

# AHCA Automated Prior Authorizations and Bypass Lists 11-2024

**-Automated PA:**

Edit	Drugs	Steps		
<p><b>Anti-epileptic Drugs (AED) Auto PA</b></p> <p>Automated PA approval satisfies L=Auto PA and Non-PDL drug logic</p> <p>Brand and Generic PDL products will bypass the logic</p> <p>Products coded as REMS/RDDS drug will bypass the logic</p>	Anticonvulsants List A	<p><b>Incoming drug within Anticonvulsant drug list A</b></p> <p><b>Step 1:</b> 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.”</p> <p><b>Incoming drug within Anticonvulsant drug list B</b></p> <p><b>Step 1:</b> 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.”</p> <p><b>Step 2:</b> 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.”</p>		
	Generic Name		Brand Name	Drug Code
	Brivaracetam		Briviact	HSN = 043088
	Cenobamate		Xcopri	HSN = 046241
	Clobazam		Sympazan	GSN = 078861, 078862, 078863
	Diazepam		Valtoco	GSN = 080630, 080631, 080632, 080633
	Eslicarbazepine		Aptiom	HSN = 036675
	Perampanel		Fycopma	HSN = 039628
	Ethotoin		Peganone	HSN = 001880
	Methsuximide		Celontin*	HSN = 001890
	Midazolam		Nayzilam	GSN = 079754
	Oxcarbazepine		Oxtellar XR	GSN = 070190, 070191, 070192
	Rufinamide		Banzel	GSN = 063076, 063077
	Anticonvulsants List B			
	Generic Name	Brand Name	Drug Code	
	Carbamazepine	Tegretol, Tegretol XR, Carbatrol, Eptol, Equetro	HSN = 001893	
	Clobazam	Onfi	GSN = 017026, 020647, 027400, 071282	
	Clonazepam	Klonopin	HSN = 001894	
	Diazepam	Diastat	GSN = 034015  034016, 034017,  034018, 034019,  059781, 059782	
	Divalproex Sodium	Depakote/Depakote Sprinkle/Depakote ER	HSN = 001884	
	Ethosuximide	Zarontin	HSN = 001891 (excluding GSN 004555- Zarontin solution)	
	Felbamate	Felbatol	HSN = 008186	
	Gabapentin	Neurontin, Gralise ER	HSN = 008831 excluding GSN 063753 (powder)	
	Approvable Seizure Diagnosis ICD-10 Codes			
ICD-10-CM Code	Description			
ICD 10: G25.3	Myoclonus			
ICD 10 Disease Group: G80	Cerebral Palsy			
ICD 10 Disease Group: G40	Epilepsy			
ICD 10 Disease Group: G45, G46	Transient cerebral ischemic attacks and related syndromes			
ICD 10 Disease Block: I60-I69	Vascular syndromes of brain in Cerebrovascular diseases  Cerebrovascular Disease			
ICD 10: G90.1 ICD 10 Disease Block: Q00-Q07	Familial dysautonomia [Riley –Day]  Congenital Malformations of the brain, spinal cord, nervous system			
ICD 10 Disease Group: R56.00	Convulsions, not elsewhere classified			
ICD 10 Disease Group: S06	Intracranial Injury			
ICD 10: T74.12XA T74.12XD T74.12XS T74.4XXA	Child physical abuse, confirmed/suspected, initial encounter  Shaken infant syndrome, initial encounter			

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	Lacosamide	Vimpat	HSN = 035872 excluding GSN 064437 (vial)	T74.4XXD T74.4XXS T76.12XA T76.12XD T76.12XS	
	Lamotrigine	Lamictal/ODT/XR/XR Starter Dose Pack, Subvenite	HSN = 007378 (excluding GSNs 065170, 065171 065172 - Lamictal ODT Start Kt)	ICD 10 Disease Group: F07 F48	Personality change due to known physiological condition and non- psychotic mental disorders
	Levetiracetam	Keppra, Roweepra	HSN = 020952 (excluding GSNs 074071, 074072 - Elepsia XR, 075619, 075620, 075621, 075622 - Spritam)	ICD 10 Disease Block: F70-F79	Intellectual Disabilities
	Mephobarbital	Mebaral	HSN = 001895	ICD 10: S09.8XXA S09.8XXD S09.8XXS S09.90XD S09.90XS	Other/unspecified injuries of the head, initial encounter
	Oxcarbazepine	Trileptal	HSN = 011735 (excluding GSNs 070190, 070191, 070192 – Oxtellar XR)		
	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)		

  

**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 Tuberos 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 Tuberos Sclerosis Diagnosis ICD-10 Codes	
ICD-10-CM Code	Description
ICD 10: Q85.1	Tuberos Sclerosis

  

**Incoming drug within Anticonvulsant drug list D**

**Step 1:** If incoming claim is for a medication on <Anticonvulsants List D> look back 365 days within claims history for a medication on <Anticonvulsants List D>. If found, CLAIM PAYS; Otherwise PROCEED TO STEP 2. (AG and quantity limitations still apply)

**Step 2:** Look back 730 days in the patient’s medical history for a seizure diagnosis (see approvable ICD-10s above). If found, approve. If not found, proceed to step 3.

**Step 3:** Look back 730 days in the patient’s medical history for a migraine diagnosis (see approvable ICD-10s below). If found, go to Step 4. If not found, deny for NCPDP 75/2462 with

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

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

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<p><b>Lidocaine Adhesive Edit</b></p> <p>Automated PA approval does not satisfy Non-PDL edit</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #0070c0; color: white;"> <th colspan="3" style="text-align: center;">Lidocaine Adhesive List</th> </tr> <tr style="background-color: #e1f5fe;"> <th style="width: 20%;">Generic Name</th> <th style="width: 20%;">Brand Name</th> <th style="width: 60%;">Drug Code</th> </tr> </thead> <tbody> <tr> <td>Lidocaine</td> <td>Lidoderm Adh Patch</td> <td>GSN = 043256 and generic drug name code = 1 or 2</td> </tr> <tr> <td>Lidocaine</td> <td>ZTlido Adh Patch</td> <td>GSN = 078210 and generic drug name code = 1 or 2</td> </tr> </tbody> </table>	Lidocaine Adhesive List			Generic Name	Brand Name	Drug Code	Lidocaine	Lidoderm Adh Patch	GSN = 043256 and generic drug name code = 1 or 2	Lidocaine	ZTlido Adh Patch	GSN = 078210 and generic drug name code = 1 or 2	<p><b>Step 1:</b> If incoming drug is for &lt;Lidocaine Adhesive List&gt;, look back 730 days in the patient’s medical history for a diagnosis of herpes zoster or post herpetic neuralgia &lt;ICD 10 codes listed below&gt; if found: CLAIM PAYS. Otherwise, proceed to Step 2.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #0070c0; color: white;"> <th colspan="2" style="text-align: center;">Approvable Herpes Zoster or Post Herpetic Neuralgia Diagnosis ICD-10 Disease Groups</th> </tr> </thead> <tbody> <tr> <td style="width: 30%;">B01, B02</td> <td>Herpes zoster or Post herpetic neuralgia</td> </tr> </tbody> </table> <p><b>Step 2:</b> Look back in patient’s drug therapy 365 days for 1or more fills of amitriptyline, gabapentin, pregabalin,</p>	Approvable Herpes Zoster or Post Herpetic Neuralgia Diagnosis ICD-10 Disease Groups		B01, B02	Herpes zoster or Post herpetic neuralgia																		
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# AHCA Automated Prior Authorizations and Bypass Lists 11-2024

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<p><b>OxyContin</b></p> <p>Automated PA approval satisfies Non-PDL edit</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #0070c0; color: white;"> <th>Drug Code = GSN</th> <th>Generic Name</th> </tr> </thead> <tbody> <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> <tr><td>72864</td><td>Oxycontin 20mg Tablets</td></tr> <tr><td>72865</td><td>Oxycontin 30mg Tablets</td></tr> <tr><td>72866</td><td>Oxycontin 40mg Tablets</td></tr> <tr><td>72867</td><td>Oxycontin 60mg Tablets</td></tr> <tr><td>72868</td><td>Oxycontin 80mg Tablets</td></tr> </tbody> </table>	Drug Code = GSN	Generic Name	24504	Oxycontin 10mg Tablets	24505	Oxycontin 20mg Tablets	24506	Oxycontin 40mg Tablets	25702	Oxycontin 80mg Tablets	63515	Oxycontin 15mg Tablets	63516	Oxycontin 30mg Tablets	63517	Oxycontin 60mg Tablets	72862	Oxycontin 10mg Tablets	72863	Oxycontin 15mg Tablets	72864	Oxycontin 20mg Tablets	72865	Oxycontin 30mg Tablets	72866	Oxycontin 40mg Tablets	72867	Oxycontin 60mg Tablets	72868	Oxycontin 80mg Tablets	<p><b>Step 1:</b> 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 <b>&gt;= 11 years</b> of age?</p> <ul style="list-style-type: none"> <li>If yes, proceed to step 2. If no, deny for age (NCPDP EC 75).</li> </ul> <p><b>Step 2:</b> 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)</p> <ul style="list-style-type: none"> <li>If not found, proceed to step 3. If found, deny for therapeutic duplication which requires a PA (NCPDP EC 75)</li> </ul> <p><b>Step 3:</b> 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.</p> <ul style="list-style-type: none"> <li>If found, proceed to step 7. If not found, proceed to step 4.</li> </ul> <p><b>Step 4:</b> 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</p>
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# AHCA Automated Prior Authorizations and Bypass Lists 11-2024

Edit	Drugs	Steps
		<p>(Alferon), 006068 (Actimmune), GSN 031099 (Aldara), GSN 066038, 068613 (Zyclara), GSN 036872, 045266 (Oral methotrexate)</p> <ul style="list-style-type: none"> <li>If found, proceed to step 7. If not found proceed to step 5.</li> </ul> <p><b>Step 5:</b> Look back in drug history 90 days for a fill of OxyContin (GSNs: <a href="#">24504 (10mg)</a>, <a href="#">63515 (15mg)</a>, <a href="#">24505 (20mg)</a>, <a href="#">63516 (30mg)</a>, <a href="#">24506 (40mg)</a>, <a href="#">63517 (60mg)</a>, <a href="#">25702 (80mg)</a>, 072862 (10 mg) 072863 (15mg) 072864 (20 mg), 072865 (30mg), 072866 (40mg), 072867 (60mg), 072868 (80mg)</p> <ul style="list-style-type: none"> <li>If found, proceed to step 6. If not found, deny for missing prerequisite drug therapy NCPDP EC 75</li> </ul> <p><b>Step 6:</b> 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, 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,</p>



# AHCA Automated Prior Authorizations and Bypass Lists 11-2024

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		<p>M89.051, M89.052, M89.059, M89.061, M89.062, M89.069, M89.071, M89.072, M89.079, M89.08, M89.09</p> <ul style="list-style-type: none"> <li>If found, proceed to step 7. If not found, deny for missing approvable diagnosis NCPDP EC 75</li> </ul> <p><b>Step 7:</b> 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.</p> <p><b>Step 8</b> 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</p> <ul style="list-style-type: none"> <li>If YES, claim passes and pays. If no, claim denies for plan limitations exceeded NCPDP EC 76</li> </ul> <p><b>Step 9:</b> If incoming claim is for OxyContin 80mg (see GSN above) and quantity does not exceed 4 tablets per day (120 tablets per 30 days)</p> <ul style="list-style-type: none"> <li>If YES, claim passes and pays. If no, claim denies for plan limitation exceeded NCPDP EC 76</li> </ul>																																																																																				
<p><b>HIV Therapy Auto PA</b></p> <p>Automated PA approval satisfies L=Auto PA drug logic</p> <p>Brand and Generic PDL products will bypass the logic</p> <p><i>*Automated PA approval will NOT override R = Non-PDL edit and will not satisfy the automation logic</i></p>	<table border="1" style="width: 100%; border-collapse: collapse; background-color: #e1f5fe;"> <thead> <tr> <th colspan="4">HIV Therapy List</th> </tr> <tr style="background-color: #e1f5fe;"> <th>HIC 3</th> <th>Generic Name</th> <th>Brand Name</th> <th>Drug Code</th> </tr> </thead> <tbody> <tr> <td>WOH</td> <td>Darunavir/Cobicistat / Emtricitabine/Tenofovir Alafenamide</td> <td>Symtuza</td> <td>HSN=044568</td> </tr> <tr> <td rowspan="2">WOI</td> <td>Cabotegravir/Rilpivirine</td> <td>Cabenuva</td> <td>HSN=046258</td> </tr> <tr> <td>Dolutegravir/Rilpivirine</td> <td>Juluca</td> <td>HSN=044647</td> </tr> <tr> <td>WOK</td> <td>Dolutegravir/Lamivudine</td> <td>Dovato</td> <td>HSN=045679</td> </tr> <tr> <td>WON</td> <td>Lenacapavir</td> <td>Sunlenca</td> <td>HSN=048555</td> </tr> <tr> <td rowspan="6">W5C</td> <td>Atazanavir</td> <td>Reyataz powder pckt, caps*</td> <td>HSN=025390</td> </tr> <tr> <td>Atazanavir Sulfate/Cobicistat</td> <td>Evotaz</td> <td>HSN=041722</td> </tr> <tr> <td>Fosamprenavir</td> <td>Lexiva susp, tabs*</td> <td>HSN=025662</td> </tr> <tr> <td>Indinavir</td> <td>Crixivan</td> <td>HSN=010683</td> </tr> <tr> <td>Nelfinavir</td> <td>Viracept</td> <td>HSN=010858</td> </tr> <tr> <td>Ritonavir*</td> <td>Norvir</td> <td>HSN=010412</td> </tr> </tbody> </table>	HIV Therapy List				HIC 3	Generic Name	Brand Name	Drug Code	WOH	Darunavir/Cobicistat / Emtricitabine/Tenofovir Alafenamide	Symtuza	HSN=044568	WOI	Cabotegravir/Rilpivirine	Cabenuva	HSN=046258	Dolutegravir/Rilpivirine	Juluca	HSN=044647	WOK	Dolutegravir/Lamivudine	Dovato	HSN=045679	WON	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	<p><b>Step 1:</b> If the incoming claim is from the HIV therapy list with PA code = L (excluding HSNs/HIC3s listed below) and the recipient is &lt;= 1 year old or the claim is submitted with a day supply of &lt; 34 days with New/refill code = zero and Refills Authorized = 0: NO PA REQUIRED. Otherwise, PROCEED TO STEP 2.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tbody> <tr><td>HSN 033888</td><td>Atripla</td></tr> <tr><td>HIC3 W5X</td><td>Biktarvy/ Genvoya/ Stribild</td></tr> <tr><td>HSN 046258</td><td>Cabenuva</td></tr> <tr><td>HSN 044797</td><td>Cimduo/ Temixys</td></tr> <tr><td>HSN 037822</td><td>Complera</td></tr> <tr><td>HSN 045195</td><td>Delstrigo</td></tr> <tr><td>HSN 045679</td><td>Dovato</td></tr> <tr><td>HSN 037628</td><td>Edurant</td></tr> <tr><td>HSN 041722</td><td>Evotaz</td></tr> <tr><td>HSN 044647</td><td>Juluca</td></tr> <tr><td>HSN 043121</td><td>Odefsey</td></tr> <tr><td>HSN 045216</td><td>Pifeltro</td></tr> <tr><td>HSN 041531</td><td>Prezcobix</td></tr> <tr><td>HSN 046684</td><td>Rukobia</td></tr> <tr><td>HSN 048555</td><td>Sunlenca</td></tr> <tr><td>HSN 044568</td><td>Symtuza</td></tr> <tr><td>HSN 044763</td><td>Symfi/ Symfi Lo</td></tr> <tr><td>HIC3 W5Z</td><td>Triumeq</td></tr> <tr><td>HSN 044791</td><td>Trogarzo</td></tr> </tbody> </table>	HSN 033888	Atripla	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
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Edit	Drugs			Steps				
		Saquinavir	Invirase	HSN=010232	<span style="color: #00bcd4;">HSN 040834</span> <span style="color: #00bcd4;">Vitekta</span>			
	W5J	Abacavir	Ziagen*	HSN=018857	<p><b>Step 2:</b> 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).</p> <p><b>Step 3:</b> If the incoming claim is &lt;Edurant&gt; PROCEED TO STEP 4. If the incoming claim is for &lt;Cabenuva&gt;, &lt;Juluca&gt;, &lt;Rukobia&gt;, &lt;Sunlenca&gt; OR &lt;Trogarzo&gt; PROCEED TO STEP 5. Otherwise, CLAIM PAYS.</p> <p><b>Step 4:</b> If the incoming claim is &lt;Edurant&gt; 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).</p> <p><b>Step 5:</b> If the incoming claim is &lt;Cabenuva&gt; 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), <i>Missing Prerequisite drug therapy</i> (supplemental message). **</p> <p>If the incoming claim is &lt;Juluca&gt;, &lt;Rukobia&gt;, &lt;Sunlenca&gt; OR &lt;Trogarzo&gt; look back 365 days in 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), <i>Missing Prerequisite Drug Therapy</i> (supplemental message).</p> <p>** 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 <a href="#">here</a>.</p> <p><b>Note:</b> This automation does <b>NOT</b> override existing age or quantity limits.</p>			
		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				
	W5Q	Doravirine/Lamivudine/ Tenofo df	Delstrigo	HSN=045195				
		Efavirenz/Emtricitabine/ Tenofo df	Atripla*	HSN=033888				
		Efavirenz/Lamivudine/ Tenofo df	Symfi Lo* Symfi*	HSN=044763				
		Emtricitabine/Rilpivirine/ Tenofo df	Complera	HSN=037822				
					<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 5px;">Drug Name</td> <td style="width: 20%; padding: 5px;">Age Limit (Min Age)</td> <td style="width: 50%; padding: 5px;">Quantity Limitation (tabs unless otherwise specified)</td> </tr> </table>	Drug Name	Age Limit (Min Age)	Quantity Limitation (tabs unless otherwise specified)
Drug Name	Age Limit (Min Age)	Quantity Limitation (tabs unless otherwise specified)						

# AHCA Automated Prior Authorizations and Bypass Lists 11-2024

Edit	Drugs			Steps					
		Emtricitabine/Rilpivirine/Tenofovir Alafenamide	Odefsey	HSN=043121	Apretude	12	7 (vials) per year		
	W5U	Cabotegravir	Vocabria*	HSN=046411	Atripla	12	1 per day		
		Dolutegravir	Tivicay	HSN=040533	Biktarvy	3	1 per day		
		Raltegravir	Isentress	HSN=035072	Cabenuva	12	6 (mL's) per month		
	W5X	Bictegravir/Emtricitabine/Tenofovir Alafenamide	Biktarvy	HSN=044765	Cimduo	12	1 per day		
		Elvitegravir/Cobicistat/Emtricitabine/Tenofovir DF	Stribild	HSN=039543	Complera	12	1 per day		
		Elvitegravir/Cobicistat/Emtricitabine/Tenofovir Alafenamide	Genvoya	HSN=042778	Delstrigo	12	1 per day		
	W5Z	Abacavir/Dolutegravir/Lamivudine	Triumeq/Triumeq PD	HSN=041355	Dovato	18	1 per day		
	W0J	Ibalizumab	Trogarzo	HSN=044791	Edurant	12	1 per day		
	W50	Fostemsavir	Rukobia	HSN=046684	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	18	4 (vials) per year		
					Sunlenca Tablet		2 (fills) per year		
					Symfi, Symfi Lo	12	1 per day		
					Symtuza	12	1 per day		
					Temixys	12	1 per day		
					Triumeq	6	1 per day		
				Triumeq PD	1	6 per day			
				Vitekta	18	1 per day			
				Vocabria	12	1 per day			
<b>Hepatitis C Auto PA</b>  Automated PA approval satisfies L = Auto PA drug logic  *Automated PA approval will NOT	Hepatitis Therapy List A			<b>Step 1:</b> Is incoming claim from the < Hepatitis Therapy List B> with Prior Authorization = L-AutoPA? If True, Go to Step 2. If False, Stop.  <b>Step2:</b> 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					
	Drug Name	Drug Code							
	Daklinza	HSN = 041377							
	Eplclusa	HSN = 043561							

# AHCA Automated Prior Authorizations and Bypass Lists 11-2024

Edit	Drugs		Steps	
override R = Non-PDL coding and will not satisfy the automation logic	Harvoni	HSN = 041457	B & E). IF FOUND, PROCEED TO STEP 4. Otherwise, PROCEED TO STEP 3.  <b>Step 3:</b> 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: <b><i>M/I Diagnosis Code</i></b>  <b>Step 4:</b> 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: <b><i>Missing Prerequisite drug therapy</i></b>	
	Mavyret	HSN = 044453		
	Olysio	HSN = 040771		
	Sovaldi	HSN = 040795		
	Technivie	HSN = 041734		
	Viekira XR/Pak	HSN = 041644		
	Vosevi	HSN = 044428		
	Zepatier	HSN = 043030		
	<b>Hepatitis Therapy List B</b>			
	<b>Drug Name</b>	<b>Drug Code</b>		
Pegasys	HSN = 024035			
PenIntron	HSN = 021367 Excluding GSNs 067283, 067284, 067285-Sylatron			
Copegus	HSN = 004184			
Moderiba	Excluding GSN			
Ribapak	009631-Virazole			
Ribasphere/Rebetol				
Ribatab				
<b>Approvable Hepatitis C Diagnosis ICD-10 Disease Groups</b>				
B17, B18, B19 (excluding ICD-10 B17.0, B17.2, B19.1, B19.10, B19.11)		Hepatitis C		
<b>Approvable Hepatitis B Diagnosis ICD-10 Disease Groups</b>				
B16		Hepatitis B		
C43, D03		Malignant Melanoma		
<b>Approvable Hepatitis B Diagnosis ICD-10 CM Codes</b>				
J12.1, B97.4		RSV-respiratory syncytial virus		
B19.10, B19.11		Hepatitis B		

# AHCA Automated Prior Authorizations and Bypass Lists 11-2024

Edit	Drugs	Steps																														
<p><b>Tobramycin nebulizer solution Auto PA</b></p> <p>Automated PA approval satisfies L=Auto PA drug logic</p> <p><i>*Automated PA approval will NOT override R = Non-PDL coding and will not satisfy the automation logic</i></p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #e1f5fe;"> <th style="width: 30%;">Generic Name</th> <th style="width: 30%;">Brand Name</th> <th style="width: 40%;">Drug Code</th> </tr> </thead> <tbody> <tr> <td>Tobramycin 300mg/4ml Ampule*</td> <td>Bethkis 300mg/4ml Ampule</td> <td>GSN = 064682</td> </tr> <tr> <td>Tobramycin Pak 300mg/5ml*</td> <td>Kitabis Pak 300mg/5ml</td> <td>GSN = 073201</td> </tr> <tr> <td>Tobramycin 300mg/5ml Ampule</td> <td>Tobi 300mg/5ml Solution*</td> <td>GSN = 037042</td> </tr> </tbody> </table>	Generic Name	Brand Name	Drug Code	Tobramycin 300mg/4ml Ampule*	Bethkis 300mg/4ml Ampule	GSN = 064682	Tobramycin Pak 300mg/5ml*	Kitabis Pak 300mg/5ml	GSN = 073201	Tobramycin 300mg/5ml Ampule	Tobi 300mg/5ml Solution*	GSN = 037042	<p><b>Step 1:</b> 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.</p> <p><b>Step 2:</b> 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”</p> <p>Note: This edit does <b>NOT</b> override quantity limits</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr style="background-color: #e1f5fe;"> <th colspan="2" style="text-align: center;">Approvable ICD-10 Disease Groups</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">E84</td> <td style="text-align: center;">Cystic fibrosis</td> </tr> </tbody> </table>	Approvable ICD-10 Disease Groups		E84	Cystic fibrosis														
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<p><b>Gaucher Therapy Automation</b></p> <p>Automated PA approval satisfies L=Auto PA drug edit</p> <p>Automated PA approval will NOT override R=Non-PDL edit</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #0070c0; color: white;"> <th colspan="2" style="text-align: center;">Gauchers Therapy List</th> </tr> <tr style="background-color: #e1f5fe;"> <th style="width: 60%;">Drug Name</th> <th style="width: 40%;">Drug Code</th> </tr> </thead> <tbody> <tr> <td>*Cerdelga</td> <td>HSN = 041346</td> </tr> <tr> <td>*Cerezyme</td> <td>HSN = 009022</td> </tr> <tr> <td>Elelyso</td> <td>HSN = 039837</td> </tr> <tr> <td>*Vpriv</td> <td>HSN = 036874</td> </tr> <tr> <td>Zavesca</td> <td>HSN = 025098</td> </tr> </tbody> </table> <p><i>*Denotes: R-Non PDL agents and non-preferred agents will NOT satisfy the automation logic</i></p>	Gauchers Therapy List		Drug Name	Drug Code	*Cerdelga	HSN = 041346	*Cerezyme	HSN = 009022	Elelyso	HSN = 039837	*Vpriv	HSN = 036874	Zavesca	HSN = 025098	<p><b>Step 1:</b> If the incoming claim is for a product from the &lt;Gauchers Therapy List&gt;, 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).”</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr style="background-color: #0070c0; color: white;"> <th colspan="2" style="text-align: center;">Quantity Limitation</th> </tr> </thead> <tbody> <tr> <td>Cerdelga</td> <td>2 capsules per day</td> </tr> <tr> <td>Cerezyme</td> <td>22 vials per 27 days</td> </tr> <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> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr style="background-color: #0070c0; color: white;"> <th colspan="2" style="text-align: center;">Approvable ICD-10 Disease Groups</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">E75</td> <td style="text-align: center;">Lipidoses-Gaucher’s</td> </tr> </tbody> </table>	Quantity Limitation		Cerdelga	2 capsules per day	Cerezyme	22 vials per 27 days	Elelyso	82 vials per 25 days	Vpriv	41 vials per 25 days	Zavesca	3 capsules per day	Approvable ICD-10 Disease Groups		E75	Lipidoses-Gaucher’s
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# AHCA Automated Prior Authorizations and Bypass Lists 11-2024

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<p><b>Hereditary Angioedema Auto PA</b></p> <p>Automated PA approval satisfies L = Auto PA drug logic</p> <p><i>*Automated PA approval will NOT override R = Non-PDL coding and will not satisfy the automation logic</i></p>	<table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <thead> <tr style="background-color: #0070c0; color: white;"> <th colspan="3">HAE Drug List</th> </tr> <tr style="background-color: #e1f5fe;"> <th>Generic Name</th> <th>Brand Name</th> <th>Drug Code</th> </tr> </thead> <tbody> <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> </tbody> </table>	HAE Drug List			Generic Name	Brand Name	Drug Code	Icatibant	Firazyr Sajazir*	HSN = 035962	C1 Esterase Inhibitor	Berinert	HSN = 018568	C1 Esterase Inhibitor, Recombinant	Cinryze*	HSN = 037766	Ecallantide	Haegarda*	HSN = 036797	C1 Esterase Inhibitor, Recombinant	Ruconest*	HSN = 037766	Ecallantide	Kalbitor*	HSN = 036797	<p><b>Step 1:</b> If incoming drug in &lt;HAE Drug List&gt; 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: "RECEIPT DOESN'T HAVE REQ DIAGNOSIS ON FILE."</p> <p><b>Note:</b> The following quantity limits apply:</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <thead> <tr style="background-color: #0070c0; color: white;"> <th colspan="2">Quantity Limits</th> </tr> </thead> <tbody> <tr> <td style="width: 20%;">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> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #0070c0; color: white;"> <th colspan="2">Approvable ICD-10 CM Code</th> </tr> </thead> <tbody> <tr> <td style="width: 15%;">D84.1</td> <td>Hereditary Angioedema</td> </tr> </tbody> </table>	Quantity Limits		Firazyr	9 mls per 28 days	Berinert	16 vials per 28 days	Cinryze	20 vials per 30 days	Haegarda	22 vials per 30 days (3000 unit vials) 33 vials per 30 days (2000 unit vials)	Ruconest	2 vials per day	Approvable ICD-10 CM Code		D84.1	Hereditary Angioedema
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# AHCA Automated Prior Authorizations and Bypass Lists 11-2024

<b>Step Therapy for Trintellix</b>  Automated PA approval satisfies L=Auto PA drug edit  Automated PA approval will NOT override R = Non-PDL edit	<b>Trintellix List</b>			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: <i>“M/I Diagnosis Code.”</i>  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 <b>generic</b> SSRI <SSRI> list and a day supply ≥ 24. If found, proceed to step 4. Otherwise, deny for NCPDP EC 75 with supplemental message: <i>“missing prerequisite drug therapy.”</i>  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 <b>generic</b> antidepressant <other antidepressant list> and a day supply ≥24. If found: <b>CLAIM PAYS</b> . Otherwise, deny for NCPDP EC 75 with supplemental message: <i>“missing prerequisite drug therapy.”</i>  **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:																	
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="background-color: #D9E1F2;">Generic Name</th> <th style="background-color: #D9E1F2;">Brand Name</th> <th style="background-color: #D9E1F2;">Drug Code</th> </tr> </thead> <tbody> <tr> <td>vortioxetine hydrobromide</td> <td>Trintellix</td> <td>HICL = 040637</td> </tr> </tbody> </table>	Generic Name	Brand Name		Drug Code	vortioxetine hydrobromide	Trintellix	HICL = 040637													
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# AHCA Automated Prior Authorizations and Bypass Lists 11-2024

Other Antidepressants List			MAOIs			
Generic Name	Brand Name	Drug Code	Generic Name	Brand Name	Drug Code	FDA approved Indication
Bupropion Hydrobromide ER	Aplenzin	HICL = 036156 and generic drug name code = 1	Rasagiline Mesylate	Azilect	HICL = 032911	Parkinson's disease
Antipsychotic/Antidepressant Combinations			SSRIs			
Bupropion HCL/SR/XL	Wellbutrin /SR/XL, Budeprion SR/XL	HICL = 001653 (excluding GSN 031439-Buproban/Zyban) and generic drug name code = 1	Fluvoxamine maleate CR	Luvox CR	HICL = 006338	Obsessive Compulsive Disorder (OCD), social phobia (social anxiety disorder)
Nefazodone HCL	Serzone	HICL = 009612 and generic drug name code = 1	Fluoxetine	Sarafem Rapiflux	GSN: 46216 46219	Premenstrual dysphoric disorder (PMDD)
Vilazodone	Viibryd	HICL = 037597 and generic drug name code = 1	Paroxetine mesylate	Brisdelle	GSN 71167	Hot Flashes
Antipsychotic/Antidepressant Combinations			TCAs			
Amitriptyline/chlordiazepoxide	Limbitrol	HICL = 001656 and generic drug name code = 1	Clomipramine HCL	Anafranil	HICL = 004744	OCD
Amitriptyline/perphenazine	Etrafon, Triavil	HICL = 013819 and generic drug name code = 1				
Olanzapine/fluoxetine	Symbyax	HICL = 025800 and generic drug name code = 1				
Heterocyclics			Approvable ICD-10 Disease Groups			
Amoxapine	N/A	HICL = 001648 and generic drug name code = 1	F32	Major depressive disorder- single episode		
Maprotiline HCL	Ludiomil	HICL = 001651 and generic drug name code = 1	F33	Major depressive disorder-recurrent episodes		
Mirtazapine	Remeron	HICL = 011505 and generic drug name code = 1				
Trazodone HCL/ER	Desyrel, Oleptro ER	HICL = 001652 and generic drug name code = 1				



# AHCA Automated Prior Authorizations and Bypass Lists 11-2024

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

# AHCA Automated Prior Authorizations and Bypass Lists 11-2024

Edit	Drugs	Steps																																																						
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Drug Name	Drug Code																																																							
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<p><b>Dual RAS Blockade DUR edit</b></p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #0070c0; color: white;"> <th colspan="3">RAS Inhibitors List</th> </tr> <tr style="background-color: #e1f5fe;"> <th style="width: 40%;">Generic Name</th> <th style="width: 20%;">Brand Name</th> <th style="width: 40%;">HSN</th> </tr> </thead> <tbody> <tr style="background-color: #e1f5fe;"> <td colspan="3" style="text-align: center;">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 style="color: blue;">Capoten</td> <td>000128</td> </tr> <tr> <td>captopril/hydrochlorothiazide</td> <td style="color: blue;">Capozide</td> <td>000127</td> </tr> <tr> <td>enalapril</td> <td>Vasotec/Epand</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 style="color: blue;">Monopril</td> <td>006106</td> </tr> <tr> <td>fosinopril/hydrochlorothiazide</td> <td style="color: blue;">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 style="color: blue;">Univasc</td> <td>009934</td> </tr> <tr> <td>perindopril</td> <td style="color: blue;">Aceon</td> <td>013911</td> </tr> <tr> <td>perindopril/amlodipine</td> <td>Prestalia</td> <td>036967</td> </tr> </tbody> </table>	RAS Inhibitors List			Generic Name	Brand Name	HSN	Angiotensin Converting Enzyme (ACE) Inhibitors			benazepril	Lotensin	006113	benazepril/hydrochlorothiazide	Lotensin HCT	008962	amlodipine/benazepril	Lotrel	010041	captopril	Capoten	000128	captopril/hydrochlorothiazide	Capozide	000127	enalapril	Vasotec/Epand	000130	enalapril/hydrochlorothiazide	Vaseretic	000129	enalaprilat		013237	fosinopril	Monopril	006106	fosinopril/hydrochlorothiazide	Monopril HCTZ	018610	Lisinopril	Qbrelis, Zestril	000132	lisinopril/hydrochlorothiazide	Zestoretic	000131	moexipril	Univasc	009934	perindopril	Aceon	013911	perindopril/amlodipine	Prestalia	036967	<p><b>Automation Logic:</b></p> <p><b>Step 1:</b> If incoming claim from &lt;RAS Inhibitor List&gt; look back 100 days for fill from &lt;RAS Inhibitor List&gt; excluding itself, that has a day supply &gt;/=84. If found, claim rejects NCPDP 76 with additional message "TD of Angiotensin drug. Review &amp; submit appropriate DUR cd." If not found, proceed to Step #2.</p> <p><b>Step 2:</b> If incoming claim from &lt;RAS Inhibitor List&gt; look back 30 days for fill from &lt;RAS Inhibitor List&gt; excluding itself. If found, claim rejects NCPDP 76 with additional message "TD of Angiotensin drug. Review &amp; submit appropriate DUR cd." If not found, claim pays.</p> <p><b>Limitation:</b></p> <p>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"</p>
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perindopril/amlodipine	Prestalia	036967																																																						

# AHCA Automated Prior Authorizations and Bypass Lists 11-2024

Edit	Drugs			Steps
	quinapril	Accupril	00763 1	
	quinapril/hydrochlorothiazide	Accuretic	00782 6	
	ramipril	Altace	00608 0	
	trandolapril	Mavik	00899 1	
	trandolapril/verapamil	Tarka	01223 0	
<b>RAS Inhibitors List (continued)</b>				
	Generic Name	Brand Name	HSN	
Angiotensin Receptor Blockers (ARB)				
	azilsartan	Edarbi	03744 4	
	azilsartan/chlorthalidone	Edarbyclor	03837 0	
	candesartan	Atacand	01691 3	
	candesartan/hydrochlorothiazide	Atacand HCT	02128 0	
	eprosartan	Teveten	01692 0	
	irbesartan/hydrochlorothiazide	Avalide	01896 3	
	irbesartan	Avapro	01557 6	
	losartan	Cozaar	00982 9	
	losartan/hydrochlorothiazide	Hyzaar	00986 3	
	olmesartan	Benicar	02349 0	
	olmesartan/hydrochlorothiazide	Benicar HCT	02544 6	
	amlodipine/olmesartan	Azor	03504 2	
	olmesartan/ amlodipine/ hydrochlorothiazide	Tribenzor	03708 9	
	telmisartan	Micardis	01883 9	
	telmisartan/hydrochlorothiazide	Micardis HCT	02187 3	
	telmisartan/amlodipine	Twynsta	03669 7	
	valsartan	Diovan	01220 4	
	valsartan/hydrochlorothiazide	Diovan HCT	01708 4	
	amlodipine/valsartan	Exforge	03443 3	
	amlodipine/valsartan/hydrochlorothiazide	Exforge HCT	03630 5	
<b>RAS Inhibitors List (continued)</b>				
	Generic Name	Brand Name	HSN	
Direct Renin Inhibitors (DRI)				
	aliskiren	Tekturna	03449 3	
	Aliskiren/hydrochlorothiazide	Tekturna HCT	03533 8	
<b>RAS Inhibitors List (continued)</b>				
	Generic Name	Brand Name	HSN	
Angiotensin Receptor - Neprilysin Inhibitor (ARNI) Combination				

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# AHCA Automated Prior Authorizations and Bypass Lists 11-2024

**Dual PPI Blockade  
DUR edit**

Proton Pump Inhibitors List		
Generic Name	Brand Name	HICL
<b>and generic drug name code = 1 or 2 and Route of Admin = Oral</b>		
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 7<sup>th</sup> attempted fill will reject 76 – Plan limitations exceeded with additional message *"PPI Therapy not indicated for chronic use"*. Excluding recipients with a diagnosis, within 730 days, of Zollinger-Ellison syndrome, Barrett's esophagus, gastric malignancy, cystic fibrosis or history of gastric bypass as listed below:

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

# AHCA Automated Prior Authorizations and Bypass Lists 11-2024

Edit	Drugs	Steps
		OD168JA Bypass Stomach to Cutaneous with OD168KA Synthetic Substitute, Open Approach, OD168ZA Percutaneous Approach, Via Natural or ODW04UZ Artificial Opening Endoscopic ODW08UZ Bypass Stomach to Cutaneous with OD16079 Nonautologous Tissue Substitute, Open OD1607A Approach, Percutaneous Endoscopic OD160J9 Approach, Via Natural or Artificial OD160JA Opening Endoscopic OD160K9 Bypass Stomach to Cutaneous, Open OD160KA Approach, Percutaneous Endoscopic OD160Z9 Approach, Via Natural or Artificial OD160ZA Opening Endoscopic OD16879 Insertion of Feeding Device into OD1687A Stomach, Open Approach, Via Natural OD168J9 or Artificial Opening OD168JA Endoscopic OD168K9 Bypass Stomach to Duodenum with OD168KA Autologous Tissue Substitute, Open OD168Z9 Approach, Via Natural or Artificial OD168ZA 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,
		OH87XZZ Division of Abdomen Skin, External ODHA3UZ Approach ODHA4UZ Insertion of Feeding Device into ODHA8UZ Jejunum, Open Approach, ODH80UZ Percutaneous Approach, percutaneous ODH83UZ Endoscopic Approach, Via Natural or ODH84UZ Artificial Opening, Via Natural or ODH87UZ Artificial Opening Endoscopic ODH88UZ Insertion of Feeding Device into Small

# AHCA Automated Prior Authorizations and Bypass Lists 11-2024

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

# AHCA Automated Prior Authorizations and Bypass Lists 11-2024

Edit	Drugs	Steps																															
		K94.10 K94.11 K94.12 K94.13 K94.19	Enterostomy Complication, Unspecified Enterostomy Hemorrhage Enterostomy Infection Enterostomy Malfunction Other Complications of Enterostomy																														
		Z93.1	Gastrostomy Status																														
		Z93.4	Other artificial openings of gastrointestinal tract status																														
		Z43.1	Encounter for Attention to Gastrostomy																														
		Z43.4	Encounter for attention to other artificial openings of digestive tract																														
<b>Duration Edit SMR (Skeletal Muscle Relaxants)</b>	<table border="1" style="width: 100%; border-collapse: collapse; background-color: #e1f5fe;"> <thead> <tr style="background-color: #0277bd; color: white;"> <th colspan="3" style="text-align: center;">SMR List</th> </tr> <tr style="background-color: #e1f5fe;"> <th style="width: 30%;">Generic Name</th> <th style="width: 30%;">Brand Name</th> <th style="width: 40%;">Drug Code</th> </tr> </thead> <tbody> <tr> <td>Baclofen*</td> <td>N/A</td> <td>HICL = 001949</td> </tr> <tr> <td>Chlorzoxazone</td> <td>Lorzone</td> <td>HICL = 001941</td> </tr> <tr> <td>Cyclobenzaprine</td> <td>Flexeril/ Amrix/ Fexmid</td> <td>HICL = 001950</td> </tr> <tr> <td>Orphenadrine</td> <td>N/A</td> <td>HICL = 001906</td> </tr> <tr> <td>Metaxalone</td> <td>Skelaxin</td> <td>HICL = 001945</td> </tr> <tr> <td>Methocarbamol</td> <td>Robaxin</td> <td>HICL = 001938</td> </tr> <tr> <td>Tizanidine*</td> <td>Zanaflex</td> <td>HICL = 011582</td> </tr> <tr> <td colspan="3" style="text-align: center;">and Route of Admin = oral and day supply &gt;/= 30</td> </tr> </tbody> </table>	SMR List			Generic Name	Brand Name	Drug Code	Baclofen*	N/A	HICL = 001949	Chlorzoxazone	Lorzone	HICL = 001941	Cyclobenzaprine	Flexeril/ Amrix/ Fexmid	HICL = 001950	Orphenadrine	N/A	HICL = 001906	Metaxalone	Skelaxin	HICL = 001945	Methocarbamol	Robaxin	HICL = 001938	Tizanidine*	Zanaflex	HICL = 011582	and Route of Admin = oral and day supply >/= 30			6 fills every 365 days *EXCLUDING drugs in HSN 001949 (Baclofen) or HSN 011582 (Zanaflex) that have a diagnosis listed below, in history, within the past 730 days:	
SMR List																																	
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Chlorzoxazone	Lorzone	HICL = 001941																															
Cyclobenzaprine	Flexeril/ Amrix/ Fexmid	HICL = 001950																															
Orphenadrine	N/A	HICL = 001906																															
Metaxalone	Skelaxin	HICL = 001945																															
Methocarbamol	Robaxin	HICL = 001938																															
Tizanidine*	Zanaflex	HICL = 011582																															
and Route of Admin = oral and day supply >/= 30																																	
		<table border="1" style="width: 100%; border-collapse: collapse; background-color: #e1f5fe;"> <thead> <tr style="background-color: #0277bd; color: white;"> <th style="width: 40%;">ICD-10 CM Code</th> <th style="width: 60%;">Description</th> </tr> </thead> <tbody> <tr> <td><b>ICD 10 Disease Group:</b> G11, ICD 10: G32.81</td> <td>Hereditary Ataxia</td> </tr> <tr> <td><b>ICD 10:</b> 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><b>ICD 10:</b> 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><b>ICD 10:</b> 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><b>ICD 10:</b> I69.041, I69.042, I69.043, I69.044, I69.049, I69.141,</td> <td>Monoplegia of lower limb following unspecified cerebrovascular disease</td> </tr> </tbody> </table>	ICD-10 CM Code	Description	<b>ICD 10 Disease Group:</b> G11, ICD 10: G32.81	Hereditary Ataxia	<b>ICD 10:</b> G12.20, G12.21, G12.22, G12.29, G12.8	Motor Neuron disease: Other spinal muscle atrophis and related syndromes	<b>ICD 10:</b> 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	<b>ICD 10:</b> 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	<b>ICD 10:</b> I69.041, I69.042, I69.043, I69.044, I69.049, I69.141,	Monoplegia of lower limb following unspecified cerebrovascular disease																			
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# AHCA Automated Prior Authorizations and Bypass Lists 11-2024

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	
		<b>ICD 10:</b> 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
		<b>ICD 10:</b> I69.00, I69.10, I69.20, I69.30, I69.80, I69.90	Unspecified sequelae of unspecified cerebrovascular disease
		<b>ICD 10:</b> G35	Multiple sclerosis
		<b>ICD 10 Disease Groups:</b> G36, G37	Other demyelinating diseases of central nervous system
		<b>ICD 10 Disease Group:</b> G81	Hemiplegia/Hemiparesis
		<b>ICD 10 Disease Group:</b> G80	Cerebral Palsy
		<b>ICD 10 Disease Group:</b> G82, G83	Paraplegia (paraparesis) and quadriplegia (quadriparesis) Other paralytic syndromes
		<b>ICD 10:</b> R53.2	Functional Quadriplegia
		<b>ICD 10:</b> R29.0	Tetany
		<b>ICD 10:</b> 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

# AHCA Automated Prior Authorizations and Bypass Lists 11-2024

Edit	Drugs	Steps																				
		S14.143A, S14.144A, S14.145A, S14.146A, S14.147A, S14.148A, S14.149A, S14.0XXA, S14.151A, S14.152A, S14.153A, S14.154A, S14.155A, S14.156A, S14.157A, S14.158A, S14.159A, S24.101A, S24.102A, S24.103A, S24.104A, S24.109A, S24.111A, S24.112A, S24.113A, S24.114A, 24. 119A, S24.131A, S24.132A, S24.133A, S24.134A, S24.139A, S24.141A, S24.142A, S24.143A, S24.144A, S24.149A, S24.151A, S24.152A, S24.153A, S24.154A, S24.159A, S24.0XXA, S34.01XA, S34.101A, S34.102A, S34.103A, S34.104A, S34.105A, S34.109A, S34.111A, S34.112A, S34.113A, S34.114A, S34.115A, S34.119A, S34.121A, S34.122A, S34.123A, S34.124A, S34.125A, S34.129A, S34.131A, S34.132A, S34.139A, S34.02XA, S34.3XXA																				
<b>Hypertonic Solution</b> Automated PA approval satisfies L=Auto PA drug edit and non OBRA-rebateable status	<table border="1" style="width: 100%; border-collapse: collapse; background-color: #e1f5fe;"> <thead> <tr style="background-color: #0277bd; color: white;"> <th colspan="2">Hypertonic Solution</th> </tr> <tr style="background-color: #e1f5fe;"> <th style="width: 70%;">Drug Name</th> <th style="width: 30%;">GSN</th> </tr> </thead> <tbody> <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> </tbody> </table>	Hypertonic Solution		Drug Name	GSN	Sodium Chloride 3%, vial neb soln	000588	Sodium Chloride 7% vial neb soln	062746	Hyper-Sal 7% neb solution		Pulmosal 7% neb solution		Sodium Chloride 10% vial neb sol	000587	Hyper-Sal 3.5% neb solution	068364	<p><b>Step 1:</b> If the incoming claim is from the &lt;Hypertonic solution list&gt;, 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.”</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr style="background-color: #0277bd; color: white;"> <th colspan="2">Approvable ICD 10-CM Disease Group</th> </tr> </thead> <tbody> <tr> <td style="width: 15%;">E84</td> <td>Cystic fibrosis</td> </tr> </tbody> </table>	Approvable ICD 10-CM Disease Group		E84	Cystic fibrosis
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<p><b>Alpha Antitrypsin deficiency (AAT deficiency) Automation</b></p> <p>Automated PA approval satisfies L=Auto PA drug edit</p> <p>Automated PA approval will NOT override R = Non-PDL edit</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #0070c0; color: white;"> <th colspan="3">AAT Deficiency Drug List</th> </tr> <tr style="background-color: #e1f5fe;"> <th>Generic Name</th> <th>Brand Name</th> <th>Drug Code</th> </tr> </thead> <tbody> <tr> <td rowspan="4">Alpha-1 Proteinase inhibitor</td> <td>Aralast</td> <td rowspan="4">HSN = 004529</td> </tr> <tr> <td>Aralast NP</td> </tr> <tr> <td>Glassia</td> </tr> <tr> <td>Prolastin C</td> </tr> <tr> <td></td> <td>Zemaira</td> <td></td> </tr> </tbody> </table>	AAT Deficiency Drug List			Generic Name	Brand Name	Drug Code	Alpha-1 Proteinase inhibitor	Aralast	HSN = 004529	Aralast NP	Glassia	Prolastin C		Zemaira		<p><b>Step 1:</b> If incoming drug in &lt;AAT deficiency List&gt; 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."</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr style="background-color: #0070c0; color: white;"> <th colspan="2">Approvable ICD-10 CM Code</th> </tr> </thead> <tbody> <tr> <td style="width: 20%;">E88.01</td> <td>Alpha Antitrypsin deficiency (AAT) or Alpha -1 Antitrypsin deficiency</td> </tr> </tbody> </table>	Approvable ICD-10 CM Code		E88.01	Alpha Antitrypsin deficiency (AAT) or Alpha -1 Antitrypsin deficiency
AAT Deficiency Drug List																					
Generic Name	Brand Name	Drug Code																			
Alpha-1 Proteinase inhibitor	Aralast	HSN = 004529																			
	Aralast NP																				
	Glassia																				
	Prolastin C																				
	Zemaira																				
Approvable ICD-10 CM Code																					
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<p><b>Fabrazyme Automation</b></p> <p>Automated PA approval satisfies L=Auto PA drug edit</p> <p>Automated PA approval will NOT override R = Non-PDL edit</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #e1f5fe;"> <th>Generic Name</th> <th>Brand Name</th> <th>Drug Code</th> </tr> </thead> <tbody> <tr> <td>Agalsidase Beta</td> <td>Fabrazyme</td> <td>HSN = 024861</td> </tr> </tbody> </table>	Generic Name	Brand Name	Drug Code	Agalsidase Beta	Fabrazyme	HSN = 024861	<p><b>Step 1:</b> If incoming claims is for &lt;HSN 024861&gt; 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."</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr style="background-color: #0070c0; color: white;"> <th colspan="2">Approvable ICD-10 CM Code</th> </tr> </thead> <tbody> <tr> <td style="width: 20%;">E75.21</td> <td>Fabry (Anderson) disease</td> </tr> </tbody> </table>	Approvable ICD-10 CM Code		E75.21	Fabry (Anderson) disease									
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<p><b>Pulmozyme</b></p> <p>Automated PA approval satisfies L=Auto PA drug edit</p> <p>Automated PA approval will NOT override R = Non-PDL edit</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #e1f5fe;"> <th>Drug Name</th> <th>Drug Code</th> </tr> </thead> <tbody> <tr> <td>Pulmozyme 1mg/mL</td> <td>HSN=008832</td> </tr> </tbody> </table>	Drug Name	Drug Code	Pulmozyme 1mg/mL	HSN=008832	<p><b>Step 1:</b> 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</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr style="background-color: #0070c0; color: white;"> <th colspan="2">Approvable ICD 10-CM Disease Group</th> </tr> </thead> <tbody> <tr> <td style="width: 20%;">E84</td> <td>Cystic fibrosis</td> </tr> </tbody> </table>	Approvable ICD 10-CM Disease Group		E84	Cystic fibrosis											
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Pulmozyme 1mg/mL	HSN=008832																				
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<p><b>Long Acting Opioid Polypharmacy</b></p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #0070c0; color: white;"> <th colspan="2">&lt;Long Acting Opioid List&gt;</th> </tr> <tr style="background-color: #e1f5fe;"> <th>Drug Name</th> <th>Drug Code</th> </tr> </thead> <tbody> <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> </tbody> </table>	<Long Acting Opioid List>		Drug Name	Drug Code	Buprenorphine (Belbuca)	GSNs = 075050, 075051, 075052, 075053, 075054, 075055, 075056	Fentanyl (Duragesic)	GSNs = 015880, 015881, 015882, 015883, 059102, 073524, 073525, 073532	<p><b>Step 1:</b> If incoming claim is from &lt;Long Acting Opioid List&gt; look back 30 days for a fill from &lt;Long Acting Opioid List (different HSN)&gt;, excluding itself. If found, Proceed to STEP 2: If not CLAIM PAYS</p> <p><b>Step 2:</b> 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,</p>											
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# AHCA Automated Prior Authorizations and Bypass Lists 11-2024

Edit	Drugs	Steps																
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Hydrocodone, extended release (Zohydro ER/ Hysingla)</td> <td>GSNs = 071602, 073621, 071603, 073622, 071604, 073623, 071605, 073624, 071606, 073625, 071607, 073626, 073176, 073177, 073179, 073180, 073181, 073182, 073183</td> </tr> <tr> <td>Hydromorphone (Exalgo)</td> <td>GSNs = 066200, 069860, 069889, 069890</td> </tr> <tr> <td>Methadone (Dolophine)</td> <td>GSNs = 004235, 004237, 004238, 004239, 004240, 004242</td> </tr> <tr> <td>morphine sulfate ER (MS Contin/ Kadian ER, Arymo ER, Morphabond ER)</td> <td>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</td> </tr> <tr> <td>morphine sulfate/ naltrexone ER (Embeda)</td> <td>GSNs = 073302, 073303, 073304, 073305, 073306, 073307</td> </tr> </table>	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	<p>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"</p> <p><b>Note:</b> This edit does <b>NOT</b> override the 4 Controlled Substance limit (or 6 for recipients with a diagnosis of cancer or sickle cell disease) per rolling 27 days</p> <p><b>Note:</b> This edit does <b>NOT</b> override the Oxycontin AP logic.</p> <p><b>Note:</b> This edit does <b>NOT</b> override existing age limits, quantity limits, or Non PDL coding.</p>						
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																	
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	<b>&lt;Long Acting Opioid List&gt;</b> <i>(continued)</i>																	
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">Drug Name</th> <th style="width: 40%;">Drug Code</th> </tr> </thead> <tbody> <tr> <td>Oxycodone/Acetaminophen ER (Xartemis ER)</td> <td>GSN = 072134</td> </tr> <tr> <td>oxycodone ER (OxyContin)</td> <td>GSNs = 072862, 072863, 072864, 072865, 072866, 072867, and 072868</td> </tr> <tr> <td>Oxycodone Myristate (Xtampza ER)</td> <td>GSNs = 076031, 076032, 076033, 076034, 076035</td> </tr> <tr> <td>oxymorphone (Opana)</td> <td>GSNs = 061091, 070397, 063782, 070320, 061092, 070398, 063783, 070321, 061093, 070399, 063784, 070400, 061094, 070401</td> </tr> <tr> <td>Tapentadol (Nucynta ER)</td> <td>GSNs = 067266, 067267, 067268, 067270, 067271</td> </tr> <tr> <td>Tramadol (Ultram ER/ Ryzolt/ Conzip)</td> <td>GSNs = 043536, 043537, 060274, 063422, 063423, 063424, 067760, 067761, 067762, 068721</td> </tr> <tr> <td>transdermal buprenorphine (Butrans)</td> <td>GSNs = 059589, 059590, 059591, 072673, 071432</td> </tr> </tbody> </table>	Drug Name	Drug Code	Oxycodone/Acetaminophen ER (Xartemis ER)	GSN = 072134	oxycodone ER (OxyContin)	GSNs = 072862, 072863, 072864, 072865, 072866, 072867, and 072868	Oxycodone Myristate (Xtampza ER)	GSNs = 076031, 076032, 076033, 076034, 076035	oxymorphone (Opana)	GSNs = 061091, 070397, 063782, 070320, 061092, 070398, 063783, 070321, 061093, 070399, 063784, 070400, 061094, 070401	Tapentadol (Nucynta ER)	GSNs = 067266, 067267, 067268, 067270, 067271	Tramadol (Ultram ER/ Ryzolt/ Conzip)	GSNs = 043536, 043537, 060274, 063422, 063423, 063424, 067760, 067761, 067762, 068721	transdermal buprenorphine (Butrans)	GSNs = 059589, 059590, 059591, 072673, 071432	
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<p><b>Gonadotropin-Releasing Hormone (GnRH) analog Auto PA</b></p> <p>Automated PA approval satisfies L=Auto PA drug logic</p> <p>*Automated PA approval will NOT override R = Non-PDL edit and will not satisfy the automation logic</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #0070c0; color: white;"> <th colspan="3">GnRH analog List A</th> </tr> <tr style="background-color: #e1f5fe;"> <th>Generic Name</th> <th>Brand Name</th> <th>Drug Code</th> </tr> </thead> <tbody> <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> <tr style="background-color: #0070c0; color: white;"> <th colspan="3">GnRH analog List B</th> </tr> <tr style="background-color: #e1f5fe;"> <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> </tbody> </table>	GnRH analog List A			Generic Name	Brand Name	Drug Code	leuprolide acetate	Lupron Depot 3.75 mg  (1 month)	GSN =045017	leuprolide acetate	Lupron Depot 11.25 mg  (3 month)	GSN =044980	leuprolide acetate/ norethindrone	Lupaneta Pack 3.75–5 mg  (1 month)	GSN = 070481	leuprolide acetate/ norethindrone	Lupaneta Pack 11.25 mg–5mg  (3 month)	GSN = 070480	Norethindrone AC (Lupaneta)		NDC = 74104902, 74104904 74104930	GnRH analog List B			Generic Name	Brand Name	Drug Code	leuprolide acetate	Fensolvi 45mg (6 month)	GSN = 081002	leuprolide acetate	Lupron Depot Ped 7.5 mg	GSN = 047666	leuprolide acetate	Lupron Depot Ped 11.25 mg	GSN = 047665	leuprolide acetate	Lupron Depot Ped 11.25 mg (3 months)	GSN = 067738	leuprolide acetate	Lupron Depot Ped 15 mg	GSN = 047851	leuprolide acetate	Lupron Depot Ped 30 mg	GSN = 067737	leuprolide acetate	Lupron Depot Ped 45 mg	GSN = 084681	<p><b>Incoming drug in GnRH Analog List A:</b>  <b>Step 1:</b> If the incoming claim is for a GnRH analog &lt;List A&gt; 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”</p> <p><b>Incoming drug in GnRH Analog List B:</b>  <b>Step 1:</b> If the incoming claim is for a GnRH analog &lt;List B&gt; 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”</p> <p><b>Incoming drug in GnRH Analog List C:</b>  <b>Step 1:</b> If the incoming claim is for a GnRH analog &lt;List C&gt; 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”</p> <p><b>Incoming drug in GnRH Analog List D:</b>  <b>Step 1:</b> If the incoming claim is for a GnRH analog (&lt;List D&gt;) 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”</p> <p><b>Incoming drug in GnRH Analog List E:</b>  <b>Step 1:</b> If the incoming claim is for a GnRH analog (&lt;List E&gt;) 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,</p>
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Edit	Drugs			Steps
	triptorelin pamoate	Triptodur 22.5mg vial	GSN = 077557	C50.811-C50.819, C50.911-C50.919 (malignant neoplasm of breast), OR ICD-10 : C61 (prostate cancer)  If found, NO PA REQUIRED. Otherwise, deny for PRIOR AUTHORIZATION REQUIRED (75/31008) with supplemental message "M/I Diagnosis Code"
<b>GnRH analog List C</b>				
	<b>Generic Name</b>	<b>Brand Name</b>	<b>Drug Code</b>	
	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	
<b>GnRH analog List D</b>				
	<b>Generic Name</b>	<b>Brand Name</b>	<b>Drug Code</b>	
	Nafarelin acetate	Synarel 2mg/ml nasal spray	GSN = 044984	
<b>GnRH analog List E</b>				
	<b>Generic Name</b>	<b>Brand Name</b>	<b>Drug Code</b>	
	goserelin acetate	Zoladex 3.6mg implant	GSN = 044962	

# AHCA Automated Prior Authorizations and Bypass Lists 11-2024

Edit	Drugs	Steps		
	<b>Approvable Diagnosis Codes</b>			
	<b>ICD 10 Codes</b>		<b>Description</b>	
	C50.011-C50.019		Malignant neoplasm of female breast	
	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			
	C61		Prostate cancer	
	Disease Group D25		Leiomyoma of uterus	
	E22.8		Hyperfunction of pituitary gland	
E22.9				
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			
<b>GI Motility Auto PA</b>	<b>GI Motility Agents</b>	<b>Step 1:</b> If the incoming claim is from <GI Motility Agents List> and Prior Auth = L- AutoPA, and there is no previous history of itself (same HICL) in the past 180 days:		
Automated PA approval satisfies	<b>Generic Name</b>		<b>Brand Name</b>	<b>Drug Code</b>

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<p>L=Auto PA drug logic</p> <p>*Automated PA approval will NOT override R = Non-PDL coding and will not satisfy the automation logic</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Linaclotide</td> <td style="width: 25%;">Linzess</td> <td style="width: 50%;">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 style="background-color: #0070c0; color: white;"> <th colspan="3" style="text-align: center;">Lactulose List</th> </tr> <tr style="background-color: #e1f5fe;"> <th style="text-align: center;">Generic Name</th> <th style="text-align: center;">Brand Name</th> <th style="text-align: center;">Drug Code</th> </tr> <tr> <td>Lactulose</td> <td>Constulose, Enulose, Generlac, Kristalose</td> <td>HSN = 001396</td> </tr> </table>	Linaclotide	Linzess	HSN= 039583	Lubiprostone	Amitiza*	HSN= 033451	Methylnaltrexone Bromide	Relistor	HSN = 035611 (Excluding tabs GSN = 076398)	Naloxegol	Movantik	HSN= 041686	Plecanatide	Trulance	HSN = 044054	Lactulose List			Generic Name	Brand Name	Drug Code	Lactulose	Constulose, Enulose, Generlac, Kristalose	HSN = 001396	<p>PROCEED TO STEP 2. If there is a previous history of itself in the past 180 days, APPROVE.</p> <p><b>Step 2:</b> Look back in drug history 90 days for a fill of &lt;Lactulose&gt;: If found, claim pays, NO PA REQUIRED. Otherwise, DENY for PRIOR AUTHORIZATION REQUIRED (75), with supplemental messaging "Missing Prerequisite Drug Therapy"</p> <p><b>Note:</b> This edit does <b>NOT</b> override existing age or quantity limits.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr style="background-color: #546e7a; color: white;"> <th style="text-align: center;">Drug Name</th> <th style="text-align: center;">Age Limit (Min Age)</th> <th style="text-align: center;">Quantity Limitations</th> </tr> </thead> <tbody> <tr> <td>Amitiza</td> <td style="text-align: center;">18</td> <td>Maximum of 60 tablets per fill</td> </tr> <tr> <td>Linzess</td> <td style="text-align: center;">6</td> <td>Max 1 tablet per day</td> </tr> <tr> <td>Movantik</td> <td style="text-align: center;">18</td> <td>Max 1 tablet per day</td> </tr> <tr> <td>Relistor</td> <td style="text-align: center;">18</td> <td><b>For 8 mg/0.4 ml:</b> Max 12ml per 30 days <b>For 12 mg/0.6 ml:</b> Max 18ml per 30 days <b>For 150mg Tabs:</b> Max 3 tablets per day</td> </tr> <tr> <td>Trulance</td> <td style="text-align: center;">18</td> <td>Max 1 tablet per day</td> </tr> </tbody> </table> <p><b>Note:</b></p> <ul style="list-style-type: none"> <li>PA approval SATISFIES L = Auto PA drug edit</li> <li>Automated PA approval will NOT override R= Non-PDL edit</li> </ul>	Drug Name	Age Limit (Min Age)	Quantity Limitations	Amitiza	18	Maximum of 60 tablets per fill	Linzess	6	Max 1 tablet per day	Movantik	18	Max 1 tablet per day	Relistor	18	<b>For 8 mg/0.4 ml:</b> Max 12ml per 30 days <b>For 12 mg/0.6 ml:</b> Max 18ml per 30 days <b>For 150mg Tabs:</b> Max 3 tablets per day	Trulance	18	Max 1 tablet per day
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Trulance	18	Max 1 tablet per day																																										
<p><b>Compound Claims Max Limit</b></p>	<p><b>Compound Claims</b></p>	<p>The maximum payable amount on compound claims with a dosage form of cream, lotion, ointment, powder, emulsion, or shampoo is \$300.00</p>																																										
<p><b>Abuse Deterrent Narcotic (ADN.) &amp; Short Acting (SA) before Long Acting (LA) Narcotic Edit</b></p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #0070c0; color: white;"> <th colspan="3" style="text-align: center;">&lt;Abuse Deterrent Narcotic (ADN) List&gt;</th> </tr> <tr style="background-color: #e1f5fe;"> <th style="text-align: center;">Generic Name</th> <th style="text-align: center;">Brand Name</th> <th style="text-align: center;">Drug Code</th> </tr> </thead> <tbody> <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> </tbody> </table>	<Abuse Deterrent Narcotic (ADN) List>			Generic Name	Brand Name	Drug Code	hydrocodone bitartrate ER	Hysingla ER	GSNs = 073176, 073177, 073179, 073180, 073181, 073182, 073183	oxycodone ER	OxyContin	GSNs = 072862, 072863,	<p><b>Step 1:</b> If incoming claim is for &lt;ADN List&gt; or &lt;LA Narcotic List&gt; 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.</p> <p><b>Step 2:</b> If incoming claim is for &lt;OxyContin&gt; is Patient &gt;=11 and &lt;= 17. If Yes, CLAIM MOVES OUT OF EDIT (other clinical edits for products still apply). Otherwise,</p>																														
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# AHCA Automated Prior Authorizations and Bypass Lists 11-2024

Edit	Drugs			Steps
			072864, 072865, 072866, 072867, 072868	<p>PROCEED TO STEP 3. If incoming claim is for any other product in &lt;LA Narcotic List&gt; or &lt;ADN List&gt; PROCEED TO STEP 3.</p> <p><b>Step 3:</b> If incoming claim is from &lt;ADN List&gt;, is patient &gt;= 18 years? If Yes, PROCEED TO STEP 7. If incoming claim is from &lt;LA Narcotic List&gt; is patient &gt;= 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)</p> <p><b>Step 4:</b> If incoming claim is from &lt;LA Narcotic List&gt; look back 60 days in patient drug history for another fill from &lt;LA Narcotic List&gt; or itself. If found, CLAIM MOVES OUT OF EDIT (other clinical edits for products still apply). Otherwise, PROCEED TO STEP 5.</p> <p><b>Step 5:</b> If incoming claim from &lt;LA Narcotic List&gt; look back 60 days in patient drug history for ≥ 14 days' supply utilized from the &lt;SA Narcotic List&gt;. 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)</p> <p><b>Step 6:</b> If incoming claim is from &lt;LA Narcotic List&gt; (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).</p> <p><b>Step 7:</b> If incoming claim from &lt;ADN List&gt; look back 60 days in patient drug history for another fill from &lt;ADN List&gt;, &lt;LA Narcotic&gt;, or itself. If found, CLAIM MOVES OUT OF EDIT (other clinical edits for products still apply). Otherwise, PROCEED TO STEP 8.</p> <p><b>Step 8:</b> If incoming claim is from &lt;ADN list&gt; look back 60 days in patient drug history for ≥ 14 days' supply utilized from the &lt;SA Narcotic List&gt;. 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)</p> <p><b>Note:</b> This edit does <b>NOT</b> override the following existing edits:</p>
	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	
	hydrocodone bitartrate ER	Zohydro	GSNs = 073621, 073622, 073623, 073624, 073625, 073626	

# AHCA Automated Prior Authorizations and Bypass Lists 11-2024

Edit	Drugs			Steps
	hydromorphone ER	Exalgo	GSNs = 066200, 069860, 069889, 069890	<ul style="list-style-type: none"> <li>4 Controlled Substance limit (or 6 for recipients with a diagnosis of cancer or sickle cell disease) per rolling 27 days</li> <li>Long Acting Opioid Polypharmacy logic</li> <li>OxyContin AP logic-</li> </ul> Any existing age limits, quantity limits, or Non PDL coding-
	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, 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,	

# AHCA Automated Prior Authorizations and Bypass Lists 11-2024

Edit	Drugs			Steps
			063423, 063424, 067760, 067761, 067762, <b>068721</b>	
	transdermal buprenorphine	Butrans	GSNs = 059589, 059590, 059591, 072673, 071432	
*purple font indicates a non-preferred medication				
<Short Acting (SA) Narcotic List>				
<b>Generic Name</b>		<b>Brand Name</b>	<b>Drug Code</b>	
acetaminophen/ codeine		Capital/ Codeine Tylenol/ Codeine	GSNs = 004161, 004163, 004165, 004169, 045155, 070212, <b>070222,</b> 070224	
acetaminophen/ caffeine/ dihydrocodeine		Trezix	GSN = 073169	
aspirin/caffeine/ dihydrocodeine		Synalgos-DC	GSN = 062407	
benzhydrocodone/ acetaminophen		Apadaz	GSNs = 079489,  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	

# AHCA Automated Prior Authorizations and Bypass Lists 11-2024

Edit	Drugs			Steps
	fentanyl spray	Subsys	GSNs = 068412, 068413, 068414, 068415, 068416, 068756, 068757	
	fentanyl citrate	<a href="#">Abstral</a> , Actiq, Fentora, Lazanda	GSNs = 022358, 022360, 041339, 041340, 041341, 041342, 061492, 061493, 061495, 061496, 061497, <a href="#">064712</a> , <a href="#">064713</a> , <a href="#">064714</a> , <a href="#">064715</a> , <a href="#">064716</a> , <a href="#">064717</a> , 065633, 066764, 076221	
	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, <a href="#">064781</a>	
	hydromorphone	Dilaudid	GSNs = 004110,	

## AHCA Automated Prior Authorizations and Bypass Lists 11-2024

Edit	Drugs			Steps
			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, <a href="#">Roxybond</a>	GSNs = 004224, 004225, 013467, 015065, 024507, 045298, 046474, 046475, 068467, 069101 076361, <a href="#">078532</a> , <a href="#">078533</a>	
	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	

## AHCA Automated Prior Authorizations and Bypass Lists 11-2024

Edit	Drugs			Steps
	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			

# AHCA Automated Prior Authorizations and Bypass Lists 11-2024

Edit	Drugs	Steps																															
<p><b>Armodafinil/Modafinil Auto PA</b></p> <p>Automated PA approval satisfies L=Auto PA drug edit</p> <p><i>*Automated PA approval will NOT override R = Non-PDL coding and will not satisfy the automation logic</i></p>	<table border="1" style="margin: auto; border-collapse: collapse;"> <thead> <tr style="background-color: #e1f5fe;"> <th>Generic Name</th> <th>Brand Name</th> <th>Drug Code</th> </tr> </thead> <tbody> <tr> <td>Armodafinil</td> <td>Nuvigil*</td> <td>HSN = 034868</td> </tr> <tr> <td>Modafinil</td> <td>Provigil*</td> <td>HSN = 010865</td> </tr> </tbody> </table>	Generic Name	Brand Name	Drug Code	Armodafinil	Nuvigil*	HSN = 034868	Modafinil	Provigil*	HSN = 010865	<p><b>Step 1:</b> If incoming claim is for HSN 010865 &lt;Modafinil&gt; or HSN 034868 &lt;Armodafinil&gt; and Prior Auth L=Auto PA Drug, PROCEED TO STEP 2. Otherwise, Stop.</p> <p><b>Step 2:</b> If incoming claim is for HSN 010865 Modafinil or HSN 034868 &lt;Armodafinil&gt;, 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"</p> <div style="text-align: center; background-color: #0070c0; color: white; padding: 5px; margin: 10px 0;"> <b>Approvable ICD 10 Codes</b> </div> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #e1f5fe;"> <th>ICD 10 CM Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>G47.411</td> <td>Narcolepsy with cataplexy</td> </tr> <tr> <td>G47.419</td> <td>Narcolepsy without cataplexy</td> </tr> <tr> <td>G47.421</td> <td>Narcolepsy in conditions classified elsewhere with cataplexy</td> </tr> <tr> <td>G47.429</td> <td>Narcolepsy in conditions classified elsewhere without cataplexy</td> </tr> <tr> <td>G47.33</td> <td>Obstructive sleep apnea for adult, pediatric</td> </tr> <tr> <td>G47.26</td> <td>Circadian Rhythm Sleep Disorder, Shift Work Type</td> </tr> </tbody> </table> <p><b>Note:</b> This edit does NOT override existing age limits, quantity limits, or Non PDL coding.</p> <div style="text-align: center; background-color: #e1f5fe; padding: 5px; margin: 10px 0;"> <b>Quantity Limitations</b> </div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>Nuvigil (Armodafinil) 50mg</td> <td>2 tablets per day</td> </tr> <tr> <td>Nuvigil (Armodafinil) 150mg, 200mg, 250mg tablets</td> <td>1 tablet per day</td> </tr> <tr> <td>Provigil (Modafinil) 100mg</td> <td>3 tablets per day</td> </tr> <tr> <td>Provigil (Modafinil) 200mg</td> <td>2 tablets per day</td> </tr> </tbody> </table>	ICD 10 CM Code	Description	G47.411	Narcolepsy with cataplexy	G47.419	Narcolepsy without cataplexy	G47.421	Narcolepsy in conditions classified elsewhere with cataplexy	G47.429	Narcolepsy in conditions classified elsewhere without cataplexy	G47.33	Obstructive sleep apnea for adult, pediatric	G47.26	Circadian Rhythm Sleep Disorder, Shift Work Type	Nuvigil (Armodafinil) 50mg	2 tablets per day	Nuvigil (Armodafinil) 150mg, 200mg, 250mg tablets	1 tablet per day	Provigil (Modafinil) 100mg	3 tablets per day	Provigil (Modafinil) 200mg	2 tablets per day
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# AHCA Automated Prior Authorizations and Bypass Lists 11-2024

Edit	Drugs	Steps																																																					
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			<p>PRIOR AUTHORIZATION REQUIRED (75/31008) with supplemental message <b><i>M/I Diagnosis Code</i></b></p> <p>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 (<b><i>75/31006</i></b>) with supplemental message <b><i>Missing Prerequisite drug therapy.</i></b></p>																							
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	INFLIXIMAB	REMICADE																								
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# AHCA Automated Prior Authorizations and Bypass Lists 11-2024

Edit	Drugs	Steps	
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		M06	
		ICD-10 Disease Group: M08	Juvenile Rheumatoid Arthritis
		ICD-10 Disease Group: M45	Ankylosing Spondylitis
		<b>infliximab</b>	
		ICD 10-CM Code	Description
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		ICD10 Disease Group: K51	Ulcerative Colitis
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		<b>XELJANZ</b>	
		ICD 10-CM Code	Description
		ICD10 Disease Group: K51	Ulcerative Colitis
		ICD10 Disease Group: L40	Psoriasis, including psoriatic arthritis
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# AHCA Automated Prior Authorizations and Bypass Lists 11-2024

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Generic Name	Brand Name	Drug Code																
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D57																		

# AHCA Automated Prior Authorizations and Bypass Lists 11-2024

Edit	Drugs	Steps
	<b>Antiemetic List</b> <b>Generic drug name = 1 or 2</b> <b>Rx Indicator = Yes</b>	D58 Other Hereditary hemolytic anemias
	<b>Generic Name</b> <b>Brand Name</b> <b>Drug Code</b>	C00-C14 Neoplasms
	Aprepitant      Emend      HSN = 025058	C15-C26
	Dimenhydrinate      N/A      HSN = 004716	C30-C39
	Dolasetron      Anzemet      HSN = 016576	C40-C41
	Doxylamine/ Vitamin B6      Diclegis      HSN = 001970	C43-C44
	Dronabinol      Marinol      HSN = 001955	C45-C49
	Fosaprepitant      Emend Vial      HSN = 035346	C50
	Granisetron      Sancuso      HSN = 035877	C51-C58
	Granisetron      Sustol      HSN = 035877	C60-C63
	Granisetron HCL      N/A      HSN = 007611	C64-C68
	Granisetron HCL/PF      N/A      HSN = 034765	C69-C72
	Meclizine      N/A      HSN = 001975	C73-C75
	Metoclopramide      Reglan      HSN = 002148	C7A
	Nabilone      Cesamet      HSN = 001956	C7B
	Netupitant/ Palonosetron HCL      Akynzeo      HSN = 041467	C76-C80
	Ondansetron      Zofran ODT      HSN = 019058	C81-C96
	Ondansetron      Zuplenz      HSN = 019058	D00-D09
	Ondansetron HCL      Zofran      HSN = 006055	D10-D36
	Ondansetron HCL in 0.9% NACL      N/A      HSN = 017785	D3A
	Ondansetron HCL in D5W      N/A      HSN = 009765	D37-D48
		D49
		K31.7
		K63.5
		Q85.00
		Q85.01
		Q85.02
		<b>Step 3:</b> 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"
		<b>Approvable ICD 10 Codes</b>
		<b>ICD 10 CM Code</b> <b>Description</b>
		K91.89      Other Postprocedural complications and disorder of digestive system
		R11.2      Nausea with vomiting, unspecified
		T75.3XXA      Motion Sickness: Initial Encounter
		T75.3XXD      Motion Sickness: Subsequent Encounter
		Motion Sickness: Sequela

# AHCA Automated Prior Authorizations and Bypass Lists 11-2024

Edit	Drugs	Steps																																							
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# AHCA Automated Prior Authorizations and Bypass Lists 11-2024

Edit	Drugs	Steps		
Automated PA approval will NOT override R = Non-PDL edit	SSRI List	listed below> If Found, PROCEED to Step 3. Otherwise, DENY for PRIOR AUTHORIZATION REQUIRED (75) with supplemental message "M/I Diagnosis Code"  <b>Step 3:</b> 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"		
	Generic Name		Brand Name	Drug Code
	Citalopram hydrobromide		Celexa	HSN = 010321
	Escitalopram oxalate		Lexapro	HSN = 024022
	Fluoxetine HCL		Prozac, Prozac Weekly	HSN = 001655 (excluding GSN 046216-Rapiflux) 046219, 065296 - Sarafem)
	Fluvoxamine maleate CR		Luvox CR	HSN = 006338
	Paroxetine/ER HCL		Paxil, Paxil CR	HSN = 007344
	Paroxetine Mesylate		Pexeva	HSN = 025796 excluding GSN 071167 – Brisdelle)
Sertraline HCL	Zoloft	HSN = 006324		
		Approvable ICD 10 CM Codes		
ICD-10-CM Code	Description			
F42	Obsessive-compulsive disorder			
F42.2	Mixed obsessional thoughts and acts			
F42.3	Hoarding disorder			
F42.4	Excoriation (skin-picking) disorder			
F42.8	Other obsessive-compulsive disorder			
F42.9	Obsessive-compulsive disorder, unspecified			
		<b>Note:</b> The meds below do not have an FDA indication for OCD or Depression thus were omitted from the automation:		
		SSRIs		
Fluoxetine	Sarafem	GSN = 046216, 065296	Premenstrual dysphoric disorder (PMDD)	
	Rapiflux	046219		
Paroxetine mesylate	Brisdelle	GSN = 071167	Hot Flashes	
		<b>Note:</b> Blue font indicates product is no longer available		
<b>Long Acting Injectable (LAI) AutoPA</b>  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	<Long Acting Injectable (LAI) Antipsychotic List>	<b>Step 1:</b> 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.  <b>Step 2:</b> 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.		
	Generic Name		Brand Name	Drug Code
	aripiprazole		Abilify Asimtufii, Abilify Maintena	GSNs= 084704, 084705, 070669, 070670, 073298, 073299
	aripiprazole lauroxil		Aristada ER	HSN = 042595
	aripiprazole lauroxil submicr		Aristada Initio	HSN = 045050
	haloperidol decanoate		Haldol Decanoate	HSN = 001660
		Approvable Diagnosis Codes		
ICD 10 Disease Group	Description			
F20	Schizophrenia			
F25	Schizoaffective Disorder			
		<b>Step 3:</b> 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		

# AHCA Automated Prior Authorizations and Bypass Lists 11-2024

Edit	Drugs			Steps																																				
	paliperidone palmitate	Invega Sustenna, Invega Trinza, Invega Hafyera	HSN = 036479	<p>MOVES OUT OF EDIT (QL and AG limitations still apply). Otherwise, DENY for NCPDP 75 with supplemental messaging "<i>M/I Diagnosis Code</i>".</p> <table border="1" style="width: 100%; border-collapse: collapse; background-color: #0070c0; color: white;"> <thead> <tr style="background-color: #0070c0; color: white;"> <th colspan="2" style="text-align: center;">Approvable Diagnosis Codes</th> </tr> <tr style="background-color: #e1f5fe;"> <th style="text-align: center;">ICD 10 Disease Group</th> <th style="text-align: center;">Description</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">F31</td> <td style="text-align: center;">Bipolar Disorder</td> </tr> </tbody> </table> <p><b>Note:</b></p> <ul style="list-style-type: none"> <li>Automated PA approval will NOT override age, quantity, or mg per day limits.</li> <li>Automated PA approval will NOT override R=Non-PDL edit</li> </ul> <table border="1" style="width: 100%; border-collapse: collapse; background-color: #0070c0; color: white;"> <thead> <tr style="background-color: #0070c0; color: white;"> <th style="text-align: center;">Drug Name</th> <th style="text-align: center;">Age Limit (Min Age)</th> <th style="text-align: center;">Quantity Limitation</th> </tr> </thead> <tbody> <tr> <td>Abilify Maintena</td> <td style="text-align: center;">18</td> <td>1 every 28 days</td> </tr> <tr> <td>Aristada</td> <td style="text-align: center;">18</td> <td>441mg: 1.6mLs every 28 days 662mg: 2.4mLs every 28 days 882mg: 3.2mLs every 28 days 1064mg: 3.9mLs every 60 days</td> </tr> <tr> <td>Aristada Initio</td> <td style="text-align: center;">18</td> <td>2.4mLs every 180 days</td> </tr> <tr> <td>Invega Hafyera</td> <td style="text-align: center;">18</td> <td>1092mg: 3.5mLs every 180 days 1560mg: 5mLs every 180 days</td> </tr> <tr> <td>Invega Sustenna</td> <td style="text-align: center;">18</td> <td>390mg every 28 days 2 fills every 28 days</td> </tr> <tr> <td>Invega Trinza</td> <td style="text-align: center;">18</td> <td>273mg: 0.880mLs every 84 days 410mg: 1.32mLs every 84 days 546mg: 1.75mLs every 84 days 819mg: 2.63mLs every 84 days</td> </tr> <tr> <td>Perseris</td> <td style="text-align: center;">18</td> <td>1 every 25 days</td> </tr> <tr> <td>Risperdal Consta</td> <td style="text-align: center;">18</td> <td>2 every 28 days</td> </tr> <tr> <td>Zyprexa Relprevv</td> <td style="text-align: center;">18</td> <td>210mg &amp; 300mg: 2 every 28 days 405mg: 1 every 28 days</td> </tr> </tbody> </table>	Approvable Diagnosis Codes		ICD 10 Disease Group	Description	F31	Bipolar Disorder	Drug Name	Age Limit (Min Age)	Quantity Limitation	Abilify Maintena	18	1 every 28 days	Aristada	18	441mg: 1.6mLs every 28 days 662mg: 2.4mLs every 28 days 882mg: 3.2mLs every 28 days 1064mg: 3.9mLs every 60 days	Aristada Initio	18	2.4mLs every 180 days	Invega Hafyera	18	1092mg: 3.5mLs every 180 days 1560mg: 5mLs every 180 days	Invega Sustenna	18	390mg every 28 days 2 fills every 28 days	Invega Trinza	18	273mg: 0.880mLs every 84 days 410mg: 1.32mLs every 84 days 546mg: 1.75mLs every 84 days 819mg: 2.63mLs every 84 days	Perseris	18	1 every 25 days	Risperdal Consta	18	2 every 28 days	Zyprexa Relprevv	18	210mg & 300mg: 2 every 28 days 405mg: 1 every 28 days
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	fluphenazine decanoate	N/A	HSN = 001624																																					
	risperidone	Perseris, Uzedy	GSNs = 078740, 078741, 084729, 084730, 084731, 084728, 084732, 084733, 084734																																					
	risperidone microspheres	Risperdal Consta, Rykindo*	HSN = 025509																																					
	olanzapine pamoate	Zyprexa Relprevv*	HSN = 036716																																					



# AHCA Automated Prior Authorizations and Bypass Lists 11-2024

Edit	Drugs	Steps																																	
<b>Ambien/Edluar Automation</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #0070c0; color: white;"> <th style="width: 25%;">Generic Name</th> <th style="width: 45%;">Brand Name</th> <th style="width: 30%;">Drug code</th> </tr> </thead> <tbody> <tr> <td rowspan="6" style="text-align: center; vertical-align: middle;">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> </tbody> </table>	Generic Name	Brand Name	Drug code	Zolpidem	Ambien 5mg Tablets	GSN = 019187	Ambien 10mg Tablets	GSN = 019188	Ambien 6.25mg CR Tablets	GSN = 059696	Ambien 12.5mg CR Tablets	GSN = 059697	Edluar 5mg SL Tablets	GSN = 065335	Edluar 10mg SL Tablets	GSN = 065334	<p><b>Step 1:</b> If incoming claim &lt;Ambien 10mg&gt;, &lt;Ambien CR 12.5mg&gt;, or &lt;Edluar 10mg&gt; look back 30 days in recipient's paid claim history for itself. If found, CLAIM PAYS. Otherwise, PROCEED TO STEP 2.</p> <p><b>Step 2:</b> Look back 90 days in recipient's paid claim history for &lt;Ambien 5mg&gt;, &lt;Ambien CR 6.25mg&gt;, or &lt;Edluar 5mg&gt; with a Day Supply Utilized &gt;= 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"</p> <p><b>Note:</b> This edit does NOT override any existing age limits, quantity limits, or Non PDL coding.</p>																	
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<b>Overlapping Stimulant- BZP DUR edit</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #0070c0; color: white;"> <th colspan="3" style="text-align: center;">Stimulants-Benzodiazepine (BZP) List</th> </tr> <tr style="background-color: #e1f5fe;"> <th style="width: 35%;">Generic Name</th> <th style="width: 25%;">Brand Name</th> <th style="width: 40%;">Drug Code</th> </tr> </thead> <tbody> <tr style="background-color: #0070c0; color: white;"> <th colspan="3" style="text-align: center;">Stimulants</th> </tr> <tr> <td style="text-align: center;">amphetamine</td> <td style="text-align: center;">Adzenys XR ODT, Dyanavel XR</td> <td style="text-align: center;">HSN = 04365 2</td> </tr> <tr> <td style="text-align: center;">amphetamine sulfate</td> <td style="text-align: center;">Evekeo, Evekeo ODT</td> <td style="text-align: center;">HSN = 00206 4</td> </tr> <tr> <td style="text-align: center;">dexmethylphenidate</td> <td style="text-align: center;">Focalin, Focalin XR</td> <td style="text-align: center;">HSN = 02298 7</td> </tr> <tr> <td style="text-align: center;">dextroamphetamine</td> <td style="text-align: center;">Dexedrine, Procentra, Zenzedi</td> <td style="text-align: center;">HSN = 00206 5</td> </tr> <tr> <td style="text-align: center;">dextroamphetamine</td> <td style="text-align: center;">Xelstrym</td> <td style="text-align: center;">HSN = 04792 6</td> </tr> <tr> <td style="text-align: center;">dextroamphetamine/amphetamine</td> <td style="text-align: center;">Adderall, Adderall XR, Mydayis ER</td> <td style="text-align: center;">HSN = 01344 9</td> </tr> <tr> <td style="text-align: center;">lisdexamfetamine dimesylate</td> <td style="text-align: center;">Vyvanse capsules/chewable tabs</td> <td style="text-align: center;">HSN = 03448 6</td> </tr> <tr> <td style="text-align: center;">methamphetamine</td> <td style="text-align: center;">Desoxyn</td> <td style="text-align: center;">HSN = 00206 7</td> </tr> </tbody> </table>	Stimulants-Benzodiazepine (BZP) List			Generic Name	Brand Name	Drug Code	Stimulants			amphetamine	Adzenys XR ODT, Dyanavel XR	HSN = 04365 2	amphetamine sulfate	Evekeo, Evekeo ODT	HSN = 00206 4	dexmethylphenidate	Focalin, Focalin XR	HSN = 02298 7	dextroamphetamine	Dexedrine, Procentra, Zenzedi	HSN = 00206 5	dextroamphetamine	Xelstrym	HSN = 04792 6	dextroamphetamine/amphetamine	Adderall, Adderall XR, Mydayis ER	HSN = 01344 9	lisdexamfetamine dimesylate	Vyvanse capsules/chewable tabs	HSN = 03448 6	methamphetamine	Desoxyn	HSN = 00206 7	<p><b>Step 1:</b> If incoming claim from &lt;Stimulant List&gt; lookback 30 days for a fill from the &lt;BZP List&gt; If found, PROCEED TO STEP 2. Otherwise CLAIM MOVES OUT OF EDIT (other clinical edits for products still apply)</p> <p><b>Step 2:</b> If incoming claim from &lt;Stimulant List&gt; look back 60 days for fill from &lt;BZP List&gt; and &lt;Stimulant List&gt;. If found, claim rejects NCPDP 76 with additional message "DD - Caution Overlapping BZP-Stimulant therapy. Review &amp; 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"</p> <p><b>Limitation:</b> 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"</p>
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# AHCA Automated Prior Authorizations and Bypass Lists 11-2024

Edit	Drugs			Steps
	methylphenidate	Cotempla XR ODT, Daytrana	HSN = 03355 6	
	methylphenidate HCL	Aptensio XR, Concerta, Jornay PM, Metadate ER, Methylin ER, Quillichew, Quillivant, Relexxii ER, Ritalin/ Ritalin LA	HSN = 00168 2	
	serdexmethylphenidate/dexmethylphenidate	Azstarys	HSN = 04718 7	
<b>Benzodiazepines</b>				
	alprazolam	Xanax, Xanax XR	HSN = 00161 7	
	chlordiazepoxide	N/A	HSN = 00161 0	
	chlordiazepoxide/ amitriptyline	N/A	HSN = 00165 6	
	chlordiazepoxide/ clidinium	Librax	HSN = 00203 7	
	clobazam	Onfi, Sympazan	HSN = 00653 6	
	clonazepam	Klonopin	HSN = 00189 4	
	clorazepate	N/A	HSN = 00161 2	
	diazepam	Valium	GSNs = 00376 2, 00376 3, 00376 4, 00376 5, 00376 6, 00376 7, 00376	

# AHCA Automated Prior Authorizations and Bypass Lists 11-2024

Edit	Drugs			Steps
			8, 06871 5, 07871 2	
	estazolam	N/A	HSN = 00603 6	
	flurazepam	N/A	HSN = 00159 3	
	lorazepam	Ativan, Loreev XR	HSN = 00484 6	
	midazolam	N/A	HSN = 00161 9	
	oxazepam	Serax	HSN = 00161 6	
	Quazepam	N/A	HSN = 00159 5	
	temazepam	Restoril	HSN = 00159 2	
	triazolam	Halcion	HSN = 00159 4	
<b>Benzodiazepine (BZP) – LA Opioid DUR Edit</b>	<b>&lt;Benzodiazepine (BZP) &gt;</b>			<p><b>Step 1:</b> If incoming claim from &lt;BZP List&gt; lookback 30 days for a fill from the &lt;LA Opioid List&gt;. If found, PROCEED TO STEP 2. Otherwise CLAIM MOVES OUT OF EDIT (other clinical edits for products still apply)</p> <p><b>Step 2:</b> If incoming claim from &lt;BZP List&gt; look back 60 days for fill from the &lt;BZP List&gt;. If found, claim rejects NCPDP 76 with additional message “DD – Toxicity Warning-Overlapping BZP-LA Opioid therapy. Review &amp; 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”.</p> <p><b>Limitation:</b> 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”</p>
	Generic Name	Brand Name	Drug Code	
	alprazolam	Xanax, Xanax XR	HSN = 001617	
	chlordiazepoxide	Librium, Poxi	HSN = 001610	
	chlordiazepoxide/ amitriptyline	Limbitrol	HSN = 001656	
	chlordiazepoxide/ clidinium	Librax	HSN = 002037	
	clonazepam	Klonopin, Cerberclon	HSN = 001894	
	clobazam	Onfi, Sympazan	HSN = 006536	
	clorazepate	Tranxene, Gen-Xene	HSN = 001612	

# AHCA Automated Prior Authorizations and Bypass Lists 11-2024

Edit	Drugs			Steps																																
	diazepam	Valium	GSNs = 003761, 003762, 003763, 003764, 003765, 003766, 003767, 003768, 034017, 034018, 034019, 068715, 078712, 079289	<p>**** 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:</p> <p><i>The provider will be able to override the 1<sup>st</sup> -two denials, for non-treatment naïve recipients.</i></p> <table border="1" style="width: 100%; background-color: #0056b3; color: white;"> <thead> <tr> <th colspan="2" style="background-color: #0056b3; color: white;">Approvable Seizure Diagnosis ICD-10 Codes</th> </tr> <tr> <th style="background-color: #ADD8E6;">ICD-10-CM Code</th> <th style="background-color: #ADD8E6;">Description</th> </tr> </thead> <tbody> <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</td> </tr> <tr> <td></td> <td>Vascular syndromes of brain in cerebrovascular diseases</td> </tr> <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></td> <td>ICD 10: T74.12XA, T74.12XD, T74.12XS, T74.4XXA, T74.4XXD, T74.4XXS, T76.12XA</td> <td>Child physical abuse, confirmed/suspected, initial encounter Shaken infant syndrome, initial encounter</td> </tr> </tbody> </table>		Approvable Seizure Diagnosis ICD-10 Codes		ICD-10-CM Code	Description	ICD 10 Disease Block C00-C14, C15-C26, C30-39, C40-41, C43-C44, C45-C49, C50, C51-C58, C60-C63, C64-C68, C69-C72, C73-C75, C76-C80, C7A, C7B, C81-C96, D00-D09, D10-D36, D37-D48, D3A, D49, ICD-10-K31.7, K63.5, Q85.00, Q85.01, Q85.02	Cancer	ICD 10 Disease Group: D56, D57, D58	Sickle Cell	ICD 10: G25.3	Myoclonus	ICD 10 Disease Group: G80	Cerebral Palsy	ICD 10 Disease Group: G40	Epilepsy	ICD 10 Disease Group: G45, G46	Transient cerebral ischemic attacks and related syndromes		Vascular syndromes of brain in cerebrovascular diseases	ICD 10 Disease Block: I60-I69	Cerebrovascular Disease	ICD 10: G90.1	Familial dysautonomia [Riley –Day]	ICD 10 Disease Block: Q00-Q07	Congenital Malformations of the brain, spinal cord, nervous system	ICD 10 Disease Group: R56	Convulsions not elsewhere classified	ICD 10 Disease Group: S06	Intracranial Injury		ICD 10: T74.12XA, T74.12XD, T74.12XS, T74.4XXA, T74.4XXD, T74.4XXS, T76.12XA	Child physical abuse, confirmed/suspected, initial encounter Shaken infant syndrome, initial encounter
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	estazolam	<a href="#">Prosom</a>	HSN = 006036																																	
	flurazepam	<a href="#">Dalmane</a>	HSN = 001593																																	
	lorazepam	Ativan, Loreev XR	HSN = 004846																																	
	midazolam	n/a	HSN = 001619																																	
	oxazepam	<a href="#">Serax</a>	HSN = 001616																																	
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	triazolam	Halcion	HSN = 001594																																	
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	Generic Name	Brand Name	Drug Code																																	
	buprenorphine	Belbuca, Butrans	GSNs = 075050, 075051, 075052, 075053, 075054, 075055, 075056, 059589, 059590, 059591, 072673, 071432																																	
	fentanyl	Duragesic	GSNs = 015880, 015881, 015882, 015883, 059102, 073524, 073525, 073532																																	
	hydrocodone bitartrate ER	Hysingla ER, Zohydro	GSNs = 073176, 073177, 073179, 073180, 073181, 073182, 073183, 073621, 073622, 073623, 073624, 073625, 073626, 071602, 071603, 071604, 071605, 071606, 071607																																	
	hydromorphone ER	Exalgo	GSNs = 066200, 069860, 069889, 069890																																	
	methadone	Dolophine, Methadone	GSNs = 004235, 004237, 004238, 004239, 004240, 004242, 082101																																	
	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,																																	

# AHCA Automated Prior Authorizations and Bypass Lists 11-2024

Edit	Drugs			Steps													
			050219, 060355, 060356, 061748, 069899, 060357, 061749, 061722, 060358, 062358	T76.12XD T76.12XS													
	morphine sulfate/ naltrexone ER	Embeda	GSNs = 073302, 073303, 073304, 073305, 073306, 073307														
	oxycodone ER	OxyContin	GSNs = 072862, 072863, 072864, 072865, 072866, 072867, 072868														
	oxycodone/acetaminophen ER	Xartemis ER	GSN = 072134														
	oxycodone myristate	Xtampza ER	GSNs = 076031, 076032, 076033, 076034, 076035														
	oxymorphone ER	Opana ER	GSNs = 061091, 061092, 061093, 061094, 063782, 063783, 063784, 070320, 070321, 070397, 070398, 070399, 070400, 070401														
	tapentadol ER	Nucynta ER	GSNs = 067266, 067267, 067268, 067270, 067271														
	tramadol ER	Conzip, Ryzolt, Ultram ER	GSNs = 043536, 043537, 060274, 063422, 063423, 063424, 067760, 067761, 067762, 068721														
<p><b>Austedo-Ingrezza-Tetrabenazine Auto PA</b></p> <p>Automated PA approval satisfies L=Auto PA drug logic</p> <p><i>*Automated PA approval will NOT override R = Non-PDL edit coding and will not satisfy the automation logic</i></p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #e1f5fe;"> <th style="width: 30%;">Generic Name</th> <th style="width: 30%;">Brand Name</th> <th style="width: 40%;">Drug Code</th> </tr> </thead> <tbody> <tr> <td>deutetrabenazine</td> <td>Austedo/XR/Titration Kit*</td> <td>HSN = 044192</td> </tr> <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> </tbody> </table>			Generic Name	Brand Name	Drug Code	deutetrabenazine	Austedo/XR/Titration Kit*	HSN = 044192	valbenazine tosylate	Ingrezza/Sprinkle Initiation Pack*	HSN = 044202	tetrabenazine	Xenazine*	HSN = 007350	<p><b>Step 1:</b> If incoming claim is for &lt;Ingrezza&gt; or &lt;Austedo&gt; 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”</p> <p>If incoming claim is for &lt;Tetrabenazine&gt; 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”</p> <p><b>Note:</b></p> <ul style="list-style-type: none"> <li>Automated PA approval will NOT override age, quantity, or mg per day limits.</li> </ul>	
Generic Name	Brand Name	Drug Code															
deutetrabenazine	Austedo/XR/Titration Kit*	HSN = 044192															
valbenazine tosylate	Ingrezza/Sprinkle Initiation Pack*	HSN = 044202															
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# AHCA Automated Prior Authorizations and Bypass Lists 11-2024

Edit	Drugs	Steps												
		<ul style="list-style-type: none"> <li>Automated PA approval will NOT override R=Non-PDL edit</li> </ul>												
		<table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr style="background-color: #546e7a; color: white;"> <th style="width: 35%;">Drug Name</th> <th style="width: 20%;">Age Limit (Min Age)</th> <th style="width: 45%;">Quantity Limitations</th> </tr> </thead> <tbody> <tr> <td style="vertical-align: top;">Austedo (Deutetrabenazine)</td> <td style="text-align: center; vertical-align: middle;">18</td> <td>                     Maximum of 48mg per day   <b>For 6 mg tablets:</b>                       Maximum of 2 tablets per day   <b>For 9 mg &amp; 12 mg tablets:</b>                       Maximum of 4 tablets per day   <b>For XR tablets:</b>                       Maximum of 2 tablet per day                 </td> </tr> <tr> <td style="vertical-align: top;">Tetrabenazine (Xenazine)</td> <td style="text-align: center; vertical-align: middle;">18</td> <td>                     Maximum of 100mg per day   <b>For 12.5 mg tablets:</b>                       Maximum of 3 tablets per day   <b>For 25mg tablets:</b>                       Maximum of 4 tablets per day                 </td> </tr> <tr> <td style="vertical-align: top;">Valbenazine tosylate (Ingrezza)</td> <td style="text-align: center; vertical-align: middle;">18</td> <td>                     Maximum of 80 mg per day                         Maximum of 1 capsule per day                 </td> </tr> </tbody> </table>	Drug Name	Age Limit (Min Age)	Quantity Limitations	Austedo (Deutetrabenazine)	18	Maximum of 48mg per day  <b>For 6 mg tablets:</b>  Maximum of 2 tablets per day  <b>For 9 mg &amp; 12 mg tablets:</b>  Maximum of 4 tablets per day  <b>For XR tablets:</b>  Maximum of 2 tablet per day	Tetrabenazine (Xenazine)	18	Maximum of 100mg per day  <b>For 12.5 mg tablets:</b>  Maximum of 3 tablets per day  <b>For 25mg tablets:</b>  Maximum of 4 tablets per day	Valbenazine tosylate (Ingrezza)	18	Maximum of 80 mg per day    Maximum of 1 capsule per day
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Valbenazine tosylate (Ingrezza)	18	Maximum of 80 mg per day    Maximum of 1 capsule per day												

# AHCA Automated Prior Authorizations and Bypass Lists 11-2024

Edit	Drugs	Steps		
<b>Asthma- Inhaled Corticosteroid Edit</b>	<b>Inhaled Corticosteroid List (ICS)</b>	<p><b>Step 1:</b> If incoming claim is for a drug in &lt;Inhaled Corticosteroid List&gt; 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).</p> <p><b>Step 2:</b> Is patient &lt; 12 years of age? If so, proceed to step 3. Otherwise, CLAIM MOVES OUT OF EDIT (other clinical edits for products apply).</p> <p><b>Step 3:</b> Look back 180 days in recipient’s paid claim history for a fill from &lt;SABA- Rescue Therapy List&gt;. If found, CLAIM PAYS. Otherwise, DENY for PRIOR AUTHORIZATION REQUIRED (75) with supplemental message “M/I PreReq Therapy: SABA Req’d prior to/concomitantly with ICS Therapy, Review &amp; submit appropriate DUR cd”</p> <p><b>Note:</b> The provider may override the denial utilizing only the approved intervention/professional service codes, outcome/result of service codes</p> <p><b>Note:</b> This edit will not override existing age limits, quantity limits, or Non PDL edit</p>		
	<b>Single Agent-Inhaled Corticosteroid</b>			
	<b>Generic</b>		<b>Brand Name</b>	<b>Drug Code</b>
	beclomethasone dipropionate		Qvar RediHaler	GSNs = 046698, 046699, 077643, 077644
	budesonide		Pulmicort Flexhaler/Respules	GSNs = 018165, 022232, 046525, 046526, 062240, 062241,
	ciclesonide		Alvesco	GSNs = 058671, 058672
	flunisolide		Aerospan	GSNs = 071756
	fluticasone furoate		Arnuity Ellipta	GSNs = 072722, 072723, 078449
	fluticasone propionate		ArmonAir Digihaler/Respiclick, Flovent HFA/Diskus	GSNs = 019317, 019318, 019319, 021251, 021253, 021483, 077089, 077090, 077091, 084176, 081478, 081485
	mometasone furoate		Asmanex HFA/Twisthaler	GSNs = 051649, 059326, 059327, 059328, 064010, 064012, 073197, 073198, 080669
	<b>Combination Agents- Inhaled Corticosteroid</b>			
	<b>Generic</b>		<b>Brand Name</b>	<b>Drug Code</b>
	budesonide/ formoterol		Symbicort	HSN = 021993
	fluticasone furoate/ vilanterol		Breo Ellipta	HSN = 040319
	fluticasone/ umeclidin/ vilanter		Trelegy Ellipta	HSN = 044508
fluticasone propionate/ salmeterol	Advair HFA/Diskus, AirDuo, Digihaler/RespiClick, Wixela Inhub	HSN = 019963		
mometasone/ formoterol	Dulera	HSN = 037050		

# AHCA Automated Prior Authorizations and Bypass Lists 11-2024

Edit	Drugs			Steps
	budesonide/ glycopyrolate/ formoterol	Breztri Aerosphere	HSN = 046753	
	<b>Rescue Therapy List</b>			
	<b>Short Acting Beta Agonist (SABA)</b>			
	<b>Generic</b>	<b>Brand Name</b>	<b>Drug Code</b>	
	albuterol	AccuNeb, ProAir HFA/RespiClick/Digihaler,  Proventil HFA, Ventolin HFA	HSN =  002073	
	levalbuterol HCl	Xopenex	HSN =  019858	
	levalbuterol tartrate	Xopenex HFA	HSN =  032814	
	metaproterenol	Alupent	HSN =  002058	
	terbutaline	Brethine	HSN =  002071	
	Blue font = manufacturer obsolete products			
<b>Overlapping TNF Inhibitors- Related Agents DUR Edit</b>	<b>Tumor Necrosis Factor Inhibitors (TNFi) List</b>			<p><b>Step 1:</b> If incoming claim from &lt;TNFi List&gt; PROCEED to STEP 3.</p> <p>If incoming claim from &lt;Non-Biologics List&gt; PROCEED to STEP 2.</p> <p>If incoming claim from &lt; Non-TNFi Biologics List&gt; look back 60 days for fill from &lt;TNFi List&gt; or &lt;Non-Biologics List&gt;. 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).</p> <p><b>Step 2:</b> If incoming claim from &lt;Non-Biologics List&gt; look back 60 days for fill from &lt;TNFi List&gt; or &lt;Non TNFi Biologics List&gt;. 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).</p>
	<b>Generic Name</b>	<b>Brand Name</b>	<b>Drug Codes</b>	
	adalimumab	Humira/ Pediatric Crohn's/ Crohn's-UC- HS Starter/ Psoriasis- Uveitis	HSN = 024800	HIC3 = S2J
	adalimumab- atto	Amjevita	HSN = 043886	
	certolizumab pegol	Cimzia	HSN = 035554	
	etanercept	Enbrel/Mini/ Sureclick	HSN = 018830	



# AHCA Automated Prior Authorizations and Bypass Lists 11-2024

Edit	Drugs			Steps
	golimumab	Simponi/ Aria	HSN = 036278	<p><b>Step 3:</b> If incoming claim from &lt;TNFi List (HIC3)&gt; look back 60 days for fill from &lt; Non-TNFi Biologics List&gt; or &lt;Non-Biologics List&gt;. 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, PROCEED to STEP 4.</p> <p><b>Step 4:</b> If incoming claim is from &lt;TNFi List (HSN)&gt; look back 60 days in patient drug history for another fill from &lt; TNFi List (HSN)&gt; 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).</p> <p><b>Note:</b> This edit does NOT override existing age limits, quantity limits, or Non PDL edit</p>
	infliximab	Remicade	HSN = 018747	
	infliximab-abda	Renflexis	HSN = 044432	
	infliximab-axxq	Avsola	HSN = 046242	
	Infliximab-dyyb	Inflectra	HSN = 043249	
	<b>Non TNFi Biologic List</b>			
	<b>Generic Name</b>	<b>Brand Name</b>	<b>Drug Codes</b>	
	abatacept	Orencia	HIC3 = S2Q	
	anakinra	Kineret	HIC3 = S2M	
	riloncept	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	Enspr yng		
	tocilizumab	Actemra		
	secukinumab	Cosentyx	HSN = 041715	
	tildrakizumab-asmn	Ilumya	HSN = 044823	
	ustekinumab	Stelara	HIC3 = Z2U	
	vedolizumab	Entyvio	HIC3 = D6K	

# AHCA Automated Prior Authorizations and Bypass Lists 11-2024

Edit	Drugs	Steps																																																													
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<b>Overlapping Dipeptidyl-Peptidase IV Inhibitor (DPP-4) and Glucagon-Like Peptide 1 Agonist (GLP-1) DUR Edit</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #0070c0; color: white;"> <th colspan="4">Dipeptidyl-Peptidase IV Inhibitor List (DPP-4)</th> </tr> <tr style="background-color: #d9e1f2;"> <th colspan="4">Single Agent: DPP-4 Inhibitors</th> </tr> <tr style="background-color: #d9e1f2;"> <th>HIC3</th> <th>Brand Name</th> <th>Generic Name</th> <th>HSN</th> </tr> </thead> <tbody> <tr> <td rowspan="4">C4J</td> <td>Januvia</td> <td>sitagliptin phosphate</td> <td>034126</td> </tr> <tr> <td>Nesina</td> <td>alogliptin benzoate</td> <td>039968</td> </tr> <tr> <td>Onglyza</td> <td>saxagliptin HCl</td> <td>036471</td> </tr> <tr> <td>Tradjenta</td> <td>linagliptin</td> <td>037576</td> </tr> <tr> <th colspan="4" style="background-color: #d9e1f2;">Combination Agents: DPP-4 Inhibitors</th> </tr> <tr style="background-color: #d9e1f2;"> <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></td> <td>Steglujan</td> <td>ertugliflozin/sitagliptin phos</td> <td>044706</td> </tr> </tbody> </table>	Dipeptidyl-Peptidase IV Inhibitor List (DPP-4)				Single Agent: DPP-4 Inhibitors				HIC3	Brand Name	Generic Name	HSN	C4J	Januvia	sitagliptin phosphate	034126	Nesina	alogliptin benzoate	039968	Onglyza	saxagliptin HCl	036471	Tradjenta	linagliptin	037576	Combination Agents: DPP-4 Inhibitors				HIC3	Brand Name	Generic Name	HSN	C4C	Oseni	alogliptin benz/pioglitazone	039967	C4F	Janumet/XR	sitagliptin phos/metformin HCl	034665	Jentadueto/XR	linagliptin/metformin HCl	038464	Kazano	alogliptin benz/metformin HCl	039970	C4W	Kombiglyze XR	saxagliptin hcl/metformin HCl	037246	Glyxambi	empagliflozin/linagliptin	041724	Qtern	dapagliflozin/saxagliptin HCl	043957		Steglujan	ertugliflozin/sitagliptin phos	044706	<p><b>Step 1:</b> If incoming claim from &lt;DPP-4 Inhibitor List (HIC3)&gt; PROCEED to STEP 2.</p> <p>If incoming claim from &lt;GLP-1 Receptor Agonist List (HIC3)&gt; look back 90 days for fill from &lt;DPP-4 Inhibitor List (HIC3)&gt;. If found, claim rejects NCPDP 76 with additional message "DD- Caution Overlapping DPP-4 Inhibitor &amp; GLP-1 Receptor Agonist Therapy. Review &amp; submit appropriate DUR cd." If not found, PROCEED to STEP #3.</p> <p><b>Step 2:</b> If incoming claim from &lt;DPP-4 Inhibitor List (HIC3)&gt; look back 90 days for fill from &lt;GLP-1 Receptor Agonist List (HIC3)&gt;. If found, claim rejects NCPDP 76 with additional message "DD- Caution Overlapping DPP-4 Inhibitor &amp; GLP-1 Receptor Agonist Therapy. Review &amp; submit appropriate DUR cd". If not found, PROCEED to STEP 4.</p> <p><b>Step 3:</b> If incoming claim from &lt;GLP-1 Receptor Agonist List (HSN)&gt; look back 90 days for fill from &lt;GLP-1 Receptor Agonist List (HSN)&gt;, excluding itself. If found, claim rejects NCPDP 76 with additional message "TD of GLP-1 Receptor Agonist Therapy. Review &amp; submit appropriate DUR cd." Otherwise, CLAIM PAYS.</p> <p><b>Step 4:</b> If incoming claim from &lt;DPP-4 Inhibitor List (HSN)&gt; look back 90 days for fill from &lt;DPP-4 Inhibitor List (HSN)&gt;, excluding itself. If found, claim rejects NCPDP 76 with additional message "TD of DPP-4 Inhibitor Therapy. Review &amp; submit appropriate DUR cd." Otherwise, CLAIM PAYS</p> <p><b>Limitation:</b> 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</p>
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C4I	Adlyxin Bydureon Bcise	lixisenatide exenatide microspheres	040782 038451																																																												

# AHCA Automated Prior Authorizations and Bypass Lists 11-2024

Edit	Drugs				Steps	
		Byetta Ozempic/ Rybelsus Tanzeum Trulicity Victoza	exenatide  semaglutide  albiglutide dulaglutide liraglutide	032893  044675  041163 041421 036436	DPP-4/GLP-1 TD override/90 days. Fax PA to 877-614-1078"  <b>Note:</b> This edit does NOT override existing age limits, quantity limits, or Non PDL edit	
	<b>Combination Agents: Insulin glargine/degludec and GLP-1 Agonist</b>					
	C4X	Soliqua  Xultophy	insulin glargine/lixisenatide  insulin degludec/liraglutide	043944  041880		
	<b>Combination Agent: Glucose-Dependent Insulinotropic Polypeptide (GIP) Receptor and Glucagon-Like Peptide 1 (GLP-1) Agonist</b>					
	C4Z	Mounjaro	tirzepatide	048014		
<b>Short Acting Narcotic Max Day Supply Edit</b>	<b>&lt;Short Acting (SA) Narcotic List&gt;</b>				<p><b>Limitation:</b> Allow a maximum day supply = 3 for products in the SA Narcotic List with a DEA code = 2</p> <p><b>Limitation:</b> 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 "<a href="#">Schedule II SA Narcotic – Acute Therapy - Max of 6 days of therapy per month</a>"</p> <p><b>Limitation:</b> 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</p> <p><b>Limitation:</b> 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 "<a href="#">Schedule II SA Narcotic - ACUTE PAIN EXEMPTION- Max of 14 days of therapy per month</a>"</p> <p><b>Limitation (CIII-CV):</b> 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 "<a href="#">Schedule III-V SA Narcotic- Acute therapy- Max of 14 days supply of therapy per month</a>"</p> <p><b>Limitation:</b> 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 "<a href="#">Schedule II SA Narcotic– Acute Therapy-Max of 6 days of therapy per month</a>"</p> <p><b>Limitation:</b> 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 "<a href="#">Schedule II SA Narcotic - ACUTE PAIN EXEMPTION- Max of 14 days of therapy per month</a>"</p>	
		<b>Generic Name</b>	<b>Brand Name</b>	<b>Drug Code</b>		
		acetaminophen/ codeine	Capital/ Codeine Tylenol/ Codeine	GSNs = 004161, 004163, 004165, 004169, 045155, 070212, 070222, 070224		
		acetaminophen/ caffeine/ dihydrocodeine	Trezix	GSN = 073169		
		<a href="#">aspirin/caffeine/ dihydrocodeine</a>	<a href="#">Synalgos-DC</a>	<a href="#">GSN = 062407</a>		
		benzhydrocodone/  acetaminophen	Apadaz	GSNs = 079489,  078222, 079488		
		carisoprodol/ aspirin/codeine	Soma Compound/ codeine	GSNs = 048518		
		codeine sulfate	N/A	GSNs =004185, 004186, 004187		
		codeine/ butalbital/ ASA/ caffeine	Ascomp/ Codeine Fiorinal/ Codeine	GSNs = 004120		
		fentanyl spray	Subsys	GSNs = 068412, 068413, 068414, 068415, 068416, 068756, 068757		

# AHCA Automated Prior Authorizations and Bypass Lists 11-2024

Edit	Drugs			Steps
	fentanyl citrate	Abstral, Actiq, Fentora, Lazanda	GSNs = 022358, 022360, 041339, 041340, 041341, 041342, 061492, 061493, 061495, 061496, 061497, <a href="#">064712</a> , <a href="#">064713</a> , <a href="#">064714</a> , <a href="#">064715</a> , <a href="#">064716</a> , <a href="#">064717</a> , 065633, 066764, 076221	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, 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, <a href="#">064781</a>	
	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	

# AHCA Automated Prior Authorizations and Bypass Lists 11-2024

Edit	Drugs			Steps																		
	oxycodone/ aspirin	N/A	GSNs = 060638																			
	oxycodone/ ibuprofen	N/A	GSNs = 058402																			
	oxymorphone	Opana IR	GSNs = 061086, 061087																			
	pentazocine/ naloxone	N/A	GSNs = 004292																			
	tapentadol	Nucynta	GSNs = 065319, 065320, 065321																			
	tramadol	Ultram, Qdolo	GSNs = 023139, 044975, 081474																			
	tramadol/ acetaminophen	Ultracet	GSNs = 048456																			
	tramadol/ celecoxib	Seglentis	GSN = 082830																			
<p><b>Doxepin 5% cream AutoPA</b></p> <p>Automated PA approval satisfies L = AutoPA drug logic</p> <p>*Automated PA approval will NOT override R = Non-PDL coding and will not satisfy the automation logic</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #0070c0; color: white;"> <th>Drug Name</th> <th>Brand Name</th> <th>Drug Code</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">Doxepin 5% Cream</td> <td style="text-align: center;">Zonalon*</td> <td>                     GSN = 021715                       Excluding Prudoxin (NDCs:  <span style="color: blue;">00064360045</span>                       00378813045   <span style="color: blue;">40076051145</span>)                 </td> </tr> </tbody> </table> <p style="color: blue; margin-top: 10px;">Blue font = manufacturer obsolete</p>			Drug Name	Brand Name	Drug Code	Doxepin 5% Cream	Zonalon*	GSN = 021715  Excluding Prudoxin (NDCs: <span style="color: blue;">00064360045</span>  00378813045  <span style="color: blue;">40076051145</span> )	<p><b>Step 1:</b> If incoming claim is for &lt;Doxepin 5% cream&gt; 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"</p> <p><b>Note:</b> This edit does NOT override existing age limits, quantity limits, or Non PDL coding</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr style="background-color: #0070c0; color: white;"> <th>Drug Name</th> <th>Age Limit (Min Age)</th> <th>Quantity Limitations</th> </tr> </thead> <tbody> <tr> <td>Doxepin 5% Cream</td> <td></td> <td></td> </tr> <tr> <td>Prudoxin 5% Cream</td> <td style="text-align: center;">18</td> <td style="text-align: center;">90 grams every 30 days</td> </tr> <tr> <td>Zonalon 5% Cream</td> <td></td> <td></td> </tr> </tbody> </table> <p><b>Note:</b></p> <ul style="list-style-type: none"> <li>PA approval SATISFIES L = Auto PA drug edit</li> <li>Automated PA approval will NOT override R= Non-PDL edit</li> </ul>	Drug Name	Age Limit (Min Age)	Quantity Limitations	Doxepin 5% Cream			Prudoxin 5% Cream	18	90 grams every 30 days	Zonalon 5% Cream		
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# AHCA Automated Prior Authorizations and Bypass Lists 11-2024

Edit	Drugs	Steps																																							
<p><b>Calcipotriene 0.005% AutoPA</b></p> <p>Automated PA approval satisfies L=Auto PA drug logic</p> <p><i>*Automated PA approval will NOT override R = Non-PDL coding and will not satisfy the automation logic</i></p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #0070c0; color: white;"> <th style="width: 50%;">Drug Name</th> <th style="width: 50%;">Drug Code</th> </tr> </thead> <tbody> <tr> <td>Calcipotriene 0.005% cream</td> <td>GSN = 021134</td> </tr> <tr> <td>Calcipotriene 0.005% ointment</td> <td>GSN = 019160</td> </tr> <tr> <td>Calcipotriene 0.005% solution</td> <td>GSN = 022483</td> </tr> </tbody> </table>	Drug Name	Drug Code	Calcipotriene 0.005% cream	GSN = 021134	Calcipotriene 0.005% ointment	GSN = 019160	Calcipotriene 0.005% solution	GSN = 022483	<p>If incoming claim is for &lt;Calcipotriene 0.005% cream, ointment or solution&gt; 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"</p> <p><b>Note:</b> This edit does NOT override existing age limits, quantity limits, or Non PDL coding.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #0070c0; color: white;"> <th style="width: 33%;">Drug Name</th> <th style="width: 33%;">Age Limit (Min Age)</th> <th style="width: 33%;">Quantity Limitations</th> </tr> </thead> <tbody> <tr> <td>Calcipotriene 0.005% cream, ointment</td> <td style="text-align: center;">18</td> <td>120 grams every 30 days 2 fills every 90 days</td> </tr> <tr> <td>Calcipotriene 0.005% solution</td> <td style="text-align: center;">18</td> <td>60mls every 30 days</td> </tr> </tbody> </table>	Drug Name	Age Limit (Min Age)	Quantity Limitations	Calcipotriene 0.005% cream, ointment	18	120 grams every 30 days 2 fills every 90 days	Calcipotriene 0.005% solution	18	60mls every 30 days																						
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<p><b>Dual Statin Blockade DUR edit</b></p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #0070c0; color: white;"> <th colspan="3">HMG-CoA Reductase Inhibitors (Statins) List</th> </tr> <tr style="background-color: #0070c0; color: white;"> <th style="width: 33%;">Generic Name</th> <th style="width: 33%;">Brand Name</th> <th style="width: 33%;">HSN</th> </tr> </thead> <tbody> <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, <span style="color: #0070c0;">Mevacor</span></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> </tbody> </table>	HMG-CoA Reductase Inhibitors (Statins) List			Generic Name	Brand Name	HSN	Atorvastatin	Lipitor	012404	Atorvastatin/ Amlodipine	Caduet	025951	Atorvastatin/ Ezetimibe	Liptruzet	040279	Ezetimibe / Simvastatin	Vytorin	026505	Fluvastatin/ER	Lescol, Lescol XL	008946	Lovastatin	Altoprev, <span style="color: #0070c0;">Mevacor</span>	002793	Pitavastatin Calcium	Livalo	036983	Pitavastatin Magnesium	Zypitamag	044422	Pravastatin	Pravachol	006227	Rosuvastatin	Crestor, Ezallor	025009	Rosuvastatin/ Ezetimibe	Roszet	041633	<p><b>Step 1:</b> If incoming claim from &lt;Statins List&gt; look back 30 days for fill from &lt;Statins List&gt; excluding itself. If found, claim rejects NCPDP 76 with additional message "TD of Statin Therapy. Review &amp; submit appropriate DUR cd." Otherwise, CLAIM MOVES OUT OF EDIT (other clinical edits for products still apply).</p> <p><b>Limitation:</b> 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.</p> <p><b>Note:</b> This edit will not override existing quantity limits or Non PDL edit.</p>
HMG-CoA Reductase Inhibitors (Statins) List																																									
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	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Simvastatin</td> <td style="width: 33%;">Flolipid, Zocor</td> <td style="width: 33%;">006312</td> </tr> </table> <p style="color: #0070c0; font-size: small;">Blue font = manufacturer obsolete</p>	Simvastatin	Flolipid, Zocor	006312																																
Simvastatin	Flolipid, Zocor	006312																																		
<b>Dual Long Acting Insulins DUR edit</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #005596; color: white;"> <th colspan="3" style="text-align: center; padding: 5px;">Long Acting Insulin List</th> </tr> <tr style="background-color: #4a7ebb; color: white;"> <th style="width: 25%;">Generic Name</th> <th style="width: 50%;">Brand Name</th> <th style="width: 25%;">GSN</th> </tr> </thead> <tbody> <tr> <td rowspan="3" style="vertical-align: top;">Insulin Degludec</td> <td>Tresiba Flextouch 100 units/ml</td> <td style="text-align: center;">071842</td> </tr> <tr> <td>Tresiba Flextouch 200 units/ml</td> <td style="text-align: center;">071843</td> </tr> <tr> <td>Tresiba 100 unit/ml Vial</td> <td style="text-align: center;">079385</td> </tr> <tr> <td rowspan="2" style="vertical-align: top;">Insulin Detemir</td> <td>Levemir 100 unit/ml Vial</td> <td style="text-align: center;">059586</td> </tr> <tr> <td>Levemir Flexpen 100 unit/ml, Levemir Flextouch 100 unit/ml</td> <td style="text-align: center;">057439</td> </tr> <tr> <td rowspan="5" style="vertical-align: top;">Insulin Glargine</td> <td>Lantus, Semglee 100 unit/ml Vial</td> <td style="text-align: center;">047780</td> </tr> <tr> <td style="color: #0070c0;">Lantus 100 units/ml Cartridge</td> <td style="text-align: center;">050836</td> </tr> <tr> <td>Lantus, Semglee 100 unit/ml Solostar, Basaglar 100 unit/ml Kwikpen</td> <td style="text-align: center;">062867</td> </tr> <tr> <td>Toujeo Solostar 300 unit/ml</td> <td style="text-align: center;">073567</td> </tr> <tr> <td>Toujeo Max Solostar 300 unit/ml</td> <td style="text-align: center;">078265</td> </tr> <tr> <td rowspan="2" style="vertical-align: top;">Insulin Glargine-YFGN</td> <td>Semglee (YFGN) 100 unit/ml Vial</td> <td style="text-align: center;">082541</td> </tr> <tr> <td>Semglee (YFGN) 100 unit/ml Pen</td> <td style="text-align: center;">082542</td> </tr> </tbody> </table>	Long Acting Insulin List			Generic Name	Brand Name	GSN	Insulin Degludec	Tresiba Flextouch 100 units/ml	071842	Tresiba Flextouch 200 units/ml	071843	Tresiba 100 unit/ml Vial	079385	Insulin Detemir	Levemir 100 unit/ml Vial	059586	Levemir Flexpen 100 unit/ml, Levemir Flextouch 100 unit/ml	057439	Insulin Glargine	Lantus, Semglee 100 unit/ml Vial	047780	Lantus 100 units/ml Cartridge	050836	Lantus, Semglee 100 unit/ml Solostar, Basaglar 100 unit/ml Kwikpen	062867	Toujeo Solostar 300 unit/ml	073567	Toujeo Max Solostar 300 unit/ml	078265	Insulin Glargine-YFGN	Semglee (YFGN) 100 unit/ml Vial	082541	Semglee (YFGN) 100 unit/ml Pen	082542	<p><b>Step 1:</b> If incoming claim from &lt;Long Acting Insulin List&gt; look back 30 days for fill from &lt;Long Acting Insulin List&gt; excluding itself. If found, claim rejects NCPDP 76 with additional message "TD of long acting insulin therapy. Review &amp; submit appropriate DUR cd." Otherwise, CLAIM MOVES OUT OF EDIT (other clinical edits for products still apply).</p> <p><i>The provider will be able to override the denial utilizing only the approved intervention/professional service codes, outcome/result of service codes</i></p> <p><b>Limitation:</b> 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.</p> <p><b>Note:</b> This edit will not override existing quantity limits or Non PDL edit.</p>
Long Acting Insulin List																																				
Generic Name	Brand Name	GSN																																		
Insulin Degludec	Tresiba Flextouch 100 units/ml	071842																																		
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Insulin Detemir	Levemir 100 unit/ml Vial	059586																																		
	Levemir Flexpen 100 unit/ml, Levemir Flextouch 100 unit/ml	057439																																		
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# AHCA Automated Prior Authorizations and Bypass Lists 11-2024

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



# AHCA Automated Prior Authorizations and Bypass Lists 11-2024

Edit	Drugs			Steps
	pimozide	Orap	HSN = 001637	
	prochlorperazine Maleate	Compazine	HSN = 001629	
	quetiapine fumarate	Seroquel/XR	HSN = 014015	
	risperidone	Risperdal/ <span style="color: blue;">M-Tab</span>	HSN = 008721	
	thioridazine HCL	Mellaril	HSN = 001631	
	thiothixene	Navane	HSN = 001668	
	trifluoperazine	Stelazine	HSN = 001630	
	ziprasidone HCL	Geodon	HSN = 021974	
	PLUS			
	<b>&lt;Long Acting Injectable (LAI) Antipsychotic List&gt;</b>			
	<b>Generic Name</b>	<b>Brand Name</b>	<b>Drug Code</b>	
	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			

# AHCA Automated Prior Authorizations and Bypass Lists 11-2024

Edit	Drugs	Steps	
<b>Antipsychotics and Opioids</b> ProDUR edit	<b>Antipsychotics List</b>		
	Generic Name	Brand Name	Drug Code
	Aripiprazole	Abilify; Abilify Maintena; Abilify Mycite	HSN = 024551
		Aristada ER	HSN = 042595
		Aristada Initio	HSN = 045050
	Asenapine	Saphris	HSN = 036576
		Secuado	HSN = 046175
	Brexiprazole	Rexulti	HSN = 042283
	Cariprazine	Vraylar	HSN = 042552
	Chlorpromazine	N/A	HSN = 001621
	Clozapine	Clozaril; Fazaclor; Versacloz	HSN = 004834
	Fluphenazine Decanoate	N/A	HSN = 001624
	Fluphenazine	N/A	HSN = 001626
	Haloperidol Decanoate	Haldol Decanoate	HSN = 001660
	Haloperidol	Haldol	HSN = 001662
	Iloperidone	Fanapt	HSN = 036778
	Loxapine; Loxapine Succinate	Loxitane	HSN = 001664
	Lumateperone Tosylate	Caplyta	HSN = 046280
	Lurasidone	Latuda	HSN = 037321
	Molindone	N/A	HSN = 001666
Olanzapine	Zyprexa	HSN = 011814	
	Zyprexa Relprevv	HSN = 036716	
		<b>Automation Logic:</b> <ol style="list-style-type: none"> <li>1. <b>Exclude</b> 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.</li> <li>2. Exclude LTC Residents and claims that include Patient Residence Code = 3-Nursing Facility.</li> <li>3. If incoming claim is from the &lt;Antipsychotic List&gt;: look back 30 days for fill from &lt;Opioid List&gt;. If found, claim rejects NCPDP 6W with additional message <i>"DD - Caution Overlapping Opioid-Antipsychotic therapy. Review &amp; submit appropriate DUR cd."</i></li> <li>4. If incoming claim is from &lt;Opioid List&gt; look back 30 days for fill from &lt;Antipsychotic List&gt; excluding Aristada ER (HSN: 042595), Invega Hafyera (GSNs: 082645, 082646), and Invega Trinza (GSNs: 074140, 074141, 074142, 074143). If found, claim rejects NCPDP 6W with additional message <i>"DD - Caution Overlapping Opioid-Antipsychotic therapy. Review &amp; submit appropriate DUR cd."</i></li> <li>5. If incoming claim is from &lt;Opioid List&gt; look back 60 days for fill of Aristada &lt;HSN 042595&gt;. If found, claim rejects NCPDP 6W with additional message <i>"DD - Caution Overlapping Opioid-Antipsychotic therapy. Review &amp; submit appropriate DUR cd."</i></li> <li>6. If incoming claim is from &lt;Opioid List&gt; look back 180 days for fill of Invega Hafyera (GSNs: 082645, 082646). If found, claim rejects NCPDP 6W with additional message <i>"DD - Caution Overlapping Opioid-Antipsychotic therapy. Review &amp; submit appropriate DUR cd."</i></li> <li>7. If incoming claim is from &lt;Opioid List&gt; look back 90 days for fill of Invega Trinza (GSNs: 074140, 074141, 074142, 074143). If found, claim rejects NCPDP 6W with additional message <i>"DD - Caution Overlapping Opioid-Antipsychotic therapy. Review &amp; submit appropriate DUR cd."</i></li> </ol> <p><i>The provider will be able to override the denial utilizing only the approved intervention/professional service codes, outcome/result of service codes</i></p> <p><b>Note:</b> This edit does <b>NOT</b> override existing age limits, quantity limits, or Non PDL coding.</p>	

# AHCA Automated Prior Authorizations and Bypass Lists 11-2024

Edit	Drugs			Steps
	Olanzapine/ Fluoxetine	Symbyax	HSN = 025800	
	Olanzapine/ Samidorphan Malate	Lybalvi	HSN = 047406	
	Paliperidone ER	Invega	HSN = 034343	
	Paliperidone ER	Invega Hafyera	GSNs = 082645, 082646	
		Invega Sustenna	GSNs = 065448, 065449, 065450, 065451, 065452	
		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	Risperdal; Risperdal M-Tab; Perseris	HSN = 008721	
		Risperdal Consta	HSN = 025509	
	Thioridazine HCL	Mellaril	HSN = 001631	
	Thiothixene	Navane	HSN = 001668	
	Trifluoperazine	Stelazine	HSN = 001630	
	Ziprasidone HCL	Geodon	HSN = 021974	
	PLUS			

# AHCA Automated Prior Authorizations and Bypass Lists 11-2024

Edit	Drugs	Steps																																													
	<b>Opioids List</b>																																														
	<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: center;">Generic Name</th> <th style="text-align: center;">Brand Name</th> <th style="text-align: center;">Drug Code</th> </tr> </thead> <tbody> <tr> <td>acetaminophen/ codeine</td> <td>Capital/ Codeine, Tylenol/ Codeine</td> <td>HSN = 001717</td> </tr> <tr> <td>acetaminophen/ caffeine/ dihydrocodeine</td> <td>Dvorah, <a href="#">Panlor</a>, Trezix</td> <td>HSN = 001739</td> </tr> <tr> <td><a href="#">aspirin/caffeine/ dihydrocodeine</a></td> <td><a href="#">Synalgos-DC</a></td> <td><a href="#">HSN = 034574</a></td> </tr> <tr> <td>benzhydrocodone/APAP</td> <td>Apadaz</td> <td>HSN = 044795</td> </tr> <tr> <td>buprenorphine</td> <td>Buprenex, Belbuca, Probuphine</td> <td>HSN = 001762</td> </tr> <tr> <td>buprenorphine transdermal</td> <td>Butrans, Sublocade</td> <td>HSN = 023438</td> </tr> <tr> <td>butorphanol spray/vial</td> <td>N/A</td> <td>HSN = 001777</td> </tr> <tr> <td>carisoprodol/ aspirin/codeine</td> <td>N/A</td> <td>HSN = 001720</td> </tr> <tr> <td>codeine sulfate</td> <td>N/A</td> <td>HSN = 001722</td> </tr> <tr> <td>codeine/ butalbital/ APAP/ caffeine</td> <td>Fioricet</td> <td>HSN = 001713</td> </tr> <tr> <td>codeine/ butalbital/ASA/ caffeine</td> <td>Ascomp/ Codeine Fiorinal/ Codeine</td> <td>HSN = 001699</td> </tr> <tr> <td>fentanyl</td> <td><a href="#">Duragesic</a>, Subsys</td> <td>HSN = 006438</td> </tr> <tr> <td>fentanyl citrate</td> <td><a href="#">Abstral</a>, Actiq, Fentora, Lazanda</td> <td>HSN = 001747</td> </tr> <tr> <td>hydrocodone bitartrate</td> <td>Hysingla, <a href="#">Zohydro</a></td> <td>HSN = 001731</td> </tr> </tbody> </table>	Generic Name	Brand Name	Drug Code	acetaminophen/ codeine	Capital/ Codeine, Tylenol/ Codeine	HSN = 001717	acetaminophen/ caffeine/ dihydrocodeine	Dvorah, <a href="#">Panlor</a> , Trezix	HSN = 001739	<a href="#">aspirin/caffeine/ dihydrocodeine</a>	<a href="#">Synalgos-DC</a>	<a href="#">HSN = 034574</a>	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	<a href="#">Duragesic</a> , Subsys	HSN = 006438	fentanyl citrate	<a href="#">Abstral</a> , Actiq, Fentora, Lazanda	HSN = 001747	hydrocodone bitartrate	Hysingla, <a href="#">Zohydro</a>	HSN = 001731	
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codeine/ butalbital/ APAP/ caffeine	Fioricet	HSN = 001713																																													
codeine/ butalbital/ASA/ caffeine	Ascomp/ Codeine Fiorinal/ Codeine	HSN = 001699																																													
fentanyl	<a href="#">Duragesic</a> , Subsys	HSN = 006438																																													
fentanyl citrate	<a href="#">Abstral</a> , Actiq, Fentora, Lazanda	HSN = 001747																																													
hydrocodone bitartrate	Hysingla, <a href="#">Zohydro</a>	HSN = 001731																																													

# AHCA Automated Prior Authorizations and Bypass Lists 11-2024

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	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	

## AHCA Automated Prior Authorizations and Bypass Lists 11-2024

Edit	Drugs			Steps
	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	

# AHCA Automated Prior Authorizations and Bypass Lists 11-2024

Edit	Drugs	Steps	
<p><b>Non-BZP Sedative – LA Opioid ProDUR</b></p> <p>Automated PA approval does not satisfy Non-PDL edit</p>	Non-BZP Sedative List		
	Generic Name	Brand Name	Drug Code
	Eszopiclone	Lunesta 1mg Tablet	HSN = 026791
		Lunesta 2mg Tablet	
		Lunesta 3mg Tablet	
	Zaleplon	Sonata 5mg Capsule	HSN = 020347
		Sonata 10mg Capsule	
	Zolpidem	Ambien 5mg Tablets	HSN = 007842
		Ambien 10mg Tablets	
		Ambien CR 6.25mg Tablets	
Ambien CR 12.5 mg Tablets			
Edluar 5mg SL Tablet			
Edluar 10mg SL Tablet			
Intermezzo 1.75mg SL Tablet			
Intermezzo 3.5mg SL Tablet			
Zolpimist 5mg Oral Spray			
PLUS		<p>Step 1: If incoming claim is from &lt;Non-BZP Sedative List&gt; lookback 30 days for a fill from the &lt;LA Opioid List&gt;. If found, PROCEED TO STEP 2. Otherwise CLAIM MOVES OUT OF EDIT (other clinical edits for products still apply)</p> <p>Step 2: If incoming claim from &lt;Non-BZP Sedative List&gt; Look back 60 days for a fill from the &lt;Non-BZP Sedative List&gt;. If found, deny NCPDP EC 76 with additional message “DD – Toxicity Warning-Overlapping Non-BZP Sedative-LA Opioid therapy. Review &amp; 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”.</p> <p>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”</p> <p>The provider will be able to override the 1st -two denials, for non-treatment naïve recipients, utilizing only the approved intervention/professional service codes, outcome/result of service codes that are listed in the QuikChek</p> <p>**** 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)</p> <p>Note: This edit does NOT override existing age limits, quantity limits, or Non PDL coding.</p>	
<p><b>**Please note:</b> Blue font denotes manufacturer obsolete products</p>			
<Long Acting Opioids Lists>			
Generic Name	Brand Name		Drug Code
buprenorphine	Belbuca		GSNs = 075050, 075051, 075052,

# AHCA Automated Prior Authorizations and Bypass Lists 11-2024

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	



## AHCA Automated Prior Authorizations and Bypass Lists 11-2024

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	

# AHCA Automated Prior Authorizations and Bypass Lists 11-2024

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

# AHCA Automated Prior Authorizations and Bypass Lists 11-2024

Edit	Drugs			Steps								
	001879	Phenytoin Infatab	Dilantin									
	001877	Phenytoin Sodium Extended	Dilantin, Phenytek									
	001561	Phenobarbital										
	026470	Pregabalin	Lyrica/CR									
	001886	Primidone	Mysoline									
	034982	Rufinamide	Banzel									
	035461	Stiripentol	Diacomit									
	015773	Tiagabine HCL	Gabitril									
	011060	Topiramate	Topamax, Qudexy XR, Trokendi XR,									
	001883	Valproic Acid	Depakene									
	001882	Valproic Acid (As Sodium Salt)	Depakene, Depacon									
	007377	Vigabatrin	<span style="color: blue;">Vigadrone</span> , Sabril									
	021140	Zonisamide	Zonegran									
	***Please Note: <span style="color: blue;">Blue font indicates product is no longer available</span>											
Pancreatic Enzyme AP Logic	<b>Pancreatic Enzyme List</b>			<p>If incoming claim is from &lt;Pancreatic Enzyme List&gt; 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"</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr style="background-color: #00bcd4; color: white;"> <th style="width: 20%;">ICD-10 Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>Disease group: C25</td> <td>Malignant neoplasm of the pancreas</td> </tr> <tr> <td>Disease group: E84</td> <td>Cystic Fibrosis</td> </tr> <tr> <td>Disease group: K86</td> <td>Other disease of the pancreas</td> </tr> </tbody> </table>	ICD-10 Code	Description	Disease group: C25	Malignant neoplasm of the pancreas	Disease group: E84	Cystic Fibrosis	Disease group: K86	Other disease of the pancreas
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Disease group: K86	Other disease of the pancreas											
Drug Code	Generic Name	Brand Name										
HSN = 008060	Lipase/ Protease/ Amylase	Creon/ DR Capsule										
		Pancreaze DR Capsule										
		Pertzye DR Capsule										
		Viokace Tablet										
		Zenpep Capsule										

# AHCA Automated Prior Authorizations and Bypass Lists 11-2024

Edit	Drugs	Steps																																								
		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">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>	Disease group: Q45	Other congenital malformations of digestive system	Z90.41	Acquired absence of pancreas	Z90.410	Acquired total absence of pancreas	Z90.411	Acquired partial absence of pancreas																																
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Eucrisa AP Logic	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr style="background-color: #004a99; color: white;"> <th colspan="2">Drug Name</th> <th>Drug Code</th> </tr> <tr> <td colspan="2">Eucrisa 2% Ointment</td> <td>HSN= 043999</td> </tr> <tr style="background-color: #004a99; color: white;"> <th colspan="3">Topical Calcineurin Inhibitors</th> </tr> <tr style="background-color: #e1f5fe;"> <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> <tr style="background-color: #004a99; color: white;"> <th colspan="3">Topical Corticosteroids</th> </tr> <tr style="background-color: #e1f5fe;"> <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>	Drug Name		Drug Code	Eucrisa 2% Ointment		HSN= 043999	Topical Calcineurin Inhibitors			Generic Name	Brand Name	Drug Code	Tacrolimus	Protopic	GSN = 047346, 047347	Pimecrolimus	Elidel	GSN = 049724	Topical Corticosteroids			Generic Name	Brand Name	Drug Code	Alclometasone Dipropionate		GSN = 007636, 007637	Amcinonide		GSN = 007631, 007632, 007633	Betamethasone Dipropionate	Diprolene (AF), Sernivo	GSN = 007561, 007562, 007568, 007569, 007570, 014219, 016429, 075550	Betamethasone Valerate	Luxiq	GSN = 007572, 007573, 007574, 026471	<p>Step 1: If incoming claim is for &lt;Eucrisa&gt; look back 180 days within claims history for &lt;Eucrisa&gt;. If found, NO PA REQUIRED; Otherwise PROCEED TO STEP 2.</p> <p><b>Step 2:</b> Look back 180 days within claim history for a previous fill of a &lt;Topical Calcineurin Inhibitor&gt; or &lt;Topical Corticosteroid&gt;. If found, CLAIM PAYS. Otherwise, DENY for PRIOR AUTHORIZATION REQUIRED (75) with supplemental message "Missing Prerequisite Drug Therapy."</p> <p><b>Note:</b> This edit does <b>NOT</b> override existing quantity limits</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr style="background-color: #004a99; color: white;"> <th colspan="2">Quantity Limitations</th> </tr> <tr> <td>Eucrisa 2% Ointment</td> <td>60 grams every 30 days</td> </tr> </table>	Quantity Limitations		Eucrisa 2% Ointment	60 grams every 30 days
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# AHCA Automated Prior Authorizations and Bypass Lists 11-2024

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	

## AHCA Automated Prior Authorizations and Bypass Lists 11-2024

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	

# AHCA Automated Prior Authorizations and Bypass Lists 11-2024

Edit	Drugs	Steps																												
<p><b>Nurtec ODT/Qulipta/Ubrelvy Auto PA</b></p> <p>Automated PA approval satisfies L=Auto PA drug logic</p> <p>*Automated PA approval will NOT override R = Non-PDL coding and will not satisfy the automation logic</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #e1f5fe;"> <th>Generic Name</th> <th>Brand Name</th> <th>Drug Code</th> </tr> </thead> <tbody> <tr> <td>Rimegepant</td> <td>Nurtec ODT</td> <td>HSN = 046383</td> </tr> <tr> <td>Atogepant</td> <td>Qulipta</td> <td>HSN = 047599</td> </tr> <tr> <td>Ubrogepant</td> <td>Ubrelvy</td> <td>HSN = 046273</td> </tr> </tbody> </table>	Generic Name	Brand Name	Drug Code	Rimegepant	Nurtec ODT	HSN = 046383	Atogepant	Qulipta	HSN = 047599	Ubrogepant	Ubrelvy	HSN = 046273	<p><b>Step 1:</b> 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.</p> <p><b>Step 2:</b> 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.</p> <p><b>Step 3:</b> 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.</p> <p><b>Step 4:</b> 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 &lt; <i>Approvable Migraine (ICD-10) Diagnoses List</i> &gt;. If found, APPROVE. Otherwise, PROCEED TO STEP 5.</p> <p><b>Step 5:</b> If incoming claim is for HSN 046383-Nurtec ODT, PROCEED TO STEP 6. Otherwise (if claim is for HSN 047599-Qulipta), DENY for PRIOR AUTHORIZATION REQUIRED (75/31008) with supplemental message <i>M/I Diagnosis Code</i></p> <p><b>Step 6:</b> If incoming claim is for HSN 046383-Nurtec ODT or HSN 046273-Ubrelvy, look back 180 days within paid claim history for &gt;=/ two fills from &lt;Triptans List&gt; of a different chemical entity (HSN). If found, CLAIM PAYS. Otherwise, DENY for PRIOR AUTHORIZATION REQUIRED (75/31006) with supplemental message <i>Missing Prerequisite drug therapy</i></p>																
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	<p><b>Triptans</b></p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #e1f5fe;"> <th>Generic Name</th> <th>Brand Name</th> <th>Drug Code</th> </tr> </thead> <tbody> <tr> <td>Almotriptan</td> <td style="color: #0070c0;">Axert</td> <td>HSN = 021894</td> </tr> <tr> <td>Eletriptan</td> <td>Relpax</td> <td>HSN = 023093</td> </tr> <tr> <td>Frovatriptan</td> <td>Frova</td> <td>HSN = 022988</td> </tr> <tr> <td>Naratriptan</td> <td>Amerge</td> <td>HSN = 013266</td> </tr> <tr> <td>Rizatriptan</td> <td>Maxalt/MLT</td> <td>HSN = 018535</td> </tr> <tr> <td>Sumatriptan Succinate</td> <td style="color: #0070c0;">Alsuma, Imitrex, Onzetra Xsail, Sumavel, Tosymra, Zecuity, Zembrace</td> <td>HSNs = 006587, 012779</td> </tr> <tr> <td>Sumatriptan Succinate/ Naproxen Sodium</td> <td>Treximet</td> <td>HSN = 035534</td> </tr> <tr> <td>Zolmitriptan</td> <td>Zomig/ZMT</td> <td>HSN = 012958</td> </tr> </tbody> </table>	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	Sumatriptan Succinate	Alsuma, Imitrex, Onzetra Xsail, Sumavel, Tosymra, Zecuity, Zembrace	HSNs = 006587, 012779	Sumatriptan Succinate/ Naproxen Sodium	Treximet	HSN = 035534	Zolmitriptan	Zomig/ZMT	HSN = 012958
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# AHCA Automated Prior Authorizations and Bypass Lists 11-2024

Edit	Drugs	Steps																																																																				
<p><b>Jornay PM Automation</b></p> <p>Automated PA approval satisfies L=Auto PA drug edit</p> <p><i>*Automated PA approval will NOT override R = Non-PDL coding and will not satisfy the automation logic</i></p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #0070c0; color: white;"> <th colspan="3">Jornay PM List</th> </tr> <tr style="background-color: #e1f5fe;"> <th>Generic Name</th> <th>Brand Name</th> <th>Drug Code</th> </tr> </thead> <tbody> <tr> <td>methylphenidate ER cap</td> <td>Jornay PM</td> <td>GSNs = 078724, 078725, 078726, 078727, 078728</td> </tr> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #0070c0; color: white;"> <th colspan="3">ADHD list</th> </tr> <tr style="background-color: #e1f5fe;"> <th>Generic Name</th> <th>Brand Name</th> <th>Drug Code</th> </tr> </thead> <tbody> <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 style="color: red;">clonidine ER</td> <td style="color: red;">Onyda XR</td> <td style="color: red;">GSN = 086166</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 rowspan="2">methylphenidate</td> <td>Cotempla XR ODT, Daytrana</td> <td>HSN = 033556</td> </tr> <tr> <td>Aptensio XR, Concerta, Metadate ER, Methylin, Methylin ER, Quillichew, Quillivant, Relexxii, Ritalin/Ritalin LA</td> <td>HSN = 001682</td> </tr> <tr> <td>serdexmethylphen/dexmethylphen</td> <td>Azstarys</td> <td>HSN = 047187</td> </tr> <tr> <td>viloxazine</td> <td>Qelbree</td> <td>HSN = 007345</td> </tr> </tbody> </table>	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	<p><b>Step 1:</b> If incoming claim is for &lt;Jornay PM&gt; look back 180 days within claims history for &lt;Jornay PM&gt;. If found, CLAIM PAYS; Otherwise PROCEED TO STEP 2.</p> <p><b>Step 2:</b> If incoming claim is for &lt;Jornay PM&gt; and Prior Auth = L- AutoPA, look back 180 days within claims history for two fills from the &lt;ADHD list&gt;. If found, CLAIM PAYS. Otherwise, DENY for PRIOR AUTHORIZATION REQUIRED (75) with supplemental message “Missing Prerequisite Drug Therapy”</p> <p><b>Note:</b> Automated PA approval will NOT override age, quantity, or mg per day limits.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr style="background-color: #0070c0; color: white;"> <th>Drug Name</th> <th>Age Limit (Min Age)</th> <th>Quantity Limitations*</th> </tr> </thead> <tbody> <tr> <td>Jornay PM</td> <td style="text-align: center;">6</td> <td>Max of 100mg per day Max of 1 capsule per day</td> </tr> </tbody> </table> <p><i>*bypass quantity limitations for ages 6 to &lt; 18 years</i></p>	Drug Name	Age Limit (Min Age)	Quantity Limitations*	Jornay PM	6	Max of 100mg per day Max of 1 capsule per day
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# AHCA Automated Prior Authorizations and Bypass Lists 11-2024

Opioid - MAT Edit	Opioids List			<p><b>Step 1:</b> If incoming claim is from &lt;Opioids List&gt; 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.</p> <p><b>Step 2:</b> 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.</p> <p><b>Step 3:</b> Look back 30 days for a fill from the &lt;Opioid MAT Therapy List&gt;. 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).  <b>Note:</b> This edit does <b>NOT</b> override existing age limits, quantity limits, or Non PDL coding.</p> <p>Note: This edit does NOT override existing age limits, quantity limits, or Non PDL coding.</p>
	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		

# AHCA Automated Prior Authorizations and Bypass Lists 11-2024

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, Qdolo, Ultram	HSN = 008317	
	tramadol/ acetaminophen	Ultracet	HSN = 022880	
	tramadol/celecoxib	Seglentis	HSN = 047670	
<b>Opioid MAT Therapy List</b>				

## AHCA Automated Prior Authorizations and Bypass Lists 11-2024

Edit	Drugs			Steps
	Generic Name	Brand Name	Drug Codes	
	buprenorphine HCL	Probuphine, <span style="color: blue;">Subutex</span>	GSNs = 029312, 029313, 076145	
	buprenorphine ER	Sublocade/ Brixadi	GSNs = 077999, 078000, 080366, 080367, 080368, 080369, 080370, 080371, 080372	
	buprenorphine/ naloxone	Bunavail, Suboxone, Zubsolv	HSN = 024846	
	Naltrexone	N/A	GSN = 004518	
	Naltrexone microspheres	Vivitrol	HSN = 033782	
	<p><span style="color: blue;">Blue font</span> = manufacturer obsolete products</p>			

# AHCA Automated Prior Authorizations and Bypass Lists 11-2024

<p><b>Lyrica AP Logic</b></p> <p>Automated PA approval satisfies L=Auto PA drug edit</p> <p>Automated PA approval will NOT override R = Non-PDL edit'</p>	<table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 5px;"> <thead> <tr style="background-color: #d9e1f2;"> <th colspan="3" style="text-align: center;">Pregabalin List</th> </tr> <tr style="background-color: #d9e1f2;"> <th style="width: 30%;">Generic Name</th> <th style="width: 20%;">Brand Name</th> <th style="width: 50%;">Drug Code</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">Pregabalin</td> <td style="text-align: center;">*Lyrica</td> <td>HSN = 026470 (excluding GSN 069339 Pregabalin 20mg/mL Solution)</td> </tr> </tbody> </table> <p style="font-size: small; color: purple;">*Denotes: R-Non PDL agents and non-preferred agents will NOT satisfy the automation logic</p>	Pregabalin List			Generic Name	Brand Name	Drug Code	Pregabalin	*Lyrica	HSN = 026470 (excluding GSN 069339 Pregabalin 20mg/mL Solution)	<p><b>Step 1:</b> If incoming claim is from &lt;Pregabalin list&gt; look back 60 days within claims history for HSN 026470. If found, claim PAYS.</p> <p><b>Step 2:</b> If incoming claim is from &lt;Pregabalin List&gt; look back in medical claims history 730 days for a diagnosis from &lt;Approvable Lyrica (ICD-10) Diagnoses List&gt; below. If found, claim PAYS. Otherwise, DENY for PRIOR AUTHORIZATION REQUIRED (75/31008) with supplemental message "M/I Diagnosis Code".</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr style="background-color: #d9e1f2;"> <th colspan="2" style="text-align: center;">Approvable Lyrica (ICD-10) Diagnoses List</th> </tr> <tr style="background-color: #d9e1f2;"> <th style="width: 15%;">ICD-10-CM Code</th> <th style="width: 85%;">Description</th> </tr> </thead> <tbody> <tr><td>E10.4</td><td>Type 1 diabetes mellitus with neurological complications</td></tr> <tr><td>E10.40</td><td>Type 1 diabetes mellitus with diabetic neuropathy, unspecified</td></tr> <tr><td>E10.41</td><td>Type 1 diabetes mellitus with diabetic mononeuropathy</td></tr> <tr><td>E10.42</td><td>Type 1 diabetes mellitus with diabetic polyneuropathy</td></tr> <tr><td>E10.43</td><td>Type 1 diabetes mellitus with diabetic autonomic (poly)neuropathy</td></tr> <tr><td>E10.44</td><td>Type 1 diabetes mellitus with diabetic amyotrophy</td></tr> <tr><td>E10.49</td><td>Type 1 diabetes mellitus with other diabetic neurological complication</td></tr> <tr><td>E11.4</td><td>Type 2 diabetes mellitus with neurological complications</td></tr> <tr><td>E11.40</td><td>Type 2 diabetes mellitus with diabetic neuropathy, unspecified</td></tr> <tr><td>E11.41</td><td>Type 2 diabetes mellitus with diabetic mononeuropathy</td></tr> <tr><td>E11.42</td><td>Type 2 diabetes mellitus with diabetic polyneuropathy</td></tr> <tr><td>E11.43</td><td>Type 2 diabetes mellitus with diabetic autonomic (poly)neuropathy</td></tr> <tr><td>E11.44</td><td>Type 2 diabetes mellitus with diabetic amyotrophy</td></tr> <tr><td>E11.49</td><td>Type 2 diabetes mellitus with other diabetic neurological complication</td></tr> <tr><td>E13.4</td><td>Other diabetes mellitus with neurological complications</td></tr> <tr><td>E13.40</td><td>Other diabetes mellitus with diabetic neuropathy, unspecified</td></tr> <tr><td>E13.41</td><td>Other diabetes mellitus with diabetic mononeuropathy</td></tr> <tr><td>E13.42</td><td>Other diabetes mellitus with diabetic polyneuropathy</td></tr> </tbody> </table>	Approvable Lyrica (ICD-10) Diagnoses List		ICD-10-CM Code	Description	E10.4	Type 1 diabetes mellitus with neurological complications	E10.40	Type 1 diabetes mellitus with diabetic neuropathy, unspecified	E10.41	Type 1 diabetes mellitus with diabetic mononeuropathy	E10.42	Type 1 diabetes mellitus with diabetic polyneuropathy	E10.43	Type 1 diabetes mellitus with diabetic autonomic (poly)neuropathy	E10.44	Type 1 diabetes mellitus with diabetic amyotrophy	E10.49	Type 1 diabetes mellitus with other diabetic neurological complication	E11.4	Type 2 diabetes mellitus with neurological complications	E11.40	Type 2 diabetes mellitus with diabetic neuropathy, unspecified	E11.41	Type 2 diabetes mellitus with diabetic mononeuropathy	E11.42	Type 2 diabetes mellitus with diabetic polyneuropathy	E11.43	Type 2 diabetes mellitus with diabetic autonomic (poly)neuropathy	E11.44	Type 2 diabetes mellitus with diabetic amyotrophy	E11.49	Type 2 diabetes mellitus with other diabetic neurological complication	E13.4	Other diabetes mellitus with neurological complications	E13.40	Other diabetes mellitus with diabetic neuropathy, unspecified	E13.41	Other diabetes mellitus with diabetic mononeuropathy	E13.42	Other diabetes mellitus with diabetic polyneuropathy
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		E13.43	Other diabetes mellitus with diabetic autonomic (poly)neuropathy
		E13.44	Other diabetes mellitus with diabetic amyotrophy
		E13.49	Other diabetes mellitus with other diabetic neurological complication
		B02.22	Postherpetic trigeminal neuralgia
		B02.23	Postherpetic polyneuropathy
		B02.29	Other postherpetic nervous system involvement
		Disease Group: G40	Epilepsy and recurrent seizures
		M79.7	Fibromyalgia
		Disease Group: S34	Injury of lumbar and sacral spinal cord and nerves at abdomen, lower back and pelvis level
		<b>Note:</b> This edit does <b>NOT</b> override existing quantity limits.	
		Drug Name	Quantity Limitations
		Pregabalin	Max of 600mg per day

# AHCA Automated Prior Authorizations and Bypass Lists 11-2024

<p><b>Vraylar Auto PA</b></p> <p>Automated PA approval satisfies L=Auto PA drug edit</p> <p>*Automated PA approval will NOT override R = Non-PDL coding and will not satisfy the automation logic</p>	<b>Vraylar List</b>			<p><b>Step 1:</b> If incoming claim is for HSN 042552 &lt;Vraylar&gt; and Prior Auth = L-Auto PA Drug, look back 365 days within claims history for HSN 042552 &lt;Vraylar&gt;. If found, CLAIM PAYS; Otherwise PROCEED TO STEP 2. (Age and quantity limitations still apply).</p> <p><b>Step 2:</b> 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.</p> <div style="border: 1px solid black; background-color: #e1eef6; padding: 5px; margin: 10px 0;"> <p style="text-align: center; margin: 0;"><b>Approvable ICD-10 Disease Groups</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; width: 20%;">F32</td> <td style="text-align: center;">Major depressive disorder- single episode</td> </tr> <tr> <td style="text-align: center;">F33</td> <td style="text-align: center;">Major depressive disorder-recurrent episodes</td> </tr> </table> </div> <p><b>Step 3:</b> Look back in drug history 365 days for a fill from &lt;Antidepressants List&gt;. If found, CLAIM PAYS. Otherwise, deny for PRIOR AUTHORIZATION REQUIRED (75) with supplemental message Missing Prerequisite drug therapy.</p> <p><b>Step 4:</b> Look back in drug history 365 days for a fill from &lt;Oral Atypical Antipsychotics List&gt; of a preferred drug (Prior Auth = S-PDL). If found, CLAIM PAYS. Otherwise, deny for PRIOR AUTHORIZATION REQUIRED (75) with supplemental message <b>Missing Prerequisite drug therapy.</b></p> <p><b>Note:</b></p> <ul style="list-style-type: none"> <li>Automated PA approval will NOT override age or quantity limits.</li> </ul> <div style="border: 1px solid black; background-color: #e1eef6; padding: 5px; margin: 10px 0;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">Drug Name</th> <th style="text-align: center;">Age Limit (Min Age)</th> <th style="text-align: center;">Quantity Limitations</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"><b>Vraylar</b></td> <td style="text-align: center;">18</td> <td style="text-align: center;">Max of 6mg per day Max of 1 capsule per day per GSN</td> </tr> </tbody> </table> </div>	F32	Major depressive disorder- single episode	F33	Major depressive disorder-recurrent episodes	Drug Name	Age Limit (Min Age)	Quantity Limitations	<b>Vraylar</b>	18	Max of 6mg per day Max of 1 capsule per day per GSN
	F32	Major depressive disorder- single episode												
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	Drug Name	Age Limit (Min Age)	Quantity Limitations											
	<b>Vraylar</b>	18	Max of 6mg per day Max of 1 capsule per day per GSN											
	<b>Generic Name</b>	<b>Brand Name</b>	<b>Drug Code</b>											
	Cariprazine	Vraylar	HSN = 042552											
	<b>Antidepressants List</b>													
	<b>Generic Name</b>	<b>Brand Name</b>	<b>Drug Code</b>											
	Brexanolone	Zulresso	HIC3 = H24											
	Selegiline	Emsam	HIC3 = H2H											
	Citalopram Hydrobromide	Celexa	HIC3 = H2S											
	Escitalopram Oxalate	Lexapro												
	Fluoxetine HCL	Prozac												
	Fluvoxamine Maleate/ER	N/A												
	Paroxetine HCL	Paxil/CR												
	Paroxetine Mesylate	Pexeva												
	Sertraline HCL	Zoloft												
	Amitriptyline HCL	N/A												
	Amoxapine	N/A												
	Desipramine HCL	Norpramin												
	Doxepin HCL	N/A												
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	Imipramine Pamoate	N/A												
	Maprotiline HCL	N/A	HSN = 001643, 001648, 001645, 001650, 001641, 001642, 001651, 001644, 001646, 001649											
	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													

# AHCA Automated Prior Authorizations and Bypass Lists 11-2024

Edit	Drugs			Steps
	Phenelzine Sulfate	Nardil		
	Tranlycypromine Sulfate	Parnate		
	Dextromethorphan HBR/Bupropion	Auvelity	HIC3 = H81	
	Vilazodone HCL	Viibryd	HIC3 = H8P	
	Vortioxetine Hydrobromide	Trintellix	HIC3 = H8T	
	Esketamine HCL	Spravato	HIC3 = H8Z	
<b>Oral Atypical Antipsychotics List</b>				
	<b>Generic Name</b>	<b>Brand Name</b>	<b>Drug Code</b>	
	Aripiprazole (solution/tablets)	Abilify	GSN = 058594, 060225, 052898, 051333, 051334, 051335, 051336	
	Clozapine tablets	Clozaril	GSN = 013648, 027037, 013649, 046416	
	lloperidone tablets	Fanapt	GSN = 065901, 065902, 065903, 065904, 065905, 065906, 065907	
	Lurasidone tablets	Latuda	GSN = 068448, 066932, 071415, 066933, 069894	
	Olanzapine (tablets/ODT)	Zyprexa	GSN = 029077, 027961, 027959, 027960, 041026, 041027, 045190, 045191, 047285, 047286	
	Quetiapine/ER tablets	Seroquel	GSN = 034187, 060292, 034188, 034189, 047198, 060293, 063240, 064725, 062748, 062749, 062750	
	Risperidone (solution, tablets/ODT)	Risperdal	GSN = 026177, 065235, 052049, 051799, 051800, 059402, 059403, 042922, 042923, 021154, 021155, 021156, 021157	
	Ziprasidone capsules	Geodon	GSN = 047563, 047564, 047567, 047568	

# AHCA Automated Prior Authorizations and Bypass Lists 11-2024

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Edit	Drugs	Steps



# AHCA Automated Prior Authorizations and Bypass Lists 11-2024

<b>Gabapentinoids Overlapping Therapy ProDUR Edit</b>	<b>Gabapentinoids List</b>			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.
	<b>Generic Name</b>	<b>Brand Name</b>	<b>Drug Code</b>	
	Gabapentin	Gralise, Neurontin	HSN = 008831	
	Gabapentin Enacarbil	Horizant	HSN = 037574	
	Pregabalin	Lyrica	HSN = 026470	
	PLUS			
	<b>Overlapping Therapy List</b>			
	<b>Gabapentinoids List</b>			
	<b>Generic Name</b>	<b>Brand Name</b>	<b>Drug Code</b>	
	Gabapentin	Gralise, Neurontin	HSN = 008831	
	Gabapentin Enacarbil	Horizant	HSN = 037574	
	Pregabalin	Lyrica	HSN = 026470	
	<b>Benzodiazepine (BZP) List</b>			
	<b>Generic Name</b>	<b>Brand Name</b>	<b>Drug Code</b>	
	alprazolam	Xanax, <span style="color: blue;">Nivaram</span>	HSN= 001617	
	chlordiazepoxide	<span style="color: blue;">Librium, Poxi</span>	HSN= 001610	
	chlordiazepoxide/ amitriptyline	<span style="color: blue;">Limbitrol</span>	HSN= 001656	
	chlordiazepoxide/ clidinium	Librax, <span style="color: blue;">Lidox</span>	HSN= 002037	
	clonazepam	Klonopin, <span style="color: blue;">Cerberclon</span>	HSN= 001894	
	clorazepate	Tranxene, <span style="color: blue;">Gen-Xene</span>	HSN= 001612	
diazepam	Valium, Valtoco	HSN= 001615		
estazolam	<span style="color: blue;">Prosom</span>	HSN= 006036		

# AHCA Automated Prior Authorizations and Bypass Lists 11-2024

Edit	Drugs			Steps
	flurazepam	Dalmane	HSN=001593	
	lorazepam	Ativan	HSN=004846	
	midazolam	n/a	HSN=034908 , 001619	
	oxazepam	Serax	HSN=001616	
	quazepam	Doral	HSN=001595	
	temazepam	Restoril	HSN=001592	
	triazolam	Halcion	HSN=001594	
<b>Opioid List</b>				
	<b>Generic Name</b>	<b>Brand Name</b>	<b>Drug Code</b>	
	acetaminophen/ codeine	Capital/ Codeine, Tylenol/ Codeine	HSN=001717	
	acetaminophen/ caffeine/ dihydrocodeine	Dvorah, Panlor, Trezix	HSN=001739	
	aspirin/caffeine/ dihydrocodeine	Synalgos-DC	HSN=034574	
	benzhydrocodone/APA P	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	

# AHCA Automated Prior Authorizations and Bypass Lists 11-2024

Edit	Drugs			Steps
	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	
	hydrocodone/ acetaminophen	Lorcet/HD/Plus, Lortab, Norco, <a href="#">Verdrocet</a> , Vicodin/ES/HP, <a href="#">Xodol</a> , <a href="#">Zamicet</a>	HSN= 001730	
	hydrocodone/ ibuprofen	Ibudone, Reprexain, <a href="#">Xylon</a>	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	

# AHCA Automated Prior Authorizations and Bypass Lists 11-2024

Edit	Drugs			Steps
	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	
	tramadol/ acetaminophen	Ultracet	HSN= 022880	
<b>Skeletal Muscle Relaxant (SMR) List</b>				
	<b>Generic Name</b>	<b>Brand Name</b>	<b>Drug Code</b>	
	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	
<span style="color: blue;">Blue font</span> = Manufacturer obsolete product				

# AHCA Automated Prior Authorizations and Bypass Lists 11-2024

<p><b>Hydroxy/Chloroquine Auto PA</b></p> <p>Automated PA approval satisfies L=Auto PA drug logic</p> <p>*Automated PA approval will NOT override R = Non-PDL coding and will not satisfy the automation logic</p>	<b>Hydroxy/Chloroquine List</b>			<p><b>Step 1:</b> If incoming claim is from &lt; Hydroxy/Chloroquine list&gt; look back in medical claims history, 730 days, for a diagnosis from &lt;Approvable Hydroxy/Chloroquine (ICD-10) Diagnoses List&gt; below. If found, claim PAYS. Otherwise, DENY for PRIOR AUTHORIZATION REQUIRED (75/31008) with supplemental message “M/I Diagnosis Code”.</p>
	<b>Generic Name</b>	<b>Brand Name</b>	<b>Drug Code</b>	
	Hydroxy-chloroquine	Plaquenil*	HSN = 004151	
	Chloroquine	Aralen	HSN = 004147	
	<b>Approvable Hydroxy/Chloroquine (ICD-10) Diagnoses List</b>			
	<b>ICD-10-CM Code</b>	<b>Description</b>		
	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		

# AHCA Automated Prior Authorizations and Bypass Lists 11-2024

Edit	Drugs	Steps																												
		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">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> <p><b>Note:</b> This edit does <b>NOT</b> override existing quantity limits.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #e1f5fe;"> <th style="width: 60%;">Drug Name</th> <th style="width: 40%;">Quantity Limitations</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">Hydroxychloroquine</td> <td style="text-align: center;">Max of 600mg per day</td> </tr> <tr> <td style="text-align: center;">100mg</td> <td style="text-align: center;">1 per day</td> </tr> <tr> <td style="text-align: center;">200mg</td> <td style="text-align: center;">3 per day</td> </tr> <tr> <td style="text-align: center;">300mg</td> <td style="text-align: center;">2 per day</td> </tr> <tr> <td style="text-align: center;">400mg</td> <td style="text-align: center;">1 per day</td> </tr> <tr> <td style="text-align: center;">Chloroquine</td> <td style="text-align: center;">Max of 1,000mg per day</td> </tr> <tr> <td style="text-align: center;">250mg</td> <td style="text-align: center;">1 per day</td> </tr> <tr> <td style="text-align: center;">500mg</td> <td style="text-align: center;">2 per day</td> </tr> </tbody> </table>	M05.9	Rheumatoid arthritis with rheumatoid factor, unspecified	M32.0	Drug-induced systemic lupus erythematosus	M32.10	Systemic lupus erythematosus, organ or system involvement unspecified	M32.8	Other forms of systemic lupus erythematosus	M32.9	Systemic lupus erythematosus, unspecified	Drug Name	Quantity Limitations	Hydroxychloroquine	Max of 600mg per day	100mg	1 per day	200mg	3 per day	300mg	2 per day	400mg	1 per day	Chloroquine	Max of 1,000mg per day	250mg	1 per day	500mg	2 per day
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<p><b>Endari/Siklos Auto PA</b></p> <p>Automated PA approval satisfies L=Auto PA drug logic</p> <p><i>*Automated PA approval will NOT override R = Non-PDL coding and will not satisfy the automation logic</i></p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #0070c0; color: white;"> <th colspan="3" style="text-align: center;">Sickle Cell List</th> </tr> <tr style="background-color: #e1f5fe;"> <th style="width: 30%;">Generic Name</th> <th style="width: 30%;">Brand Name</th> <th style="width: 40%;">Drug Code</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">L-glutamine</td> <td style="text-align: center;">Endari</td> <td style="text-align: center;">GSN = 078050</td> </tr> <tr> <td style="text-align: center;">hydroxyurea</td> <td style="text-align: center;">Siklos</td> <td style="text-align: center;">GSNs = 067584, 078316</td> </tr> </tbody> </table>	Sickle Cell List			Generic Name	Brand Name	Drug Code	L-glutamine	Endari	GSN = 078050	hydroxyurea	Siklos	GSNs = 067584, 078316	<p><b>Step 1:</b> Is incoming claim for GSN 078050 &lt;Endari&gt; or GSN 067584 or GSN 078316 &lt;Siklos&gt; and Prior Auth = L-Auto PA? If yes, PROCEED TO STEP 2. Otherwise, STOP.</p> <p><b>Step 2:</b> Is incoming claim for GSN 078050 &lt;Endari&gt;? If yes, PROCEED TO STEP 3. Otherwise (claim is for Siklos), PROCEED TO STEP 4.</p> <p><b>Step 3:</b> Look back 180 days within claims history for GSN 078050 &lt;Endari&gt;. If found, CLAIM PAYS; Otherwise PROCEED TO STEP 5.</p> <p><b>Step 4:</b> If incoming claim is for GSN 067584 or GSN 078316 &lt;Siklos&gt; look back 180 within claim history for GSN 067584 or 078316 &lt;Siklos&gt;. If found, CLAIM PAYS; Otherwise PROCEED TO STEP 5.</p>																
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# AHCA Automated Prior Authorizations and Bypass Lists 11-2024

Edit	Drugs	Steps																				
<p><b>Zirabev Auto PA</b></p> <p>Automated PA approval satisfies L=Auto PA drug logic</p> <p><i>*Automated PA approval will NOT override R = Non-PDL coding and will not satisfy the automation logic</i></p>	<table border="1" style="margin: auto;"> <thead> <tr style="background-color: #e1f5fe;"> <th>Drug Name</th> <th>Drug Code</th> </tr> </thead> <tbody> <tr> <td>Zirabev 25 mg/ml vial</td> <td>HSN = 045849</td> </tr> </tbody> </table>	Drug Name	Drug Code	Zirabev 25 mg/ml vial	HSN = 045849	<p><b>Step 5:</b> 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”</p> <p><b>Note:</b> Automated PA approval will NOT override age or quantity limits</p> <table border="1" style="margin: 10px auto;"> <thead> <tr style="background-color: #e1f5fe;"> <th>Drug Name</th> <th>Age Limit (Min Age)</th> <th>Quantity Limitations</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"><b>Endari</b></td> <td style="text-align: center;">5</td> <td>Max of 180 packets every 30 days</td> </tr> <tr> <td style="text-align: center;"><b>Siklos</b></td> <td style="text-align: center;">2</td> <td>Max of 3,500 mg per day</td> </tr> </tbody> </table>	Drug Name	Age Limit (Min Age)	Quantity Limitations	<b>Endari</b>	5	Max of 180 packets every 30 days	<b>Siklos</b>	2	Max of 3,500 mg per day							
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		<p><b>Step 1:</b> If incoming claim is for &lt;Zirabev vial &gt; 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”</p> <table border="1" style="margin: 10px auto;"> <thead> <tr style="background-color: #e1f5fe;"> <th colspan="2">Approvable Diagnosis Codes</th> </tr> <tr> <th>ICD 10 Codes</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">C18.0</td> <td>Malignant neoplasm of cecum</td> </tr> <tr> <td style="text-align: center;">C18.2</td> <td>Malignant neoplasm of ascending colon</td> </tr> <tr> <td style="text-align: center;">C18.3</td> <td>Malignant neoplasm of hepatic flexure</td> </tr> <tr> <td style="text-align: center;">C18.4</td> <td>Malignant neoplasm of transverse colon</td> </tr> <tr> <td style="text-align: center;">C18.5</td> <td>Malignant neoplasm of splenic flexure</td> </tr> <tr> <td style="text-align: center;">C18.6</td> <td>Malignant neoplasm of descending colon</td> </tr> <tr> <td style="text-align: center;">C18.7</td> <td>Malignant neoplasm of sigmoid colon</td> </tr> <tr> <td style="text-align: center;">C18.8</td> <td>Malignant neoplasm of overlapping sites of colon</td> </tr> </tbody> </table>	Approvable Diagnosis Codes		ICD 10 Codes	Description	C18.0	Malignant neoplasm of cecum	C18.2	Malignant neoplasm of ascending colon	C18.3	Malignant neoplasm of hepatic flexure	C18.4	Malignant neoplasm of transverse colon	C18.5	Malignant neoplasm of splenic flexure	C18.6	Malignant neoplasm of descending colon	C18.7	Malignant neoplasm of sigmoid colon	C18.8	Malignant neoplasm of overlapping sites of colon
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# AHCA Automated Prior Authorizations and Bypass Lists 11-2024

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



# AHCA Automated Prior Authorizations and Bypass Lists 11-2024

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

# AHCA Automated Prior Authorizations and Bypass Lists 11-2024

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

# AHCA Automated Prior Authorizations and Bypass Lists 11-2024

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	
		<p><b>Note:</b> Automated PA approval will NOT override age limits or quantity limits</p>		
		<b>Drug Name</b>	<b>Age Limit (Min Age)</b>	<b>Quantity Limitations</b>
		Zirabev 25 mg/ml vial	18	110 mL's every 30 days

# AHCA Automated Prior Authorizations and Bypass Lists 11-2024

Edit	Drugs	Steps																								
<p><b>Ellece Auto PA</b></p> <p>Automated PA approval satisfies L=Auto PA drug logic</p> <p><i>*Automated PA approval will NOT override R = Non-PDL coding and will not satisfy the automation logic</i></p>	<table border="1" style="margin: auto;"> <thead> <tr style="background-color: #0070c0; color: white;"> <th>Drug Name</th> <th>Drug Code</th> </tr> </thead> <tbody> <tr> <td>Ellece 2 mg/ml vial</td> <td>HSN = 006578</td> </tr> </tbody> </table>	Drug Name	Drug Code	Ellece 2 mg/ml vial	HSN = 006578	<p><b>Step 1:</b> If incoming claim is for &lt; Ellece &gt; 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”</p> <table border="1" style="margin-top: 10px;"> <thead> <tr style="background-color: #0070c0; color: white;"> <th colspan="2">Approvable Diagnosis Codes</th> </tr> <tr> <th style="width: 60%;">ICD 10 Codes</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>C50.011-C50.019</td> <td rowspan="9" style="text-align: center; vertical-align: middle;">Malignant neoplasm of female breast</td> </tr> <tr> <td>C50.111-C50.119,</td> </tr> <tr> <td>C50.211-C50.219,</td> </tr> <tr> <td>C50.311-C50.319,</td> </tr> <tr> <td>C50.411-C50.419,</td> </tr> <tr> <td>C50.511-C50.519,</td> </tr> <tr> <td>C50.611-C50.619,</td> </tr> <tr> <td>C50.811-C50.819,</td> </tr> <tr> <td>C50.911-C50.919</td> </tr> </tbody> </table> <p><b>Note:</b> Automated PA approval will NOT override age limits or quantity limits</p> <table border="1" style="margin-top: 10px; width: 100%;"> <thead> <tr style="background-color: #90a4bd;"> <th>Drug Name</th> <th>Age Limit (Min Age)</th> <th>Quantity Limitations</th> </tr> </thead> <tbody> <tr> <td>Ellece 2 mg/ml vial</td> <td style="text-align: center;">18</td> <td>1125mL’s per lifetime</td> </tr> </tbody> </table>	Approvable Diagnosis Codes		ICD 10 Codes	Description	C50.011-C50.019	Malignant neoplasm of female breast	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	Drug Name	Age Limit (Min Age)	Quantity Limitations	Ellece 2 mg/ml vial	18	1125mL’s per lifetime
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<p><b>Ruxience Auto PA</b></p> <p>Automated PA approval satisfies L=Auto PA drug logic</p> <p><i>*Automated PA approval will NOT override R = Non-PDL coding and will not satisfy the automation logic</i></p>	<table border="1" style="margin: auto;"> <thead> <tr style="background-color: #0070c0; color: white;"> <th>Drug Name</th> <th>Drug Code</th> </tr> </thead> <tbody> <tr> <td>Ruxience 10mg/mL Vial</td> <td>HSN = 045899</td> </tr> </tbody> </table>	Drug Name	Drug Code	Ruxience 10mg/mL Vial	HSN = 045899	<p><b>Step 1:</b> If incoming claim is for &lt;Ruxience vial &gt; 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”</p> <table border="1" style="margin-top: 10px;"> <thead> <tr style="background-color: #0070c0; color: white;"> <th colspan="2">Approvable Diagnosis Codes</th> </tr> <tr> <th style="width: 60%;">ICD 10 Codes</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>Disease Group: C85</td> <td style="text-align: center;">Other specified and unspecified types of non-Hodgkin lymphoma</td> </tr> </tbody> </table>	Approvable Diagnosis Codes		ICD 10 Codes	Description	Disease Group: C85	Other specified and unspecified types of non-Hodgkin lymphoma														
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		C91.1	Chronic lymphocytic leukemia of B-cell type	
		C91.10	Chronic lymphocytic leukemia of B-cell type not having achieved remission	
		C91.11	Chronic lymphocytic leukemia of B-cell type in remission	
		C91.12	Chronic lymphocytic leukemia of B-cell type in relapse	
		Disease Group:		
		M05	Rheumatoid arthritis with or without Rheumatoid Factor	
		M06		
		M31.3	Wegener's granulomatosis	
		M31.7	Microscopic polyangiitis	
		<p><b>Note:</b></p> <ul style="list-style-type: none"> <li>Automated PA approval will NOT override age limits or quantity limits</li> </ul>		
		Drug Name	Age Limit (Min Age)	Quantity Limitations
		Ruxience 10mg/mL Vial	18	736 mL's every 30 days

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<p><b>Vidaza Auto PA</b></p> <p>Automated PA approval satisfies L=Auto PA drug logic</p> <p>Automated PA approval will NOT override R = Non-PDL coding and will not satisfy the automation logic</p>	<table border="1" style="margin: auto;"> <thead> <tr style="background-color: #e1f5fe;"> <th>Drug Name</th> <th>Drug Code</th> </tr> </thead> <tbody> <tr> <td>Vidaza 100 mg Vial</td> <td>GSN = 054660</td> </tr> </tbody> </table>	Drug Name	Drug Code	Vidaza 100 mg Vial	GSN = 054660	<p>If incoming claim is from &lt;Vidaza&gt; 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”</p> <table border="1" style="margin-top: 10px;"> <thead> <tr style="background-color: #e1f5fe;"> <th>ICD-10 Code</th> <th>Description</th> </tr> </thead> <tbody> <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> </tbody> </table> <p><b>Note:</b> Automated PA approval will NOT override age limits or quantity limits.</p> <table border="1" style="margin-top: 10px;"> <thead> <tr style="background-color: #e1f5fe;"> <th>Drug Name</th> <th>Quantity Limitations</th> </tr> </thead> <tbody> <tr> <td>Vidaza 100 mg Vial</td> <td>17 vials every 28 days</td> </tr> </tbody> </table>	ICD-10 Code	Description	C93.10 - C93.12	Chronic Monocytic Leukemia	C93.30 - C93.32	Juvenile Myelomonocytic Leukemia	Disease group: D46	Myelodysplastic Syndromes	Drug Name	Quantity Limitations	Vidaza 100 mg Vial	17 vials every 28 days
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<p><b>Reset AutoPA</b></p> <p>Automated PA approval satisfies L=Auto PA drug edit</p> <p>*Automated PA approval will NOT override R = NonPDL edit and will not satisfy the automation logic</p>	<table border="1" style="margin: auto;"> <thead> <tr style="background-color: #e1f5fe;"> <th colspan="2">Reset List</th> </tr> <tr style="background-color: #e1f5fe;"> <th>HSN</th> <th>Device</th> </tr> </thead> <tbody> <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> </tbody> </table>	Reset List		HSN	Device	048063	RESET (SUD) RESET (SUD) (NON-MONETARY CM)	048064	RESET-O (OUD) RESET-O (OUD)(NON-MONETARY CM)	<p><b>Step 1:</b> : 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.</p> <p><b>Step 2:</b> 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.</p> <p><b>Step 3:</b> 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.</p> <p><b>Step 4:</b> 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).</p> <p><b>Note:</b> This logic does NOT override existing age or quantity limits</p>								
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<p><b>Glucagon-Like Peptide 1 (GLP-1) Agonists Auto PA</b></p> <p>Automated PA approval satisfies L=Auto PA drug logic</p> <p>*Automated PA approval will NOT override R = Non-PDL coding and will not satisfy the automation logic</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #004a99; color: white;"> <th colspan="3">Glucagon-Like Peptide 1 (GLP-1) Agonists List</th> </tr> <tr style="background-color: #0070c0; color: white;"> <th style="width: 30%;">Generic Name</th> <th style="width: 30%;">Brand Name</th> <th style="width: 40%;">Drug Code</th> </tr> </thead> <tbody> <tr> <td>Lixisenatide</td> <td>Adlyxin</td> <td>HSN = 040782</td> </tr> <tr> <td rowspan="3">Exenatide ER</td> <td>Bydureon Bcise*</td> <td>GSN = 077890</td> </tr> <tr> <td>Bydureon Pen</td> <td>GSN = 072230</td> </tr> <tr> <td>Bydureon Vial</td> <td>GSN = 068505</td> </tr> <tr> <td>Exenatide</td> <td>Byetta*</td> <td>HSN = 032893</td> </tr> <tr> <td>Semaglutide</td> <td>Ozempic</td> <td>GSN = 084300, 081168, 077985, 083225, 077986</td> </tr> </tbody> </table>	Glucagon-Like Peptide 1 (GLP-1) Agonists List			Generic Name	Brand Name	Drug Code	Lixisenatide	Adlyxin	HSN = 040782	Exenatide ER	Bydureon Bcise*	GSN = 077890	Bydureon Pen	GSN = 072230	Bydureon Vial	GSN = 068505	Exenatide	Byetta*	HSN = 032893	Semaglutide	Ozempic	GSN = 084300, 081168, 077985, 083225, 077986	<p><b>Step 1:</b> If the incoming claim is for a medication on the &lt; <b>Glucagon-Like Peptide 1 (GLP-1) Agonists List</b> &gt; 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 <b>M/I Diagnosis Code</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #0070c0; color: white;"> <th colspan="2">Approvable ICD-10 Disease Groups</th> </tr> </thead> <tbody> <tr> <td style="width: 30%;">E11</td> <td>Type II Diabetes Mellitus</td> </tr> </tbody> </table>	Approvable ICD-10 Disease Groups		E11	Type II Diabetes Mellitus
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		Rybelsus*	GSN = 080228, 080229, 080230	<p><b>Note:</b> Automated PA approval will NOT override age limits or quantity limits.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #e1f5fe;"> <th>Drug Name</th> <th>Age Limit (Min Age)</th> <th>Quantity Limitations</th> </tr> </thead> <tbody> <tr> <td>Byetta 5mcg</td> <td rowspan="2" style="text-align: center;">18</td> <td>1.2 mL's every 28 days</td> </tr> <tr> <td>Byetta 10mcg</td> <td>2.4 mL's every 28 days</td> </tr> <tr> <td>Ozempic 0.25-0.5 mg</td> <td rowspan="2" style="text-align: center;">18</td> <td>3 mL's every 28 days</td> </tr> <tr> <td>Ozempic 1mg Ozempic 2mg</td> <td>3 mL's every 28 days</td> </tr> <tr> <td>Trulicity</td> <td style="text-align: center;">10</td> <td>3mL's every 28 days</td> </tr> <tr> <td>Victoza</td> <td style="text-align: center;">10</td> <td>9mL's every 28 days</td> </tr> </tbody> </table>			Drug Name	Age Limit (Min Age)	Quantity Limitations	Byetta 5mcg	18	1.2 mL's every 28 days	Byetta 10mcg	2.4 mL's every 28 days	Ozempic 0.25-0.5 mg	18	3 mL's every 28 days	Ozempic 1mg Ozempic 2mg	3 mL's every 28 days	Trulicity	10	3mL's every 28 days	Victoza	10	9mL's every 28 days
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	Liraglutide	Victoza	GSN = 065344																						
	<b>Glucose-Dependent Insulinotropic Polypeptide (GIP) Receptor and Glucagon-Like Peptide 1 (GLP-1) Agonists List</b>																								
	Generic Name	Brand Name	Drug Code																						
	Tirzepatide	Mounjaro*	HSN = 048014																						
<p><b>Hep C DAA AutoPA</b></p> <p>Automated PA approval satisfies L=Auto PA drug edit</p> <p>*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</p>	Hepatitis C DAA			<p>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".</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #004a99; color: white;"> <th colspan="2">Approvable Hepatitis C DAA ICD-10 Disease Groups</th> </tr> </thead> <tbody> <tr> <td style="width: 70%;">B17, B18, B19 (excluding B17.0, B17.2, B19.1, B19.10, &amp; B19.11)</td> <td style="text-align: center;">Hepatitis C</td> </tr> </tbody> </table> <p><b>Note:</b> This logic does NOT override existing age or quantity limits</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #e1f5fe;"> <th>Drug Name</th> <th>Age Limit (Min Age)</th> <th>Quantity Limitations</th> </tr> </thead> <tbody> <tr> <td rowspan="2" style="text-align: center;">Eplclusa</td> <td style="text-align: center;">3 (pellet)</td> <td rowspan="2" style="text-align: center;">Maximum of 1 pellet/tab per day; 84 tabs/pellets per lifetime</td> </tr> <tr> <td style="text-align: center;">6 (tablet)</td> </tr> <tr> <td rowspan="2" style="text-align: center;">Harvoni</td> <td style="text-align: center;">3 (pellet)</td> <td rowspan="2" style="text-align: center;">Maximum of 1 pellet/tab per day; 84 tabs/pellets per lifetime</td> </tr> <tr> <td style="text-align: center;">12 (tablet)</td> </tr> <tr> <td style="text-align: center;">Mavyret</td> <td style="text-align: center;">3</td> <td style="text-align: center;">Maximum of 5 pellets per day; 280 pellets per lifetime</td> </tr> </tbody> </table>			Approvable Hepatitis C DAA ICD-10 Disease Groups		B17, B18, B19 (excluding B17.0, B17.2, B19.1, B19.10, & B19.11)	Hepatitis C	Drug Name	Age Limit (Min Age)	Quantity Limitations	Eplclusa	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	
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	Generic Name	Brand Name	Drug Code																						
	Daclatasvir Dihydrochloride	Daklinza*	HSN = 041377																						
	Sofosbuvir/ Velpatasvir	Eplclusa	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																							
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# AHCA Automated Prior Authorizations and Bypass Lists 11-2024

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		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 80%;">Maximum of 3 tabs per day; 168 tabs per lifetime</td> </tr> <tr> <td rowspan="2" style="text-align: center; vertical-align: middle;">Sovaldi</td> <td style="text-align: center;">3 (pellet)</td> <td rowspan="2" style="vertical-align: top;">Maximum of 1 pellet/tab per day; 168 tabs/pellets per lifetime</td> </tr> <tr> <td style="text-align: center;">12 (tablet)</td> </tr> <tr> <td style="text-align: center; vertical-align: middle;">Viekira Pak</td> <td style="text-align: center; vertical-align: middle;">18</td> <td style="vertical-align: top;">Maximum of 4 tabs per day; 112 tabs per 25 days; 672 tabs/pellets per lifetime</td> </tr> <tr> <td style="text-align: center; vertical-align: middle;">Vosevi</td> <td style="text-align: center; vertical-align: middle;">18</td> <td style="vertical-align: top;">Maximum of 1 tab per day; 84 tabs per lifetime</td> </tr> <tr> <td style="text-align: center; vertical-align: middle;">Zepatier</td> <td style="text-align: center; vertical-align: middle;">12</td> <td style="vertical-align: top;">Maximum of 1 tab per day; 112 tabs per lifetime</td> </tr> </table>			Maximum of 3 tabs per day; 168 tabs per lifetime	Sovaldi	3 (pellet)	Maximum of 1 pellet/tab per day; 168 tabs/pellets per lifetime	12 (tablet)	Viekira Pak	18	Maximum of 4 tabs per day; 112 tabs per 25 days; 672 tabs/pellets per lifetime	Vosevi	18	Maximum of 1 tab per day; 84 tabs per lifetime	Zepatier	12	Maximum of 1 tab per day; 112 tabs per lifetime					
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<b>Entresto Soft Edit</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #0070c0; color: white;"> <th colspan="3" style="text-align: center;">Entresto List</th> </tr> <tr style="background-color: #e1f5fe;"> <th style="width: 30%;">Generic Name</th> <th style="width: 30%;">Brand Name</th> <th style="width: 40%;">GSN</th> </tr> </thead> <tbody> <tr> <td>Sacubitril/Valsartan</td> <td>Entresto 24 MG-26 MG</td> <td>074408</td> </tr> </tbody> </table>	Entresto List			Generic Name	Brand Name	GSN	Sacubitril/Valsartan	Entresto 24 MG-26 MG	074408	<p><b>Step 1:</b> If the incoming claim is for GSN 074408, PROCEED TO STEP 2.</p> <p><b>Step 2:</b> If the incoming claim includes Prior Auth Type Code = 1 – Prior Authorization, APPROVE. If not, DENY for PLAN LIMITATIONS EXCEEDED (76/7001) with message: <b><i>Please discuss with prescriber/patient about appropriate dose escalation. Submit Prior Auth Type Code = 1 - Prior Authorization</i></b></p>												
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Generic Name	Brand Name	GSN																					
Sacubitril/Valsartan	Entresto 24 MG-26 MG	074408																					
<b>Baclofen Solution AutoPA</b>  Automated PA approval satisfies L = AutoPA drug logic  <span style="color: purple;">*Automated PA approval will NOT override R = Non-PDL coding and will not satisfy the automation logic</span>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #757575; color: white;"> <th colspan="3" style="text-align: center;">Baclofen List</th> </tr> <tr style="background-color: #e1f5fe;"> <th style="width: 30%;">Generic Name</th> <th style="width: 30%;">Brand Name</th> <th style="width: 40%;">Drug Code</th> </tr> </thead> <tbody> <tr> <td rowspan="2" style="text-align: center; vertical-align: middle;">Baclofen Solution</td> <td rowspan="2" style="text-align: center; vertical-align: middle;">Ozobax*</td> <td style="text-align: center;">GSN= 017884</td> </tr> <tr> <td style="text-align: center; color: purple;">GSN = 085432</td> </tr> <tr> <td style="text-align: center; vertical-align: middle;">Baclofen Suspension</td> <td style="text-align: center; vertical-align: middle;">Fleqsuvy*</td> <td style="text-align: center;">GSN = 083047</td> </tr> </tbody> </table>	Baclofen List			Generic Name	Brand Name	Drug Code	Baclofen Solution	Ozobax*	GSN= 017884	GSN = 085432	Baclofen Suspension	Fleqsuvy*	GSN = 083047	<p>If the incoming claim is from &lt;Baclofen List&gt; 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 <b><i>M/I Diagnosis Code</i></b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #757575; color: white;"> <th style="width: 40%;">ICD -10 Code</th> <th style="width: 60%;">Description</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">Disease Group: G11, G32.81</td> <td style="text-align: center;">Hereditary Ataxia:</td> </tr> <tr> <td style="text-align: center;">G12.20, G12.21, G12.22, G12.29, G12.8</td> <td style="text-align: center;">Motor Neuron disease: Other spinal muscle atrophies and related syndromes</td> </tr> <tr> <td style="text-align: center;">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 style="text-align: center;">Hemiplegia and hemiparesis following unspecified cerebrovascular disease</td> </tr> </tbody> </table>	ICD -10 Code	Description	Disease Group: G11, G32.81	Hereditary Ataxia:	G12.20, G12.21, G12.22, G12.29, G12.8	Motor Neuron disease: Other spinal muscle atrophies and related syndromes	I69.053, I69.051, I69.052, I69.054, I69.059, I69.151, I69.152, I69.153, I69.154, I69.159, I69.251, I69.252, I69.253, I69.254, I69.259, I69.351, I69.352, I69.353, I69.354, I69.359, I69.851, I69.852, I69.853, I69.854,	Hemiplegia and hemiparesis following unspecified cerebrovascular disease
Baclofen List																							
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# AHCA Automated Prior Authorizations and Bypass Lists 11-2024

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

# AHCA Automated Prior Authorizations and Bypass Lists 11-2024

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,	Spinal Cord Injury without evidence of spinal bone injury

# AHCA Automated Prior Authorizations and Bypass Lists 11-2024

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		<p>S24.154A, S24.159A, 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</p>																											
		<p>Z93.1      Gastrostomy status</p>																											
		<p><b>Note:</b> This edit does <b>NOT</b> override existing age or quantity limits.</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr style="background-color: #d9e1f2;"> <th style="width: 33%;">Drug Name</th> <th style="width: 33%;">Age Limit (Min Age)</th> <th style="width: 33%;">Quantity Limitations</th> </tr> </thead> <tbody> <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> </tbody> </table> <p><b>Note:</b></p> <ul style="list-style-type: none"> <li>• PA approval SATISFIES L = Auto PA drug edit</li> <li>• Automated PA approval will NOT override R= Non-PDL edit</li> </ul>	Drug Name	Age Limit (Min Age)	Quantity Limitations	Baclofen 5mg/5ml Solution	12	Maximum of 80mL daily	Baclofen 10mg/5ml Solution	Maximum of 40 mL daily	Baclofen 25mg/5ml Susp	Maximum of 16 mL daily																	
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<p><b>Tricyclic Antidepressant Soft Edit</b></p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #0070c0; color: white;"> <th colspan="3" style="text-align: center;">Tricyclic Antidepressants List</th> </tr> <tr style="background-color: #d9e1f2;"> <th style="width: 33%;">Generic Name</th> <th style="width: 33%;">Brand Name</th> <th style="width: 33%;">HSN</th> </tr> </thead> <tbody> <tr> <td>Amitriptyline</td> <td style="color: #0070c0;">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 style="color: #0070c0;">Sinequan</td> <td>001650</td> </tr> <tr> <td>Imipramine Tab</td> <td style="color: #0070c0;">Tofranil</td> <td>001641</td> </tr> <tr> <td>Imipramine Cap</td> <td style="color: #0070c0;">Tofranil - PM</td> <td>001642</td> </tr> </tbody> </table>	Tricyclic Antidepressants List			Generic Name	Brand Name	HSN	Amitriptyline	Elavil	001643	Amoxapine		001648	Clomipramine	Anafranil	004744	Desipramine		001645	Doxepin	Sinequan	001650	Imipramine Tab	Tofranil	001641	Imipramine Cap	Tofranil - PM	001642	<p><b>Step 1:</b> If the incoming claim is for HIC3 = H2U and patient age &gt;= 65, PROCEED TO STEP 2.</p> <p><b>Step 2:</b> If the incoming claim includes Prior Auth Type Code = 1 – Prior Authorization, STOP. If not, DENY for PLAN LIMITATIONS EXCEEDED (76/7001) with message: <b>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</b></p>
Tricyclic Antidepressants List																													
Generic Name	Brand Name	HSN																											
Amitriptyline	Elavil	001643																											
Amoxapine		001648																											
Clomipramine	Anafranil	004744																											
Desipramine		001645																											
Doxepin	Sinequan	001650																											
Imipramine Tab	Tofranil	001641																											
Imipramine Cap	Tofranil - PM	001642																											

## AHCA Automated Prior Authorizations and Bypass Lists 11-2024

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

# AHCA Automated Prior Authorizations and Bypass Lists 11-2024

<p><b>Praluent/Repatha Auto PA</b></p> <p>Automated PA approval satisfies L=Auto PA drug edit</p> <p style="color: purple;">*Automated PA approval will NOT override R = Non-PDL coding and will not satisfy the automation logic</p>	<table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <thead> <tr style="background-color: #d9e1f2;"> <th colspan="3" style="text-align: center;">Praluent/Repatha List</th> </tr> <tr style="background-color: #d9e1f2;"> <th style="text-align: left;">Generic Name</th> <th style="text-align: left;">Brand Name</th> <th style="text-align: left;">Drug Code</th> </tr> </thead> <tbody> <tr> <td>Alirocumab</td> <td>Praluent</td> <td>HSN = 042347</td> </tr> <tr> <td>Evolocumab</td> <td>Repatha</td> <td>HSN = 042378</td> </tr> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <thead> <tr style="background-color: #d9e1f2;"> <th colspan="3" style="text-align: center;">Ezetimibe/Statin List</th> </tr> <tr style="background-color: #d9e1f2;"> <th style="text-align: left;">Generic Name</th> <th style="text-align: left;">Brand Name</th> <th style="text-align: left;">Drug Code</th> </tr> </thead> <tbody> <tr> <td>Ezetimibe/Atorvastatin Calcium</td> <td>Liptruzet</td> <td>HSN = 040279</td> </tr> <tr> <td>Ezetimibe/Simvastatin</td> <td>Vytorin</td> <td>HSN = 026505</td> </tr> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <thead> <tr style="background-color: #d9e1f2;"> <th colspan="3" style="text-align: center;">Ezetimibe List</th> </tr> <tr style="background-color: #d9e1f2;"> <th style="text-align: left;">Generic Name</th> <th style="text-align: left;">Brand Name</th> <th style="text-align: left;">Drug Code</th> </tr> </thead> <tbody> <tr> <td>Bempedoic Acid/Ezetimibe</td> <td>Nexlizet</td> <td>HSN = 046386</td> </tr> <tr> <td>Ezetimibe</td> <td>Zetia</td> <td>HSN = 024459</td> </tr> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #d9e1f2;"> <th colspan="3" style="text-align: center;">Statin List</th> </tr> <tr style="background-color: #d9e1f2;"> <th style="text-align: left;">Generic Name</th> <th style="text-align: left;">Brand Name</th> <th style="text-align: left;">Drug Code</th> </tr> </thead> <tbody> <tr> <td>Amlodipine/Atorvastatin</td> <td>Caduet</td> <td>HSN = 025951</td> </tr> <tr> <td>Atorvastatin Calcium</td> <td>Lipitor/Atorvaliq</td> <td>HSN = 012404</td> </tr> <tr> <td>Fluvastatin Sodium</td> <td>Lescol XL</td> <td>HSN = 008946</td> </tr> <tr> <td>Lovastatin</td> <td>Altoprev</td> <td>HSN = 002793</td> </tr> </tbody> </table>	Praluent/Repatha List			Generic Name	Brand Name	Drug Code	Alirocumab	Praluent	HSN = 042347	Evolocumab	Repatha	HSN = 042378	Ezetimibe/Statin List			Generic Name	Brand Name	Drug Code	Ezetimibe/Atorvastatin Calcium	Liptruzet	HSN = 040279	Ezetimibe/Simvastatin	Vytorin	HSN = 026505	Ezetimibe List			Generic Name	Brand Name	Drug Code	Bempedoic Acid/Ezetimibe	Nexlizet	HSN = 046386	Ezetimibe	Zetia	HSN = 024459	Statin List			Generic Name	Brand Name	Drug Code	Amlodipine/Atorvastatin	Caduet	HSN = 025951	Atorvastatin Calcium	Lipitor/Atorvaliq	HSN = 012404	Fluvastatin Sodium	Lescol XL	HSN = 008946	Lovastatin	Altoprev	HSN = 002793	<p><b>Step 1:</b> If incoming claim is HSN = 042347 or 042378 from the &lt;Praluent/Repatha List&gt; and Prior Auth = L-Auto PA Drug, look back 365 days within claims history for a medication from the &lt;Praluent/Repatha List&gt;. If found, CLAIM PAYS; Otherwise PROCEED TO STEP 2. (Age and quantity limitations still apply).</p> <p><b>Step 2:</b> Look back in drug history 365 days for a fill from &lt; Ezetimibe/Statin List &gt;. If found, CLAIM PAYS. Otherwise, PROCEED TO STEP 3.</p> <p><b>Step 3:</b> Look back in drug history 365 days for a fill from &lt; Ezetimibe List &gt;. If found, PROCEED TO STEP 4. Otherwise, deny for PRIOR AUTHORIZATION REQUIRED (75) with supplemental message Missing Prerequisite drug therapy.</p> <p><b>Step 4:</b> Look back in drug history 365 days for a fill from &lt; Statin List &gt;. If found, CLAIM PAYS. Otherwise, deny for PRIOR AUTHORIZATION REQUIRED (75) with supplemental message Missing Prerequisite drug therapy.</p> <p><b>Note:</b></p> <ul style="list-style-type: none"> <li>Automated PA approval will NOT override age or quantity limits.</li> </ul> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr style="background-color: #d9e1f2;"> <th style="text-align: left;">Drug Name</th> <th style="text-align: center;">Age Limit (Min Age)</th> <th style="text-align: left;">Quantity Limitations</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">Praluent</td> <td style="text-align: center;">18</td> <td>Max of 2 ml every 28 days</td> </tr> <tr> <td style="text-align: center;">Repatha</td> <td style="text-align: center;">10</td> <td>Max of 6 ml every 28 days</td> </tr> </tbody> </table>	Drug Name	Age Limit (Min Age)	Quantity Limitations	Praluent	18	Max of 2 ml every 28 days	Repatha	10	Max of 6 ml every 28 days
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Edit	Drugs			Steps
	Niacin/Lovastatin	Advicor	HSN = 023090	
	Niacin/Simvastatin	Simcor	HSN = 035395	
	Pitavastatin Calcium	Livalo	HSN = 036983	
	Pitavastatin Magnesium	Zypitamag	HSN = 044422	
	Pravastatin Sodium	N/A	HSN = 006227	
	Rosuvastatin Calcium	Crestor/Ezallor Sprinkle	HSN = 025009	
	Simvastatin	Zocor	HSN = 006312	
<b>Overlapping Long Acting-Intermediate Insulins DUR Edit</b>	<b>Long-Acting Insulin List</b>			<p><b>If incoming claim from &lt;Long-Acting Insulin List&gt;</b> look back 30 days for fill from &lt;Intermediate-Acting Insulin List&gt;. If found, claim rejects NCPDP 76 with additional message “TD of long and intermediate-acting insulin therapy. Review &amp; submit appropriate DUR cd.”</p> <p><b>If incoming claim from &lt;Intermediate-Acting Insulin List&gt;</b> look back 30 days for fill from &lt;Long-Acting Insulin List&gt;. If found, claim rejects NCPDP 76 with additional message “TD of long and intermediate-acting insulin therapy. Review &amp; submit appropriate DUR cd.”</p> <p>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.</p> <p><b>Limitation:</b> 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.”</p> <p><b>Note:</b> This edit will not override existing quantity limits or Non PDL edit.</p>
	<b>Generic Name</b>	<b>Brand Name</b>	<b>HSN</b>	
	Insulin Degludec	Tresiba Flextouch U-100 Insulin Degludec Pen (U-100) Tresiba Flextouch U-200 Insulin Degludec Pen (U-200) Tresiba Insulin Degludec	040844	
Insulin Detemir	Levemir Flextouch Levemir Flexpen Levemir	026407		

# AHCA Automated Prior Authorizations and Bypass Lists 11-2024

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	
<b>Intermediate-Acting Insulin List</b>				
	<b>Generic Name</b>	<b>Brand Name</b>	<b>HSN</b>	
	Insulin NPH Human Isophane	Humulin N Novolin N Humulin N Kwikpen Novolin N Flexpen	000780	



# AHCA Automated Prior Authorizations and Bypass Lists 11-2024

Edit	Drugs			Steps
	Insulin NPH Hum/Reg Insulin Hm	Humulin 70-30 Novolin 70-30 Humulin 70/30 Kwikpen Novolin 70-30 Flexpen	006215	
<b>Caplyta AutoPA</b>  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	<b>Generic Name</b>	<b>Brand Name</b>	<b>Drug Code</b>	<b>Step 1:</b> 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).  <b>Step 2:</b> Look back in drug history 365 days for a fill from <Oral Atypical Antipsychotics> and Prior Auth code = S-PDL. If found, CLAIM PAYS. Otherwise, deny for 75/31006 PRIOR AUTHORIZATION REQUIRED with supplemental message Missing Prerequisite drug therapy  <b>Note:</b> This edit does <b>NOT</b> override existing age or quantity limits.
	Lumateperone Tosylate	Caplyta	HSN = 046280	
	<b>Oral Atypical Antipsychotics</b>			
	<b>Generic Name</b>	<b>Brand Name</b>	<b>Drug Code</b>	
	aripiprazole	Abilify	GSNs = 051333, 051334, 051335, 051336, 052898, 058594, 060225, 060319, 060322, 082063 - 082066, 082069 - 082076	
	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,		

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

# AHCA Automated Prior Authorizations and Bypass Lists 11-2024

Edit	Drugs			Steps														
			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, 021155, 021156, 021157, 026177, 042922, 042923, 051799, 051800, 052049, 059402, 059403, 065235, 071304 - 071306															
	ziprasidone HCL	Geodon	HSN = 021974															
<p><b>Fanapt AutoPA</b></p> <p>Automated PA approval satisfies L = AutoPA drug logic</p> <p>*Automated PA approval will NOT override R = Non-PDL coding and will not satisfy the automation logic</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Generic Name</th> <th style="width: 25%;">Brand Name</th> <th style="width: 50%;">Drug Code</th> </tr> </thead> <tbody> <tr> <td>iloperidone</td> <td>Fanapt</td> <td>HSN = 036778 Excluding GSN 065908 - titration pack)</td> </tr> </tbody> </table>	Generic Name	Brand Name	Drug Code	iloperidone	Fanapt	HSN = 036778 Excluding GSN 065908 - titration pack)	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: center;">Oral Atypical Antipsychotics</th> </tr> <tr> <th style="width: 25%;">Generic Name</th> <th style="width: 25%;">Brand Name</th> <th style="width: 50%;">Drug Code</th> </tr> </thead> <tbody> <tr> <td>aripiprazole</td> <td>Abilify</td> <td>GSNs = 051333 - 051336, 052898, 058594, 060225, 060319, 060322, 082063 -082066, 082069 - 082076</td> </tr> </tbody> </table>	Oral Atypical Antipsychotics			Generic Name	Brand Name	Drug Code	aripiprazole	Abilify	GSNs = 051333 - 051336, 052898, 058594, 060225, 060319, 060322, 082063 -082066, 082069 - 082076	<p><b>Step 1:</b> If incoming claim is for HSN 036778 &lt;Fanapt&gt; and Prior Auth = L-Auto PA Drug, look back 365 days within claims history for HSN 036778 &lt;Fanapt&gt;. If found, CLAIM PAYS; Otherwise PROCEED TO STEP 2. (Age and quantity limitations still apply).</p> <p><b>Step 2:</b> Look back in drug history 365 days for a fill from &lt;Oral Atypical Antipsychotics&gt; and Prior Auth code = S-PDL. If found, CLAIM PAYS. Otherwise, deny for PRIOR AUTHORIZATION REQUIRED with supplemental message <b>Missing Prerequisite drug therapy</b></p> <p><b>Note:</b> This edit does <b>NOT</b> override existing age or quantity limits.</p>
Generic Name	Brand Name	Drug Code																
iloperidone	Fanapt	HSN = 036778 Excluding GSN 065908 - titration pack)																
Oral Atypical Antipsychotics																		
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aripiprazole	Abilify	GSNs = 051333 - 051336, 052898, 058594, 060225, 060319, 060322, 082063 -082066, 082069 - 082076																

# AHCA Automated Prior Authorizations and Bypass Lists 11-2024

Edit	Drugs			Steps		
	asenapine maleate	Saphris	HSN = 036576	<b>Drug Name</b>	<b>Age Limit (Min Age)</b>	<b>Quantity Limitations</b>
	brexpiprazole	Rexulti	HSN = 042283			Max 2 tablets per day
	cariprazine	Vraylar	HSN = 042552	Fanapt	18	<b>* For ages 6 – 11, 8mg, 10mg, &amp; 12mg:</b> Max 1 tablet per day
	clozapine	Clozaril; Fazaclo; Versacloz	HSN = 004834	<p><b>Note:</b></p> <ul style="list-style-type: none"> <li>PA approval SATISFIES L = Auto PA drug edit</li> <li>Automated PA approval will NOT override R= Non-PDL edit</li> </ul>		
	lumateperone tosylate	Caplyta	HSN = 046280			
	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			

# AHCA Automated Prior Authorizations and Bypass Lists 11-2024

<b>Rexulti Auto PA</b>  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	<b>Rexulti List</b>			<b>Step 1:</b> 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).								
	<b>Generic Name</b>	<b>Brand Name</b>	<b>Drug Code</b>									
	brexpiprazole	Rexulti	HSN = 042283 (excluding GSNs 085355 & 085342 - sample packs)	<b>Step 2:</b> 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.								
<b>Antidepressants List</b>												
	<b>Generic Name</b>	<b>Brand Name</b>	<b>Drug Code</b>	<b>Step 3:</b> 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.								
	Brexanolone	Zulresso	HIC3 = H24									
	Zuranolone	Zurzuvae		<table border="1" style="width: 100%; border-collapse: collapse; background-color: #0070C0; color: white;"> <thead> <tr> <th colspan="2" style="background-color: #0070C0; color: white;">Approvable ICD-10 Disease Groups</th> </tr> </thead> <tbody> <tr> <td style="width: 20%;">F32</td> <td>Major depressive disorder- single episode</td> </tr> <tr> <td>F33</td> <td>Major depressive disorder-recurrent episodes</td> </tr> <tr> <td>G30</td> <td>Alzheimer’s Disease</td> </tr> </tbody> </table>	Approvable ICD-10 Disease Groups		F32	Major depressive disorder- single episode	F33	Major depressive disorder-recurrent episodes	G30	Alzheimer’s Disease
Approvable ICD-10 Disease Groups												
F32	Major depressive disorder- single episode											
F33	Major depressive disorder-recurrent episodes											
G30	Alzheimer’s Disease											
	Selegiline	Emsam	HIC3 = H2H									
	Citalopram Hydrobromide	Celexa	HIC3 = H2S									
	Escitalopram Oxalate	Lexapro										
	Fluoxetine HCL	Prozac										
	Fluvoxamine Maleate/ER	N/A										
	Paroxetine HCL	Paxil/CR										
	Sertraline HCL	Zoloft										
	Amitriptyline HCL	N/A										
	Amoxapine	N/A										
	Desipramine HCL	Norpramin	HSN = 001643, 001648, 001645, 001650, 001641, 001642, 001651, 001644, 001646, 001649									
	Doxepin HCL	N/A										
	Imipramine HCL	N/A										
	Imipramine Pamoate	N/A										
	Maprotiline HCL	N/A										
	Nortriptyline HCL	Pamelor										
	Protriptyline HCL	N/A										
	Trimipramine Maleate	N/A										
	Mirtazapine	Remeron										
	Desvenlafaxine	N/A	HIC3 = H7B	<b>Step 4:</b> 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.								
	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	<b>Step 5:</b> Look back in drug history 365 days for a fill from <Oral Atypical Antipsychotics List> of a preferred drug (Prior Auth = S-PDL). If found, CLAIM PAYS. Otherwise, deny for PRIOR AUTHORIZATION REQUIRED (75/31006) with supplemental message Missing Prerequisite drug therapy.							
				<b>Note:</b> <ul style="list-style-type: none"> <li>Automated PA approval will NOT override age or quantity limits.</li> </ul>								
				<table border="1" style="width: 100%; border-collapse: collapse; background-color: #0070C0; color: white;"> <thead> <tr> <th style="width: 30%;">Drug Name</th> <th style="width: 20%;">Age Limit (Min Age)</th> <th style="width: 50%;">Quantity Limitations</th> </tr> </thead> <tbody> <tr> <td>Rexulti</td> <td>13</td> <td>1 tablet per day</td> </tr> </tbody> </table>	Drug Name	Age Limit (Min Age)	Quantity Limitations	Rexulti	13	1 tablet per day		
Drug Name	Age Limit (Min Age)	Quantity Limitations										
Rexulti	13	1 tablet per day										

# AHCA Automated Prior Authorizations and Bypass Lists 11-2024

Edit	Drugs			Steps
	Trazodone HCL	N/A		
	Nefazodone HCL	N/A	HIC3 = H7E	
	Isocarboxazid	Marplan		
	Phenelzine Sulfate	Nardil	HIC3 = H7J	
	Tranlycypromine Sulfate	Parnate		
	Dextromethorphan HBR/Bupropion	Auvelity		
	Vilazodone HCL	Viibryd	HIC3 = H81	
	Vortioxetine Hydrobromide	Trintellix	HIC3 = H8P	
	Esketamine HCL	Spravato	HIC3 = H8T	
			HIC3 = H8Z	
<b>Oral Atypical Antipsychotics</b>				
	Generic Name	Brand Name	Drug Code	
	aripiprazole	Abilify	GSNs = 051333 – 051336, 052898, 058594, 060225, 060319, 060322, 082063 -082066, 082069 - 082076	
	asenapine maleate	Saphris	HSN = 036576	
	cariprazine	Vraylar	HSN = 042552	
	clozapine	Clozaril, Versacloz	HSN = 004834	
	<b>lloperidone</b>	<b>Fanapt</b>	<b>HSN = 036778</b>	
	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/ samidorphan malate	Lybalvi	HSN = 047406	
	paliperidone	Invega ER	HSN = 034343	

# AHCA Automated Prior Authorizations and Bypass Lists 11-2024

Edit	Drugs			Steps									
	pimavanserin	Nuplazid	HSN = 043373										
	quetiapine fumarate	Seroquel/XR	HSN = 014015										
	risperidone	Risperdal	GSNs = 021154 – 021157, 026177, 042922, 042923, 051799, 051800, 052049, 059402, 059403, 065235, 071304 - 071306										
	ziprasidone HCL	Geodon	HSN = 021974										
<b>Qelbree Auto PA</b>  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	<b>Qelbree List</b>			<b>Step 1:</b> 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.  <b>Step 2:</b> 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”.  <b>Note:</b> This edit does <b>NOT</b> override existing age or quantity limits.									
	Generic Name	Brand Name	Drug Code										
	viloxazine	Qelbree	HSN = 007345										
	<b>ADHD list</b>												
	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										
	dexamethylphenidate	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										
					<table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr style="background-color: #0070c0; color: white;"> <th style="width: 30%;">Drug Name</th> <th style="width: 20%;">Age Limit (Min Age)</th> <th style="width: 50%;">Quantity Limitations*</th> </tr> </thead> <tbody> <tr> <td>Qelbree 100mg &amp; 150mg</td> <td rowspan="2" style="text-align: center;">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> </tbody> </table>	Drug Name	Age Limit (Min Age)	Quantity Limitations*	Qelbree 100mg & 150mg	6	Max of 2 capsules per day	Qelbree 200mg	Max of 3 capsules per day
	Drug Name	Age Limit (Min Age)	Quantity Limitations*										
	Qelbree 100mg & 150mg	6	Max of 2 capsules per day										
Qelbree 200mg	Max of 3 capsules per day												

## AHCA Automated Prior Authorizations and Bypass Lists 11-2024

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

# AHCA Automated Prior Authorizations and Bypass Lists 11-2024

<p><b>Continuous Glucose Monitors (CGM) Auto PA</b></p> <p>Automated PA approval satisfies L=Auto PA drug edit</p> <p>*Automated PA approval will NOT override R = Non-PDL coding and will not satisfy the automation logic</p>	<b>CGMs, Sensors and Transmitters List</b>	<p><b>Step 1:</b> 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 of Diabetes Type I, Diabetes Type II, Gestational Diabetes, or Glycogen Storage Disease (see approvable ICD-10s below). If found, PROCEED to step 2; Otherwise, DENY for PRIOR AUTHORIZATION REQUIRED (75/31008) with supplemental message <b>M/I Diagnosis Code</b>.</p> <p><b>Step 2:</b> Look back in drug history 90 days for a fill from &lt;Insulins List&gt;. If found, CLAIM PAYS. Otherwise, deny for PRIOR AUTHORIZATION REQUIRED (75/31006) with supplemental message <b>Missing Prerequisite drug therapy</b>.</p>																																																			
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">Drug Code</th> <th>Label Name</th> </tr> </thead> <tbody> <tr><td>NDC = 08627009111</td><td>DEXCOM G6 RECEIVER</td></tr> <tr><td>NDC = 08627007801</td><td>DEXCOM G7 RECEIVER</td></tr> <tr><td>NDC = 08627005303</td><td>DEXCOM G6 SENSOR</td></tr> <tr><td>NDC = 08627007701</td><td>DEXCOM G7 SENSOR</td></tr> <tr><td>NDC = 08627001601</td><td>DEXCOM G6 TRANSMITTER</td></tr> <tr><td>NDC = 57599080300</td><td>FREESTYLE LIBRE 2 READER</td></tr> <tr><td>NDC = 57599082000</td><td>FREESTYLE LIBRE 3 READER</td></tr> <tr><td>NDC = 57599000200</td><td>FREESTYLE LIBRE 14 DAY READER</td></tr> <tr><td>NDC = 57599080000</td><td>FREESTYLE LIBRE 2 SENSOR</td></tr> <tr><td>NDC = 57599081800</td><td>FREESTYLE LIBRE 3 SENSOR</td></tr> <tr><td>NDC = 57599000101</td><td>FREESTYLE LIBRE 14 DAY SENSOR</td></tr> </tbody> </table>	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 = 57599000101	FREESTYLE LIBRE 14 DAY SENSOR	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="background-color: #4F81BD; color: white;">Approvable ICD 10 Codes</th> </tr> <tr> <th style="width: 15%;">ICD 10 Code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>Disease Group: E10</td> <td>Type 1 diabetes mellitus</td> </tr> <tr> <td>Disease Group: E11</td> <td>Type 2 diabetes mellitus</td> </tr> <tr> <td>Disease Group: O24</td> <td>Diabetes mellitus in pregnancy, childbirth, and the puerperium</td> </tr> <tr> <td>E74.0</td> <td>Glycogen storage disease</td> </tr> </tbody> </table>	Approvable ICD 10 Codes		ICD 10 Code	Description	Disease Group: E10	Type 1 diabetes mellitus	Disease Group: E11	Type 2 diabetes mellitus	Disease Group: O24	Diabetes mellitus in pregnancy, childbirth, and the puerperium	E74.0	Glycogen storage disease															
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# AHCA Automated Prior Authorizations and Bypass Lists 11-2024

Edit	Drugs			Steps	
	Insulins List				
	Generic Drug Name	Brand Name	Drug Codes		
	INSULIN ASPART	INSULIN ASPART	HIC3= C4G	FREESTYLE LIBRE 14 DAY READER	Max of 2 each per 28 days
		INSULIN ASPART FLEXPEN		FREESTYLE LIBRE 2 READER	
		INSULIN ASPART PENFILL		FREESTYLE LIBRE 2 SENSOR	
		NOVOLOG		FREESTYLE LIBRE 3 SENSOR	
		NOVOLOG FLEXPEN		FREESTYLE LIBRE 14 DAY SENSOR	
		NOVOLOG PENFILL			
	INSULIN ASPART (NIACINAMIDE)	FIASP		CEQR PATCH	Max of 10 per 30 days
		FIASP FLEXTOUCH		OMNIPOD KIT	Max of 1 each per 5 years
		FIASP PENFILL		OMNIPOD GO PODS	Max of 15 each per 30 days
	INSULIN ASPART PROT/INSULN ASP	INSULIN ASPART PROT MIX 70-30		V-GO DEVICE	Max of 1 per day
		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			
	INSULIN GLARGINE, HUM.REC .ANLOG	BASAGLAR KWIKPEN U-100			
		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			
		SEMGLLEE (YFGN)			
		SEMGLLEE (YFGN) PEN			

# AHCA Automated Prior Authorizations and Bypass Lists 11-2024

Edit	Drugs		Steps
	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 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	
		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.

# AHCA Automated Prior Authorizations and Bypass Lists 11-2024

**Bypass List:**

Edit	Drugs	Steps
<b>50 Morphine Milligram Equivalent (MME) HD (high dose) Bypass Logic</b>	<b>Opioid HIC4 List</b>	
	Drug Code = HIC4	Generic Name
	H3AA	Meperidine
	H3AD	Morphine
	H3AE	Hydromorphone
	H3AF	Oxymorphone
	H3AH	Codeine
	H3AJ	Hydrocodone
	H3AK	Dihydrocodeine
	H3AL	Oxycodone
	H3AN	Levorphanol
	H3AR	Methadone
	H3AT	Fentanyl
	H3AY	Opium
	H3AZ	Buprenorphine
	H3BH	Tramadol
	H3BL	Butorphanol
	H3BS	Tapentadol
H3BM	Pentazocine	
H3BV	Benzhydrocodone/Acetaminophen	
		<p><b>Limitation:</b> Maximum of 50 MME per day across the HIC4</p> <p><b>Logic:</b> Please deny all High Dose (HD) claims for opioid tolerant recipients that exceed the limitation.</p> <p>Opioid tolerant is defined as having a paid opioid claim, within 60 days, of the incoming claim</p> <p><i>The provider will be able to override the denial utilizing the DUR Reason for Service Code: HD- High Dose and only the approved intervention/professional service codes, outcome/result of service codes.</i></p> <p><b>Exclusions:</b> 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.</p> <p><b>Note:</b> 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.</p>

# AHCA Automated Prior Authorizations and Bypass Lists 11-2024

Edit	Drugs	Steps																																								
<p><b>90 Morphine Milligram Equivalent (MME) Bypass Logic</b></p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #e1f5fe;"> <th colspan="2" style="text-align: center;">&lt;Opioid HIC4 List&gt;</th> </tr> <tr style="background-color: #e1f5fe;"> <th style="width: 30%;">Drug Code = HIC4</th> <th>Generic Name</th> </tr> </thead> <tbody> <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> </tbody> </table>	<Opioid HIC4 List>		Drug Code = HIC4	Generic Name	H3AA	Meperidine	H3AD	Morphine	H3AE	Hydromorphone	H3AF	Oxymorphone	H3AH	Codeine	H3AJ	Hydrocodone	H3AK	Dihydrocodeine	H3AL	Oxycodone	H3AN	Levorphanol	H3AR	Methadone	H3AT	Fentanyl	H3AY	Opium	H3AZ	Buprenorphine	H3BH	Tramadol	H3BL	Butorphanol	H3BS	Tapentadol	H3BM	Pentazocine	H3BV	Benzhydrocodone/Acetaminophen	<p><b>Bypass Logic:</b> If incoming Claim for a drug in &lt;Opioid HIC4 List&gt; look back 60 days in recipient's paid claim history for any product in &lt;Opioid HIC4 List, including itself&gt;. If found, Bypass 90MME per accumulation limitation</p> <p><b>Exclusions:</b> 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.</p> <p><b>Limitation:</b> Maximum of 90 MME per day across the HIC4</p>
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# AHCA Automated Prior Authorizations and Bypass Lists 11-2024

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# AHCA Automated Prior Authorizations and Bypass Lists 11-2024

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

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

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