand Name</th><th>Drug Code</th></tr>
<tr><td>Alclometasone Dipropionate</td><td></td><td>GSN = 007636, 007637</td></tr>
<tr><td>Amcinonide</td><td></td><td>GSN = 007631, 007632, 007633</td></tr>
<tr><td>Betamethasone Dipropionate</td><td>Diprolene (AF), Sernivo</td><td>GSN = 007561, 007562, 007568, 007569, 007570, 014219, 016429, 075550</td></tr>
<tr><td>Betamethasone Valerate</td><td>Luxiq</td><td>GSN = 007572, 007573, 007574, 026471</td></tr>
</table>
</td><td>
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
<table>
<tr><th colspan="2">Quantity Limitations</th></tr>
<tr><td>Eucrisa 2% Ointment</td><td>60 grams every 30 days</td></tr>
</table>
</td></tr>
</table>

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-Smoothe, 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	

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	

Edit

Nurtec ODT/Qulipta/Ubrelvy 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

Drugs

Generic Name	Brand Name	Drug Code
Rimegepant	Nurtec ODT	HSN = 046383
Atogepant	Qulipta	HSN = 047599
Ubrogepant	Ubrelvy	HSN = 046273

Triptans		
Generic Name	**Brand Name**	**Drug Code**
Almotriptan	Axert	HSN = 021894
Eletriptan	Relpax	HSN = 023093
Frovatriptan	Frova	HSN = 022988
Naratriptan	Amerge	HSN = 013266
Rizatriptan	Maxalt/MLT	HSN = 018535
Sumatriptam Succinate	Alsuma, Imitrex, Onzetra Xsail, Sumavel, Tosymra, Zecuity, Zembrace	HSNs = 006587, 012779
Sumatriptan Succinate/ Naproxen Sodium	Treximet	HSN = 035534
Zolmitriptan	Zomig/ZMT	HSN = 012958

Blue font = manufacturer obsolete

Steps

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 < *Approvable Migraine (ICD-10) Diagnoses List* >. 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 *M/I Diagnosis Code*

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 *Missing Prerequisite drug therapy*

Approvable Migraine (ICD-10) Diagnoses List	
ICD-10 Code	**Description**
Disease group: G43	Migraine

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

Drug Name	Age Limit (Min Age)	Quantity Limitations
Nurtec ODT	18	Max of 1 tablet per day Max of 16 tablets per 30 days
Qulipta	18	Max of 1 tablet per day
Ubrelvy	18	Max of 2 tablets per day Max of 16 tablets per 30 days

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

Jornay PM List

Generic Name	Brand Name	Drug Code
methylphenidate ER cap	Jornay PM	GSNs = 078724, 078725, 078726, 078727, 078728

ADHD list

Generic Name	Brand Name	Drug Code
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
clonidine ER	Onyda XR	GSN = 086166
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
	Aptensio XR, Concerta, Metadate ER, Methylin, Methylin ER, Quillichew, Quillivant, Relexxii, Ritalin/Ritalin LA	HSN = 001682
serdexmethylphen/ dexmethylphen	Azstarys	HSN = 047187
viloxazine	Qelbree	HSN = 007345

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.

Drug Name	Age Limit (Min Age)	Quantity Limitations*
Jornay PM	6	Max of 100mg per day Max of 1 capsule per day

*bypass quantity limitations for ages 6 to < 18 years

Opioid - MAT Edit

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
benzhydrocodone /APAP	Apadaz	HSN = 044795
buprenorphine	Belbuca, Buprenex	HSN = 001762 (excluding Probuphine: GSN 076145 and Subutex: GSNs 029312, 029313,)
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
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

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.

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.

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.

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	Dsuvia	HSN = 001749	
	tapentadol	Nucynta/ ER	HSN = 036411	
	tramadol	Conzip, Qdolo, Ultram	HSN = 008317	
	tramadol/ acetaminophen	Ultracet	HSN = 022880	
	tramadol/celecoxib	Seglentis	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

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			

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	HSN = 001643, 001648, 001645, 001650, 001641, 001642, 001651, 001644, 001646, 001649
Amoxapine	N/A	
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	
Mirtazapine	Remeron	HIC3 = H7B
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

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
Iloperidone 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

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	

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.

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	

Edit	Drugs			Steps
	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	
	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	

Edit	Drugs			Steps
	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/Fexmid	HSN= 001950	
	metaxalone	Skelaxin	HSN= 001945	
	methocarbamol	Robaxin	HSN= 001938	
	orphenadrine	N/A	HSN= 001906	
	tizanidine	Zanaflex	HSN= 011582	
	Blue font = Manufacturer obsolete product			

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		
Generic Name	**Brand Name**	**Drug Code**
Hydroxy-chloroquine	Plaquenil*	HSN = 004151
Chloroquine	Aralen	HSN = 004147

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".

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

<table>
<tr><th>Edit</th><th>Drugs</th><th>Steps</th></tr>
<tr><td></td><td></td><td>
<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>
</td></tr>
<tr><td>Endari/Siklos 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</td><td>
<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>
</td><td>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.</td></tr>
</table>

<table>
<tr><th>Edit</th><th>Drugs</th><th>Steps</th></tr>
<tr><td></td><td></td><td>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>
</td></tr>
<tr><td>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</td><td>
<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>
</td><td>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>
</td></tr>
</table>

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

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

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

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

<table>
<tr><th>Edit</th><th>Drugs</th><th>Steps</th></tr>
<tr>
<td>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</td>
<td>
<table>
<tr><th>Drug Name</th><th>Drug Code</th></tr>
<tr><td>Ellence 2 mg/ml vial</td><td>HSN = 006578</td></tr>
</table>
</td>
<td>
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>
<tr><th colspan="2">Approvable Diagnosis Codes</th></tr>
<tr><th>ICD 10 Codes</th><th>Description</th></tr>
<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>
</table>
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>Ellence 2 mg/ml vial</td><td>18</td><td>1125mL’s per lifetime</td></tr>
</table>
</td>
</tr>
<tr>
<td>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</td>
<td>
<table>
<tr><th>Drug Name</th><th>Drug Code</th></tr>
<tr><td>Ruxience 10mg/mL Vial</td><td>HSN = 045899</td></tr>
</table>
</td>
<td>
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>
<tr><th colspan="2">Approvable Diagnosis Codes</th></tr>
<tr><th>ICD 10 Codes</th><th>Description</th></tr>
<tr><td>Disease Group: C85</td><td>Other specified and unspecified types of non-Hodgkin lymphoma</td></tr>
</table>
</td>
</tr>
</table>

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 M06	Rheumatoid arthritis with or without Rheumatoid Factor
M31.3	Wegener's granulomatosis
M31.7	Microscopic polyangiitis

Note:

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

Drug Name	Age Limit (Min Age)	Quantity Limitations
Ruxience 10mg/mL Vial	18	736 mL's every 30 days

<table>
<tr><th>Edit</th><th>Drugs</th><th>Steps</th></tr>
<tr>
<td>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</td>
<td>
<table>
<tr><th>Drug Name</th><th>Drug Code</th></tr>
<tr><td>Vidaza 100 mg Vial</td><td>GSN = 054660</td></tr>
</table>
</td>
<td>
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>
</td>
</tr>
<tr>
<td>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</td>
<td>
<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>
</td>
<td>
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
</td>
</tr>
</table>

Edit	Drugs	Steps

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

Drug Name	Age Limit (Min Age)	Quantity Limitations
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

Glucagon-Like Peptide 1 (GLP-1) Agonists List		
Generic Name	**Brand Name**	**Drug Code**
Lixisenatide	Adlyxin	HSN = 040782
Exenatide ER	Bydureon Bcise* Bydureon Pen Bydureon Vial	GSN = 077890 GSN = 072230 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***

Approvable ICD-10 Disease Groups	
E11	Type II Diabetes Mellitus

Edit	Drugs	Steps

	Rybelsus*	GSN = 080228, 080229, 080230
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

Note: Automated PA approval will NOT override age limits or quantity limits.

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

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		
Generic Name	**Brand Name**	**Drug Code**
Daclatasvir Dihydrochloride	Daklinza*	HSN = 041377
Sofosbuvir/ Velpatasvir	Epclusa	HSN = 043561
Ledipasvir/ Sofosbuvir	Harvoni*	HSN = 041457
Glecaprevir/ Pibrentasvir	Mavyret	HSN = 044453
Simeprevir Sodium	Olysio*	HSN = 040771
Sofosbuvir	Sovaldi*	HSN = 040795
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

Blue font = manufacturer obsolete

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".

Approvable Hepatitis C DAA ICD-10 Disease Groups	
B17, B18, B19 (excluding B17.0, B17.2, B19.1, B19.10, & B19.11)	Hepatitis C

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

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

<table>
<tr><th>Edit</th><th>Drugs</th><th>Steps</th></tr>
<tr><td></td><td></td><td>
<table>
<tr><td></td><td></td><td>Maximum of 3 tabs per day;
168 tabs per lifetime</td></tr>
<tr><td>Sovaldi</td><td>3 (pellet)
12 (tablet)</td><td>Maximum of 1 pellet/tab per day;
168 tabs/pellets per lifetime</td></tr>
<tr><td>Viekira Pak</td><td>18</td><td>Maximum of 4 tabs per day;
112 tabs per 25 days;
672 tabs/pellets per lifetime</td></tr>
<tr><td>Vosevi</td><td>18</td><td>Maximum of 1 tab per day;
84 tabs per lifetime</td></tr>
<tr><td>Zepatier</td><td>12</td><td>Maximum of 1 tab per day;
112 tabs per lifetime</td></tr>
</table>
</td></tr>
<tr><td>Entresto Soft Edit</td><td>
<table>
<tr><th colspan="3">Entresto List</th></tr>
<tr><th>Generic Name</th><th>Brand Name</th><th>GSN</th></tr>
<tr><td>Sacubitril/Valsartan</td><td>Entresto 24 MG-26 MG</td><td>074408</td></tr>
</table>
</td><td>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: Please discuss with prescriber/patient about appropriate dose escalation. Submit Prior Auth Type Code = 1 - Prior Authorization</td></tr>
<tr><td>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</td><td>
<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>
</td><td>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 M/I Diagnosis Code
<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: Othe 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>
</td></tr>
</table>

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

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

<table>
<tr><th>Edit</th><th>Drugs</th><th>Steps</th></tr>
<tr><td></td><td></td><td>
<table>
<tr><td>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</td><td></td></tr>
<tr><td>Z93.1</td><td>Gastrostomy status</td></tr>
</table>
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

</td></tr>
<tr><td>Tricyclic Antidepressant Soft Edit</td><td>
<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>
</td><td>
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: 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
</td></tr>
</table>

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

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
Ezetemibe	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

<table>
<tr><th>Edit</th><th>Drugs</th><th>Steps</th></tr>
<tr><td></td><td>
<table>
<tr><td>Lovastatin</td><td>Altoprev</td><td>HSN = 002793</td></tr>
<tr><td>Niacin/Lovastatin</td><td>Advicor</td><td>HSN = 023090</td></tr>
<tr><td>Niacin/Simvastatin</td><td>Simcor</td><td>HSN = 035395</td></tr>
<tr><td>Pitavastatin Calcium</td><td>Livalo</td><td>HSN = 036983</td></tr>
<tr><td>Pitavastatin Magnesium</td><td>Zypitamag</td><td>HSN = 044422</td></tr>
<tr><td>Pravastatin Sodium</td><td>N/A</td><td>HSN = 006227</td></tr>
<tr><td>Rosuvastatin Calcium</td><td>Crestor/Ezallor Sprinkle</td><td>HSN = 025009</td></tr>
<tr><td>Simvastatin</td><td>Zocor</td><td>HSN = 006312</td></tr>
</table>
</td><td></td></tr>
<tr><td>Overlapping Long Acting-Intermediate Insulins DUR Edit</td><td>
<table>
<tr><th colspan="3">Long-Acting Insulin List</th></tr>
<tr><th>Generic Name</th><th>Brand Name</th><th>HSN</th></tr>
<tr><td>Insulin Degludec</td><td>Tresiba Flextouch U-100
Insulin Degludec Pen (U-100)
Tresiba Flextouch U-200
Insulin Degludec Pen (U-200)
Tresiba
Insulin Degludec</td><td>040844</td></tr>
<tr><td>Insulin Detemir</td><td>Levemir Flextouch
Levemir Flexpen
Levemir</td><td>026407</td></tr>
</table>
</td><td>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.</td></tr>
</table>

Edit	Drugs			Steps
	Insulin Glargine	Semglee Lantus Insulin Glargine Basaglar Kwikpen U-100 Basaglar Tempo Pen U-100 Lantus Solostar Insulin Glargine Solostar Toujeo Solostar Toujeo Max Solostar	022025	
	Insulin Glargine-YFGN	Semglee (Yfgn) Semglee (Yfgn) Pen Insulin Glargine-Yfgn	047511	
	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 Novolin N Humulin N Kwikpen Novolin N Flexpen	000780
Insulin NPH Hum/Reg Insulin Hm	Humulin 70-30 Novolin 70-30 Humulin 70/30 Kwikpen Novolin 70-30 Flexpen	006215

Edit

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

Drugs

Generic Name	Brand Name	Drug Code
Lumateperone Tosylate	Caplyta	HSN = 046280

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
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

Steps

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).

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

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

Drug Name	Age Limit (Min Age)	Quantity Limitations
Caplyta	18	1 per day

Note:

- PA approval SATISFIES L = Auto PA drug edit
- Automated PA approval will NOT override R= Non-PDL edit

<table>
<tr><th>Edit</th><th>Drugs</th><th>Steps</th></tr>
<tr><td></td><td>
<table>
<tr><td>paliperidone</td><td>Invega ER</td><td>HSN = 034343</td></tr>
<tr><td>pimavanserin</td><td>Nuplazid</td><td>HSN = 043373</td></tr>
<tr><td>quetiapine fumarate</td><td>Seroquel/XR</td><td>HSN = 014015</td></tr>
<tr><td>risperidone</td><td>Risperdal/ M-Tab</td><td>GSNs = 021154, 021155, 021156, 021157, 026177, 042922, 042923, 051799, 051800, 052049, 059402, 059403, 065235, 071304 - 071306</td></tr>
<tr><td>ziprasidone HCL</td><td>Geodon</td><td>HSN = 021974</td></tr>
</table>
</td><td></td></tr>
<tr><td>Fanapt 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</td><td>
<table>
<tr><th>Generic Name</th><th>Brand Name</th><th>Drug Code</th></tr>
<tr><td>iloperidone</td><td>Fanapt</td><td>HSN = 036778 Excluding GSN 065908 - titration pack)</td></tr>
</table>
<table>
<tr><th colspan="3">Oral Atypical Antipsychotics</th></tr>
<tr><th>Generic Name</th><th>Brand Name</th><th>Drug Code</th></tr>
<tr><td>aripiprazole</td><td>Abilify</td><td>GSNs = 051333 – 051336, 052898, 058594, 060225, 060319, 060322, 082063 -082066, 082069-082076, 086425 - 086427</td></tr>
<tr><td>asenapine maleate</td><td>Saphris</td><td>HSN = 036576</td></tr>
<tr><td>brexpiprazole</td><td>Rexulti</td><td>HSN = 042283</td></tr>
<tr><td>cariprazine</td><td>Vraylar</td><td>HSN = 042552</td></tr>
<tr><td>clozapine</td><td>Clozaril; Fazaclo; Versacloz</td><td>HSN = 004834</td></tr>
</table>
</td><td>
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>
Note:
• PA approval SATISFIES L = Auto PA drug edit
</td></tr>
</table>

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	

Rexulti 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

Rexulti List		
Generic Name	**Brand Name**	**Drug Code**
brexpiprazole	Rexulti	HSN = 042283 (excluding GSNs 085355 & 085342 - sample packs)

Antidepressants List		
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	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	
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

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).

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.

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.

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

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

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 = H81	
	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
Iloperidone	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

<table>
<tr><th>Edit</th><th>Drugs</th><th>Steps</th></tr>
<tr><td></td><td>
<table>
<tr><td>samidorphan malate</td><td></td><td></td></tr>
<tr><td>paliperidone</td><td>Invega ER</td><td>HSN = 034343</td></tr>
<tr><td>pimavanserin</td><td>Nuplazid</td><td>HSN = 043373</td></tr>
<tr><td>quetiapine fumarate</td><td>Seroquel/XR</td><td>HSN = 014015</td></tr>
<tr><td>risperidone</td><td>Risperdal</td><td>GSNs = 021154 – 021157, 026177, 042922, 042923, 051799, 051800, 052049, 059402, 059403, 065235, 071304 - 071306</td></tr>
<tr><td>ziprasidone HCL</td><td>Geodon</td><td>HSN = 021974</td></tr>
</table>
</td><td></td></tr>
<tr><td>Qelbree 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</td><td>
<table>
<tr><th colspan="3">Qelbree List</th></tr>
<tr><th>Generic Name</th><th>Brand Name</th><th>Drug Code</th></tr>
<tr><td>viloxazine</td><td>Qelbree</td><td>HSN = 007345</td></tr>
</table>
<table>
<tr><th colspan="3">ADHD list</th></tr>
<tr><th>Generic Name</th><th>Brand Name</th><th>Drug Code</th></tr>
<tr><td>amphetamine</td><td>Adzenys ER/XR ODT, Dyanavel XR</td><td>HSN = 043652</td></tr>
<tr><td>amphetamine</td><td>Evekeo/Evekeo ODT</td><td>HSN = 002064</td></tr>
<tr><td>atomoxetine</td><td>Strattera</td><td>HSN = 024703</td></tr>
<tr><td>clonidine ER</td><td>N/A</td><td>GSN = 066895</td></tr>
<tr><td>dexmethylphenidate</td><td>Focalin/Focalin XR</td><td>HSN = 022987</td></tr>
<tr><td>dextroamphetamine</td><td>Dexedrine, Procentra, Zenzedi</td><td>HSN = 002065</td></tr>
<tr><td>dextroamphetamine</td><td>Xelstrym</td><td>HSN = 047926</td></tr>
<tr><td>dextroamphetamine/amphetamine</td><td>Adderall/Adderall XR, Mydayis</td><td>HSN = 013449</td></tr>
<tr><td>guanfacine ER</td><td>Intuniv ER</td><td>GSN = 065570, 065572, 065573, 065574</td></tr>
<tr><td>lisdexamfetamine</td><td>Vyvanse</td><td>HSN = 034486</td></tr>
<tr><td>methamphetamine</td><td>Desoxyn</td><td>HSN = 002067</td></tr>
<tr><td>methylphenidate</td><td>Cotempla XR ODT, Daytrana</td><td>HSN = 033556</td></tr>
</table>
</td><td>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.

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”.

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>
</td></tr>
</table>

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	

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

Edit	Drugs	Steps

HSN = 048905	OMNIPOD GO 20 UNIT/DAY PODS
HSN = 048906	OMNIPOD GO 25 UNIT/DAY PODS
HSN = 048907	OMNIPOD GO 30 UNIT/DAY PODS
HSN = 048908	OMNIPOD GO 35 UNIT/DAY PODS
HSN = 048909	OMNIPOD GO 40 UNIT/DAY PODS
HSN = 049386	OMNIPOD 5 G6-G7 PODS (GEN 5)
HSN = 049391	OMNIPOD 5 G6-G7 INTRO KT (GEN 5)
HSN = 049846	OMNIPOD 5 (G6/LIBRE 2 PLUS)
HSN = 049847	OMNIPOD 5 INTRO(G6/LIBRE2PLUS)

Insulins List

Generic Drug Name	Brand Name
INSULIN ASPART	INSULIN ASPART
	INSULIN ASPART FLEXPEN
	INSULIN ASPART PENFILL
	NOVOLOG
	NOVOLOG FLEXPEN
	NOVOLOG PENFILL
INSULIN ASPART (NIACINAMIDE)	FIASP
	FIASP FLEXTOUCH
	FIASP PENFILL
INSULIN ASPART PROT/INSULN ASP	INSULIN ASPART PROT MIX 70-30
	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

Drug Codes		
	FREESTYLE LIBRE 3 READER	Max of 1 each per year
	FREESTYLE LIBRE 14 DAY READER	
	FREESTYLE LIBRE 2 READER	
	FREESTYLE LIBRE 2 SENSOR	Max of 2 each per 28 days
	FREESTYLE LIBRE 3 SENSOR	
	FREESTYLE LIBRE 14 DAY SENSOR	
	FREESTYLE LIBRE 2 PLUS SENSOR	Max of 2 each per 30 days
	FREESTYLE LIBRE 3 PLUS SENSOR	

CEQUR PATCH	Max of 10 per 30 days
OMNIPOD KIT	Max of 1 each per 5 years
OMNIPOD GO PODS	Max of 15 each per 30 days
V-GO DEVICE	Max of 1 per day

HIC3= C4G

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			

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.

Bypass List:

<table>
<tr><th>Edit</th><th>Drugs</th><th>Steps</th></tr>
<tr>
<td>50 Morphine Milligram Equivalent (MME) HD (high dose) Bypass Logic</td>
<td>
<table>
<tr><th colspan="2">Opioid HIC4 List</th></tr>
<tr><th>Drug Code = HIC4</th><th>Generic Name</th></tr>
<tr><td>H3AA</td><td>Meperidine</td></tr>
<tr><td>H3AD</td><td>Morphine</td></tr>
<tr><td>H3AE</td><td>Hydromorphone</td></tr>
<tr><td>H3AF</td><td>Oxymorphone</td></tr>
<tr><td>H3AH</td><td>Codeine</td></tr>
<tr><td>H3AJ</td><td>Hydrocodone</td></tr>
<tr><td>H3AK</td><td>Dihydrocodeine</td></tr>
<tr><td>H3AL</td><td>Oxycodone</td></tr>
<tr><td>H3AN</td><td>Levorphanol</td></tr>
<tr><td>H3AR</td><td>Methadone</td></tr>
<tr><td>H3AT</td><td>Fentanyl</td></tr>
<tr><td>H3AY</td><td>Opium</td></tr>
<tr><td>H3AZ</td><td>Buprenorphine</td></tr>
<tr><td>H3BH</td><td>Tramadol</td></tr>
<tr><td>H3BL</td><td>Butorphanol</td></tr>
<tr><td>H3BS</td><td>Tapentadol</td></tr>
<tr><td>H3BM</td><td>Pentazocine</td></tr>
<tr><td>H3BV</td><td>Benzhydrocodone/Acetaminophen</td></tr>
</table>
</td>
<td>
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

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.

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.
</td>
</tr>
</table>

<table>
<tr><th>Edit</th><th>Drugs</th><th>Steps</th></tr>
<tr>
<td>90 Morphine Milligram Equivalent (MME) Bypass Logic</td>
<td>
<table>
<tr><th colspan="2"><Opioid HIC4 List></th></tr>
<tr><th>Drug Code = HIC4</th><th>Generic Name</th></tr>
<tr><td>H3AA</td><td>Meperidine</td></tr>
<tr><td>H3AD</td><td>Morphine</td></tr>
<tr><td>H3AE</td><td>Hydromorphone</td></tr>
<tr><td>H3AF</td><td>Oxymorphone</td></tr>
<tr><td>H3AH</td><td>Codeine</td></tr>
<tr><td>H3AJ</td><td>Hydrocodone</td></tr>
<tr><td>H3AK</td><td>Dihydrocodeine</td></tr>
<tr><td>H3AL</td><td>Oxycodone</td></tr>
<tr><td>H3AN</td><td>Levorphanol</td></tr>
<tr><td>H3AR</td><td>Methadone</td></tr>
<tr><td>H3AT</td><td>Fentanyl</td></tr>
<tr><td>H3AY</td><td>Opium</td></tr>
<tr><td>H3AZ</td><td>Buprenorphine</td></tr>
<tr><td>H3BH</td><td>Tramadol</td></tr>
<tr><td>H3BL</td><td>Butorphanol</td></tr>
<tr><td>H3BS</td><td>Tapentadol</td></tr>
<tr><td>H3BM</td><td>Pentazocine</td></tr>
<tr><td>H3BV</td><td>Benzhydrocodone/Acetaminophen</td></tr>
</table>
</td>
<td>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</td>
</tr>
<tr>
<td>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</td>
<td>
<table>
<tr><th>HICL</th><th>Drug Name</th></tr>
<tr><td>003908</td><td>Mercaptopurine (Generic only)</td></tr>
</table>
</td>
<td>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.

<table>
<tr><th colspan="2">Approvable ICD-10 Disease Groups</th></tr>
<tr><td>K40, K41, K42, K43, K44, K45, K46, K50, K52</td><td>Crohn's disease</td></tr>
<tr><td>K51</td><td>Ulcerative colitis</td></tr>
</table>
</td>
</tr>
</table>

<table>
<tr><th>Edit</th><th>Drugs</th><th>Steps</th></tr>
<tr><td>no longer required. Continue to bypass 76 for quantity limit if criteria met.</td><td></td><td></td></tr>
<tr><td>Hydroxyurea Non-PDL and QL bypass</td><td>
<table>
<tr><th colspan="3"><Hydroxyurea Drug List></th></tr>
<tr><th>Generic Name</th><th>Brand Name</th><th>Drug Code</th></tr>
<tr><td>Hydroxyurea 500mg capsules</td><td>Hydrea</td><td>GSN 008775 and Generic Named Drug Cd = 1-Generic (Excludes Brand name Hydrea)</td></tr>
<tr><td>Hydroxyurea</td><td>Droxia 200mg capsules</td><td>GSN 040162</td></tr>
<tr><td>Hydroxyurea</td><td>Droxia 300mg capsules</td><td>GSN 040163</td></tr>
<tr><td>Hydroxyurea</td><td>Droxia 400mg capsules</td><td>GSN 040164</td></tr>
</table>
</td><td>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>
<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>
</td></tr>
</table>

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

		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 (parapaesis) 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

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	