

Drug/Drug Class

Antipsychotics

Clinical Criteria Information Included in this Document

Drugs requiring prior authorization: the list of drugs requiring prior authorization for this clinical criteria

Prior authorization criteria logic: a description of how the prior authorization request will be evaluated against the clinical criteria rules

Logic diagram: a visual depiction of the clinical criteria logic

Supporting tables: a collection of information associated with the steps within the criteria (diagnosis codes, procedure codes, and therapy codes)

References: clinical publications and sources relevant to this clinical criteria



Drugs Requiring Prior Authorization

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

Antipsychotics - First Generation		
Label Name	GCN	HIC4
AMITRIPTYLINE/PERPHENAZINE 2-10	16674	H2JB/H2GE
AMITRIPTYLINE/PERPHENAZINE 2-25	16676	H2JB/H2GE
AMITRIPTYLINE/PERPHENAZINE 4-10	16675	H2JB/H2GE
AMITRIPTYLINE/PERPHENAZINE 4-25	16677	H2JB/H2GE
AMITRIPTYLINE/PERPHENAZINE 4-50	16678	H2JB/H2GE
CHLORPROMAZINE 10 MG TABLET	14431	H2GA
CHLORPROMAZINE 25MG/ML AMP	14331	H2GA
CHLORPROMAZINE 25 MG TABLET	14432	H2GA
CHLORPROMAZINE 50 MG TABLET	14433	H2GA
CHLORPROMAZINE 100 MG TABLET	14434	H2GA
CHLORPROMAZINE 200 MG TABLET	14435	H2GA
CHLORPROMAZINE 30 MG/ML CONC	14391	H2GA
CHLORPROMAZINE 100 MG/ML CONC	14390	H2GA
FLUPHENAZINE 1 MG TABLET	14602	H2GD
FLUPHENAZINE 2.5 MG TABLET	14604	H2GD
FLUPHENAZINE 5 MG TABLET	14605	H2GD
FLUPHENAZINE 10 MG TABLET	14603	H2GD
FLUPHENAZINE 5 MG/ML CONC	14590	H2GD
FLUPHENAZINE 2.5 MG/5 ML ELIX	14580	H2GD
FLUPHENAZINE 2.5 MG/ML VIAL	14571	H2GD
FLUPHENAZINE DEC 125 MG/5 ML	14540	H2GD
HALOPERIDOL 0.5 MG TABLET	15530	H2LH
HALOPERIDOL 1 MG TABLET	15531	H2LH
HALOPERIDOL 2 MG TABLET	15533	H2LH
HALOPERIDOL 5 MG TABLET	15535	H2LH
HALOPERIDOL 10 MG TABLET	15532	H2LH
HALOPERIDOL 20 MG TABLET	15534	H2LH
HALOPERIDOL 1 MG/ML SOLUTION	15522	H2LH
HALOPERIDOL DEC 100 MG/ML AMP	14801	H2LH
HALOPERIDOL DECAN 50 MG/ML AMP	14800	H2LH
HALOPERIDOL DEC 100 MG/ML VIAL	14781	H2LH



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HALOPERIDOL DEC 50 MG/ML VIAL	14780	H2LH
HALOPERIDOL LAC 2 MG/ML CONC	15520	H2LH
HALOPERIDOL LAC 5 MG/ML AMPULE	15490	H2LH
HALOPERIDOL LAC 5 MG/ML VIAL	15500	H2LH
LOXAPINE 5 MG CAPSULE	15562	H7UA
LOXAPINE 10 MG CAPSULE	15560	H7UA
LOXAPINE 25 MG CAPSULE	15561	H7UA
LOXAPINE 50 MG CAPSULE	15563	H7UA
MOLINDONE HCL 5 MG TABLET	15653	H7SA
MOLINDONE HCL 10 MG TABLET	15650	H7SA
MOLINDONE HCL 25 MG TABLET	15652	H7SA
ORAP 1 MG TABLET	11153	H2LG
ORAP 2 MG TABLET	11150	H2LG
PERPHENAZINE 2 MG TABLET	14651	H2GE
PERPHENAZINE 4 MG TABLET	14652	H2GE
PERPHENAZINE 8 MG TABLET	14653	H2GE
PERPHENAZINE 16 MG TABLET	14650	H2GE
PIMOZIDE 1 MG TABLET	11153	H7RB
PIMOZIDE 2 MG TABLET	11150	H7RB
THIORIDAZINE 10 MG TABLET	14882	H2GH
THIORIDAZINE 25 MG TABLET	14880	H2GH
THIORIDAZINE 50 MG TABLET	14881	H2GH
THIORIDAZINE 100 MG TABLET	14883	H2GH
THIOTHIXENE 1 MG CAPSULE	15690	H2LT
THIOTHIXENE 2 MG CAPSULE	15692	H2LT
THIOTHIXENE 5 MG CAPSULE	15694	H2LT
THIOTHIXENE 10 MG CAPSULE	15691	H2LT
TRIFLUOPERAZINE 1 MG TABLET	14830	H2GG
TRIFLUOPERAZINE 2 MG TABLET	14832	H2GG
TRIFLUOPERAZINE 5 MG TABLET	14833	H2GG
TRIFLUOPERAZINE 10 MG TABLET	14831	H2GG

Antipsychotics - Second Generation (Oral/Regular Acting Injectables)		
Label Name	GCN	HIC4
ABILIFY 1 MG/ML SOLUTION	24062	H7XA
ABILIFY 2 MG TABLET	26305	H7XA



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ABILIFY 5 MG TABLET	20173	H7XA
ABILIFY 10 MG TABLET	18537	H7XA
ABILIFY 15 MG TABLET	18538	H7XA
ABILIFY 20 MG TABLET	18539	H7XA
ABILIFY 30 MG TABLET	18541	H7XA
ABILIFY DISCMELT 10 MG TABLET	26445	H7XA
ABILIFY DISCMELT 15 MG TABLET	26448	H7XA
ABILIFY MYCITE 2 MG KIT	44437	H7XA
ABILIFY MYCITE 5 MG KIT	44438	H7XA
ABILIFY MYCITE 10 MG KIT	44439	H7XA
ABILIFY MYCITE 15 MG KIT	44441	H7XA
ABILIFY MYCITE 20 MG KIT	44442	H7XA
ABILIFY MYCITE 30 MG KIT	44443	H7XA
ARIPIPIRAZOLE 1 MG/ML SOLUTION	24062	H7XA
ARIPIPIRAZOLE 2 MG TABLET	26305	H7XA
ARIPIPIRAZOLE 5 MG TABLET	20173	H7XA
ARIPIPIRAZOLE 10 MG TABLET	18537	H7XA
ARIPIPIRAZOLE 15 MG TABLET	18538	H7XA
ARIPIPIRAZOLE 20 MG TABLET	18539	H7XA
ARIPIPIRAZOLE 30 MG TABLET	18541	H7XA
ARIPIPIRAZOLE ODT 10 MG TABLET	26445	H7XA
ARIPIPIRAZOLE ODT 15 MG TABLET	26448	H7XA
CAPLYTA 42 MG CAPSULE	47492	H7TM
CLOZAPINE 12.5 MG TABLET	20334	H2LS
CLOZAPINE 25 MG TABLET	18141	H2LS
CLOZAPINE 50 MG TABLET	18143	H2LS
CLOZAPINE 100 MG TABLET	18142	H2LS
CLOZAPINE 200 MG TABLET	31672	H2LS
CLOZAPINE ODT 12.5 MG TABLET	98791	H2LS
CLOZAPINE ODT 25 MG TABLET	21784	H2LS
CLOZAPINE ODT 100 MG TABLET	21785	H2LS
CLOZAPINE ODT 150 MG TABLET	28873	H2LS
CLOZAPINE ODT 200 MG TABLET	28874	H2LS
CLOZARIL 25 MG TABLET	18141	H2LS
CLOZARIL 100 MG TABLET	18142	H2LS
FANAPT 1 MG TABLET	28025	H7TK
FANAPT 2 MG TABLET	28026	H7TK



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FANAPT 4 MG TABLET	28027	H7TK
FANAPT 6 MG TABLET	28028	H7TK
FANAPT 8 MG TABLET	28029	H7TK
FANAPT 10 MG TABLET	28030	H7TK
FANAPT 12 MG TABLET	28033	H7TK
FANAPT TITRATION PACK	28034	H7TK
FAZACLO 12.5 MG ODT	98791	H2LS
FAZACLO 25 MG ODT	21784	H2LS
FAZACLO 100 MG ODT	21785	H2LS
FAZACLO 150 MG ODT	28873	H2LS
FAZACLO 200 MG ODT	28874	H2LS
GEODON 20 MG CAPSULE	13331	H2GD
GEODON 40 MG CAPSULE	13332	H2GD
GEODON 60 MG CAPSULE	13333	H2GD
GEODON 80 MG CAPSULE	13334	H2GD
GEODON 20 MG VIAL	17037	H2GD
INVEGA ER 1.5 MG TABLET	27685	H7TH
INVEGA ER 3 MG TABLET	97769	H7TH
INVEGA ER 6 MG TABLET	97770	H7TH
INVEGA ER 9 MG TABLET	97771	H7TH
LATUDA 20 MG TABLET	31226	H7TL
LATUDA 40 MG TABLET	29366	H7TL
LATUDA 60 MG TABLET	35192	H7TL
LATUDA 80 MG TABLET	29367	H7TL
LATUDA 120 MG TABLET	33147	H7TL
OLANZAPINE 2.5 MG TABLET	15084	H7TD
OLANZAPINE 5 MG TABLET	15083	H7TD
OLANZAPINE 7.5 MG TABLET	15081	H7TD
OLANZAPINE 10 MG TABLET	15082	H7TD
OLANZAPINE 10 MG VIAL	11814	H7TD
OLANZAPINE 15 MG TABLET	15085	H7TD
OLANZAPINE 20MG TABLET	15086	H7TD
OLANZAPINE ODT 5MG TABLET	92007	H7TD
OLANZAPINE ODT 10 MG TABLET	92008	H7TD
OLANZAPINE ODT 15 MG TABLET	34022	H7TD
OLANZAPINE ODT 20MG TABLET	34023	H7TD
OLANZAPINE/FLUOXETINE 3-25 MG	98648	H7TD/H2J



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OLANZAPINE/FLUOXETINE 6-25 MG	20868	H7TD/H2J
OLANZAPINE/FLUOXETINE 6-50 MG	20869	H7TD/H2J
OLANZAPINE/FLUOXETINE 12-25 MG	20870	H7TD/H2J
OLANZAPINE/FLUOXETINE 12-50 MG	20872	H7TD/H2J
PALIPERIDONE ER 1.5 MG TABLET	27685	H7TH
PALIPERIDONE ER 3 MG TABLET	97769	H7TH
PALIPERIDONE ER 6 MG TABLET	97770	H7TH
PALIPERIDONE ER 9 MG TABLET	97771	H7TH
QUETIAPINE 25 MG TABLET	67661	H7TF
QUETIAPINE 50 MG TABLET	26409	H7TF
QUETIAPINE 100 MG TABLET	67662	H7TF
QUETIAPINE 200 MG TABLET	67663	H7TF
QUETIAPINE 300 MG TABLET	67665	H7TF
QUETIAPINE 400 MG TABLET	26411	H7TF
QUETIAPINE ER 150 MG TABLET	16193	H7TF
QUETIAPINE ER 200 MG TABLET	98522	H7TF
QUETIAPINE ER 300 MG TABLET	98523	H7TF
QUETIAPINE ER 400 MG TABLET	98524	H7TF
QUETIAPINE ER 50 MG TABLET	98994	H7TF
REXULTI 0.25 MG TABLET	38278	H7XB
REXULTI 0.5 MG TABLET	38476	H7XB
REXULTI 1 MG TABLET	38589	H7XB
REXULTI 2 MG TABLET	38609	H7XB
REXULTI 3 MG TABLET	38618	H7XB
REXULTI 4 MG TABLET	38619	H7XB
RISPERDAL 1 MG/ML SOLUTION	16135	H7TA
RISPERDAL 0.25 MG TABLET	92872	H7TA
RISPERDAL 0.5 MG TABLET	92892	H7TA
RISPERDAL 1 MG TABLET	16136	H7TA
RISPERDAL 2 MG TABLET	16137	H7TA
RISPERDAL 3 MG TABLET	16138	H7TA
RISPERDAL 4 MG TABLET	16139	H7TA
RISPERDAL M-TAB 0.5 MG ODT	19541	H7TA
RISPERDAL M-TAB 1 MG ODT	19178	H7TA
RISPERDAL M-TAB 2 MG ODT	19179	H7TA
RISPERDAL M-TAB 3 MG ODT	25024	H7TA
RISPERDAL M-TAB 4 MG ODT	25025	H7TA



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RISPERIDONE 0.25 MG ODT	24448	H7TA
RISPERIDONE 0.5 MG ODT	19541	H7TA
RISPERIDONE 1 MG ODT	19178	H7TA
RISPERIDONE 2 MG ODT	19179	H7TA
RISPERIDONE 3 MG ODT	25024	H7TA
RISPERIDONE 4 MG ODT	25025	H7TA
RISPERIDONE 1 MG/ML SOLUTION	16135	H7TA
RISPERIDONE 0.25 MG TABLET	92872	H7TA
RISPERIDONE 0.5 MG TABLET	92892	H7TA
RISPERIDONE 1 MG TABLET	16136	H7TA
RISPERIDONE 2 MG TABLET	16137	H7TA
RISPERIDONE 3 MG TABLET	16138	H7TA
RISPERIDONE 4 MG TABLET	16139	H7TA
SAPHRIS 2.5 MG TABLET SUBLINGUAL	38479	H7TI
SAPHRIS 5 MG TABLET SUBLINGUAL	21636	H7TI
SAPHRIS 10 MG TAB SUBLINGUAL	27528	H7TI
SECUADO 3.8 MG/24 HR PATCH	47229	H7TI
SECUADO 5.7 MG/24 HR PATCH	47232	H7TI
SECUADO 7.6 MG/24 HR PATCH	47233	H7TI
SEROQUEL 25 MG TABLET	67661	H7TF
SEROQUEL 50 MG TABLET	26409	H7TF
SEROQUEL 100 MG TABLET	67662	H7TF
SEROQUEL 200 MG TABLET	67663	H7TF
SEROQUEL 300 MG TABLET	67665	H7TF
SEROQUEL 400 MG TABLET	26411	H7TF
SEROQUEL XR 50 MG TABLET	98994	H7TF
SEROQUEL XR 150 MG TABLET	16193	H7TF
SEROQUEL XR 200 MG TABLET	98522	H7TF
SEROQUEL XR 300 MG TABLET	98523	H7TF
SEROQUEL XR 400 MG TABLET	98524	H7TF
SYMBYAX 3-25 MG CAPSULE	98648	H7TD/H2J
SYMBYAX 6-25 MG CAPSULE	20868	H7TD/H2J
SYMBYAX 12-25 MG CAPSULE	20870	H7TD/H2J
SYMBYAX 6-50 MG CAPSULE	20869	H7TD/H2J
SYMBYAX 12-50 MG CAPSULE	20872	H7TD/H2J
VRAYLAR 1.5 MG CAPSULE	39579	H8WA
VRAYLAR 1.5 MG-3 MG PACK	40683	H8WA



Antipsychotics

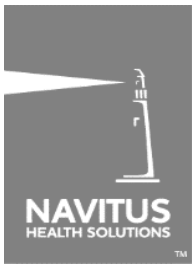
VRAYLAR 3 MG CAPSULE	39582	H8WA
VRAYLAR 4.5 MG CAPSULE	39583	H8WA
VRAYLAR 6 MG CAPSULE	39584	H8WA
VERSACLOZ 50MG/ML SUSPENSION	14336	H2LS
ZIPRASIDONE 20 MG CAPSULE	13331	H7TG
ZIPRASIDONE 40 MG CAPSULE	13332	H7TG
ZIPRASIDONE 60 MG CAPSULE	13333	H7TG
ZIPRASIDONE 80 MG CAPSULE	13334	H7TG
ZYPREXA 2.5 MG TABLET	15084	H7TD
ZYPREXA 5 MG TABLET	15083	H7TD
ZYPREXA 7.5 MG TABLET	15081	H7TD
ZYPREXA 10 MG TABLET	15082	H7TD
ZYPREXA 10 MG VIAL	17407	H7TD
ZYPREXA 15 MG TABLET	15085	H7TD
ZYPREXA 20 MG TABLET	15086	H7TD
ZYPREXA ZYDIS 5 MG TABLET	92007	H7TD
ZYPREXA ZYDIS 10 MG TABLET	92008	H7TD
ZYPREXA ZYDIS 15 MG TABLET	34022	H7TD
ZYPREXA ZYDIS 20 MG TABLET	34023	H7TD

Antipsychotics - Second Generation (Long-Acting Injectables)		
Label Name	GCN	HIC4
ABILIFY MAINTENA ER 300 MG SYR	37681	H7XA
ABILIFY MAINTENA ER 300 MG VL	34284	H7XA
ABILIFY MAINTENA ER 400 MG SYR	37682	H7XA
ABILIFY MAINTENA ER 400 MG VL	34285	H7XA
ARISTADA ER 441 MG/1.6ML SYRINGE	39726	H7XA
ARISTADA ER 662 MG/2.4ML SYRINGE	39727	H7XA
ARISTADA ER 882 MG/3.2ML SYRINGE	39728	H7XA
ARISTADA ER 1064 MG/3.9ML SYRINGE	43488	H7XA
ARISTADA INITIO ER 675 MG/2.4ML	44941	H7XA
INVEGA SUSTENNA 39 MG PREF SYR	27414	H7TH
INVEGA SUSTENNA 78 MG PREF SYR	27415	H7TH
INVEGA SUSTENNA 117 MG PREF SYR	27416	H7TH
INVEGA SUSTENNA 156 MG PREF SYR	27417	H7TH



Antipsychotics

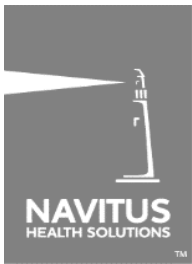
INVEGA SUSTENNA 234 MG PREF SYR	27418	H7TH
INVEGA TRINZA 273 MG/0.875ML	38697	H7TH
INVEGA TRINZA 410 MG/1.315ML	38698	H7TH
INVEGA TRINZA 546 MG/1.75ML	38699	H7TH
INVEGA TRINZA 819 MG/2.625ML	38702	H7TH
PERSERIS ER 120 MG SYRINGE KIT	45128	H7TA
PERSERIS ER 90 MG SYRINGE KIT	45127	H7TA
RISPERDAL CONSTA 12.5 MG SYR	98414	H7TA
RISPERDAL CONSTA 25 MG SYR	20217	H7TA
RISPERDAL CONSTA 37.5 MG SYR	20218	H7TA
RISPERDAL CONSTA 50 MG SYR	20219	H7TA
ZYPREXA RELPREVV 210 MG VIAL	27855	H7TD
ZYPREXA RELPREVV 300 MG VIAL	27849	H7TD
ZYPREXA RELPREVV 405 MG VIAL	27848	H7TD



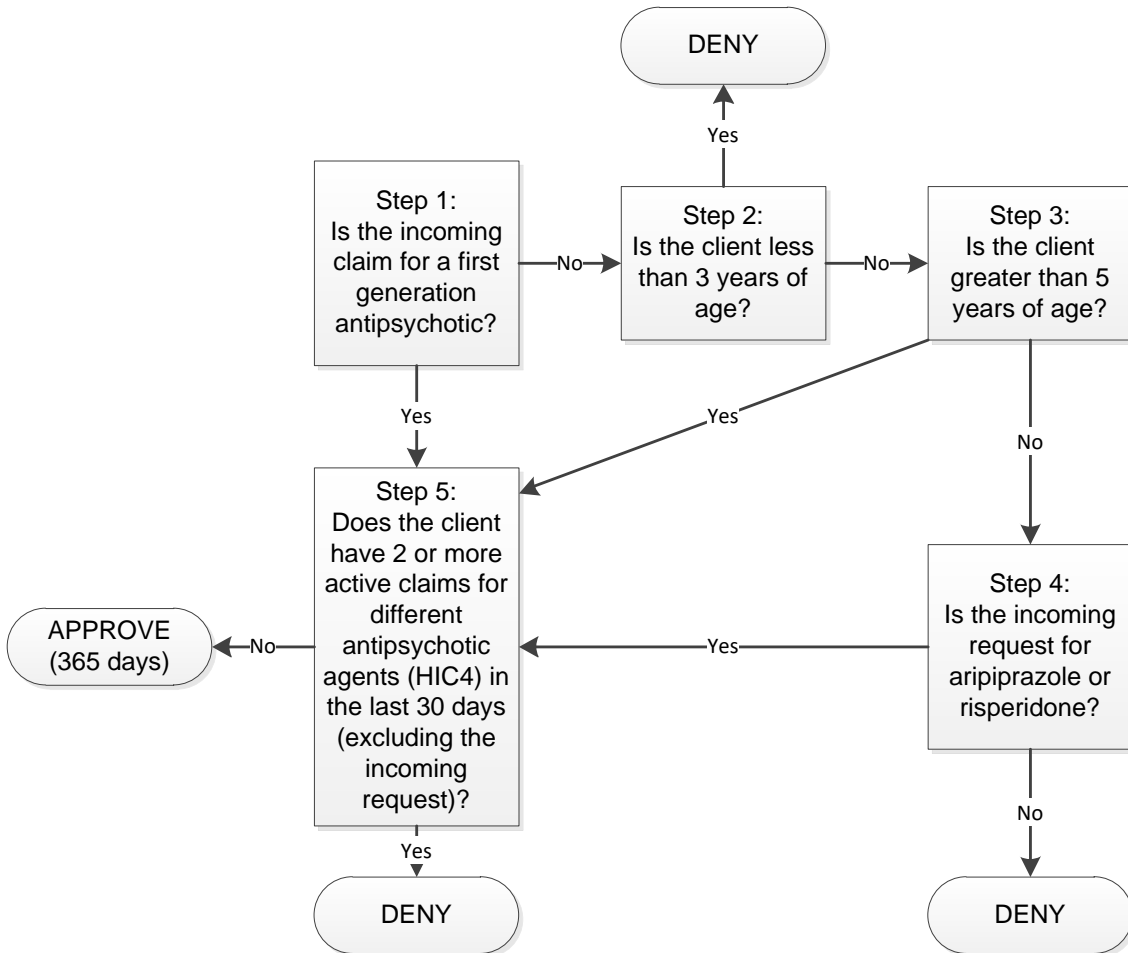
Antipsychotics

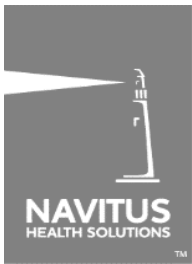
Clinical Edit Criteria Logic

1. Is the incoming claim for a first generation antipsychotic? <input type="checkbox"/> Yes (Go to #5) <input type="checkbox"/> No (Go to #2)
2. Is the client less than 3 years of age? <input type="checkbox"/> Yes (Deny) <input type="checkbox"/> No (Go to #3)
3. Is the client greater than 5 years of age? <input type="checkbox"/> Yes (Go to #5) <input type="checkbox"/> No (Go to #4)
4. Is the incoming request for aripiprazole or risperidone? <input type="checkbox"/> Yes (Go to #5) <input type="checkbox"/> No (Deny)
5. Does the client have 2 or more active claims for different antipsychotic agents (HIC4) in the last 30 days (excluding the incoming request)? <input type="checkbox"/> Yes (Deny) <input type="checkbox"/> No (Approve – 365 days)



Clinical Edit Criteria Logic Diagram





Clinical Edit Criteria Supporting Tables

Step 5 (2 active claims for different antipsychotic agents (HIC4) excluding the incoming request)

Required quantity: 2

Look back timeframe: 30 days

*See the **Antipsychotics** table in the "Drugs Requiring Prior Authorization" section*



Clinical Edit Criteria References

1. Clinical Pharmacology [online database]. Tampa, FL: Elsevier / Gold Standard, Inc. 2018. Available at www.clinicalpharmacology.com. Accessed on October 1, 2018.
2. Micromedex [online database]. Available at www.micromedexsolutions.com. Accessed on October 1, 2018.
3. Practice Parameter For the Use of Atypical Antipsychotic Medications in Children and Adolescents. American Academy of Child and Adolescent Psychiatry. 2014. Available at www.aacap.org.

Publication History

The Publication History records the publication iterations and revisions to this document.

Publication Date	Notes
06/14/2011	Initial publication and posting to website
10/13/2011	Added a new section to specify the drugs requiring prior authorization In the "Clinical Edit Criteria Supporting Tables" section, revised section to specify the drug names, GCNs, and HICLs pertinent to steps 2 and 3 of the logic diagram
12/31/2012	Added Latuda and amitriptyline/perphenazine to the Antipsychotics drug table
03/26/2014	Added additional criteria and expanded "Clinical Edit Criteria Supporting Tables"
10/30/2014	Revised Step 1 of Clinical Edit Criteria and Logic Diagram Removed Table C from Clinical Edit Supporting Tables
03/20/2015	Added GCNs for Abilify Maintena syringes to the "Drugs Requiring Prior Authorization" table
04/21/2015	Revised Clinical Edit Criteria and Logic Diagram to reflect duplicate therapy check through HIC4s
10/07/2015	Revised Clinical Edit Criteria and Logic Diagram - updated criteria to reflect when a patient is taking a first generation antipsychotic the logic then goes to Step 5 Updated Criteria Logic Diagram, Step 8 - "Does the client have a diagnosis found in Table A or B in the last 730 days?"
12/18/2015	Added GCNs for Aristada ER injection, Rexulti tablets, Brintellix tablets and Fetzima capsules Updated and verified all ICD-9s and 10s



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02/01/2016	Added GCNs for Invega Trinza
02/26/2016	Updated HIC4 for quetiapine containing agents
03/08/2016	Reviewed and updated diagnoses for insomnia
03/23/2016	Added GCN for Saphris 2.5mg tablet
05/18/2016	Added GCN for Zyprexa/Olanzapine 10mg vial
07/19/2016	Added GCNs for Aristada
12/05/2016	Updated criteria logic, page 9. Amended answer for question 7 to "If no, go to #8"
01/30/2017	Updated ICD-10s, Table A, page 22
02/17/2017	Added GCNs for Vraylar to 'Drugs Requiring PA', page 7
03/19/2018	Added molindone and pimozide GCNs to 'Drugs Requiring PA', page 3
09/01/2018	Created Navitus specific edit <ul style="list-style-type: none"> • Removed diagnosis based criteria • Revised Clinical Edit Criteria and Logic Diagram • Revised Clinical Edit criteria References
02/21/2019	Added Perseris GCN to 'Drugs Requiring PA', page 8
5/10/2019	Updated to include formulary statement (The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit TxVendorDrug.com/formulary/formulary-search.) on each 'Drug Requiring PA' table
10/17/2019	Added GCNs for Abilify MyCite to drug tables
07/15/2020	Added GCNs for Caplyta and Secuado to drug tables
03/12/2021	Added GCNs for fluphenazine decanoate and haloperidol decanoate to drug table
4/19/2021	Added GCNs for chlorpromazine ampule, fluphenazine vial, haloperidol lactate and quetiapine ER