

**Texas Prior Authorization Program
Clinical Edit Criteria**

Drug/Drug Class

Anxiolytics and Sedatives/Hypnotics (ASHs)

- **Anxiolytics – Alprazolam**
- **Anxiolytics – Buspirone**
- **Anxiolytics – Chlordiazepoxide, Meprobamate & Oxazepam**
- **Anxiolytics – Clonazepam & Diazepam**
- **Anxiolytics – Clorazepate**
- **Anxiolytics – Lorazepam**
- **Sedatives/Hypnotics – Adults**
- **Sedatives/Hypnotics – Chloral Hydrate & Butabarbital**
- **Sedatives/Hypnotics – Flurazepam**
- **Sedatives/Hypnotics – Ramelteon**

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

Clinical/ Edit Information Included in this Document

- **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); provided when applicable
- **References:** clinical publications and sources relevant to this clinical edit

Revision Notes

- Added new sections to specify the drugs requiring prior authorization for each drug subclass
- Revised and consolidated criteria logic and logic diagrams for each drug subclass
- Removed Mephobarbital & Midazolam drug subclass from clinical edit criteria
- Removed approval outcome from step 2 in all criteria logic and logic diagrams



ASHs
Anxiolytics – Alprazolam
Drugs Requiring Prior Authorization

Drugs Requiring Prior Authorization	
Label Name	GCN
ALPRAZOLAM 0.25 MG ODT	24368
ALPRAZOLAM 0.25 MG TABLET	14260
ALPRAZOLAM 0.5 MG ODT	24369
ALPRAZOLAM 0.5 MG TABLET	14261
ALPRAZOLAM 1 MG ODT	24373
ALPRAZOLAM 1 MG/ML ORAL CONC	14264
ALPRAZOLAM 1 MG TABLET	14262
ALPRAZOLAM 2 MG ODT	24374
ALPRAZOLAM 2 MG TABLET	14263
ALPRAZOLAM ER 0.5 MG TABLET	17423
ALPRAZOLAM ER 1 MG TABLET	17424
ALPRAZOLAM ER 2 MG TABLET	17425
ALPRAZOLAM ER 3 MG TABLET	19681
ALPRAZOLAM XR 0.5 MG TABLET	17423
ALPRAZOLAM XR 1 MG TABLET	17424
ALPRAZOLAM XR 2 MG TABLET	17425
ALPRAZOLAM XR 3 MG TABLET	19681
NIRAVAM 0.25 MG ODT	24368
NIRAVAM 0.5 MG ODT	24369
NIRAVAM 1 MG ODT	24373
NIRAVAM 2 MG ODT	24374
XANAX 0.25 MG TABLET	14260
XANAX 0.5 MG TABLET	14261
XANAX 1 MG TABLET	14262
XANAX 2 MG TABLET	14263
XANAX XR 0.5 MG TABLET	17423
XANAX XR 1 MG TABLET	17424
XANAX XR 2 MG TABLET	17425
XANAX XR 3 MG TABLET	19681



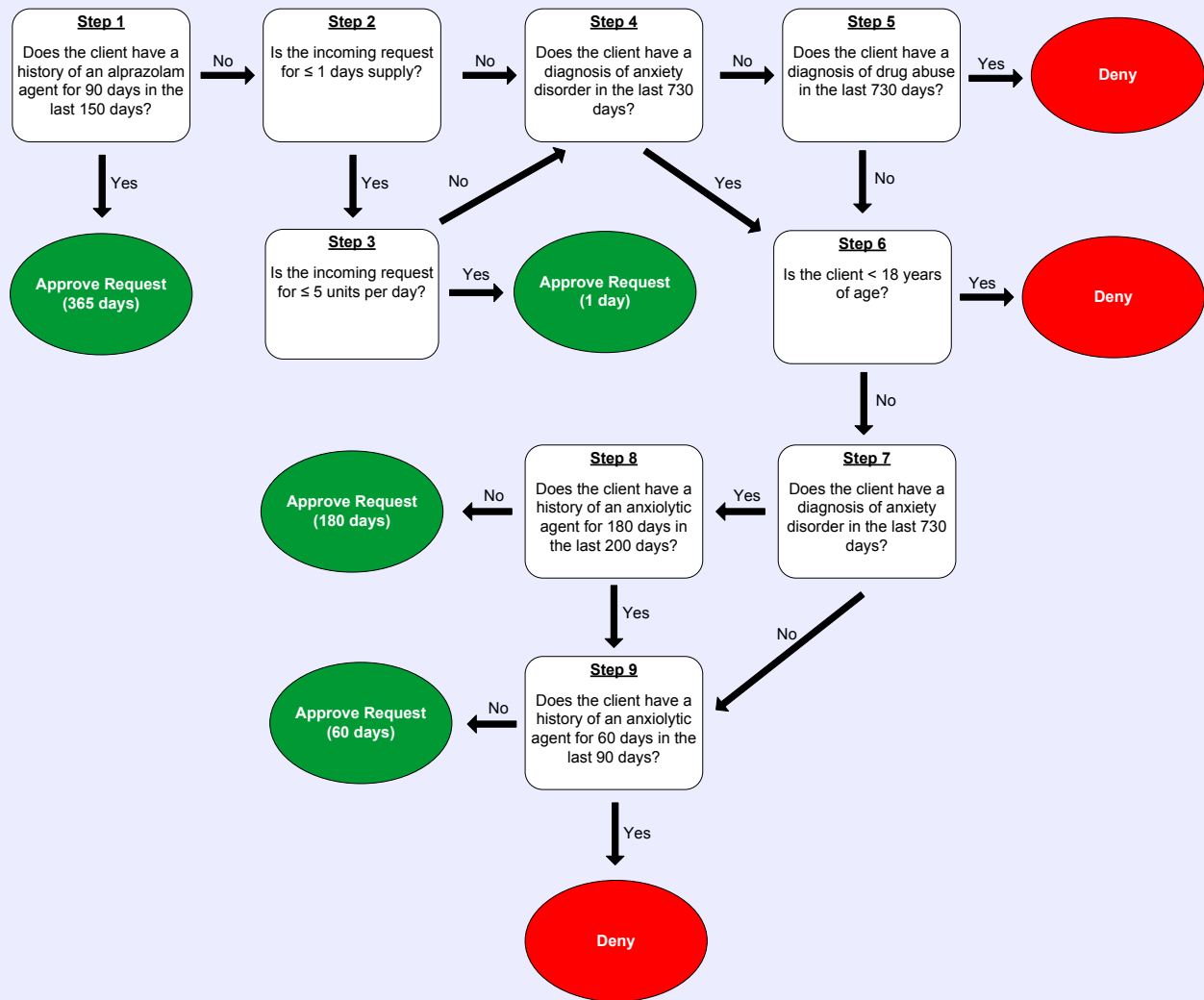
ASHs
Anxiolytics – Alprazolam
Clinical Edit Criteria Logic

Note: Click the hyperlink to view the supporting table.

1. Does the client have a history of an **alprazolam agent** for 90 days in the last 150 days?
 Yes (Approve – 365 days)
 No (Go to #2)
2. Is the incoming request for less than or equal to (\leq) 1 days supply?
 Yes (Go to #3)
 No (Go to #4)
3. Is the incoming request for less than or equal to (\leq) 5 units per day?
 Yes (Approve – 1 day)
 No (Go to #4)
4. Does the client have a **diagnosis of anxiety disorder** in the last 730 days?
 Yes (Go to #6)
 No (Go to #5)
5. Does the client have a **diagnosis of drug abuse** in the last 730 days?
 Yes (Deny)
 No (Go to #6)
6. Is the client less than ($<$) 18 years of age?
 Yes (Deny)
 No (Go to #7)
7. Does the client have a **diagnosis of anxiety disorder** in the last 730 days?
 Yes (Go to #8)
 No (Go to #9)
8. Does the client have a history of an **anxiolytic agent** for 180 days in the last 200 days?
 Yes (Go to #9)
 No (Approve – 180 days)
9. Does the client have a history of an **anxiolytic agent** for 60 days in the last 90 days?
 Yes (Deny)
 No (Approve – 60 days)



ASHs Anxiolytics – Alprazolam Clinical Edit Criteria Logic Diagram





ASHs
Anxiolytics – Buspirone
Drugs Requiring Prior Authorization

Drugs Requiring Prior Authorization	
Label Name	GCN
BUSPAR 5 MG TABLET	28890
BUSPAR 10 MG TABLET	28891
BUSPAR 15 MG TABLET	28892
BUSPIRONE HCL 5 MG TABLET	28890
BUSPIRONE HCL 7.5 MG TABLET	13037
BUSPIRONE HCL 10 MG TABLET	28891
BUSPIRONE HCL 15 MG TABLET	28892
BUSPIRONE HCL 30 MG TABLET	92121



ASHs Anxiolytics – Buspirone

Clinical Edit Criteria Logic

Note: Click the hyperlink to view the supporting table.

1. Does the client have a history of a **buspirone agent** for 90 days in the last 150 days?
 Yes (Approve – 365 days)
 No (Go to #2)
2. Is the incoming request for less than or equal to (\leq) 1 days supply?
 Yes (Go to #3)
 No (Go to #4)
3. Is the incoming request for less than or equal to (\leq) 5 units per day?
 Yes (Approve – 1 day)
 No (Go to #4)
4. Is the client less than ($<$) 6 years of age?
 Yes (Deny)
 No (Go to #5)
5. Is the client between 6 and 18 (≥ 6 and ≤ 18) years of age?
 Yes (Go to #6)
 No (Go to #9)
6. Does the client have a **diagnosis of anxiety disorder** in the last 730 days?
 Yes (Go to #7)
 No (Go to #8)
7. Does the client have a history of an **anxiolytic agent** for 60 days in the last 90 days?
 Yes (Deny)
 No (Approve – 60 days)
8. Does the client have a history of an **anxiolytic agent** for 30 days in the last 60 days?
 Yes (Deny)
 No (Approve – 30 days)
9. Does the client have a **diagnosis of anxiety disorder** in the last 730 days?
 Yes (Go to #10)
 No (Go to #11)

10. Does the client have a history of an **anxiolytic agent** for 180 days in the last 200 days?

Yes (Deny)

No (Approve – 180 days)

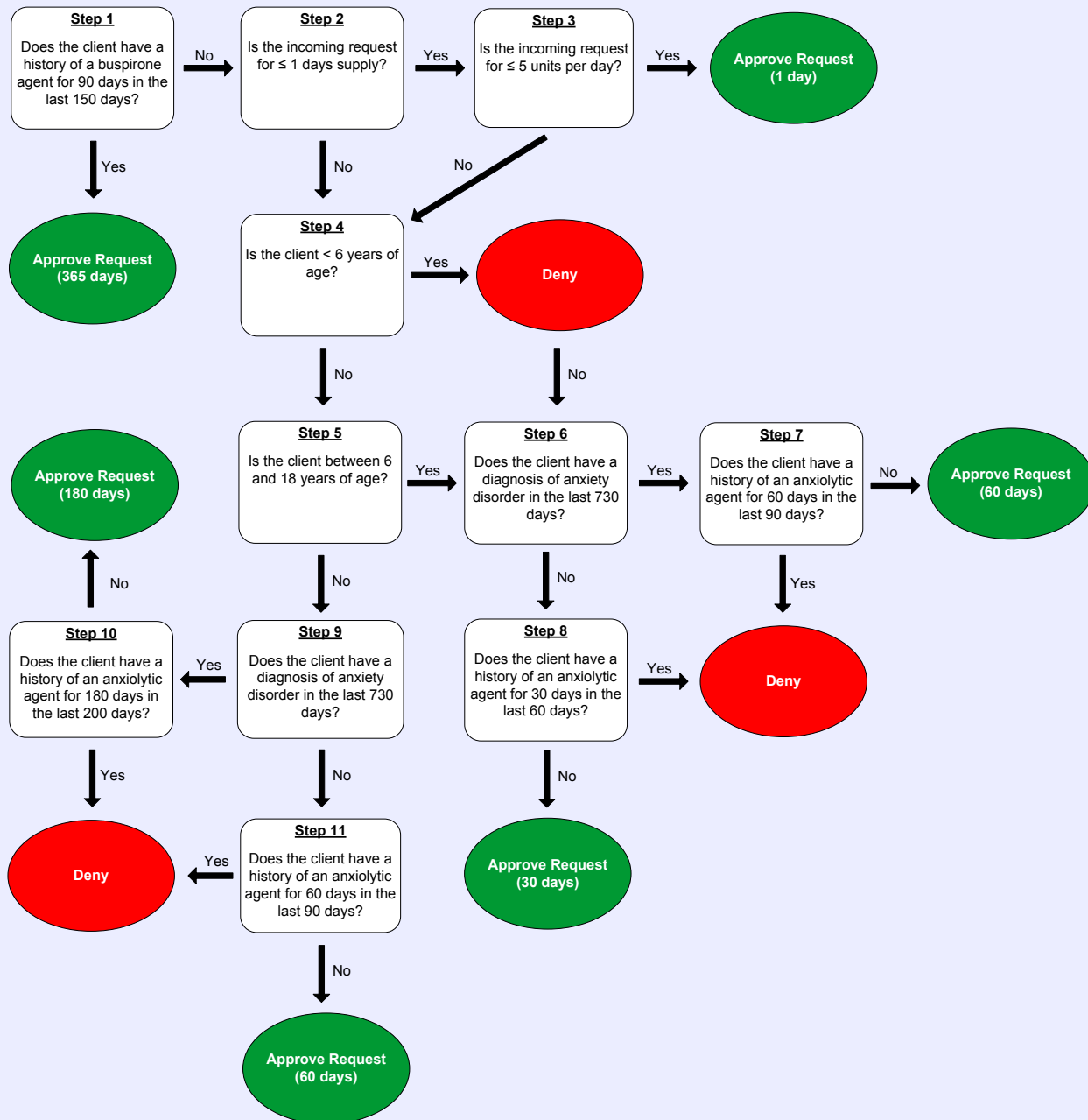
11. Does the client have a history of an **anxiolytic agent** for 60 days in the last 90 days?

Yes (Deny)

No (Approve – 60 days)



ASHs Anxiolytics – Buspirone Clinical Edit Criteria Logic Diagram





ASHs
**Anxiolytics – Chlordiazepoxide,
Meprobamate & Oxazepam**
Drugs Requiring Prior Authorization

Drugs Requiring Prior Authorization	
Label Name	GCN
CHLORDIAZEPOXIDE 5 MG CAPSULE	14033
CHLORDIAZEPOXIDE 10 MG CAPSULE	14031
CHLORDIAZEPOXIDE 25 MG CAPSULE	14032
MEPROBAMATE 200 MG TABLET	13801
MEPROBAMATE 400 MG TABLET	13802
OXAZEPAM 10 MG CAPSULE	14230
OXAZEPAM 15 MG CAPSULE	14231
OXAZEPAM 30 MG CAPSULE	14232



ASHs
**Anxiolytics – Chlordiazepoxide,
Meprobamate & Oxazepam**
Clinical Edit Criteria Logic

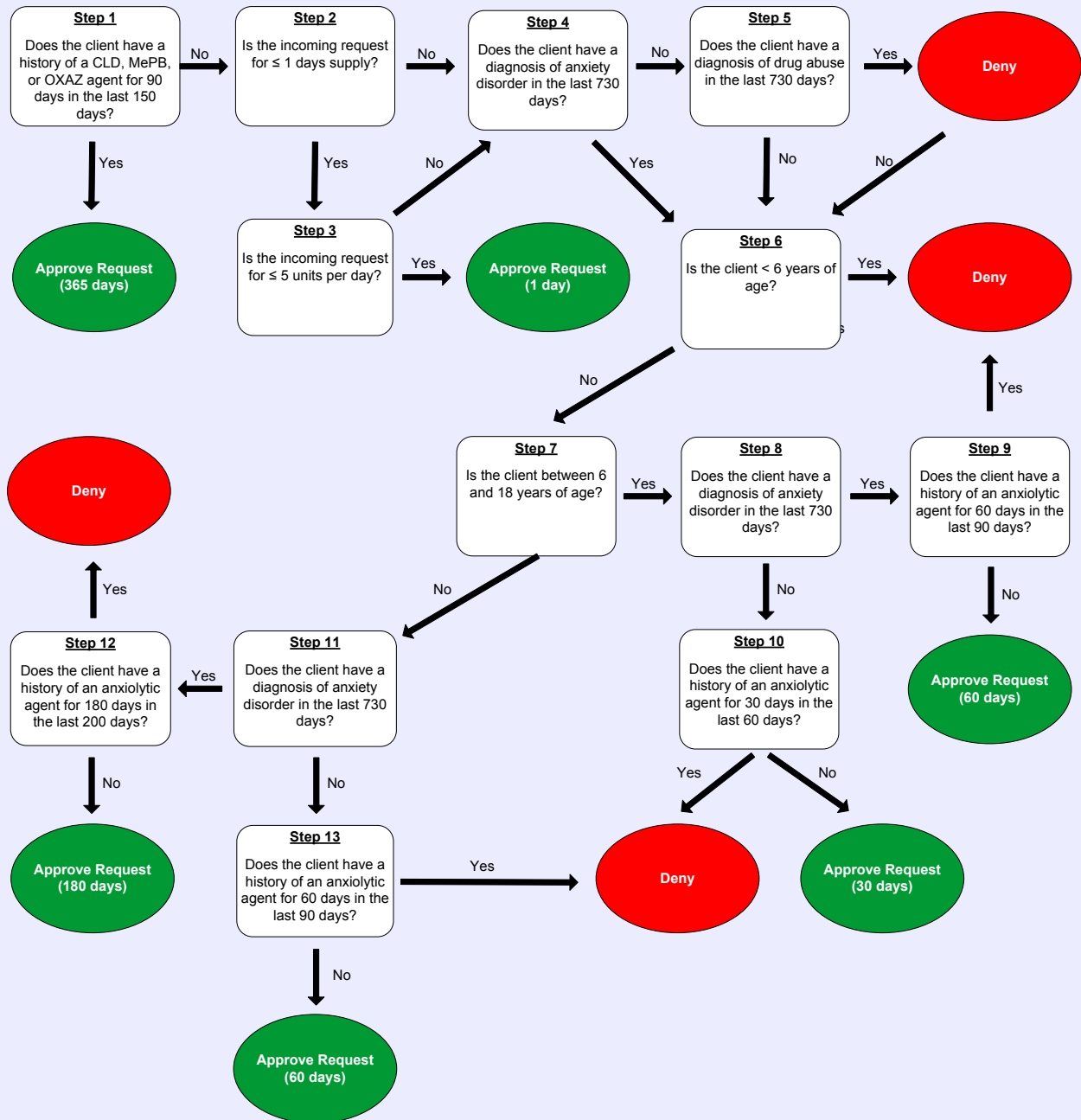
Note: Click the hyperlink to view the supporting table.

1. Does the client have a history of a **chlordiazepoxide (CLD), meprobamate (MePB), or oxazepam (OXAZ) agent** for 90 days in the last 150 days?
 Yes (Approve – 365 days)
 No (Go to #2)
2. Is the incoming request for less than or equal to (\leq) 1 days supply?
 Yes (Go to #3)
 No (Go to #4)
3. Is the incoming request for less than or equal to (\leq) 5 units per day?
 Yes (Approve – 1 day)
 No (Go to #4)
4. Does the client have a **diagnosis of anxiety disorder** in the last 730 days?
 Yes (Go to #6)
 No (Go to #5)
5. Does the client have a **diagnosis of drug abuse** in the last 730 days?
 Yes (Deny)
 No (Go to #6)
6. Is the client less than ($<$) 6 years of age?
 Yes (Deny)
 No (Go to #7)
7. Is the client between 6 and 18 (≥ 6 and ≤ 18) years of age?
 Yes (Go to #8)
 No (Go to #11)
8. Does the client have a **diagnosis of anxiety disorder** in the last 730 days?
 Yes (Go to #9)
 No (Go to #10)
9. Does the client have a history of an **anxiolytic agent** for 60 days in the last 90 days?
 Yes (Deny)
 No (Approve – 60 days)

10. Does the client have a history of an **anxiolytic agent** for 30 days in the last 60 days?
 Yes (Deny)
 No (Approve – 30 days)
11. Does the client have a **diagnosis of anxiety disorder** in the last 730 days?
 Yes (Go to #12)
 No (Go to #13)
12. Does the client have a history of an **anxiolytic agent** for 180 days in the last 200 days?
 Yes (Deny)
 No (Approve – 180 days)
13. Does the client have a history of an **anxiolytic agent** for 60 days in the last 90 days?
 Yes (Deny)
 No (Approve – 60 days)



ASHs Anxiolytics – Chlordiazepoxide, Meprobamate & Oxazepam Clinical Edit Criteria Logic Diagram





ASHs

Anxiolytics – Clonazepam & Diazepam
Drugs Requiring Prior Authorization

Drugs Requiring Prior Authorization	
Label Name	GCN
CLONAZEPAM 0.125 MG DIS TAB	19467
CLONAZEPAM 0.5 MG DIS TABLET	19469
CLONAZEPAM 1 MG DIS TABLET	19470
CLONAZEPAM 0.25 MG ODT	19468
CLONAZEPAM 2 MG ODT	19472
CLONAZEPAM 0.5 MG TABLET	17470
CLONAZEPAM 1 MG TABLET	17471
CLONAZEPAM 2 MG TABLET	17472
DIASTAT 2.5 MG PEDI SYSTEM	48131
DIASTAT ACUDIAL 5-7.5-10 MG KT	25598
DIASTAT ACUDIAL 12.5-15-20 MG	25599
DIAZEPAM 5-7.5-10 MG GEL KIT	25598
DIAZEPAM 5 MG/ML ORAL CONC	45500
DIAZEPAM 2.5 MG RECTAL GEL	48131
DIAZEPAM 20 MG RECTAL GEL	25599
DIAZEPAM 5 MG/5 ML SOLUTION	45560
DIAZEPAM 2 MG TABLET	14221
DIAZEPAM 5 MG TABLET	14222
DIAZEPAM 10 MG TABLET	14220
KLONOPIN 0.5 MG TABLET	17470
KLONOPIN 1 MG TABLET	17471
KLONOPIN 2 MG TABLET	17472



ASHs Anxiolytics – Clonazepam & Diazepam Clinical Edit Criteria Logic

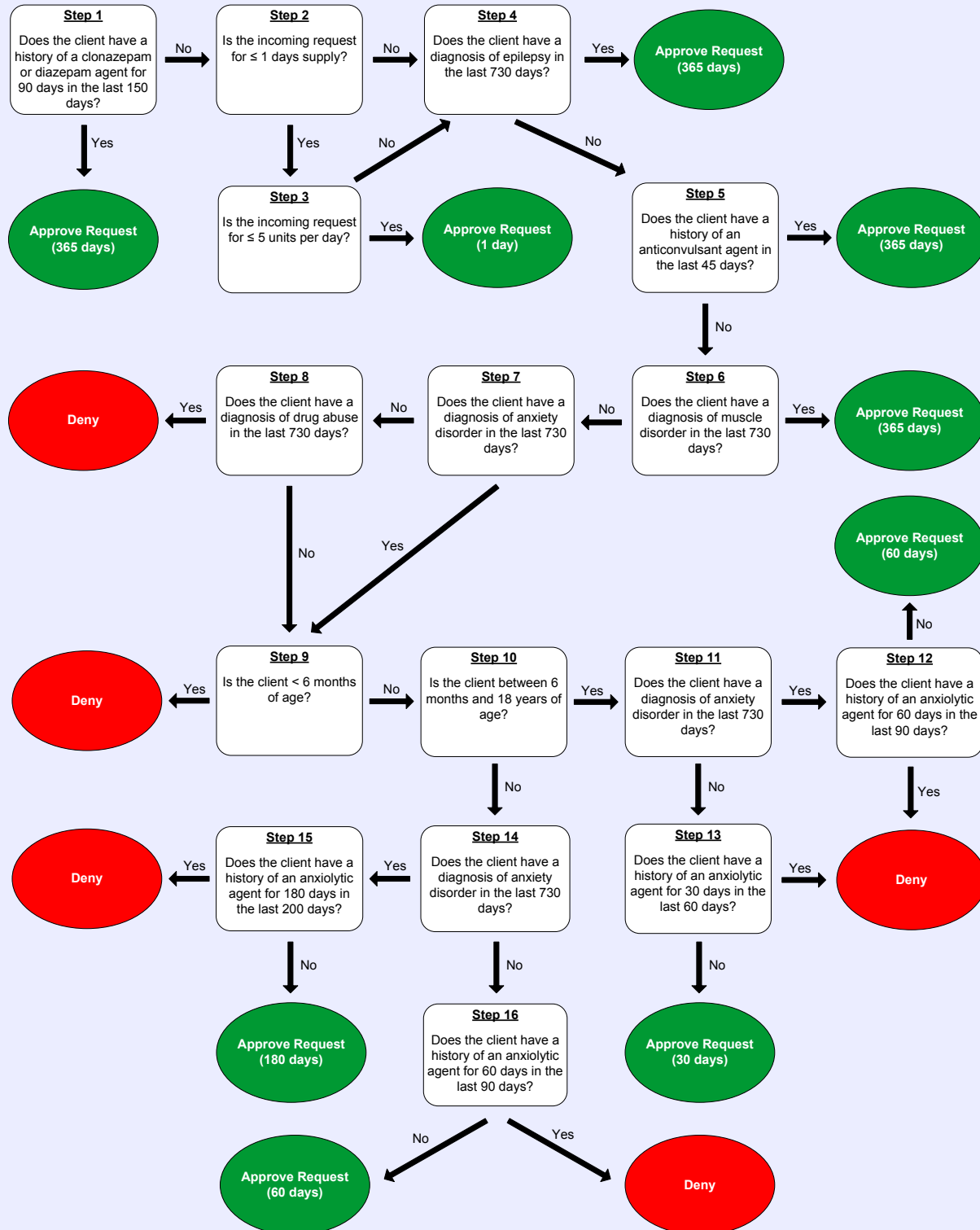
Note: Click the hyperlink to view the supporting table.

1. Does the client have a history of a **clonazepam or diazepam agent** for 90 days in the last 150 days?
 Yes (Approve – 365 days)
 No (Go to #2)
2. Is the incoming request for less than or equal to (\leq) 1 days supply?
 Yes (Go to #3)
 No (Go to #4)
3. Is the incoming request for less than or equal to (\leq) 5 units per day?
 Yes (Approve – 1 day)
 No (Go to #4)
4. Does the client have a **diagnosis of epilepsy** in the last 730 days?
 Yes (Approve – 365 days)
 No (Go to #5)
5. Does the client have a history of an **anticonvulsant agent** in the last 45 days?
 Yes (Approve – 365 days)
 No (Go to #6)
6. Does the client have a **diagnosis of muscle disorder** in the last 730 days?
 Yes (Approve – 365 days)
 No (Go to #7)
7. Does the client have a **diagnosis of anxiety disorder** in the last 730 days?
 Yes (Go to #9)
 No (Go to #8)
8. Does the client have a **diagnosis of drug abuse** in the last 730 days?
 Yes (Deny)
 No (Go to #9)
9. Is the client less than ($<$) 6 months of age?
 Yes (Deny)
 No (Go to #10)
10. Is the client between 6 months and 18 years (\geq 6 months and \leq 18 years) of age?
 Yes (Go to #11)
 No (Go to #14)

11. Does the client have a **diagnosis of anxiety disorder** in the last 730 days?
 Yes (Go to #12)
 No (Go to #13)
12. Does the client have a history of an **anxiolytic agent** for 60 days in the last 90 days?
 Yes (Deny)
 No (Approve – 60 days)
13. Does the client have a history of an **anxiolytic agent** for 30 days in the last 60 days?
 Yes (Deny)
 No (Approve – 30 days)
14. Does the client have a **diagnosis of anxiety disorder** in the last 730 days?
 Yes (Go to #15)
 No (Go to #16)
15. Does the client have a history of an **anxiolytic agent** for 180 days in the last 200 days?
 Yes (Deny)
 No (Approve – 180 days)
16. Does the client have a history of an **anxiolytic agent** for 60 days in the last 90 days?
 Yes (Deny)
 No (Approve – 60 days)



ASHs Anxiolytics – Clonazepam & Diazepam Clinical Edit Criteria Logic Diagram





ASHs
Anxiolytics – Clorazepate
Drugs Requiring Prior Authorization

Drugs Requiring Prior Authorization	
Label Name	GCN
CLORAZEPATE 3.75 MG TABLET	14092
CLORAZEPATE 7.5 MG TABLET	14093
CLORAZEPATE 15 MG TABLET	14090
TRANXENE SD 11.25 MG TABLET	14100
TRANXENE SD 22.5 MG TAB	14091
TRANXENE T-TAB 3.75 MG	14092
TRANXENE T-TAB 7.5 MG	14093
TRANXENE T-TAB 15 MG	14090



ASHs
Anxiolytics – Clorazepate
Clinical Edit Criteria Logic

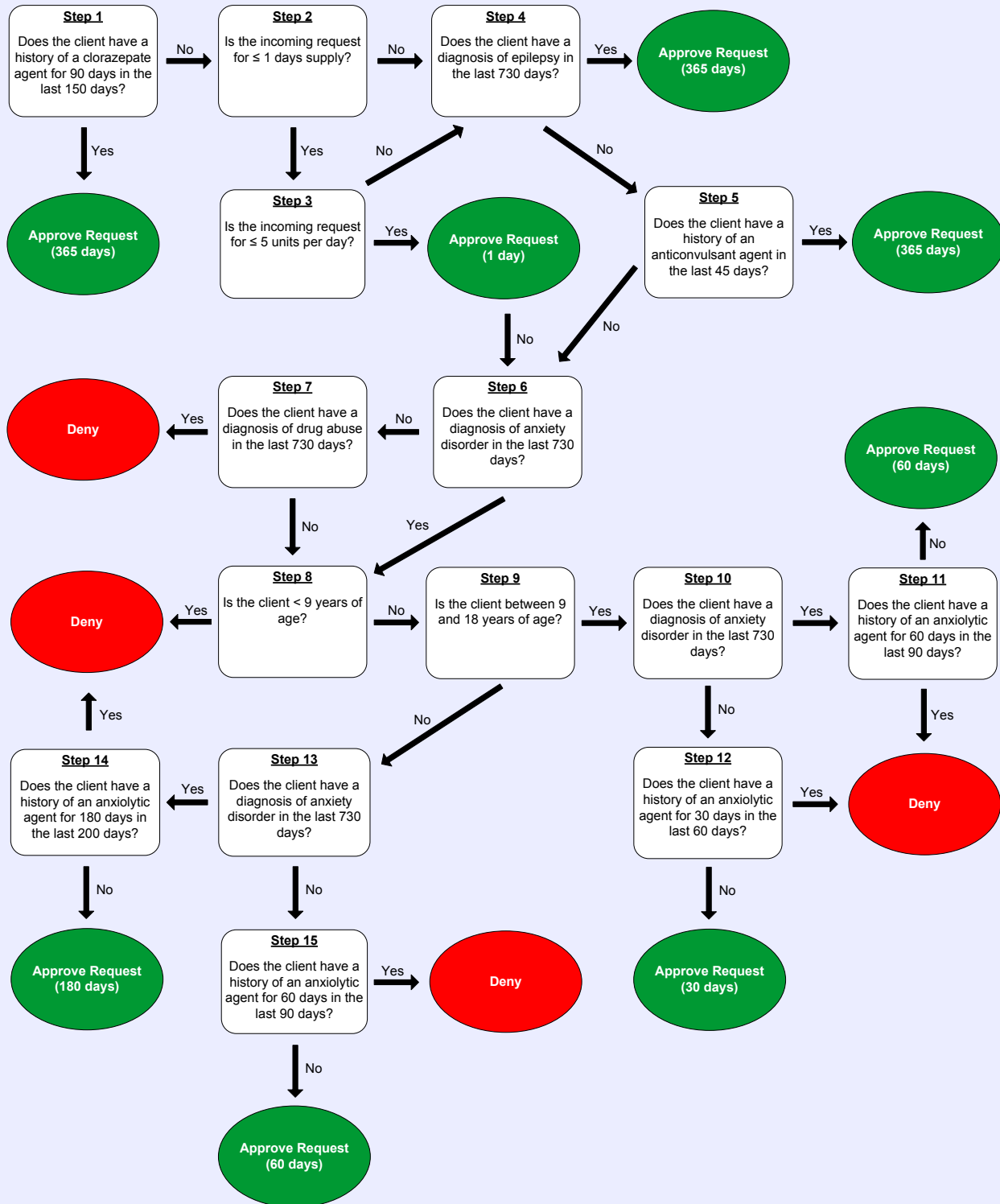
Note: Click the hyperlink to view the supporting table.

1. Does the client have a history of a **clorazepate agent** for 90 days in the last 150 days?
 Yes (Approve – 365 days)
 No (Go to #2)
2. Is the incoming request for less than or equal to (\leq) 1 days supply?
 Yes (Go to #3)
 No (Go to #4)
3. Is the incoming request for less than or equal to (\leq) 5 units per day?
 Yes (Approve – 1 day)
 No (Go to #4)
4. Does the client have a **diagnosis of epilepsy** in the last 730 days?
 Yes (Approve – 365 days)
 No (Go to #5)
5. Does the client have a history of an **anticonvulsant agent** in the last 45 days?
 Yes (Approve – 365 days)
 No (Go to #6)
6. Does the client have a **diagnosis of anxiety disorder** in the last 730 days?
 Yes (Go to #8)
 No (Go to #7)
7. Does the client have a **diagnosis of drug abuse** in the last 730 days?
 Yes (Deny)
 No (Go to #8)
8. Is the client less than ($<$) 9 years of age?
 Yes (Deny)
 No (Go to #9)
9. Is the client between 9 and 18 (≥ 9 and ≤ 18) years of age?
 Yes (Go to #10)
 No (Go to #13)
10. Does the client have a **diagnosis of anxiety disorder** in the last 730 days?
 Yes (Go to #11)
 No (Go to #12)

11. Does the client have a history of an **anxiolytic agent** for 60 days in the last 90 days?
 Yes (Deny)
 No (Approve – 60 days)
12. Does the client have a history of an **anxiolytic agent** for 30 days in the last 60 days?
 Yes (Deny)
 No (Approve – 30 days)
13. Does the client have a **diagnosis of anxiety disorder** in the last 730 days?
 Yes (Go to #14)
 No (Go to #15)
14. Does the client have a history of an **anxiolytic agent** for 180 days in the last 200 days?
 Yes (Deny)
 No (Approve 180 days)
15. Does the client have a history of an **anxiolytic agent** for 60 days in the last 90 days?
 Yes (Deny)
 No (Approve – 60 days)



ASHs Anxiolytics – Clorazepate Clinical Edit Criteria Logic Diagram





ASHs
Anxiolytics – Lorazepam
Drugs Requiring Prior Authorization

Drugs Requiring Prior Authorization	
Label Name	GCN
ATIVAN 0.5 MG TABLET	14160
ATIVAN 1 MG TABLET	14161
ATIVAN 2 MG TABLET	14162
ATIVAN 2 MG/ML VIAL	14140
ATIVAN 4 MG/ML VIAL	14141
LORAZEPAM 2 MG/ML ORAL CONCENT	19601
LORAZEPAM 0.5 MG TABLET	14160
LORAZEPAM 1 MG TABLET	14161
LORAZEPAM 2 MG TABLET	14162
LORAZEPAM 2 MG/ML VIAL	14140
LORAZEPAM 4 MG/ML VIAL	14141
LORAZEPAM INTENSOL 2 MG/ML	19601



ASHs Anxiolytics – Lorazepam Clinical Edit Criteria Logic

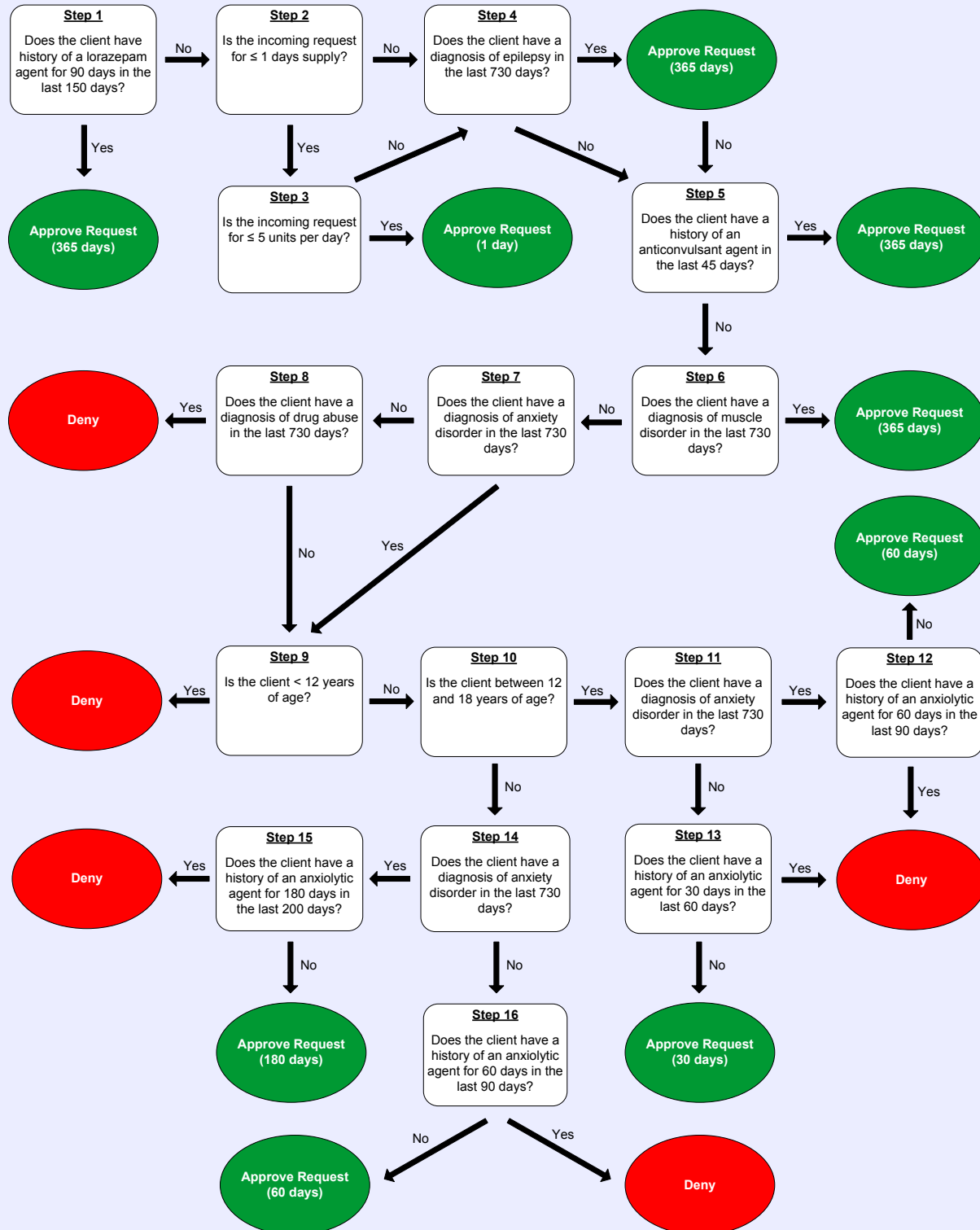
Note: Click the hyperlink to view the supporting table.

1. Does the client have a history of a **lorazepam agent** for 90 days in the last 150 days?
 Yes (Approve – 365 days)
 No (Go to #2)
2. Is the incoming request for less than or equal to (\leq) 1 days supply?
 Yes (Go to #3)
 No (Go to #4)
3. Is the incoming request for less than or equal to (\leq) 5 units per day?
 Yes (Approve – 1 day)
 No (Go to #4)
4. Does the client have a **diagnosis of epilepsy** in the last 730 days?
 Yes (Approve – 365 days)
 No (Go to #5)
5. Does the client have a history of an **anticonvulsant agent** in the last 45 days?
 Yes (Approve – 365 days)
 No (Go to #6)
6. Does the client have a **diagnosis of muscle disorder** in the last 730 days?
 Yes (Approve – 365 days)
 No (Go to #7)
7. Does the client have a **diagnosis of anxiety disorder** in the last 730 days?
 Yes (Go to #9)
 No (Go to #8)
8. Does the client have a **diagnosis of drug abuse** in the last 730 days?
 Yes (Deny)
 No (Go to #9)
9. Is the client less than ($<$) 12 years of age?
 Yes (Deny)
 No (Go to #10)
10. Is the client between 12 and 18 (≥ 12 and ≤ 18) years of age?
 Yes (Go to #11)
 No (Go to #14)

11. Does the client have a **diagnosis of anxiety disorder** in the last 730 days?
 Yes (Go to #12)
 No (Go to #13)
12. Does the client have a history of an **anxiolytic agent** for 60 days in the last 90 days?
 Yes (Deny)
 No (Approve – 60 days)
13. Does the client have a history of an **anxiolytic agent** for 30 days in the last 60 days?
 Yes (Deny)
 No (Approve – 30 days)
14. Does the client have a **diagnosis of anxiety disorder** in the last 730 days?
 Yes (Go to #15)
 No (Go to #16)
15. Does the client have a history of an **anxiolytic agent** for 180 days in the last 200 days?
 Yes (Deny)
 No (Approve 180 days)
16. Does the client have a history of an **anxiolytic agent** for 60 days in the last 90 days?
 Yes (Deny)
 No (Approve – 60 days)



ASHs Anxiolytics – Lorazepam Clinical Edit Criteria Logic Diagram





ASHs
Sedatives/Hypnotics – Adults
Drugs Requiring Prior Authorization

Drugs Requiring Prior Authorization	
Label Name	GCN
AMBIEN 5 MG TABLET	00870
AMBIEN 10 MG TABLET	00871
AMBIEN CR 6.25 MG TABLET	25456
AMBIEN CR 12.5 MG TABLET	25457
DORAL 15 MG TABLET	40870
EDLUAR 5 MG SL TABLET	26183
EDLUAR 10 MG SL TABLET	26182
ESTAZOLAM 1 MG TABLET	19181
ESTAZOLAM 2 MG TABLET	19182
HALCION 0.25 MG TABLET	14280
LUNESTA 1 MG TABLET	23927
LUNESTA 2 MG TABLET	23926
LUNESTA 3 MG TABLET	23925
RESTORIL 7.5 MG CAPSULE	13845
RESTORIL 15 MG CAPSULE	13840
RESTORIL 22.5 MG CAPSULE	24036
RESTORIL 30 MG CAPSULE	13841
SONATA 5 MG CAPSULE	92713
SONATA 10 MG CAPSULE	92723
TEMAZEPAM 7.5 MG CAPSULE	13845
TEMAZEPAM 15 MG CAPSULE	13840
TEMAZEPAM 22.5 MG CAPSULE	24036
TEMAZEPAM 30 MG CAPSULE	13841
TRIAZOLAM 0.125 MG TABLET	14282
TRIAZOLAM 0.25 MG TABLET	14280
ZALEPLON 5 MG CAPSULE	92713
ZALEPLON 10 MG CAPSULE	92723
ZOLPIDEM TART ER 6.25 MG TAB	25456
ZOLPIDEM TART ER 12.5 MG TAB	25457
ZOLPIDEM TARTRATE 5 MG TABLET	00870
ZOLPIDEM TARTRATE 10 MG TABLET	00871



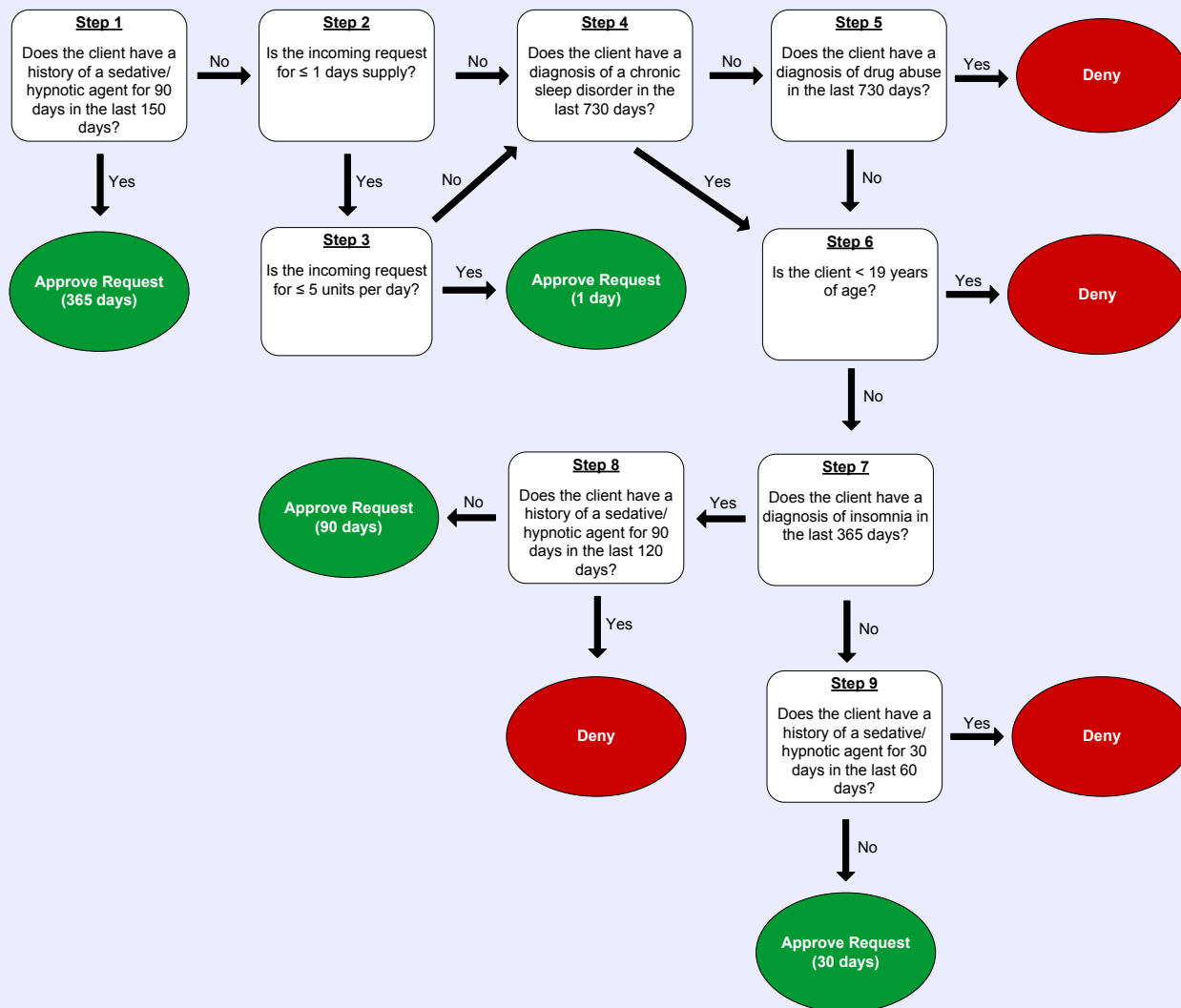
ASHs
Sedatives/Hypnotics – Adults
Clinical Edit Criteria Logic

Note: Click the hyperlink to view the supporting table.

1. Does the client have a history of a **sedative/hypnotic agent** for 90 days in the last 150 days?
 Yes (Approve – 365 days)
 No (Go to #2)
2. Is the incoming request for less than or equal to (\leq) 1 days supply?
 Yes (Go to #3)
 No (Go to #4)
3. Is the incoming request for less than or equal to (\leq) 5 units per day?
 Yes (Approve – 1 day)
 No (Go to #4)
4. Does the client have a **diagnosis of chronic sleep disorder** in the last 730 days?
 Yes (Go to #6)
 No (Go to #5)
5. Does the client have a **diagnosis of drug abuse** in the last 730 days?
 Yes (Deny)
 No (Go to #6)
6. Is the client less than ($<$) 19 years of age?
 Yes (Deny)
 No (Go to #7)
7. Does the client have a **diagnosis of insomnia** in the last 365 days?
 Yes (Go to #8)
 No (Go to #9)
8. Does the client have a history of a **sedative/hypnotic agent** for 90 days in the last 120 days?
 Yes (Deny)
 No (Approve – 90 days)
9. Does the client have a history of a **sedative/hypnotic agent** for 30 days in the last 60 days?
 Yes (Deny)
 No (Approve – 30 days)



ASHs Sedatives/Hypnotics – Adults Clinical Edit Criteria Logic Diagram





ASHs
**Sedatives/Hypnotics – Chloral Hydrate &
Butabarbital**
Drugs Requiring Prior Authorization

Drugs Requiring Prior Authorization	
Label Name	GCN
BUTISOL SODIUM 30 MG/5 ML ELX	13084
BUTISOL SODIUM 30 MG TABLET	13102
BUTISOL SODIUM 50 MG TABLET	13105
CHLORAL HYDRATE 500 MG/5 ML	13471
SOMNOTE 500 MG SOFTGEL	13433



ASHs
**Sedatives/Hypnotics – Chloral Hydrate &
Butabarbital**
Clinical Edit Criteria Logic

Note: Click the hyperlink to view the supporting table.

1. Does the client have a history of a **chloral hydrate or butabarbital agent** for 90 days in the last 150 days?
 Yes (Approve – 365 days)
 No (Go to #2)
2. Is the incoming request for less than or equal to (\leq) 1 days supply?
 Yes (Go to #3)
 No (Go to #4)
3. Is the incoming request for less than or equal to (\leq) 5 units per day?
 Yes (Approve – 1 day)
 No (Go to #4)
4. Does the client have a **diagnosis of chronic sleep disorder** in the last 730 days?
 Yes (Go to #6)
 No (Go to #5)
5. Does the client have a **diagnosis of drug abuse** in the last 730 days?
 Yes (Deny)
 No (Go to #6)
6. Is the client less than ($<$) 6 months of age?
 Yes (Deny)
 No (Go to #7)
7. Is the client between 6 months and 18 years (\geq 6 months and \leq 18 years) of age?
 Yes (Go to #8)
 No (Go to #11)
8. Does the client have a **diagnosis of insomnia** in the last 180 days?
 Yes (Go to #9)
 No (Go to #10)
9. Does the client have a history of a **sedative/hypnotic agent** for 30 days in the last 60 days?
 Yes (Deny)
 No (Approve – 30 days)

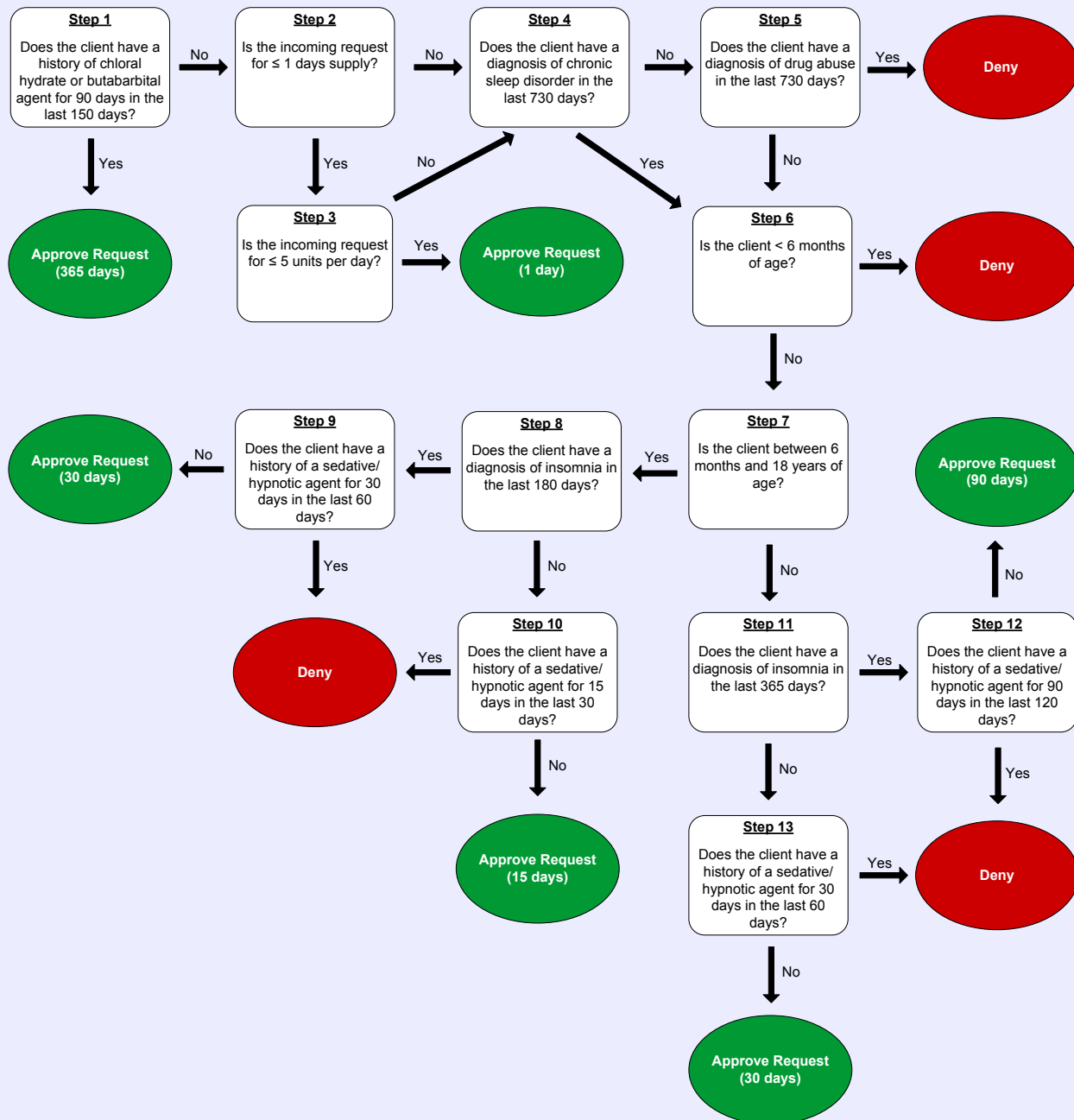
10. Does the client have a history of a **sedative/hypnotic agent** for 15 days in the last 30 days?
 Yes (Deny)
 No (Approve – 15 days)
11. Does the client have a **diagnosis of insomnia** in the last 365 days?
 Yes (Go to #12)
 No (Go to #13)
12. Does the client have a history of a **sedative/hypnotic agent** for 90 days in the last 120 days?
 Yes (Deny)
 No (Approve – 90 days)
13. Does the client have a history of a **sedative/hypnotic agent** for 30 days in the last 60 days?
 Yes (Deny)
 No (Approve – 30 days)



ASHs

Sedatives/Hypnotics – Chloral Hydrate & Butobarbital

Clinical Edit Criteria Logic Diagram





ASHs
Sedatives/Hypnotics – Flurazepam
Drugs Requiring Prior Authorization

Drugs Requiring Prior Authorization	
Label Name	GCN
FLURAZEPAM 15 MG CAPSULE	14250
FLURAZEPAM 30 MG CAPSULE	14251



ASHs
Sedatives/Hypnotics – Flurazepam
Clinical Edit Criteria Logic

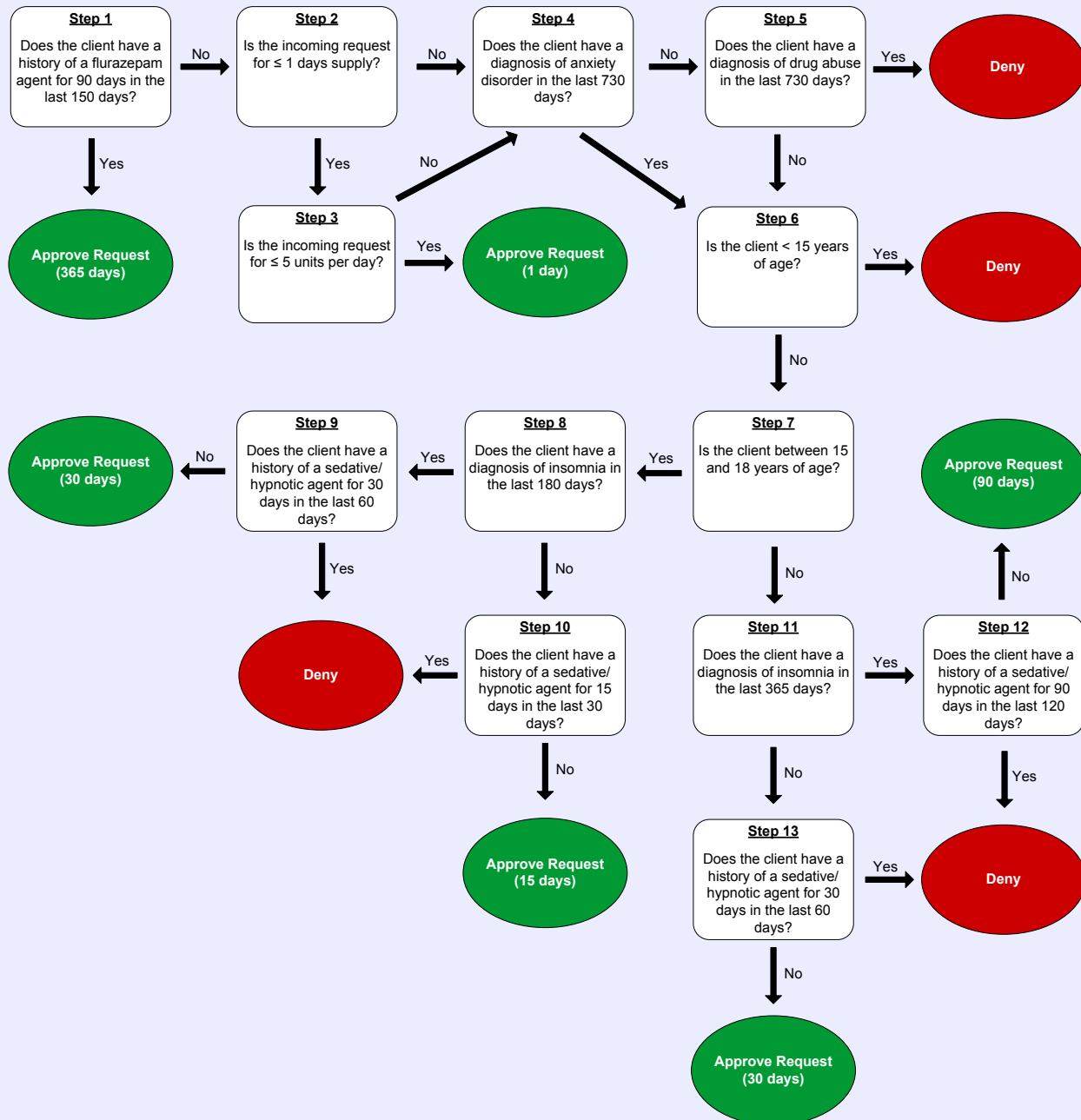
Note: Click the hyperlink to view the supporting table.

1. Does the client have a history of a **flurazepam agent** for 90 days in the last 150 days?
 Yes (Approve – 365 days)
 No (Go to #2)
2. Is the incoming request for less than or equal to (\leq) 1 days supply?
 Yes (Go to #3)
 No (Go to #4)
3. Is the incoming request for less than or equal to (\leq) 5 units per day?
 Yes (Approve – 1 day)
 No (Go to #4)
4. Does the client have a **diagnosis of chronic sleep disorder** in the last 730 days?
 Yes (Go to #6)
 No (Go to #5)
5. Does the client have a **diagnosis of drug abuse** in the last 730 days?
 Yes (Deny)
 No (Go to #6)
6. Is the client less than ($<$) 15 years of age?
 Yes (Deny)
 No (Go to #7)
7. Is the client between 15 and 18 (≥ 15 and ≤ 18) years of age?
 Yes (Go to #8)
 No (Go to #11)
8. Does the client have a **diagnosis of insomnia** in the last 180 days?
 Yes (Go to #9)
 No (Go to #10)
9. Does the client have a history of a **sedative/hypnotic agent** for 30 days in the last 60 days?
 Yes (Deny)
 No (Approve – 30 days)

10. Does the client have a history of a **sedative/hypnotic agent** for 15 days in the last 30 days?
 Yes (Deny)
 No (Approve – 15 days)
11. Does the client have a **diagnosis of insomnia** in the last 365 days?
 Yes (Go to #12)
 No (Go to #13)
12. Does the client have a history of a **sedative/hypnotic agent** for 90 days in the last 120 days?
 Yes (Deny)
 No (Approve – 90 days)
13. Does the client have a history of a **sedative/hypnotic agent** for 30 days in the last 60 days?
 Yes (Deny)
 No (Approve – 30 days)



ASHs Sedatives/Hypnotics – Flurazepam Clinical Edit Criteria Logic Diagram





ASHs
Sedatives/Hypnotics – Ramelteon
Drugs Requiring Prior Authorization

Drugs Requiring Prior Authorization	
Label Name	GCN
ROZEREM 8 MG TABLET	25202



ASHs
Sedatives/Hypnotics – Ramelteon
Clinical Edit Criteria Logic

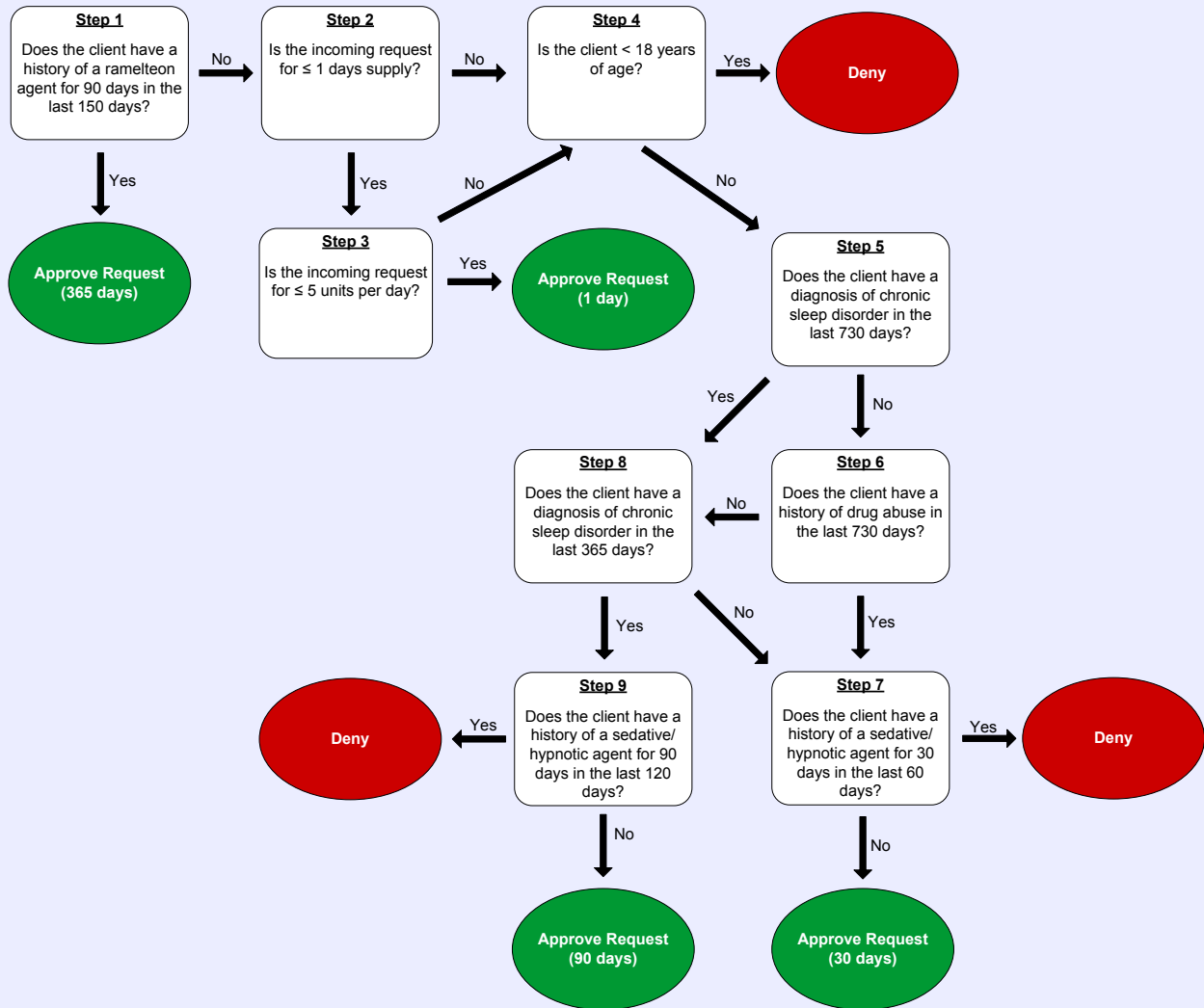
Note: Click the hyperlink to view the supporting table.

1. Does the client have a history of a **ramelteon agent** for 90 days in the last 150 days?
 Yes (Approve – 365 days)
 No (Go to #2)
2. Is the incoming request for less than or equal to (\leq) 1 days supply?
 Yes (Go to #3)
 No (Go to #4)
3. Is the incoming request for less than or equal to (\leq) 5 units per day?
 Yes (Approve – 1 day)
 No (Go to #4)
4. Is the client less than ($<$) 18 years of age?
 Yes (Deny)
 No (Go to #5)
5. Does the client have a **diagnosis of chronic sleep disorder** in the last 730 days?
 Yes (Go to #8)
 No (Go to #6)
6. Does the client have a **diagnosis of drug abuse** in the last 730 days?
 Yes (Go to #7)
 No (Go to #8)
7. Does the client have a history of a **sedative/hypnotic agent** for 30 days in the last 60 days?
 Yes (Deny)
 No (Approve - 30 days)
8. Does the client have a **diagnosis of chronic sleep disorder** in the last 365 days?
 Yes (Go to #9)
 No (Go to #7)

9. Does the client have a history of a **sedative/hypnotic agent** for 90 days in the last 120 days?
- Yes (Deny)
 - No (Approve – 90 days)



ASHs Sedatives/Hypnotics – Ramelteon Clinical Edit Criteria Logic Diagram





ASHs

Clinical Edit Criteria Supporting Tables

Alprazolam Agents	
History of prior therapy in the last 90 days	
Required quantity: 1	
Look back timeframe: 150 days	
Label Name	GCN
ALPRAZOLAM 0.25 MG ODT	24368
ALPRAZOLAM 0.5 MG ODT	24369
ALPRAZOLAM 1 MG ODT	24373
ALPRAZOLAM 2 MG ODT	24374
ALPRAZOLAM 1 MG/ML ORAL CONC	14264
ALPRAZOLAM 0.25 MG TABLET	14260
ALPRAZOLAM 0.5 MG TABLET	14261
ALPRAZOLAM 1 MG TABLET	14262
ALPRAZOLAM 2 MG TABLET	14263
ALPRAZOLAM ER 0.5 MG TABLET	17423
ALPRAZOLAM ER 1 MG TABLET	17424
ALPRAZOLAM ER 2 MG TABLET	17425
ALPRAZOLAM ER 3 MG TABLET	19681
ALPRAZOLAM POWDER	10130
ALPRAZOLAM XR 0.5 MG TABLET	17423
ALPRAZOLAM XR 1 MG TABLET	17424
ALPRAZOLAM XR 2 MG TABLET	17425
ALPRAZOLAM XR 3 MG TABLET	19681
GABAZOLAMINE CONVENIENCE PACK	98421
NIRAVAM 0.25 MG TABLET	24368
NIRAVAM 0.5 MG TABLET	24369
NIRAVAM 1 MG TABLET	24373
NIRAVAM 2 MG TABLET	24374
XANAX 0.25 MG TABLET	14260
XANAX 0.5 MG TABLET	14261
XANAX 1 MG TABLET	14262
XANAX 2 MG TABLET	14263
XANAX XR 0.5 MG TABLET	17423
XANAX XR 1 MG TABLET	17424

Alprazolam Agents	
History of prior therapy in the last 90 days	
Required quantity: 1	
Look back timeframe: 150 days	
Label Name	GCN
XANAX XR 2 MG TABLET	17425
XANAX XR 3 MG TABLET	19681

Anticonvulsant Agents	
History of prior therapy	
Required quantity: 1	
Look back timeframe: 45 days	
Label Name	GCN
BANZEL 40 MG/ML SUSPENSION	29462
BANZEL 200 MG TABLET	98836
BANZEL 400 MG TABLET	98837
CARBAMAZEPINE 100 MG/5 ML SUSP	47500
CARBAMAZEPINE 100 MG TAB CHEW	17460
CARBAMAZEPINE 200 MG TABLET	17450
CARBAMAZEPINE XR 200 MG TABLET	27821
CARBAMAZEPINE XR 400 MG TABLET	27822
CARBATROL ER 100 MG CAPSULE	23934
CARBATROL ER 200 MG CAPSULE	23932
CARBATROL ER 300 MG CAPSULE	23933
DEPAKENE 250 MG CAPSULE	17270
DEPAKENE 250 MG/5 ML SOLUTION	17280
DEPAKOTE 125 MG SPRINKLE CAP	17400
DEPAKOTE DR 125 MG TABLET	17292
DEPAKOTE DR 250 MG TABLET	17290
DEPAKOTE DR 500 MG TABLET	17291
DEPAKOTE ER 250 MG TABLET	18754
DEPAKOTE ER 500 MG TABLET	18040
DILANTIN 30 MG CAPSULE	17701
DILANTIN 100 MG CAPSULE	17700
DILANTIN 50 MG INFATAB	17250
DILANTIN 125 MG/5 ML SUSP	17241
DIVALPROEX SOD DR 125 MG TAB	17292
DIVALPROEX SOD DR 250 MG TAB	17290
DIVALPROEX SOD DR 500 MG TAB	17291

Anticonvulsant Agents	
History of prior therapy	
Required quantity: 1	
Look back timeframe: 45 days	
Label Name	GCN
DIVALPROEX SOD ER 250 MG TAB	18754
DIVALPROEX SOD ER 500 MG TAB	18040
DIVALPROEX SODIUM 125 MG CAP	17400
EPITOL 200 MG TABLET	17450
EQUETRO 100 MG CAPSULE	13781
EQUETRO 200 MG CAPSULE	13805
EQUETRO 300 MG CAPSULE	13818
ETHOSUXIMIDE 250 MG CAPSULE	17420
ETHOSUXIMIDE 250 MG/5 ML SYRP	17430
FELBATOL 600 MG/5 ML SUSP	38020
FELBATOL 400 MG TABLET	38021
FELBATOL 600 MG TABLET	38022
GABAPENTIN 100 MG CAPSULE	780
GABAPENTIN 300 MG CAPSULE	781
GABAPENTIN 400 MG CAPSULE	782
GABAPENTIN 250 MG/5 ML SOLN	13235
GABAPENTIN 600 MG TABLET	94624
GABAPENTIN 800 MG TABLET	94447
GABITRIL 2 MG TABLET	54681
GABITRIL 4 MG TABLET	37980
GABITRIL 12 MG TABLET	37981
GABITRIL 16 MG TABLET	37982
KEPPRA 100 MG/ML ORAL SOLN	20353
KEPPRA 250 MG TABLET	41587
KEPPRA 500 MG TABLET	41597
KEPPRA 750 MG TABLET	41586
KEPPRA 1,000 MG TABLET	86223
KEPPRA XR 500 MG TABLET	14305
KEPPRA XR 750 MG TABLET	20765
LAMICTAL 5 MG DISPER TABLET	64323
LAMICTAL 25 MG DISPER TABLET	64322
LAMICTAL 25 MG TABLET	64317
LAMICTAL 100 MG TABLET	64316
LAMICTAL 150 MG TABLET	64324

Anticonvulsant Agents	
History of prior therapy	
Required quantity: 1	
Look back timeframe: 45 days	
Label Name	GCN
LAMICTAL 200 MG TABLET	64325
LAMICTAL ODT 25 MG TABLET	23201
LAMICTAL ODT 50 MG TABLET	23096
LAMICTAL ODT 100 MG TABLET	23254
LAMICTAL ODT 200 MG TABLET	23274
LAMICTAL ODT START KIT (BLUE)	23294
LAMICTAL ODT START KIT (GREEN)	23309
LAMICTAL ODT START KT (ORANGE)	23293
LAMICTAL TAB START KIT (BLUE)	23969
LAMICTAL TAB START KIT (GREEN)	23972
LAMICTAL TB START KIT (ORANGE)	23973
LAMICTAL XR 25 MG TABLET	24693
LAMICTAL XR 50 MG TABLET	24697
LAMICTAL XR 100 MG TABLET	24703
LAMICTAL XR 200 MG TABLET	24739
LAMICTAL XR 300 MG TABLET	29725
LAMICTAL XR START KIT (BLUE)	24851
LAMICTAL XR START KIT (GREEN)	24856
LAMICTAL XR START KIT (ORANGE)	24869
LAMOTRIGINE 5 MG DISPER TABLET	64323
LAMOTRIGINE 25 MG DISPER TAB	64322
LAMOTRIGINE 25 MG TABLET	64317
LAMOTRIGINE 100 MG TABLET	64316
LAMOTRIGINE 150 MG TABLET	64324
LAMOTRIGINE 200 MG TABLET	64325
LEVETIRACETAM 100 MG/ML SOLN	20353
LEVETIRACETAM 250 MG TABLET	41587
LEVETIRACETAM 500 MG TABLET	41597
LEVETIRACETAM 750 MG TABLET	41586
LEVETIRACETAM 1,000 MG TABLET	86223
LYRICA 25 MG CAPSULE	23039
LYRICA 50 MG CAPSULE	23046
LYRICA 75 MG CAPSULE	23047
LYRICA 100 MG CAPSULE	23048

Anticonvulsant Agents	
History of prior therapy	
Required quantity: 1	
Look back timeframe: 45 days	
Label Name	GCN
LYRICA 150 MG CAPSULE	23049
LYRICA 200 MG CAPSULE	23051
LYRICA 225 MG CAPSULE	25019
LYRICA 300 MG CAPSULE	23052
MYSOLINE 50 MG TABLET	17322
MYSOLINE 250 MG TABLET	17321
NEURONTIN 100 MG CAPSULE	780
NEURONTIN 300 MG CAPSULE	781
NEURONTIN 400 MG CAPSULE	782
NEURONTIN 250 MG/5 ML SOLN	13235
NEURONTIN 600 MG TABLET	94624
NEURONTIN 800 MG TABLET	94447
OXCARBAZEPINE 300 MG/5 ML SUSP	21723
OXCARBAZEPINE 150 MG TABLET	21724
OXCARBAZEPINE 300 MG TABLET	21721
OXCARBAZEPINE 600 MG TABLET	21722
PEGANONE 250 MG TABLET	17260
PHENOBARBITAL 20 MG/5 ML ELIX	12956
PHENOBARBITAL 15 MG TABLET	12971
PHENOBARBITAL 16.2 MG TABLET	97706
PHENOBARBITAL 30 MG TABLET	12973
PHENOBARBITAL 32.4 MG TABLET	97965
PHENOBARBITAL 60 MG TABLET	12972
PHENOBARBITAL 64.8 MG TABLET	97966
PHENOBARBITAL 97.2 MG TABLET	97967
PHENOBARBITAL 100 MG TABLET	12975
PHENOBARBITAL 65 MG/ML VIAL	12894
PHENOBARBITAL 130 MG/ML VIAL	12892
PHENYTEK 200 MG CAPSULE	15038
PHENYTEK 300 MG CAPSULE	15037
PHENYTOIN 125 MG/5 ML SUSP	17241
PHENYTOIN 50 MG/ML VIAL	17200
PHENYTOIN 100 MG/2 ML VIAL	17200
PHENYTOIN 250 MG/5 ML VIAL	17200

Anticonvulsant Agents	
History of prior therapy	
Required quantity: 1	
Look back timeframe: 45 days	
Label Name	GCN
PHENYTOIN SOD EXT 100 MG CAP	17700
PHENYTOIN SOD EXT 200 MG CAP	15038
PHENYTOIN SOD EXT 300 MG CAP	15037
PRIMIDONE 50 MG TABLET	17322
PRIMIDONE 250 MG TABLET	17321
SABRIL 500 MG POWDER PACKET	64314
SABRIL 500 MG TABLET	64315
STAVZOR DR 125 MG CAPSULE	99981
STAVZOR DR 250 MG CAPSULE	99982
STAVZOR DR 500 MG CAPSULE	17220
TEGRETOL 100 MG/5 ML SUSP	47500
TEGRETOL 100 MG TABLET CHEW	17460
TEGRETOL 200 MG TABLET	17450
TEGRETOL XR 100 MG TABLET	27820
TEGRETOL XR 200 MG TABLET	27821
TEGRETOL XR 400 MG TABLET	27822
TOPAMAX 15 MG SPRINKLE CAP	36556
TOPAMAX 25 MG SPRINKLE CAP	36557
TOPAMAX 25 MG TABLET	36553
TOPAMAX 50 MG TABLET	36550
TOPAMAX 100 MG TABLET	36551
TOPAMAX 200 MG TABLET	36552
TOPIRAGEN 25 MG TABLET	36553
TOPIRAGEN 50 MG TABLET	36550
TOPIRAGEN 100 MG TABLET	36551
TOPIRAGEN 200 MG TABLET	36552
TOPIRAMATE 15 MG SPRINKLE CAP	36556
TOPIRAMATE 25 MG SPRINKLE CAP	36557
TOPIRAMATE 25 MG TABLET	36553
TOPIRAMATE 50 MG TABLET	36550
TOPIRAMATE 100 MG TABLET	36551
TOPIRAMATE 200 MG TABLET	36552
TRILEPTAL 300 MG/5 ML SUSP	21723
TRILEPTAL 150 MG TABLET	21724

Anticonvulsant Agents	
History of prior therapy	
Required quantity: 1	
Look back timeframe: 45 days	
Label Name	GCN
TRILEPTAL 300 MG TABLET	21721
TRILEPTAL 600 MG TABLET	21722
VALPROIC ACID 250 MG CAPSULE	17270
VALPROIC ACID 250 MG/5 ML SOLN	17280
VIMPAT 10 MG/ML SOLUTION	28643
VIMPAT 50 MG TABLET	14338
VIMPAT 100 MG TABLET	14339
VIMPAT 150 MG TABLET	14341
VIMPAT 200 MG TABLET	14342
ZARONTIN 250 MG CAPSULE	17420
ZARONTIN 250 MG/5 ML SYRUP	17430
ZONEGRAN 25 MG CAPSULE	20831
ZONEGRAN 100 MG CAPSULE	92219
ZONISAMIDE 25 MG CAPSULE	20831
ZONISAMIDE 50 MG CAPSULE	20833
ZONISAMIDE 100 MG CAPSULE	92219

Anxiety Disorder Diagnoses	
Required diagnosis: 1	
Look back timeframe: 730 days	
Code	Description
3080	STRESS REACT, EMOTIONAL
3081	STRESS REACTION, FUGUE
3082	STRESS REACT, PSYCHOMOT
3083	ACUTE STRESS REACT NEC
3084	STRESS REACT, MIXED DIS
3089	ACUTE STRESS REACT NOS
3090	ADJUSTMENT DISORDER WITH DEPRESSED MOOD
3091	PROLONG DEPRESSIVE REACT
3130	OVERANXIOUS DISORDER
29384	ANXIETY DISORDER IN CONDITIONS CLASSIFIED ELSEWHERE
30000	ANXIETY STATE NOS
30001	PANIC DISORDER WITHOUT AGORAPHOBIA

Anxiety Disorder Diagnoses	
Required diagnosis: 1	
Look back timeframe: 730 days	
Code	Description
30002	GENERALIZED ANXIETY DIS
30009	ANXIETY STATE NEC
30020	PHOBIA NOS
30021	AGORAPHOBIA WITH PANIC DISORDER
30022	AGORAPHOBIA W/O PANIC
30023	SOCIAL PHOBIA
30029	OTHER ISOLATED OR SPECIFIC PHOBIAS
30921	SEPARATION ANXIETY
30922	EMANCIPATION DISORDER
30923	ACADEMIC/WORK INHIBITION
30924	ADJUSTMENT DISORDER WITH ANXIETY
30928	ADJUSTMENT DISORDER WITH MIXED ANXIETY AND DEPRESSED MOOD
30929	ADJ REACT-EMOTION NEC
30981	POST TRAUMATIC STRESS DISORDER

Anxiolytic Agents	
History of prior therapy in the last 30, 60, or 180 days	
Required quantity: 1	
Look back timeframe: 60, 90, or 200 days	
Label Name	GCN
ALPRAZOLAM 0.25 MG ODT	24368
ALPRAZOLAM 0.25 MG TABLET	14260
ALPRAZOLAM 0.5 MG ODT	24369
ALPRAZOLAM 0.5 MG TABLET	14261
ALPRAZOLAM 1 MG ODT	24373
ALPRAZOLAM 1 MG TABLET	14262
ALPRAZOLAM 1 MG/ML ORAL CONC	14264
ALPRAZOLAM 2 MG ODT	24374
ALPRAZOLAM 2 MG TABLET	14263
ALPRAZOLAM ER 0.5 MG TABLET	17423
ALPRAZOLAM ER 1 MG TABLET	17424
ALPRAZOLAM ER 2 MG TABLET	17425
ALPRAZOLAM ER 3 MG TABLET	19681
ALPRAZOLAM XR 0.5 MG TABLET	17423

Anxiolytic Agents	
History of prior therapy in the last 30, 60, or 180 days	
Required quantity: 1	
Look back timeframe: 60, 90, or 200 days	
Label Name	GCN
ALPRAZOLAM XR 1 MG TABLET	17424
ALPRAZOLAM XR 2 MG TABLET	17425
ALPRAZOLAM XR 3 MG TABLET	19681
ATIVAN 0.5 MG TABLET	14160
ATIVAN 1 MG TABLET	14161
ATIVAN 2 MG TABLET	14162
ATIVAN 2 MG/ML VIAL	14140
ATIVAN 4 MG/ML VIAL	14141
BUSPAR 5 MG TABLET	28890
BUSPAR 10 MG TABLET	28891
BUSPAR 15 MG TABLET	28892
BUSPAR 30 MG TABLET	92121
BUSPIRONE HCL 5 MG TABLET	28890
BUSPIRONE HCL 7.5 MG TABLET	13037
BUSPIRONE HCL 10 MG TABLET	28891
BUSPIRONE HCL 15 MG TABLET	28892
BUSPIRONE HCL 30 MG TABLET	92121
CHLORDIAZEPOXIDE 5 MG CAPSULE	14033
CHLORDIAZEPOXIDE 10 MG CAPSULE	14031
CHLORDIAZEPOXIDE 25 MG CAPSULE	14032
CLONAZEPAM 0.125 MG DIS TAB	19467
CLONAZEPAM 0.25 MG DIS TABLET	19468
CLONAZEPAM 0.5 MG DIS TABLET	19469
CLONAZEPAM 1 MG DIS TABLET	19470
CLONAZEPAM 2 MG DIS TABLET	19472
CLONAZEPAM 0.5 MG TABLET	17470
CLONAZEPAM 1 MG TABLET	17471
CLONAZEPAM 2 MG TABLET	17472
CLORAZEPATE 3.75 MG TABLET	14092
CLORAZEPATE 7.5 MG TABLET	14093
CLORAZEPATE 15 MG TABLET	14090
DIASTAT 2.5 MG PEDI SYSTEM	48131
DIASTAT ACUDIAL 12.5-15-20 MG	25599
DIASTAT ACUDIAL 5-7.5-10 MG KT	25598

Anxiolytic Agents	
History of prior therapy in the last 30, 60, or 180 days	
Required quantity: 1	
Look back timeframe: 60, 90, or 200 days	
Label Name	GCN
DIAZEPAM 2.5 MG RECTAL GEL	48131
DIAZEPAM 10 MG RECTAL GEL	25598
DIAZEPAM 20 MG RECTAL GEL	25599
DIAZEPAM 2 MG TABLET	14221
DIAZEPAM 5 MG TABLET	14222
DIAZEPAM 10 MG TABLET	14220
DIAZEPAM 5 MG/ML ORAL CONC	45500
DIAZEPAM 5 MG/5 ML SOLUTION	45560
DIAZEPAM 5 MG/ML VIAL	14210
KLONOPIN 0.5 MG TABLET	17470
KLONOPIN 1 MG TABLET	17471
KLONOPIN 2 MG TABLET	17472
KLONOPIN WAFERS 0.125 MG	19467
KLONOPIN WAFERS 0.25 MG	19468
KLONOPIN WAFERS 0.5 MG	19469
KLONOPIN WAFERS 1 MG ODT	19470
KLONOPIN WAFERS 2 MG	19472
LIBRIUM 5 MG CAPSULE	14033
LIBRIUM 10 MG CAPSULE	14031
LIBRIUM 25 MG CAPSULE	14032
LORAZEPAM 2 MG/ML ORAL CONCENT	19601
LORAZEPAM 0.5 MG TABLET	14160
LORAZEPAM 1 MG TABLET	14161
LORAZEPAM 2 MG TABLET	14162
LORAZEPAM 2 MG/ML VIAL	14140
LORAZEPAM 4 MG/ML VIAL	14141
LORAZEPAM INTENSOL 2 MG/ML	19601
MEBARAL 32 MG TABLET	17482
MEBARAL 50 MG TABLET	17483
MEBARAL 100 MG TABLET	17480
MEPHOBARBITAL 32 MG TABLET	17482
MEPHOBARBITAL 50 MG TABLET	17483
MEPHOBARBITAL 100 MG TABLET	17480
MEPROBAMATE 200 MG TABLET	13801

Anxiolytic Agents	
History of prior therapy in the last 30, 60, or 180 days	
Required quantity: 1	
Look back timeframe: 60, 90, or 200 days	
Label Name	GCN
MEPROBAMATE 400 MG TABLET	13802
NIRAVAM 0.25 MG TABLET	24368
NIRAVAM 0.5 MG TABLET	24369
NIRAVAM 1 MG TABLET	24373
NIRAVAM 2 MG TABLET	24374
OXAZEPAM 10 MG CAPSULE	14230
OXAZEPAM 15 MG CAPSULE	14231
OXAZEPAM 30 MG CAPSULE	14232
SERAX 15 MG CAPSULE	14231
SERAX 30 MG CAPSULE	14232
TRANXENE SD 11.25 MG TABLET	14100
TRANXENE SD 22.5 MG TAB	14091
TRANXENE T-TAB 3.75 MG	14092
TRANXENE T-TAB 7.5 MG	14093
TRANXENE T-TAB 15 MG	14090
VALIUM 2 MG TABLET	14221
VALIUM 5 MG TABLET	14222
VALIUM 10 MG TABLET	14220
VALIUM 5 MG/ML VIAL	14210
VANSPAR 7.5 MG TABLET	13037
XANAX 0.25 MG TABLET	14260
XANAX 0.5 MG TABLET	14261
XANAX 1 MG TABLET	14262
XANAX 2 MG TABLET	14263
XANAX XR 0.5 MG TABLET	17423
XANAX XR 1 MG TABLET	17424
XANAX XR 2 MG TABLET	17425
XANAX XR 3 MG TABLET	19681

Buspirone Agents	
History of prior therapy in the last 90 days	
Required quantity: 1	
Look back timeframe: 150 days	
Label Name	GCN
BUSPAR 5 MG TABLET	28890
BUSPAR 10 MG TABLET	28891
BUSPAR 15 MG TABLET	28892
BUSPAR 30 MG TABLET	92121
BUSPIRONE HCL 5 MG TABLET	28890
BUSPIRONE HCL 7.5 MG TABLET	13037
BUSPIRONE HCL 10 MG TABLET	28891
BUSPIRONE HCL 15 MG TABLET	28892
BUSPIRONE HCL 30 MG TABLET	92121
VANSPAR 7.5 MG TABLET	13037

Chloral Hydrate and Butabarbital Agents	
History of prior therapy in the last 90 days	
Required quantity: 1	
Look back timeframe: 150 days	
Label Name	GCN
BUTISOL SODIUM 30 MG/5 ML ELX	13084
BUTISOL SODIUM 30 MG TABLET	13102
BUTISOL SODIUM 50 MG TABLET	13105
CHLORAL HYDRATE 500 MG/5 ML	13471
SOMNOTE 500 MG SOFTGEL	13433

Chlordiazepoxide, Meprobamate, and Oxazepam Agents	
History of prior therapy in the last 90 days	
Required quantity: 1	
Look back timeframe: 150 days	
Label Name	GCN
CHLORDIAZEPOXIDE 5 MG CAPSULE	14033
CHLORDIAZEPOXIDE 10 MG CAPSULE	14031
CHLORDIAZEPOXIDE 25 MG CAPSULE	14032
MEPROBAMATE 200 MG TABLET	13801
MEPROBAMATE 400 MG TABLET	13802

Chlordiazepoxide, Meprobamate, and Oxazepam Agents	
History of prior therapy in the last 90 days	
Required quantity: 1	
Look back timeframe: 150 days	
Label Name	GCN
OXAZEPAM 10 MG CAPSULE	14230
OXAZEPAM 15 MG CAPSULE	14231
OXAZEPAM 30 MG CAPSULE	14232

Chronic Sleep Disorder Diagnoses	
Required diagnosis: 1	
Look back timeframe: 365 or 730 days	
Code	Description
30740	NONORGANIC SLEEP DIS NOS
30742	PERSISTENT INSOMNIA
30745	CIRCADIAN RHYTHM SLEEP DISORDER OF NONORGANIC ORIGIN
32700	ORGANIC INSOMNIA, UNSPECIFIED.
32701	INSOMNIA DUE TO MEDICAL CONDITION CLASSIFIED ELSEWHERE.
32702	INSOMNIA DUE TO MENTAL DISORDER.
32709	OTHER ORGANIC INSOMNIA.
78050	SLEEP DISTURBANCE NOS
78052	INSOMNIA, UNSPECIFIED.
78055	DISRUPTION OF 24 HOUR SLEEP WAKE CYCLE, UNSPECIFIED.

Clonazepam and Diazepam Agents	
History of prior therapy in the past 90 days	
Required quantity: 1	
Look back timeframe: 150 days	
Label Name	GCN
CLONAZEPAM 0.125 MG DIS TAB	19467
CLONAZEPAM 0.5 MG DIS TABLET	19469
CLONAZEPAM 1 MG DIS TABLET	19470
CLONAZEPAM 0.25 MG ODT	19468
CLONAZEPAM 2 MG ODT	19472
CLONAZEPAM 0.5 MG TABLET	17470
CLONAZEPAM 1 MG TABLET	17471
CLONAZEPAM 2 MG TABLET	17472
DIASTAT 2.5 MG PEDI SYSTEM	48131

Clonazepam and Diazepam Agents	
History of prior therapy in the past 90 days	
Required quantity: 1	
Look back timeframe: 150 days	
Label Name	GCN
DIASTAT ACUDIAL 12.5-15-20 MG	25599
DIASTAT ACUDIAL 5-7.5-10 MG KT	25598
DIAZEPAM 5-7.5-10 MG GEL KIT	25598
DIAZEPAM 5 MG/ML ORAL CONC	45500
DIAZEPAM 2.5 MG RECTAL GEL	48131
DIAZEPAM 20 MG RECTAL GEL	25599
DIAZEPAM 5 MG/5 ML SOLUTION	45560
DIAZEPAM 2 MG TABLET	14221
DIAZEPAM 5 MG TABLET	14222
DIAZEPAM 10 MG TABLET	14220
KLONOPIN 0.5 MG TABLET	17470
KLONOPIN 1 MG TABLET	17471
KLONOPIN 2 MG TABLET	17472

Clorazepate Agents	
History of prior therapy in the past 90 days	
Required quantity: 1	
Look back timeframe: 150 days	
Label Name	GCN
CLORAZEPATE 3.75 MG TABLET	14092
CLORAZEPATE 7.5 MG TABLET	14093
CLORAZEPATE 15 MG TABLET	14090
TRANXENE SD 11.25 MG TABLET	14100
TRANXENE SD 22.5 MG TAB	14091
TRANXENE T-TAB 3.75 MG	14092
TRANXENE T-TAB 7.5 MG	14093
TRANXENE T-TAB 15 MG	14090

Drug Abuse Diagnoses	
Required diagnosis: 1	
Look back timeframe: 730 days	
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
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

Drug Abuse Diagnoses	
Required diagnosis: 1	
Look back timeframe: 730 days	
Code	Description
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
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

Drug Abuse Diagnoses	
Required diagnosis: 1	
Look back timeframe: 730 days	
Code	Description
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

Epilepsy Diagnoses	
Required diagnosis: 1	
Look back timeframe: 730 days	
Code	Description
3452	PETIT MAL STATUS
3453	GRAND MAL STATUS
34500	GEN NONCV EP W/O INTR EP
34501	GEN NONCONV EP W INTR EP
34510	GEN CNV EPIL W/O INTR EP
34511	GEN CNV EPIL W INTR EPIL
34540	LOCALIZATION-RELATED (FOCAL) (PARTIAL) EPILEPSY AND EPILEPTIC SYNDROMES WITH COMPLEX PARTIAL SEIZURES, WITHOUT MENTION OF INTRACTABLE EPILEPSY
34541	LOCALIZATION-RELATED (FOCAL) (PARTIAL) EPILEPSY AND EPILEPTIC SYNDROMES WITH COMPLEX PARTIAL SEIZURES, WITH INTRACTABLE EPILEPSY
34550	LOCALIZATION-RELATED (FOCAL) (PARTIAL) EPILEPSY AND EPILEPTIC SYNDROMES WITH SIMPLE PARTIAL SEIZURES, WITHOUT MENTION OF INTRACTABLE EPILEPSY
34551	LOCALIZATION-RELATED (FOCAL) (PARTIAL) EPILEPSY AND EPILEPTIC SYNDROMES WITH SIMPLE PARTIAL SEIZURES, WITH INTRACTABLE EPILEPSY
34560	INF SPASM W/O INTR EPIL
34561	INF SPASM W INTRACT EPIL
34570	EPIL PAR CONT W/O INT EP
34571	EPIL PAR CONT W INTR EPI
34580	OTHER FORMS OF EPILEPSY AND RECURRENT SEIZURES, WITHOUT MENTION OF INTRACTABLE EPILEPSY
34581	OTHER FORMS OF EPILEPSY AND RECURRENT SEIZURES, WITH INTRACTABLE EPILEPSY

Epilepsy Diagnoses	
Required diagnosis: 1 Look back timeframe: 730 days	
Code	Description
34590	EPILEP NOS W/O INTR EPIL
34591	EPILEPSY NOS W INTR EPIL

Flurazepam Agents	
History of prior therapy in the past 90 days Required quantity: 1 Look back timeframe: 150 days	
Description	GCN
FLURAZEPAM 15 MG CAPSULE	14250
FLURAZEPAM 30 MG CAPSULE	14251

Insomnia Diagnoses	
Required diagnosis: 1 Look back timeframe: 180 or 365 days	
Code	Description
30742	PERSISTENT INSOMNIA
32701	INSOMNIA DUE TO MEDICAL CONDITION CLASSIFIED ELSEWHERE.
32702	INSOMNIA DUE TO MENTAL DISORDER.

Lorazepam Agents	
History of prior therapy in the past 90 days Required quantity: 1 Look back timeframe: 150 days	
Label Name	GCN
ATIVAN 0.5 MG TABLET	14160
ATIVAN 1 MG TABLET	14161
ATIVAN 2 MG TABLET	14162
ATIVAN 2 MG/ML VIAL	14140
ATIVAN 4 MG/ML VIAL	14141
LORAZEPAM 0.5 MG TABLET	14160
LORAZEPAM 1 MG TABLET	14161
LORAZEPAM 2 MG/ML ORAL CONCENT	19601
LORAZEPAM 2 MG TABLET	14162

Lorazepam Agents	
History of prior therapy in the past 90 days	
Required quantity: 1	
Look back timeframe: 150 days	
Label Name	GCN
LORAZEPAM 2 MG/ML VIAL	14140
LORAZEPAM 4 MG/ML VIAL	14141
LORAZEPAM INTENSOL 2 MG/ML	19601

Muscle Disorder Diagnoses	
Required diagnosis: 1	
Look back timeframe: 730 days	
Code	Description
340	MULTIPLE SCLEROSIS
3330	DEGEN BASAL GANGLIA NEC
3331	TREMOR NEC
3332	MYOCLONUS
3333	TICS OF ORGANIC ORIGIN
3334	HUNTINGTON'S CHOREA
3335	CHOREA NEC
3336	GENETIC TORSION DYSTONIA
3337	SYMPTOM TORSION DYSTONIA
3430	CONGENITAL DIPLEGIA
3431	CONGENITAL HEMIPLEGIA
3432	CONGENITAL QUADRIPLÉGIA
3433	CONGENITAL MONOPLÉGIA
3434	INFANTILE HEMIPLEGIA
3438	CEREBRAL PALSY NEC
3439	CEREBRAL PALSY NOS
3441	PARAPLEGIA NOS
3442	DIPLEGIA OF UPPER LIMBS
3445	MONOPLÉGIA NOS
3449	PARALYSIS NOS
3592	MYOTONIC DISORDERS
7810	ABN INVOLUN MOVEMENT NEC
7817	TETANY
8052	FX DORSAL VERTEBRA-CLOSE
8053	FX DORSAL VERTEBRA-OPEN
8054	FX LUMBAR VERTEBRA-CLOSE
8055	FX LUMBAR VERTEBRA-OPEN

Muscle Disorder Diagnoses	
Required diagnosis: 1	
Look back timeframe: 730 days	
Code	Description
8056	FX SACRUM/COCCYX-CLOSED
8057	FX SACRUM/COCCYX-OPEN
8058	VERTEBRAL FX NOS-CLOSED
8059	VERTEBRAL FX NOS-OPEN
8064	CL LUMBAR FX W CORD INJ
8065	OPN LUMBAR FX W CORD INJ
8068	VERT FX NOS-CL W CRD INJ
8069	VERT FX NOS-OP W CRD INJ
9072	LATE EFF SPINAL CORD INJ
9522	LUMBAR SPINAL CORD INJUR
9523	SACRAL SPINAL CORD INJUR
9524	CAUDA EQUINA INJURY
9528	SPIN CORD INJ-MULT SITE
9529	SPINAL CORD INJURY NOS
33371	ATHETOID CEREBRAL PALSY
33372	ACUTE DYSTONIA DUE TO DRUGS
33379	OTHER ACQUIRED TORSION DYSTONIA
33381	BLEPHAROSPASM
33382	OROFACIAL DYSKINESIA
33383	SPASMODIC TORTICOLLIS
33384	ORGANIC WRITERS' CRAMP
33385	SUBACUTE DYSKINESIA DUE TO DRUGS
33389	FRAGM TORSION DYSTON NEC
33390	EXTRAPYRAMIDAL DIS NOS
33391	STIFF-MAN SYNDROME
33392	NEUROLEPTIC MALGNT SYND
33393	BNIGN SHUDDERING ATTACKS
33394	RESTLESS LEGS SYNDROME
33399	EXTRAPYRAMIDAL DIS NEC
34200	FLCCD HMIPLGA UNSPF SIDE
34201	FLCCD HMIPLGA DOMNT SIDE
34202	FLCCD HMIPLG NONDMNT SDE
34210	SPSTC HMIPLGA UNSPF SIDE
34211	SPSTC HMIPLGA DOMNT SIDE
34212	SPSTC HMIPLG NONDMNT SDE
34280	OT SP HMIPLGA UNSPF SIDE
34281	OT SP HMIPLGA DOMNT SIDE

Muscle Disorder Diagnoses	
Required diagnosis: 1	
Look back timeframe: 730 days	
Code	Description
34282	OT SP HMIPLG NONDMNT SDE
34290	UNSP HEMIPLGA UNSPF SIDE
34291	UNSP HEMIPLGA DOMNT SIDE
34292	UNSP HMIPLGA NONDMNT SDE
34400	QUADRIPLEGIA, UNSPECIFD
34401	QUADRPLG C1-C4, COMPLETE
34402	QUADRPLG C1-C4, INCOMPLT
34403	QUADRPLG C5-C7, COMPLETE
34404	QUADRPLG C5-C7, INCOMPLT
34409	OTHER QUADRIPLEGIA
34430	MONPLGA LWR LMB UNSP SDE
34431	MONPLGA LWR LMB DMNT SDE
34432	MNPLG LWR LMB NONDMNT SD
34440	MONPLGA UPR LMB UNSP SDE
34441	MONPLGA UPR LMB DMNT SDE
34442	MNPLG UPR LMB NONDMNT SD
34460	CAUDA EQUINA SYND NOS
34461	NEUROGENIC BLADDER
34481	LOCKED-IN STATE
34489	OTH SPCF PARALYTIC SYND
35921	MYOTONIC MUSCULAR DYSTROPHY
35922	MYOTONIA CONGENITA
35923	MYOTONIC CHONDRODYSTROPHY
35924	DRUG INDUCED MYOTONIA
35929	OTHER SPECIFIED MYOTONIC DISORDER
72885	SPASM OF MUSCLE
80500	FX CERVICAL VERT NOS-CL
80501	FX C1 VERTEBRA-CLOSED
80502	FX C2 VERTEBRA-CLOSED
80503	FX C3 VERTEBRA-CLOSED
80504	FX C4 VERTEBRA-CLOSED
80505	FX C5 VERTEBRA-CLOSED
80506	FX C6 VERTEBRA-CLOSED
80507	FX C7 VERTEBRA-CLOSED
80508	FX MULT CERVICAL VERT-CL
80510	FX CERVICAL VERT NOS-OPN
80511	FX C1 VERTEBRA-OPEN

Muscle Disorder Diagnoses	
Required diagnosis: 1	
Look back timeframe: 730 days	
Code	Description
80512	FX C2 VERTEBRA-OPEN
80513	FX C3 VERTEBRA-OPEN
80514	FX C4 VERTEBRA-OPEN
80515	FX C5 VERTEBRA-OPEN
80516	FX C6 VERTEBRA-OPEN
80517	FX C7 VERTEBRA-OPEN
80518	FX MLT CERVICAL VERT-OPN
80600	C1-C4 FX-CL/CORD INJ NOS
80601	C1-C4 FX-CL/COM CORD LES
80602	C1-C4 FX-CL/ANT CORD SYN
80603	C1-C4 FX-CL/CEN CORD SYN
80604	C1-C4 FX-CL/CORD INJ NEC
80605	C5-C7 FX-CL/CORD INJ NOS
80606	C5-C7 FX-CL/COM CORD LES
80607	C5-C7 FX-CL/ANT CORD SYN
80608	C5-C7 FX-CL/CEN CORD SYN
80609	C5-C7 FX-CL/CORD INJ NEC
80610	C1-C4 FX-OP/CORD INJ NOS
80611	C1-C4 FX-OP/COM CORD LES
80612	C1-C4 FX-OP/ANT CORD SYN
80613	C1-C4 FX-OP/CEN CORD SYN
80614	C1-C4 FX-OP/CORD INJ NEC
80615	C5-C7 FX-OP/CORD INJ NOS
80616	C5-C7 FX-OP/COM CORD LES
80617	C5-C7 FX-OP/ANT CORD SYN
80618	C5-C7 FX-OP/CEN CORD SYN
80619	C5-C7 FX-OP/CORD INJ NEC
80620	T1-T6 FX-CL/CORD INJ NOS
80621	T1-T6 FX-CL/COM CORD LES
80622	T1-T6 FX-CL/ANT CORD SYN
80623	T1-T6 FX-CL/CEN CORD SYN
80624	T1-T6 FX-CL/CORD INJ NEC
80625	T7-T12 FX-CL/CRD INJ NOS
80626	T7-T12 FX-CL/COM CRD LES
80627	T7-T12 FX-CL/ANT CRD SYN
80628	T7-T12 FX-CL/CEN CRD SYN
80629	T7-T12 FX-CL/CRD INJ NEC

Muscle Disorder Diagnoses	
Required diagnosis: 1	
Look back timeframe: 730 days	
Code	Description
80630	T1-T6 FX-OP/CORD INJ NOS
80631	T1-T6 FX-OP/COM CORD LES
80632	T1-T6 FX-OP/ANT CORD SYN
80633	T1-T6 FX-OP/CEN CORD SYN
80634	T1-T6 FX-OP/CORD INJ NEC
80635	T7-T12 FX-OP/CRD INJ NOS
80636	T7-T12 FX-OP/COM CRD LES
80637	T7-T12 FX-OP/ANT CRD SYN
80638	T7-T12 FX-OP/CEN CRD SYN
80639	T7-T12 FX-OP/CRD INJ NEC
80660	FX SACRUM-CL/CRD INJ NOS
80661	FX SACR-CL/CAUDA EQU LES
80662	FX SACR-CL/CAUDA INJ NEC
80669	FX SACRUM-CL/CRD INJ NEC
80670	FX SACRUM-OP/CRD INJ NOS
80671	FX SACR-OP/CAUDA EQU LES
80672	FX SACR-OP/CAUDA INJ NEC
80679	FX SACRUM-OP/CRD INJ NEC
95200	C1-C4 SPIN CORD INJ NOS
95201	COMPLETE LES CORD/C1-C4
95202	ANTERIOR CORD SYND/C1-C4
95203	CENTRAL CORD SYND/C1-C4
95204	C1-C4 SPIN CORD INJ NEC
95205	C5-C7 SPIN CORD INJ NOS
95206	COMPLETE LES CORD/C5-C7
95207	ANTERIOR CORD SYND/C5-C7
95208	CENTRAL CORD SYND/C5-C7
95209	C5-C7 SPIN CORD INJ NEC
95210	T1-T6 SPIN CORD INJ NOS
95211	COMPLETE LES CORD/T1-T6
95212	ANTERIOR CORD SYND/T1-T6
95213	CENTRAL CORD SYND/T1-T6
95214	T1-T6 SPIN CORD INJ NEC
95215	T7-T12 SPIN CORD INJ NOS
95216	COMPLETE LES CORD/T7-T12
95217	ANTERIOR CORD SYN/T7-T12
95218	CENTRAL CORD SYN/T7-T12

Muscle Disorder Diagnoses	
Required diagnosis: 1	
Look back timeframe: 730 days	
Code	Description
95219	T7-T12 SPIN CORD INJ NEC

Ramelteon Agents	
History of prior therapy in the past 90 days	
Required quantity: 1	
Look back timeframe: 150 days	
Label Name	GCN
ROZEREM 8 MG TABLET	25202

Sedative/Hypnotic Agents	
History of prior therapy in the past 30 or 90 days	
Required quantity: 1	
Look back timeframe: 60 or 120 days	
Label Name	GCN
AMBIEN 5 MG TABLET	870
AMBIEN 10 MG TABLET	871
AMBIEN CR 6.25 MG TABLET	25456
AMBIEN CR 12.5 MG TABLET	25457
BUTISOL SODIUM 30 MG/5 ML ELX	13084
BUTISOL SODIUM 30 MG TABLET	13102
BUTISOL SODIUM 50 MG TABLET	13105
CHLORAL HYDRATE 500 MG/5 ML	13471
DORAL 15 MG TABLET	40870
EDLUAR 5 MG SL TABLET	26183
EDLUAR 10 MG SL TABLET	26182
ESTAZOLAM 1 MG TABLET	19181
ESTAZOLAM 2 MG TABLET	19182
FLURAZEPAM 15 MG CAPSULE	14250
FLURAZEPAM 30 MG CAPSULE	14251
HALCION 0.25 MG TABLET	14280
LUNESTA 1 MG TABLET	23927
LUNESTA 2 MG TABLET	23926
LUNESTA 3 MG TABLET	23925
RESTORIL 7.5 MG CAPSULE	13845

Sedative/Hypnotic Agents	
History of prior therapy in the past 30 or 90 days	
Required quantity: 1	
Look back timeframe: 60 or 120 days	
Label Name	GCN
RESTORIL 15 MG CAPSULE	13840
RESTORIL 22.5 MG CAPSULE	24036
RESTORIL 30 MG CAPSULE	13841
ROZEREM 8 MG TABLET	25202
SOMNOTE 500 MG SOFTGEL	13433
SONATA 5 MG CAPSULE	92713
SONATA 10 MG CAPSULE	92723
TEMAZEPAM 7.5 MG CAPSULE	13845
TEMAZEPAM 15 MG CAPSULE	13840
TEMAZEPAM 22.5 MG CAPSULE	24036
TEMAZEPAM 30 MG CAPSULE	13841
TRIAZOLAM 0.125 MG TABLET	14282
TRIAZOLAM 0.25 MG TABLET	14280
ZALEPLON 5 MG CAPSULE	92713
ZALEPLON 10 MG CAPSULE	92723
ZOLPIDEM TART ER 6.25 MG TAB	25456
ZOLPIDEM TART ER 12.5 MG TAB	25457
ZOLPIDEM TARTRATE 5 MG TABLET	870
ZOLPIDEM TARTRATE 10 MG TABLET	871

**ASHs****Clinical Edit Criteria References**

1. Silber MH. Chronic insomnia. *N Eng J Med* 2005; 353:803–10.
2. Witek MW, Rojas V, Alonso C, et al. Review of benzodiazepine use in children and adolescents. *Psychiatr Quart* 2005; 76:283–96.
3. Davidson JRT. Pharmacotherapy of generalized anxiety disorder. *J Clin Psychiatry* 2001; 62(suppl 11): 46–50.
4. Varley CK, Smith CJ. Anxiety disorders in the child and teen. *Pediatr Clin N Am* 2003; 50: 1107–38.
5. Pelayo R, Chen W, Monzon S, et al. Pediatric sleep pharmacology: You want to give my kid sleeping pills? *Pediatr Clin N Am* 2004; 51:117–34.
6. Eddy M, Walbroehl GS. Insomnia. *Am Fam Phys* 1999;59(7): 1911–6.
7. Infante M, Benca R. Treatment of insomnia. *Prim Psychiatry* 2006; 12:47–56.
8. Zohar J. World Council on Anxiety recommendations for the long-term treatment of anxiety. *CNS Spectr* 2003; 8:5–6.
9. Longo LP, Johnson B. Addiction: Part 1: Benzodiazepines- side effects, abuse risk and alternatives. *Am Fam Physician* 2000 Apr 1; 61(7):2121–8.
10. American Academy of Child and Adolescent Psychiatry. Practice parameters for the assessment and treatment of children and adolescents with anxiety disorders. *J Am Acad Child Adolesc Psychiatry* 1997; 36(Suppl 10):1–30.
11. Demartinis N, Rynn M, Rickels K, Mandos L. Prior benzodiazepine use and buspirone response in the treatment of generalized anxiety disorder. *J Clin Psychiatry* 2000; 61(2):91–4.
12. Owens JA, Babcock D, Blumer J, et al. The use of pharmacotherapy in the treatment of pediatric insomnia in primary care: Rational approaches. A consensus meeting summary. *J Clin Sleep Med* 2005; 1:49–59.
13. Mindell JA, Emslie G, Blumer J, et al. Pharmacologic management of insomnia in children and adolescents: Consensus Statement. *Pediatrics* 2006; 117:1223–32.
14. Owens J. Insomnia in children and adolescents. *J Clin Sleep Med* 2005; 1:454–8.

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
01/31/2011	Initial publication and posting to website
05/08/2012	<ul style="list-style-type: none">• Added new sections to specify the drugs requiring prior authorization for each drug subclass• Revised and consolidated criteria logic and logic diagrams for each drug subclass• Removed Mephobarbital & Midazolam drug subclass from clinical edit criteria• Removed approval outcome from step 2 in all criteria logic and logic diagrams