

**Texas Prior Authorization Program  
Clinical Edit Criteria**

---

**Drug/Drug Class**

**Attention Deficit Disorder (ADD) / Attention  
Deficit Hyperactivity Disorder (ADHD)  
Medications**

**Clinical Edit Information Included in this Document**

**IR Formulations**

- **Drugs requiring prior authorization:** the list of drugs requiring prior authorization for this clinical edit
- **Prior authorization criteria logic:** a description of how the prior authorization request will be evaluated against the clinical edit criteria rules
- **Logic diagram:** a visual depiction of the clinical edit 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 edit

**ER Formulations**

- **Drugs requiring prior authorization:** the list of drugs requiring prior authorization for this clinical edit
- **Prior authorization criteria logic:** a description of how the prior authorization request will be evaluated against the clinical edit criteria rules
- **Logic diagram:** a visual depiction of the clinical edit 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 edit

## Non-stimulant Formulations (Except Clonidine ER)

- **Drugs requiring prior authorization:** the list of drugs requiring prior authorization for this clinical edit
- **Prior authorization criteria logic:** a description of how the prior authorization request will be evaluated against the clinical edit criteria rules
- **Logic diagram:** a visual depiction of the clinical edit 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 edit

## Clonidine ER

- **Drugs requiring prior authorization:** the list of drugs requiring prior authorization for this clinical edit
- **Prior authorization criteria logic:** a description of how the prior authorization request will be evaluated against the clinical edit criteria rules
- **Logic diagram:** a visual depiction of the clinical edit 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 edit

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

## Revision Notes

- Revised step 3 in the IR Formulations clinical edit criteria logic section from "FDA maximum recommended dose" to "Texas Department of Family and Protective Services (DFPS) maximum recommended daily dose"
- Revised step 3 in the IR Formulations clinical edit criteria logic diagram from "FDA" to "TX DFPS"
- In the IR Formulations section, added GCNs for dexmethylphenidate and methylphenidate to the supporting table for step 6 to reflect new age guidelines
- In the IR Formulations section, added the GCN for methamphetamine to the supporting table for step 11

- Revised step 3 in the ER Formulations clinical edit criteria logic from "FDA maximum recommended dose" to "Texas Department of Family and Protective Services (DFPS) maximum recommended daily dose"
- Revised step 3 in the ER Formulations clinical edit criteria logic diagram from "FDA" to "TX DFPS"



## Attention Deficit Disorder (ADD) / Attention Deficit Hyperactivity Disorder (ADHD)

### IR Formulations Drugs Requiring Prior Authorization

Drug Requiring Prior Authorization	
Label Name	GCN
ADDERALL 5MG TABLET	56970
ADDERALL 7.5MG TABLET	29007
ADDERALL 10MG TABLET	56971
ADDERALL 12.5MG TABLET	29008
ADDERALL 15MG TABLET	29009
ADDERALL 20MG TABLET	56973
ADDERALL 30MG TABLET	56972
AMPHETAMINE/DEXTROAMPHETAMINE SALTS 5MG TABLET	56970
AMPHETAMINE/DEXTROAMPHETAMINE SALTS 7.5MG TABLET	29007
AMPHETAMINE/DEXTROAMPHETAMINE SALTS 10MG TABLET	56971
AMPHETAMINE/DEXTROAMPHETAMINE SALTS 12.5MG TABLET	29008
AMPHETAMINE/DEXTROAMPHETAMINE SALTS 15MG TABLET	29009
AMPHETAMINE/DEXTROAMPHETAMINE SALTS 20MG TABLET	56973
AMPHETAMINE/DEXTROAMPHETAMINE SALTS 30MG TABLET	56972
DESOXYN 5MG TABLET	19932
DEXMETHYLPHENIDATE 2.5MG TABLET	14973
DEXMETHYLPHENIDATE 5MG TABLET	14974
DEXMETHYLPHENIDATE 10MG TABLET	14975
DEXTROAMPHETAMINE 5MG TABLET	19881
DEXTROAMPHETAMINE 10MG TABLET	19880
DEXTROAMPHETAMINE 5MG/5ML SOLUTION	99801
FOCALIN 2.5MG TABLET	14973
FOCALIN 5MG TABLET	14974
FOCALIN 10MG TABLET	14975
METHAMPHETAMINE 5MG TABLET	19932
METHYLIN 2.5MG CHEWABLE TABLET	22682

<b>Drug Requiring Prior Authorization</b>	
<b>Label Name</b>	<b>GCN</b>
METHYLIN 5MG CHEWABLE TABLET	22683
METHYLIN 10MG CHEWABLE TABLET	22684
METHYLIN 5MG/5ML SOLUTION	22685
METHYLIN 10MG/5ML SOLUTION	22686
METHYLPHENIDATE 5MG/5ML SOL	22685
METHYLPHENIDATE 10MG/5ML SOL	22686
METHYLPHENIDATE 5MG TABLET	15913
METHYLPHENIDATE 10MG TABLET	15911
METHYLPHENIDATE 20MG TABLET	15920
PROCENTRA 5MG/5ML SOLUTION	99801
RITALIN 5MG TABLET	15913
RITALIN 10MG TABLET	15911
RITALIN 20MG TABLET	15920
ZENZEDI 2.5MG TABLET	34734
ZENZEDI 5MG TABLET	19881
ZENZEDI 7.5MG TABLET	34735
ZENZEDI 10MG TABLET	19880
ZENZEDI 15MG TABLET	19885
ZENZEDI 20MG TABLET	36463
ZENZEDI 30MG TABLET	36464



## Attention Deficit Disorder (ADD) / Attention Deficit Hyperactivity Disorder (ADHD)

### IR Formulations Clinical Edit Criteria Logic

1. Is the client less than (<) 3 years of age?  
 Yes – Deny  
 No – Go to #2
2. Does the client have a history of substance abuse in the last 365 days?  
 Yes – Deny  
 No – Go to #3
3. Is the request for greater than (>) the Texas Department of Family and Protective Services (DFPS) maximum recommended daily dose?  
 Yes – Deny  
 No – Go to #4
4. Does the client have a paid claim for another IR stimulant in the past 14 days?  
 Yes – Deny  
 No – Go to #5
5. Is the client less than (<) 6 years of age?  
 Yes – Go to #6  
 No – Go to #7
6. Is the request for amphetamine salts, dextroamphetamine, dexamethylphenidate, methylphenidate, Procentra, or Zenzedi?  
 Yes – Approve (365 days)  
 No – Deny
7. Is the client greater than or equal to ( $\geq$ ) 19 years of age?  
 Yes – Go to #8  
 No – Approve (365 days)
8. Does the client have a history of a 90-day supply of an ADD/ADHD medication in the past 150 days?  
 Yes – Go to #9  
 No – Approve (90 days)
9. Does the client have a diagnosis of ADD/ADHD in the last 730 days?  
 Yes – Approve (365 days)  
 No – Go to #10

10. Does the client have a diagnosis of narcolepsy in the past 730 days?  
 Yes – Go to #11  
 No – Deny
11. Is the request for dexamethylphenidate or methamphetamine?  
 Yes – Deny  
 No – Approve (365 days)

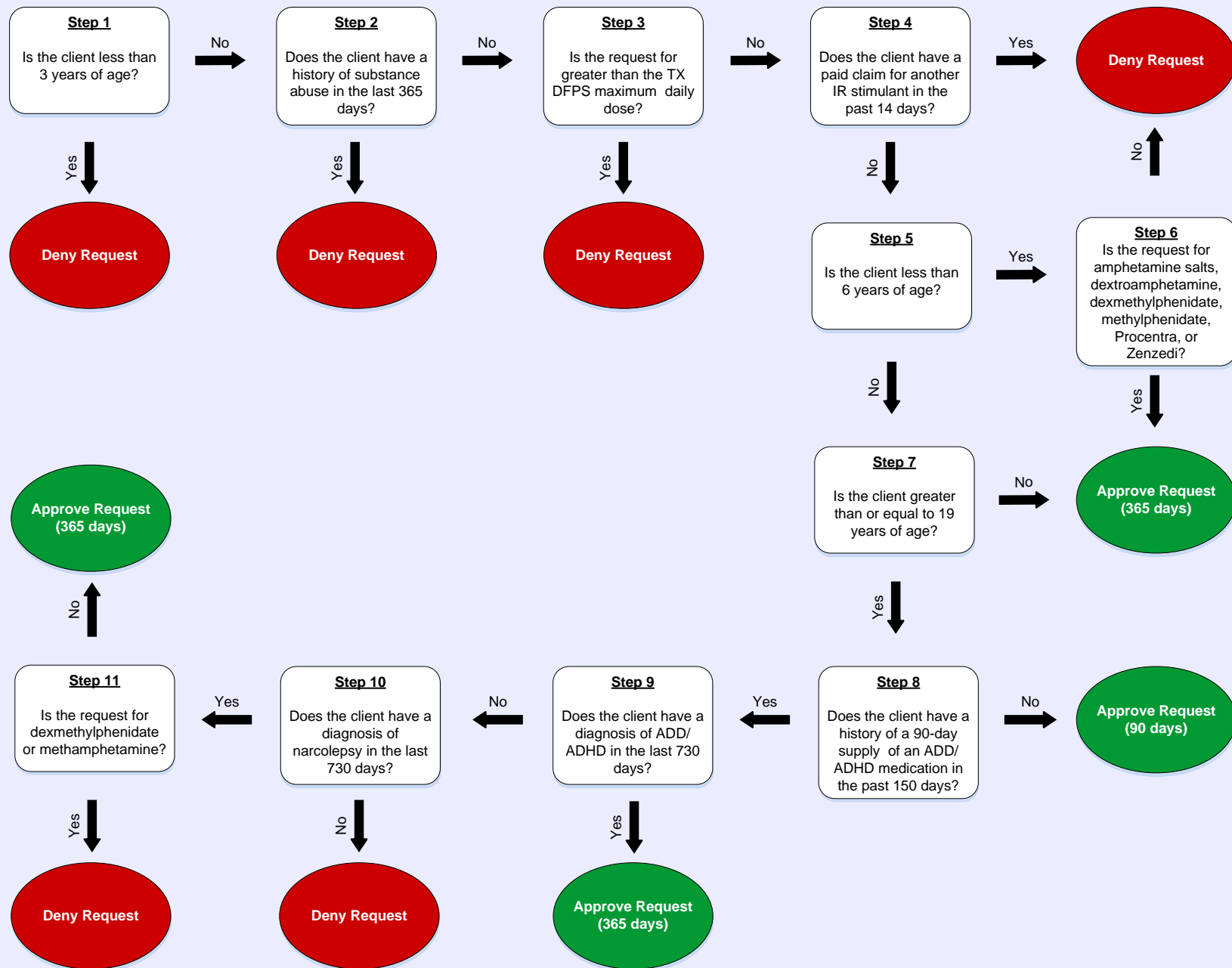


**Attention Deficit Disorder (ADD) /  
Attention Deficit Hyperactivity Disorder  
(ADHD)**

**IR Formulations  
Clinical Edit Criteria Logic Diagram**

The IR Formulations Clinical Edit Criteria Logic Diagram is shown on the following page.







## Attention Deficit Disorder (ADD) / Attention Deficit Hyperactivity Disorder (ADHD)

### IR Formulations

#### Clinical Edit Criteria Supporting Tables

Step 2 (history of substance abuse) Required quantity: 1 Look back timeframe: 365 days	
History of Substance Abuse Diagnoses	
ICD-9 Code	Description
30400	OPIOID DEPENDENCE-UNSPEC
30401	OPIOID DEPENDENCE-CONTIN
30402	OPIOID DEPENDENCE-EPISOD
30403	OPIOID DEPENDENCE-REMISS
30410	SEDATIVE,HYPNOTIC OR ANXIOLYTIC DEPENDENCE UNSPECIFIED
30411	SEDATIVE, HYPNOTIC OR ANXIOLYTIC DEPENDENCE, CONTINUOUS
30412	SEDATIVE, HYPNOTIC OR ANXIOLYTIC DEPENDENCE, EPISODIC
30413	SEDATIVE, HYPNOTIC OR ANXIOLYTIC DEPENDENCE, IN REMISSION
30420	COCAINE DEPEND-UNSPEC
30421	COCAINE DEPEND-CONTIN
30422	COCAINE DEPEND-EPISODIC
30423	COCAINE DEPEND-REMISS
30430	CANNABIS DEPEND-UNSPEC
30431	CANNABIS DEPEND-CONTIN
30432	CANNABIS DEPEND-EPISODIC
30433	CANNABIS DEPEND-REMISS
30440	AMPHETAMIN DEPEND-UNSPEC
30441	AMPHETAMIN DEPEND-CONTIN
30442	AMPHETAMIN DEPEND-EPISOD
30443	AMPHETAMIN DEPEND-REMISS
30450	HALLUCINOGEN DEP-UNSPEC
30451	HALLUCINOGEN DEP-CONTIN
30452	HALLUCINOGEN DEP-EPISOD
30453	HALLUCINOGEN DEP-REMISS
30460	DRUG DEPEND NEC-UNSPEC
30461	DRUG DEPEND NEC-CONTIN
30462	DRUG DEPEND NEC-EPISODIC

<b>Step 2 (history of substance abuse)</b>	
<b>Required quantity: 1</b>	
<b>Look back timeframe: 365 days</b>	
<b>History of Substance Abuse Diagnoses</b>	
<b>ICD-9 Code</b>	<b>Description</b>
30463	DRUG DEPEND NEC-IN REM
30470	OPIOID/OTHER DEP-UNSPEC
30471	OPIOID/OTHER DEP-CONTIN
30472	OPIOID/OTHER DEP-EPISOD
30473	OPIOID/OTHER DEP-REMISS
30480	COMB DRUG DEP NEC-UNSPEC
30481	COMB DRUG DEP NEC-CONTIN
30482	COMB DRUG DEP NEC-EPISOD
30483	COMB DRUG DEP NEC-REMISS
30490	DRUG DEPEND NOS-UNSPEC
30491	DRUG DEPEND NOS-CONTIN
30492	DRUG DEPEND NOS-EPISODIC
30493	DRUG DEPEND NOS-REMISS
30500	ALCOHOL ABUSE-UNSPEC
30501	ALCOHOL ABUSE-CONTINUOUS
30502	ALCOHOL ABUSE-EPISODIC
30503	ALCOHOL ABUSE-IN REMISS
30520	CANNABIS ABUSE-UNSPEC
30521	CANNABIS ABUSE-CONTIN
30522	CANNABIS ABUSE-EPISODIC
30523	CANNABIS ABUSE-IN REMISS
30530	HALLUCINOGEN ABUSE-UNSPEC
30531	HALLUCINOGEN ABUSE-CONTIN
30532	HALLUCINOGEN ABUSE-EPISOD
30533	HALLUCINOGEN ABUSE-REMISS
30540	SEDATIVE, HYPNOTIC OR ANXIOLYTIC ABUSE, UNSPECIFIED
30541	SEDATIVE, HYPNOTIC OR ANXIOLYTIC, ABUSE, CONTINUOUS
30542	SEDATIVE, HYPNOTIC, OR ANXIOLYTIC ABUSE, EPISODIC
30543	SEDATIVE, HYPNOTIC OR ANXIOLYTIC ABUSE, IN REMISSION
30550	OPIOID ABUSE-UNSPEC
30551	OPIOID ABUSE-CONTINUOUS
30552	OPIOID ABUSE-EPISODIC
30553	OPIOID ABUSE-IN REMISS
30560	COCAINE ABUSE-UNSPEC

<b>Step 2 (history of substance abuse)</b>	
<b>Required quantity: 1</b>	
<b>Look back timeframe: 365 days</b>	
<b>History of Substance Abuse Diagnoses</b>	
<b>ICD-9 Code</b>	<b>Description</b>
30561	COCAINE ABUSE-CONTINUOUS
30562	COCAINE ABUSE-EPISODIC
30563	COCAINE ABUSE-IN REMISS
30570	AMPHETAMINE ABUSE-UNSPEC
30571	AMPHETAMINE ABUSE-CONTIN
30572	AMPHETAMINE ABUSE-EPISOD
30573	AMPHETAMINE ABUSE-REMISS
30580	ANTIDEPRESS ABUSE-UNSPEC
30581	ANTIDEPRESS ABUSE-CONTIN
30582	ANTIDEPRESS ABUSE-EPISOD
30583	ANTIDEPRESS ABUSE-REMISS
30590	DRUG ABUSE NEC-UNSPEC
30591	DRUG ABUSE NEC-CONTIN
30592	DRUG ABUSE NEC-EPISODIC
30593	DRUG ABUSE NEC-IN REMISS

<b>Step 3 (Texas DFPS maximum recommended dose)</b>	
<b>Required quantity: 1</b>	
<b>TX DFPS Recommended Dosage</b>	
<b>Active Ingredient</b>	<b>Maximum Daily Dose</b>
AMPHETAMINE/DEXTROAMPHETAMINE SALTS	60 MG/DAY
DEXMETHYLPHENIDATE	50 MG/DAY
DEXTROAMPHETAMINE	60 MG/DAY
METHAMPHETAMINE	25 MG/DAY
METHYLPHENIDATE	100 MG/DAY

<b>Step 4 (paid claim for another IR stimulant)</b>	
<b>Required quantity: 1</b>	
<b>Look back timeframe: 14 days</b>	
<b>IR Stimulants</b>	
<b>Label Name</b>	<b>GCN</b>
ADDERALL 5MG TABLET	56970
ADDERALL 7.5MG TABLET	29007

**Step 4 (paid claim for another IR stimulant)****Required quantity: 1****Look back timeframe: 14 days****IR Stimulants**

<b>Label Name</b>	<b>GCN</b>
ADDERALL 10MG TABLET	56971
ADDERALL 12.5MG TABLET	29008
ADDERALL 15MG TABLET	29009
ADDERALL 20MG TABLET	56973
ADDERALL 30MG TABLET	56972
AMPHETAMINE/DEXTROAMPHETAMINE SALTS 5MG TABLET	56970
AMPHETAMINE/DEXTROAMPHETAMINE SALTS 7.5MG TABLET	29007
AMPHETAMINE/DEXTROAMPHETAMINE SALTS 10MG TABLET	56971
AMPHETAMINE/DEXTROAMPHETAMINE SALTS 12.5MG TABLET	29008
AMPHETAMINE/DEXTROAMPHETAMINE SALTS 15MG TABLET	29009
AMPHETAMINE/DEXTROAMPHETAMINE SALTS 20MG TABLET	56973
AMPHETAMINE/DEXTROAMPHETAMINE SALTS 30MG TABLET	56972
DESOXYN 5MG TABLET	19932
DESMETHYLPHENIDATE 2.5MG TABLET	14973
DESMETHYLPHENIDATE 5MG TABLET	14974
DESMETHYLPHENIDATE 10MG TABLET	14975
DEXTROAMPHETAMINE 5MG TABLET	19881
DEXTROAMPHETAMINE 10MG TABLET	19880
DEXTROAMPHETAMINE 5MG/5ML	99801
FOCALIN 2.5MG TABLET	14973
FOCALIN 5MG TABLET	14974
FOCALIN 10MG TABLET	14975
METHAMPHETAMINE 5MG TABLET	19932
METHYLIN 2.5MG CHEWABLE TABLET	22682
METHYLIN 5MG CHEWABLE TABLET	22683
METHYLIN 10MG CHEWABLE TABLET	22684
METHYLIN 5MG/5ML SOLUTION	22685
METHYLIN 10MG/5ML SOLUTION	22686
METHYLPHENIDATE 5MG/5ML SOLUTION	22685
METHYLPHENIDATE 10MG/ML	22686
METHYLPHENIDATE 5MG TABLET	15913
METHYLPHENIDATE 10MG TABLET	15911

<b>Step 4 (paid claim for another IR stimulant)</b>	
<b>Required quantity: 1</b>	
<b>Look back timeframe: 14 days</b>	
<b>IR Stimulants</b>	
<b>Label Name</b>	<b>GCN</b>
METHYLPHENIDATE 20MG TABLET	15920
PROCENTRA 5MG/5ML SOLUTION	99801
RITALIN 5MG TABLET	15913
RITALIN 10MG TABLET	15911
RITALIN 20MG TABLET	15920
ZENZEDI 2.5MG TABLET	34734
ZENZEDI 5MG TABLET	19881
ZENZEDI 7.5MG TABLET	34735
ZENZEDI 10MG TABLET	19880
ZENZEDI 15MG TABLET	19885
ZENZEDI 20MG TABLET	36463
ZENZEDI 30MG TABLET	36464

<b>Step 6 (amphetamine salts immediate release tablets, dextroamphetamine immediate release tablets, dexmethylphenidate, methylphenidate, Procentra, or Zenzedi)</b>	
<b>Required quantity: 1</b>	
<b>Label Name</b>	<b>GCN</b>
ADDERALL 5MG TABLET	56970
ADDERALL 7.5MG TABLET	29007
ADDERALL 10MG TABLET	56971
ADDERALL 12.5MG TABLET	29008
ADDERALL 20MG TABLET	56973
ADDERALL 30MG TABLET	56972
AMPHETAMINE/DEXTROAMPHETAMINE SALTS 5MG TABLET	56970
AMPHETAMINE/DEXTROAMPHETAMINE SALTS 7.5MG TABLET	29007
AMPHETAMINE/DEXTROAMPHETAMINE SALTS 10MG TABLET	56971
AMPHETAMINE/DEXTROAMPHETAMINE SALTS 12.5MG TABLET	29008
AMPHETAMINE/DEXTROAMPHETAMINE SALTS 20MG TABLET	56973
AMPHETAMINE/DEXTROAMPHETAMINE SALTS 30MG TABLET	56972
DEXTROAMPHETAMINE 5MG TABLET	19881
DEXTROAMPHETAMINE 10MG TABLET	19880
DEXMETHYLPHENIDATE 2.5MG TABLET	14973

**Step 6 (amphetamine salts immediate release tablets, dextroamphetamine immediate release tablets, dexamethylphenidate, methylphenidate, Procentra, or Zenzedi)**

**Required quantity: 1**

<b>Label Name</b>	<b>GCN</b>
DESMETHYLPHENIDATE 5MG TABLET	14974
DESMETHYLPHENIDATE 10MG TABLET	14975
FOCALIN 2.5MG TABLET	14973
FOCALIN 5MG TABLET	14974
FOCALIN 10MG TABLET	14975
METHYLIN 2.5MG CHEWABLE TABLET	22682
METHYLIN 5MG CHEWABLE TABLET	22683
METHYLIN 10MG CHEWABLE TABLET	22684
METHYLIN 5MG/5ML SOLUTION	22685
METHYLIN 10MG/5ML SOLUTION	22686
METHYLPHENIDATE 5MG/5ML SOLUTION	22685
METHYLPHENIDATE 10MG/ML	22686
METHYLPHENIDATE 5MG TABLET	15913
METHYLPHENIDATE 10MG TABLET	15911
METHYLPHENIDATE 20MG TABLET	15920
PROCENTRA 5MG/5ML SOLUTION	99801
RITALIN 5MG TABLET	15913
RITALIN 10MG TABLET	15911
RITALIN 20MG TABLET	15920
ZENZEDI 2.5MG TABLET	34734
ZENZEDI 5MG TABLET	19881
ZENZEDI 7.5MG TABLET	34735
ZENZEDI 10MG TABLET	19880

**Step 8 (history of a 90-day supply of another ADD/ADHD medication)**

**Required quantity: 1**

**Look back timeframe: 150 days**

**ADD/ADHD Medications**

<b>Label Name</b>	<b>GCN</b>
ADDERALL 5MG TABLET	56970
ADDERALL 7.5MG TABLET	29007
ADDERALL 10MG TABLET	56971
ADDERALL 12.5MG TABLET	29008
ADDERALL 15MG TABLET	29009
ADDERALL 20MG TABLET	56973
ADDERALL 30MG TABLET	56972

<b>Step 8 (history of a 90-day supply of another ADD/ADHD medication)</b>	
<b>Required quantity: 1</b>	
<b>Look back timeframe: 150 days</b>	
<b>ADD/ADHD Medications</b>	
<b>Label Name</b>	<b>GCN</b>
ADDERALL XR 5MG CAPSULE	17459
ADDERALL XR 10MG CAPSULE	14635
ADDERALL XR 15MG CAPSULE	17468
ADDERALL XR 20MG CAPSULE	14636
ADDERALL XR 25MG CAPSULE	17469
ADDERALL XR 30MG CAPSULE	14637
AMPHETAMINE/DEXTROAMPHETAMINE SALTS 5MG EXTENDED-RELEASE CAPSULE	17459
AMPHETAMINE/DEXTROAMPHETAMINE SALTS 10MG EXTENDED-RELEASE CAPSULE	14635
AMPHETAMINE/DEXTROAMPHETAMINE SALTS 15MG EXTENDED-RELEASE CAPSULE	17468
AMPHETAMINE/DEXTROAMPHETAMINE SALTS 20MG EXTENDED-RELEASE CAPSULE	14636
AMPHETAMINE/DEXTROAMPHETAMINE SALTS 25MG EXTENDED-RELEASE CAPSULE	17469
AMPHETAMINE/DEXTROAMPHETAMINE SALTS 30MG EXTENDED-RELEASE CAPSULE	14637
AMPHETAMINE/DEXTROAMPHETAMINE SALTS 5MG TABLET	56970
AMPHETAMINE/DEXTROAMPHETAMINE SALTS 7.5MG TABLET	29007
AMPHETAMINE/DEXTROAMPHETAMINE SALTS 10MG TABLET	56971
AMPHETAMINE/DEXTROAMPHETAMINE SALTS 12.5MG TABLET	29008
AMPHETAMINE/DEXTROAMPHETAMINE SALTS 15MG TABLET	29009
AMPHETAMINE/DEXTROAMPHETAMINE SALTS 20MG TABLET	56973
AMPHETAMINE/DEXTROAMPHETAMINE SALTS 30MG TABLET	56972
CONCERTA ER 18MG TABLET	12567
CONCERTA ER 27MG TABLET	17123
CONCERTA ER 36MG TABLET	12568
CONCERTA ER 54MG TABLET	12248
DAYTRANA 10MG/9HR PATCH	26801
DAYTRANA 15MG/9HR PATCH	26802
DAYTRANA 20MG/9HR PATCH	26803
DAYTRANA 30MG/9HR PATCH	26804
DEXEDRINE SPANSULE 5MG	19852
DEXEDRINE SPANSULE 10MG	19850



<b>Step 8 (history of a 90-day supply of another ADD/ADHD medication)</b>	
<b>Required quantity: 1</b>	
<b>Look back timeframe: 150 days</b>	
<b>ADD/ADHD Medications</b>	
<b>Label Name</b>	<b>GCN</b>
DEXEDRINE SPANSULE 15MG	19851
DEXTROAMPHETAMINE 5MG EXTENDED-RELEASE CAPSULE	19852
DEXTROAMPHETAMINE 10MG EXTENDED-RELEASE CAPSULE	19850
DEXTROAMPHETAMINE 15MG EXTENDED-RELEASE CAPSULE	19851
DEXTROAMPHETAMINE 5MG TABLET	19881
DEXTROAMPHETAMINE 10MG TABLET	19880
DEXTROAMPHETAMINE 5MG/5ML SOLUTION	99801
FOCALIN XR 5MG CAPSULE	24733
FOCALIN XR 10MG CAPSULE	24734
FOCALIN XR 15MG CAPSULE	97111
FOCALIN XR 20MG CAPSULE	24735
FOCALIN XR 25MG CAPSULE	30305
FOCALIN XR 30MG CAPSULE	28035
FOCALIN XR 35MG CAPSULE	30306
FOCALIN XR 40MG CAPSULE	28933
INTUNIV ER 1MG TABLET	27576
INTUNIV ER 2MG TABLET	27578
INTUNIV ER 3MG TABLET	27579
INTUNIV ER 4MG TABLET	27582
KAPVAY ER 0.1MG TABLET	29319
KAPVAY 0.1-0.2MG DOSEPAK	33007
METADATE CD 10MG CAPSULE	20384
METADATE CD 20MG CAPSULE	20385
METADATE CD 30MG CAPSULE	20386
METADATE CD 40MG CAPSULE	26734
METADATE CD 50MG CAPSULE	26735
METADATE CD 60MG CAPSULE	26736
METADATE ER 10MG TABLET SA	93075
METADATE ER 20MG TABLET ER	16180
METHYLPHENIDATE 20MG EXTENDED-RELEASE CAPSULE	20387
METHYLPHENIDATE 30MG EXTENDED-RELEASE CAPSULE	20388
METHYLPHENIDATE 40MG EXTENDED-RELEASE CAPSULE	20391
METHYLPHENIDATE CD 10MG EXTENDED-RELEASE CAPSULE	20384

<b>Step 8 (history of a 90-day supply of another ADD/ADHD medication)</b>	
<b>Required quantity: 1</b>	
<b>Look back timeframe: 150 days</b>	
<b>ADD/ADHD Medications</b>	
<b>Label Name</b>	<b>GCN</b>
METHYLPHENIDATE CD 20MG EXTENDED-RELEASE CAPSULE	20385
METHYLPHENIDATE CD 30MG EXTENDED-RELEASE CAPSULE	20386
METHYLPHENIDATE CD 40MG EXTENDED-RELEASE CAPSULE	26734
METHYLPHENIDATE CD 50MG EXTENDED-RELEASE CAPSULE	26735
METHYLPHENIDATE CD 60MG EXTENDED-RELEASE CAPSULE	26736
METHYLPHENIDATE 18MG EXTENDED-RELEASE TABLET	12567
METHYLPHENDIATE 20MG EXTENDED-RELEASE TABLET	16180
METHYLPHENIDATE 27MG EXTENDED-RELEASE TABLET	17123
METHYLPHENIDATE 36MG EXTENDED-RELEASE TABLET	12568
METHYLPHENIDATE 54MG EXTENDED-RELEASE TABLET	12248
METHYLPHENIDATE 20MG SUSTAINED-RELEASE TABLET	16180
PROCENTRA 5MG/5ML SOLUTION	99801
QUILLIVANT XR 25MG/5ML SUSP	33887
RITALIN LA 10MG CAPSULE	21763
RITALIN LA 20MG CAPSULE	20387
RITALIN LA 30MG CAPSULE	20388
RITALIN LA 40MG CAPSULE	20391
RITALIN SR 20MG TABLET	16180
STRATTERA 10MG CAPSULE	18776
STRATTERA 18MG CAPSULE	18777
STRATTERA 25MG CAPSULE	18778
STRATTERA 40MG CAPSULE	18779
STRATTERA 60MG CAPSULE	18781
STRATTERA 80MG CAPSULE	26538
STRATTERA 100MG CAPSULE	26539
VYVANSE 20MG CAPSULE	99366
VYVANSE 30MG CAPSULE	98071
VYVANSE 40MG CAPSULE	99367
VYVANSE 50MG CAPSULE	98072
VYVANSE 60MG CAPSULE	99368

<b>Step 8 (history of a 90-day supply of another ADD/ADHD medication)</b>	
<b>Required quantity: 1</b>	
<b>Look back timeframe: 150 days</b>	
<b>ADD/ADHD Medications</b>	
<b>Label Name</b>	<b>GCN</b>
VYVANSE 70MG CAPSULE	98073
ZENZEDI 2.5MG TABLET	34734
ZENZEDI 5MG TABLET	19881
ZENZEDI 7.5MG TABLET	34735
ZENZEDI 10MG TABLET	19880
ZENZEDI 15MG TABLET	19885
ZENZEDI 20MG TABLET	36463
ZENZEDI 30MG TABLET	36464

<b>Step 9 (diagnosis of ADD or ADHD)</b>	
<b>Required quantity: 1</b>	
<b>Look back timeframe: 730 days</b>	
<b>ADD/ADHD Diagnoses</b>	
<b>ICD-9 Code</b>	<b>Description</b>
31400	ATTENTION DEFICIT DISORDER WITHOUT MENTION OF HYPERACTIVITY
31401	ATTENTION DEFICIT DISORDER WITH HYPERACTIVITY
<b>ICD-10 Code</b>	<b>Description</b>
F90	ATTENTION-DEFICIT HYPERACTIVITY DISORDERS
F90.0	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, PREDOMINANTLY INATTENTIVE TYPE
F90.1	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, PREDOMINANTLY HYPERACTIVE TYPE
F90.2	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE
F90.8	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, OTHER TYPE
F90.9	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, UNSPECIFIED TYPE

<b>Step 10 (diagnosis of narcolepsy)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 730 days</b>	
<b>Narcolepsy Diagnoses</b>	
<b>ICD-9 Code</b>	<b>Description</b>
34700	NARCOLEPSY WITHOUT CATAPLEXY
34701	NARCOLEPSY WITH CATAPLEXY
34710	NARCOLEPSY IN CONDITIONS CLASSIFIED ELSEWHERE WITHOUT CATAPLEXY

<b>Step 10 (diagnosis of narcolepsy)</b>	
Required diagnosis: 1	
Look back timeframe: 730 days	
<b>Narcolepsy Diagnoses</b>	
ICD-9 Code	Description
34711	NARCOLEPSY IN CONDITIONS CLASSIFIED ELSEWHERE WITH CATAPLEXY

<b>Step 11 (dexmethylphenidate immediate release or methamphetamine)</b>	
Required quantity: 1	
<b>Dexmethylphenidate Immediate Release Drugs/Methamphetamines</b>	
Label Name	GCN
DEXMETHYLPHENIDATE 2.5MG TABLET	14973
DEXMETHYLPHENIDATE 5MG TABLET	14974
DEXMETHYLPHENIDATE 10MG TABLET	14975
FOCALIN 2.5MG TABLET	14973
FOCALIN 5MG TABLET	14974
FOCALIN 10MG TABLET	14975
METHAMPHETAMINE 5MG TABLET	19932



## Attention Deficit Disorder (ADD) / Attention Deficit Hyperactivity Disorder (ADHD)

### ER Formulations Drugs Requiring Prior Authorization

Drugs Requiring Prior Authorization	
Label Name	GCN
ADDERALL XR 5MG CAPSULE	17459
ADDERALL XR 10MG CAPSULE	14635
ADDERALL XR 15MG CAPSULE	17468
ADDERALL XR 20MG CAPSULE	14636
ADDERALL XR 25MG CAPSULE	17469
ADDERALL XR 30MG CAPSULE	14637
AMPHETAMINE/DEXTROAMPHETAMINE SALTS 5MG EXTENDED-RELEASE CAPSULE	17459
AMPHETAMINE/DEXTROAMPHETAMINE SALTS 10MG EXTENDED-RELEASE CAPSULE	14635
AMPHETAMINE/DEXTROAMPHETAMINE SALTS 15MG EXTENDED-RELEASE CAPSULE	17468
AMPHETAMINE/DEXTROAMPHETAMINE SALTS 20MG EXTENDED-RELEASE CAPSULE	14636
AMPHETAMINE/DEXTROAMPHETAMINE SALTS 25MG EXTENDED-RELEASE CAPSULE	17469
AMPHETAMINE/DEXTROAMPHETAMINE SALTS 30MG EXTENDED-RELEASE CAPSULE	14637
CONCERTA ER 18MG TABLET	12567
CONCERTA ER 27MG TABLET	17123
CONCERTA ER 36MG TABLET	12568
CONCERTA ER 54MG TABLET	12248
DAYTRANA 10MG/9HR PATCH	26801
DAYTRANA 15MG/9HR PATCH	26802
DAYTRANA 20MG/9HR PATCH	26803
DAYTRANA 30MG/9HR PATCH	26804
DEXEDRINE SPANSULE 5MG	19852
DEXEDRINE SPANSULE 10MG	19850
DEXEDRINE SPANSULE 15MG	19851
DEXMETHYLPHENIDATE 15MG EXTENDED RELEASE CAPSULE	97111
DEXMETHYLPHENIDATE 30MG EXTENDED RELEASE CAPSULE	28035

<b>Drugs Requiring Prior Authorization</b>	
<b>Label Name</b>	<b>GCN</b>
DEXMETHYLPHENIDATE 40MG EXTENDED RELEASE CAPSULE	28933
DEXTROAMPHETAMINE 5MG EXTENDED-RELEASE CAPSULE	28933
DEXTROAMPHETAMINE 10MG EXTENDED-RELEASE CAPSULE	19850
DEXTROAMPHETAMINE 15MG EXTENDED-RELEASE CAPSULE	19851
FOCALIN XR 5MG CAPSULE	24733
FOCALIN XR 10MG CAPSULE	24734
FOCALIN XR 15MG CAPSULE	97111
FOCALIN XR 20MG CAPSULE	24735
FOCALIN XR 25MG CAPSULE	30305
FOCALIN XR 30MG CAPSULE	28035
FOCALIN XR 35MG CAPSULE	30306
FOCALIN XR 40MG CAPSULE	28933
METADATE CD 10MG CAPSULE	20384
METADATE CD 20MG CAPSULE	20385
METADATE CD 30MG CAPSULE	20386
METADATE CD 40MG CAPSULE	26734
METADATE CD 50MG CAPSULE	26735
METADATE CD 60MG CAPSULE	26736
METADATE ER 10MG TABLET SA	93075
METADATE ER 20MG TABLET ER	16180
METHYLPHENIDATE 20MG EXTENDED-RELEASE CAPSULE	20387
METHYLPHENIDATE 30MG EXTENDED-RELEASE CAPSULE	20388
METHYLPHENIDATE 40MG EXTENDED-RELEASE CAPSULE	20391
METHYLPHENIDATE CD 10MG EXTENDED-RELEASE CAPSULE	20384
METHYLPHENIDATE CD 20MG EXTENDED-RELEASE CAPSULE	20385
METHYLPHENIDATE CD 30MG EXTENDED-RELEASE CAPSULE	20386
METHYLPHENIDATE CD 40MG EXTENDED-RELEASE CAPSULE	26734
METHYLPHENIDATE CD 50MG EXTENDED-RELEASE CAPSULE	26735
METHYLPHENIDATE CD 60MG EXTENDED-RELEASE CAPSULE	26736
METHYLPHENIDATE 18MG EXTENDED-RELEASE TABLET	12567

<b>Drugs Requiring Prior Authorization</b>	
<b>Label Name</b>	<b>GCN</b>
METHYLPHENDIATE 20MG EXTENDED-RELEASE TABLET	16180
METHYLPHENIDATE 27MG EXTENDED-RELEASE TABLET	17123
METHYLPHENIDATE 36MG EXTENDED-RELEASE TABLET	12568
METHYLPHENIDATE 54MG EXTENDED-RELEASE TABLET	12248
METHYLPHENIDATE 20MG SUSTAINED-RELEASE TABLET	16180
QUILLIVANT XR 25MG/5ML SUSP	33887
RITALIN LA 10MG CAPSULE	21763
RITALIN LA 20MG CAPSULE	20387
RITALIN LA 30MG CAPSULE	20388
RITALIN LA 40MG CAPSULE	20391
RITALIN SR 20MG TABLET	16180
VYVANSE 20MG CAPSULE	99366
VYVANSE 30MG CAPSULE	98071
VYVANSE 40MG CAPSULE	99367
VYVANSE 50MG CAPSULE	98072
VYVANSE 60MG CAPSULE	99368
VYVANSE 70MG CAPSULE	98073



## Attention Deficit Disorder (ADD) / Attention Deficit Hyperactivity Disorder (ADHD)

### ER Formulations Clinical Edit Criteria Logic

1. Is the client less than (<) 6 years of age?  
 Yes – Deny  
 No – Go to #2
2. Does the client have a history of substance abuse in the last 365 days?  
 Yes – Deny  
 No – Go to #3
3. Is the request for greater than (>) the Texas Department of Family and Protective Services (DFPS) maximum recommended dose?  
 Yes – Deny  
 No – Go to #4
4. Does the client have a paid claim for another ER stimulant in the past 14 days?  
 Yes – Deny  
 No – Go to #5
5. Is the client greater than or equal to ( $\geq$ ) 19 years of age?  
 Yes – Go to #6  
 No – Approve (365 days)
6. Does the client have a history of a 90-day supply of an ADD/ADHD medication in the past 150 days?  
 Yes – Go to #7  
 No – Approve (90 days)
7. Does the client have a diagnosis of ADD/ADHD in the last 730 days?  
 Yes – Approve (365 days)  
 No – Go to #8
8. Does the client have a diagnosis of narcolepsy in the last 730 days?  
 Yes – Go to #9  
 No – Deny
9. Is the request for methylphenidate extended release tablets, methylphenidate sustained release tablets, or dextroamphetamine extended release capsules?  
 Yes – Approve (365 days)  
 No – Deny

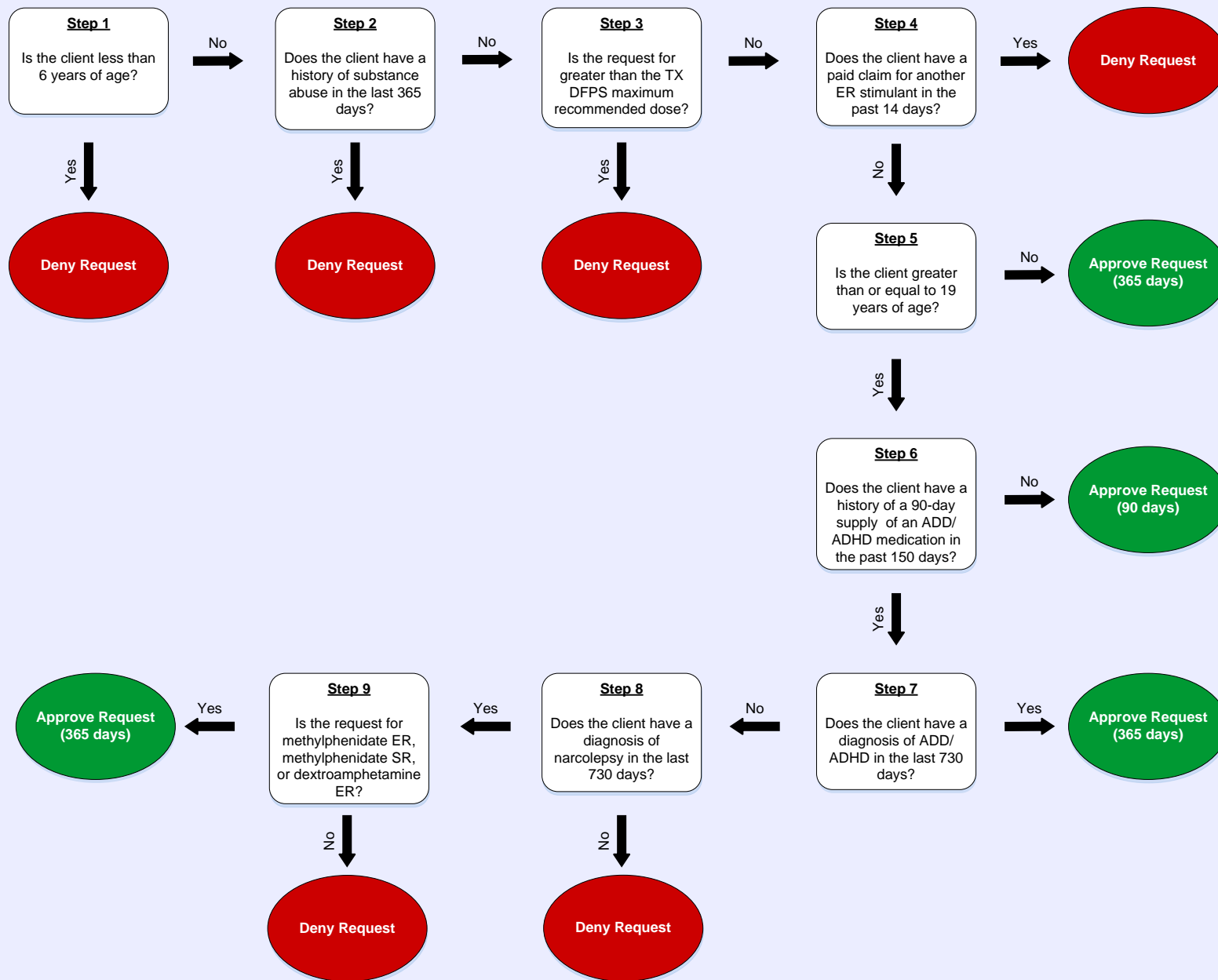




**Attention Deficit Disorder (ADD) /  
Attention Deficit Hyperactivity Disorder  
(ADHD)**

**ER Formulations  
Clinical Edit Criteria Logic Diagram**

The ER Formulations Clinical Edit Criteria Logic Diagram is shown on the following page.





## Attention Deficit Disorder (ADD) / Attention Deficit Hyperactivity Disorder (ADHD)

### ER Formulations

#### Clinical Edit Criteria Supporting Tables

#### Step 2 (history of substance abuse)

Required quantity: 1

Look back timeframe: 365 days

For the list of diagnosis codes that pertain to this step, see the [History of Substance Abuse Diagnoses](#) table in the previous "Supporting Tables" section.

#### Step 4 (paid claim for another ER stimulant)

Required quantity: 1

Look back timeframe: 14 days

#### ER Stimulants

Label Name	GCN
ADDERALL XR 5MG CAPSULE	17459
ADDERALL XR 10MG CAPSULE	14635
ADDERALL XR 15MG CAPSULE	17468
ADDERALL XR 20MG CAPSULE	14636
ADDERALL XR 25MG CAPSULE	17469
ADDERALL XR 30MG CAPSULE	14637
AMPHETAMINE/DEXTROAMPHETAMINE SALTS 5MG EXTENDED-RELEASE CAPSULE	17459
AMPHETAMINE/DEXTROAMPHETAMINE SALTS 10MG EXTENDED-RELEASE CAPSULE	14635
AMPHETAMINE/DEXTROAMPHETAMINE SALTS 15MG EXTENDED-RELEASE CAPSULE	17468
AMPHETAMINE/DEXTROAMPHETAMINE SALTS 20MG EXTENDED-RELEASE CAPSULE	14636
AMPHETAMINE/DEXTROAMPHETAMINE SALTS 25MG EXTENDED-RELEASE CAPSULE	17469
AMPHETAMINE/DEXTROAMPHETAMINE SALTS 30MG EXTENDED-RELEASE CAPSULE	14637
CONCERTA ER 18MG TABLET	12567
CONCERTA ER 27MG TABLET	17123
CONCERTA ER 36MG TABLET	12568
CONCERTA ER 54MG TABLET	12248
DAYTRANA 10MG/9HR PATCH	26801
DAYTRANA 15MG/9HR PATCH	26802
DAYTRANA 20MG/9HR PATCH	26803

<b>Step 4 (paid claim for another ER stimulant)</b>	
<b>Required quantity: 1</b>	
<b>Look back timeframe: 14 days</b>	
<b>ER Stimulants</b>	
<b>Label Name</b>	<b>GCN</b>
DAYTRANA 30MG/9HR PATCH	26804
DEXEDRINE SPANSULE 5MG	19852
DEXEDRINE SPANSULE 10MG	19850
DEXEDRINE SPANSULE 15MG	19851
DEXTROAMPHETAMINE 5MG EXTENDED-RELEASE CAPSULE	19852
DEXTROAMPHETAMINE 10MG EXTENDED-RELEASE CAPSULE	19850
DEXTROAMPHETAMINE 15MG EXTENDED-RELEASE CAPSULE	19851
FOCALIN XR 5MG CAPSULE	24733
FOCALIN XR 10MG CAPSULE	24734
FOCALIN XR 15MG CAPSULE	97111
FOCALIN XR 20MG CAPSULE	24735
FOCALIN XR 25MG CAPSULE	30305
FOCALIN XR 30MG CAPSULE	28035
FOCALIN XR 35MG CAPSULE	30306
FOCALIN XR 40MG CAPSULE	28933
METADATE CD 10MG CAPSULE	20384
METADATE CD 20MG CAPSULE	20385
METADATE CD 30MG CAPSULE	20386
METADATE CD 40MG CAPSULE	26734
METADATE CD 50MG CAPSULE	26735
METADATE CD 60MG CAPSULE	26736
METADATE ER 10MG TABLET SA	93075
METADATE ER 20MG TABLET ER	16180
METHYLPHENIDATE 20MG EXTENDED-RELEASE CAPSULE	20387
METHYLPHENIDATE 30MG EXTENDED-RELEASE CAPSULE	20388
METHYLPHENIDATE 40MG EXTENDED-RELEASE CAPSULE	20391
METHYLPHENIDATE CD 10MG EXTENDED-RELEASE CAPSULE	20384
METHYLPHENIDATE CD 20MG EXTENDED-RELEASE CAPSULE	20385
METHYLPHENIDATE CD 30MG EXTENDED-RELEASE CAPSULE	20386
METHYLPHENIDATE CD 40MG EXTENDED-RELEASE CAPSULE	26734

<b>Step 4 (paid claim for another ER stimulant)</b>	
<b>Required quantity: 1</b>	
<b>Look back timeframe: 14 days</b>	
<b>ER Stimulants</b>	
<b>Label Name</b>	<b>GCN</b>
METHYLPHENIDATE CD 50MG EXTENDED-RELEASE CAPSULE	26735
METHYLPHENIDATE CD 60MG EXTENDED-RELEASE CAPSULE	26736
METHYLPHENIDATE 18MG EXTENDED-RELEASE TABLET	12567
METHYLPHENDIATE 20MG EXTENDED-RELEASE TABLET	16180
METHYLPHENIDATE 27MG EXTENDED-RELEASE TABLET	17123
METHYLPHENIDATE 36MG EXTENDED-RELEASE TABLET	12568
METHYLPHENIDATE 54MG EXTENDED-RELEASE TABLET	12248
METHYLPHENIDATE 20MG SUSTAINED-RELEASE TABLET	16180
QUILLIVANT XR 25MG/5ML SUSP	33887
RITALIN LA 10MG CAPSULE	21763
RITALIN LA 20MG CAPSULE	20387
RITALIN LA 30MG CAPSULE	20388
RITALIN LA 40MG CAPSULE	20391
RITALIN SR 20MG TABLET	16180
VYVANSE 20MG CAPSULE	99366
VYVANSE 30MG CAPSULE	98071
VYVANSE 40MG CAPSULE	99367
VYVANSE 50MG CAPSULE	98072
VYVANSE 60MG CAPSULE	99368
VYVANSE 70MG CAPSULE	98073

<b>Step 6 (history of a 90-day supply of another ADD/ADHD medication)</b>	
<b>Required quantity: 1</b>	
<b>Look back timeframe: 150 days</b>	

For the list of drugs that pertain to this step, see the [ADD/ADHD Medications](#) table in the previous "Supporting Tables" section.

**Step 7 (diagnosis of ADD or ADHD)****Required quantity: 1****Look back timeframe: 730 days**

For the list of diagnoses that pertain to this step, see the [ADD/ADHD Diagnoses](#) table in the previous "Supporting Tables" section.

**Step 8 (diagnosis of narcolepsy)****Required diagnosis: 1****Look back timeframe: 730 days**

For the list of diagnoses that pertain to this step, see the [Narcolepsy Diagnoses](#) table in the previous "Supporting Tables" section.

**Step 9 (methylphenidate extended release tablets, methylphenidate sustained release tablets, or dextroamphetamine extended release capsules)****Required quantity: 1**

<b>Label Name</b>	<b>GCN</b>
DEXEDRINE SPANSULE 5MG	19852
DEXEDRINE SPANSULE 10MG	19850
DEXEDRINE SPANSULE 15MG	19851
DEXTROAMPHETAMINE 5MG EXTENDED-RELEASE CAPSULE	19852
DEXTROAMPHETAMINE 10MG EXTENDED-RELEASE CAPSULE	19850
DEXTROAMPHETAMINE 15MG EXTENDED-RELEASE CAPSULE	19851
METADATE ER 10MG TABLET SA	93075
METADATE ER 20MG TABLET ER	16180
METHYLPHENIDATE 10MG EXTENDED-RELEASE TABLET	93075
METHYLPHENIDATE 20MG EXTENDED-RELEASE TABLET	16180
RITALIN SR 20MG TABLET	16180



**Attention Deficit Disorder (ADD) /  
Attention Deficit Hyperactivity Disorder  
(ADHD)  
Non-stimulant Formulations (Except  
Clonidine ER)  
Drugs Requiring Prior Authorization**

<b>Drugs Requiring Prior Authorization</b>	
<b>Label Name</b>	<b>GCN</b>
INTUNIV ER 1MG TABLET	27576
INTUNIV ER 2MG TABLET	27578
INTUNIV ER 3MG TABLET	27579
INTUNIV ER 4MG TABLET	27582
STRATTERA 10MG CAPSULE	18776
STRATTERA 18MG CAPSULE	18777
STRATTERA 25MG CAPSULE	18778
STRATTERA 40MG CAPSULE	18779
STRATTERA 60MG CAPSULE	18781
STRATTERA 80MG CAPSULE	26538
STRATTERA 100MG CAPSULE	26539



**Attention Deficit Disorder (ADD) /  
Attention Deficit Hyperactivity Disorder  
(ADHD)**

**Non-stimulant Formulations (Except  
Clonidine ER)**

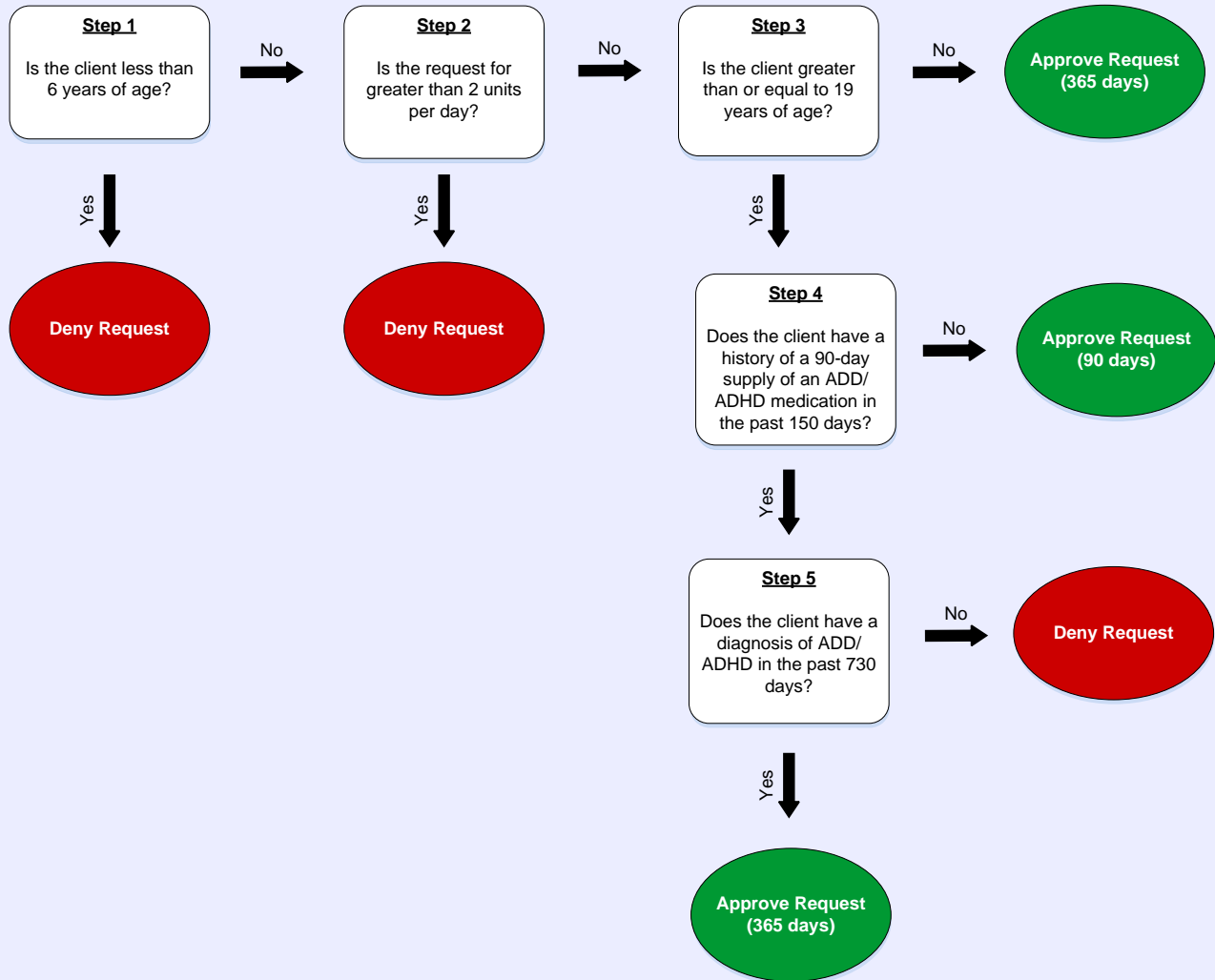
**Clinical Edit Criteria Logic**

1. Is the client less than (<) 6 years of age?  
 Yes – Deny  
 No – Go to #2
2. Is the request for greater than (>) 2 units per day?  
 Yes – Deny  
 No – Go to #3
3. Is the client greater than or equal to ( $\geq$ ) 19 years of age?  
 Yes – Go to #4  
 No – Approve (365 days)
4. Does the client have a history of a 90-day supply of an ADD/ADHD medication in the past 150 days?  
 Yes – Go to #5  
 No – Approve (90 days)
5. Does the client have a diagnosis of ADD/ADHD in the last 730 days?  
 Yes – Approve (365 days)  
 No – Deny





## Attention Deficit Disorder (ADD) / Attention Deficit Hyperactivity Disorder (ADHD) Non-stimulant Formulations (Except Clonidine ER) Clinical Edit Criteria Logic Diagram





**Attention Deficit Disorder (ADD) /  
Attention Deficit Hyperactivity Disorder  
(ADHD)  
Non-stimulant Formulations (Except  
Clonidine ER)  
Clinical Edit Criteria Supporting Tables**

**Step 4 (history of a 90-day supply of another ADD/ADHD medication)**

**Required quantity: 1**

**Look back timeframe: 150 days**

For the list of drugs that pertain to this step, please see the [ADD/ADHD Medications](#) table in a previous "Supporting Tables" section.

**Step 5 (diagnosis of ADD or ADHD)**

**Required quantity: 1**

**Look back timeframe: 730 days**

For the list of diagnoses that pertain to this step, please see the [ADD/ADHD Diagnoses](#) table in a previous "Supporting Tables" section.



**Attention Deficit Disorder (ADD) /  
Attention Deficit Hyperactivity Disorder  
(ADHD)**

**Clonidine ER  
Drugs Requiring Prior Authorization**

<b>Drugs Requiring Prior Authorization</b>	
<b>Label Name</b>	<b>GCN</b>
CLONIDINE HCL ER 0.1-0.2MG DOSEPACK	33007
CLONIDINE HCL ER 0.1MG TABLET	29139



**Attention Deficit Disorder (ADD) /  
Attention Deficit Hyperactivity Disorder  
(ADHD)**

**Clonidine ER  
Clinical Edit Criteria Logic**

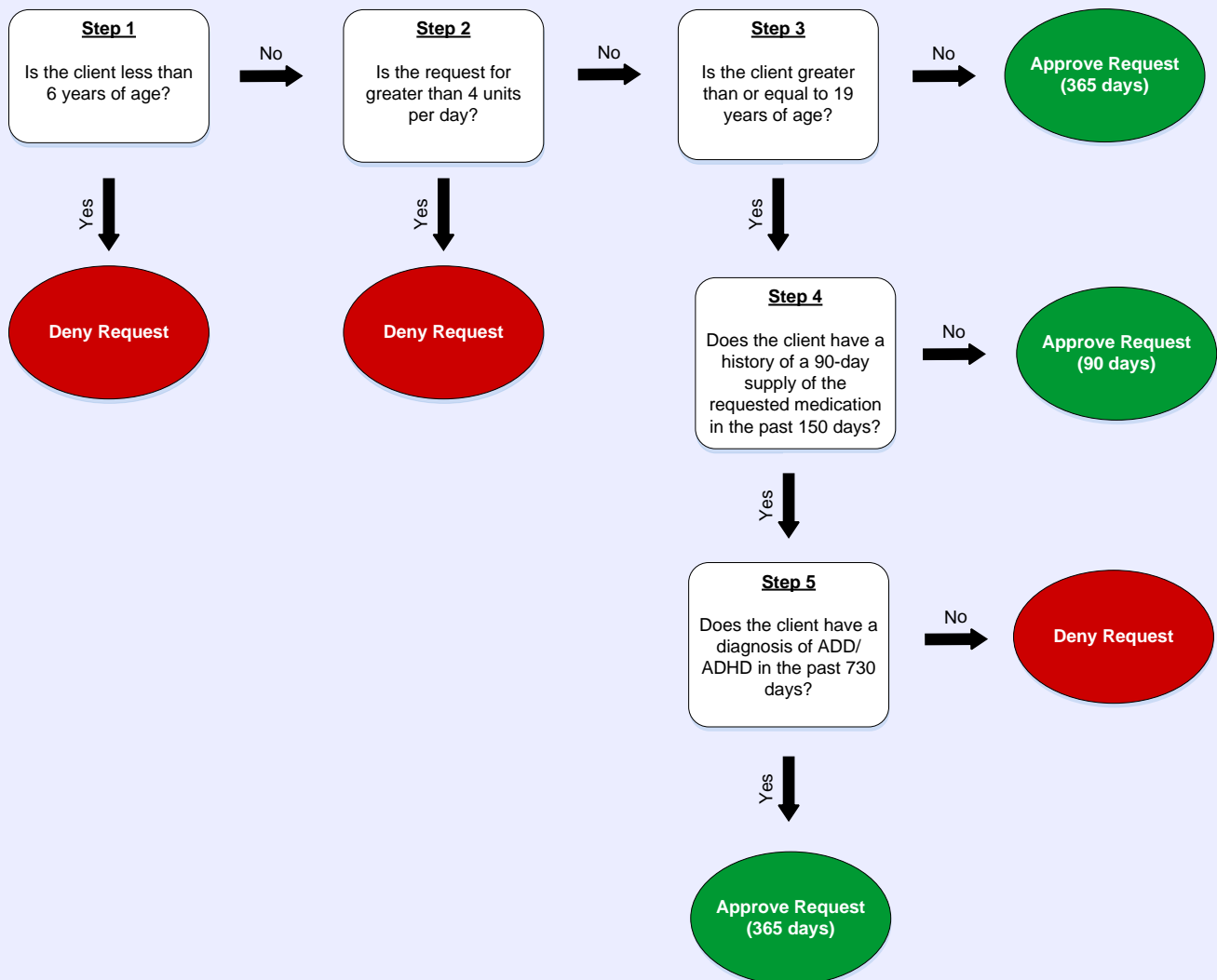
1. Is the client less than (<) 6 years of age?  
 Yes – Deny  
 No - Go to #2
2. Is the request for greater than (>) 4 units per day?  
 Yes – Deny  
 No – Go to #3
3. Is the client greater than or equal to ( $\geq$ ) 19 years of age?  
 Yes – Go to #4  
 No – Approve (365 days)
4. Does the client have a history of a 90-day supply of the requested medication in the past 150 days?  
 Yes – Go to #5  
 No – Approve (90 days)
5. Does the client have a diagnosis of ADD/ADHD in the last 730 days?  
 Yes – Approve (365 days)  
 No – Deny



# Attention Deficit Disorder (ADD) / Attention Deficit Hyperactivity Disorder (ADHD)

## Clonidine ER

### Clinical Edit Criteria Logic Diagram





**Attention Deficit Disorder (ADD) /  
Attention Deficit Hyperactivity Disorder  
(ADHD)**

**Clonidine ER**

**Clinical Edit Criteria Supporting Tables**

<b>Step 4 (history of a 90-day supply of Clonidine)</b> <b>Required quantity: 1</b> <b>Look back timeframe: 150 days</b>	
<b>Label Name</b>	<b>GCN</b>
CLONIDINE HCL ER 0.1-0.2MG DOSEPACK	33007
CLONIDINE HCL ER 0.1MG TABLET	29319

<b>Step 5 (diagnosis of ADD or ADHD)</b> <b>Required quantity: 1</b> <b>Look back timeframe: 730 days</b>	
---	--

For the list of diagnoses that pertain to this step, see the [ADD/ADHD Diagnoses](#) table in a previous "Supporting Tables" section.



## Attention Deficit Disorder (ADD) / Attention Deficit Hyperactivity Disorder (ADHD)

### Clinical Edit Criteria References

1. Clinical Pharmacology [online database]. Tampa, FL: Gold Standard, Inc. October 2012. Available at <http://cp.gsm.com>. Accessed on May 30, 2013.
2. 2013 ICD-9-CM Diagnosis Codes, Volume 1. 2012. Available at <http://www.icd9data.com/>. Accessed on May 29, 2013.
3. The American Academy of Pediatrics. Implementing the key action statements: An algorithm and explanation for process of care for the evaluation, diagnosis, treatment and monitoring of ADHD in children and adolescents. November 1, 2011. Available at <http://pediatrics.aappublications.org/content/suppl/2011/10/11/peds.2011-2654.DC1/zpe611117822p.pdf>.
4. Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. The DAWN Report: Emergency department visits involving attention deficit/hyperactivity disorder stimulant medications. Rockville, MD. January 24, 2013.
5. Texas Department of Family and Protective Services and The University of Texas at Austin College of Pharmacy. Psychotropic Medication Utilization Parameters for Children and Youth in Foster Care. September 2013.

## Publication History

The Publication History records the publication iterations and revisions to this document. Notes for the *most current revision* are also provided in the **Revision Notes** on the first page of this document.

Publication Date	Notes
07/15/2013	Initial publication
04/16/2014	Updated ER and NS written criteria
05/02/2014	<ul style="list-style-type: none"> <li>Removed Clonidine ER from the non-stimulant edit and built a separate edit allowing for 4 units/day</li> <li>In the Clonidine ER section, amended Step 2 in the criteria logic to "Is the request for greater than (&gt;) 4 units per day?"</li> <li>In the Clonidine ER section, amended Step 2 in the criteria logic diagram to "Is the request for greater than (&gt;) 4 units per day?"</li> </ul>
06/20/2014	<ul style="list-style-type: none"> <li>Revised step 3 in the IR Formulations clinical edit criteria logic section from "FDA maximum recommended dose" to "Texas Department of Family and Protective Services (DFPS) maximum recommended daily dose"</li> <li>Revised step 3 in the IR Formulations clinical edit criteria logic diagram from "FDA" to "TX DFPS"</li> <li>In the IR Formulations section, added GCNs for dexamethylphenidate and methylphenidate to the supporting table for step 6 to reflect new age guidelines</li> <li>In the IR Formulations section, added the GCN for methamphetamine to the supporting table for step 11</li> <li>Revised step 3 in the ER Formulations clinical edit criteria logic from "FDA maximum recommended dose" to "Texas Department of Family and Protective Services (DFPS) maximum recommended daily dose"</li> <li>Revised step 3 in the ER Formulations clinical edit criteria logic diagram from "FDA" to "TX DFPS"</li> </ul>