

**NC Medicaid  
Outpatient Pharmacy  
Clinical Edits  
Behavioral Health – Pediatric**

**Medicaid and Health Choice  
Effective Date: May 1, 2017  
Amended Date: April 1, 2021**

**Therapeutic Class: Behavioral Health Medications for Pediatrics**

<b>Clinical Edit Number</b>	<b>Long Description</b>
7110	Quantity limit edit that is applied to atypical antipsychotics for claims identified in the pediatric population
7125	Quantity limit edit that is applied to antidepressants for claims identified in the pediatric population
7140	Quantity limit edit that is applied to ADD/ADHD and stimulant medications for claims identified in the pediatric population
58650	Therapeutic duplication edit that is applied to atypical antipsychotics for claims identified in the pediatric population
58660	Therapeutic duplication edit that is applied to antidepressants for claims identified in the pediatric population
58670	Therapeutic duplication edit that is applied to antidepressants for claims identified in the pediatric population
58680	Therapeutic duplication edit that is applied to anxiolytics for claims identified in the pediatric population
7610	Quantity limit edit that is applied to all behavioral health drugs except atypical antipsychotics, antidepressants, ADD/ADHD drugs and stimulants for claims identified in the pediatric population

**Eligible Beneficiaries**

NC Medicaid (Medicaid) beneficiaries shall be enrolled on the date of service and may have service restrictions due to their eligibility category that would make them ineligible for this service.

NC Health Choice (NCHC) beneficiaries, ages 6 through 18 years of age, shall be enrolled on the date of service to be eligible, and must meet policy coverage criteria, unless otherwise specified. **EPSDT does not apply to NCHC beneficiaries.**

**EPSDT Special Provision: Exception to Policy Limitations for Beneficiaries under 21 Years of Age**

**42 U.S.C. § 1396d(r) [1905(r) of the Social Security Act]**

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) is a federal Medicaid requirement that requires the state Medicaid agency to cover services, products, or procedures for Medicaid beneficiaries under 21 years of age **if** the service is **medically necessary health care** to correct or ameliorate a defect, physical or mental illness, or a condition [health problem] identified through a screening examination\*\* (includes any evaluation by a physician or other licensed clinician). This means EPSDT covers most of the medical or remedial care a child needs to improve or maintain his/her health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problems. Medically necessary services will be provided in the most economic mode, as long as the treatment made available is similarly efficacious to the service requested by the beneficiary's physician, therapist, or other licensed practitioner; the determination process does not delay the delivery of the needed service; and the determination does not limit the beneficiary's right to a free choice of providers.

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EPSDT does not require the state Medicaid agency to provide any service, product, or procedure

- a. that is unsafe, ineffective, or experimental/investigational.
- b. that is not medical in nature or not generally recognized as an accepted method of medical practice or treatment.

Service limitations on scope, amount, duration, frequency, location of service, and/or other specific criteria described in clinical coverage policies may be exceeded or may not apply as long as the provider's documentation shows that the requested service is medically necessary "to correct or ameliorate a defect, physical or mental illness, or a condition" [health problem]; that is, provider documentation shows how the service, product, or procedure meets all EPSDT criteria, including to correct or improve or maintain the beneficiary's health in the best condition possible, compensate for a health problem prevent it from worsening, or prevent the development of additional health problems.

**EPSDT and Prior Approval Requirements**

EPSDT DOES NOT ELIMINATE THE REQUIREMENT FOR PRIOR APPROVAL IF PRIOR APPROVAL IS REQUIRED. Additional information on EPSDT guidelines may be accessed at EPSDT provider page: to <https://medicaid.ncdhhs.gov>

**Criteria:**

**Clinical Edit 7110**

**Quantities in excess of the dosages recommended by the Food and Drug Administration (FDA) for the atypical antipsychotics listed in Appendix A will be denied.**

- a. The quantity limits are applied based on the maximum daily doses approved by the FDA.
- b. The quantity limits are based on FDA approved pediatric age ranges.
- c. The quantity limits are restricted to the pediatric population defined as beneficiaries less than 18 years of age.

**Clinical Edit 7125**

**Quantities in excess of the dosages recommended by the Food and Drug Administration (FDA) for the antidepressants listed in Appendix B will be denied.**

- a. The quantity limits are applied based on the maximum daily doses approved by the FDA.
- b. The quantity limits are based on FDA approved pediatric age ranges.
- c. The quantity limits are restricted to the pediatric population defined as beneficiaries less than 18 years of age.

**Clinical Edit 7140**

**Quantities in excess of the dosages recommended by the Food and Drug Administration (FDA) for the ADD/ADHD medications listed in Appendix C will be denied.**

- a. The quantity limits are applied based on the maximum daily doses approved by the FDA.
- b. The quantity limits are based on FDA approved pediatric age ranges.
- c. The quantity limits are restricted to the pediatric population defined as beneficiaries less than 18 years of age.

**Clinical Edit 58650**

**Concomitant use of three or more atypical antipsychotics listed in Appendix D will be denied.**

- a. The edit is applied based on 60 or more days of overlapping therapy with three or more atypical antipsychotics.
- b. The edit is applied to the pediatric population defined as beneficiaries less than 18 years of age.

**Clinical Edit 58660**

**Concomitant use of two or more antidepressants listed in Appendix E will be denied.**

- a. The edit is applied based on 60 or more days of overlapping therapy with two or more antidepressants in the same chemical class.
- b. The edit is applied to the antidepressant chemical class selective serotonin reuptake inhibitors (SSRIs) and includes combination products.
- c. The edit is applied to the pediatric population defined as beneficiaries less than 18 years of age.

**Clinical Edit 58670**

**Concomitant use of two or more antidepressants listed in Appendix F will be denied.**

- a. The edit is applied based on 60 or more days of overlapping therapy with two or more antidepressants in the same chemical class.
- b. The edit is applied to the antidepressant chemical class serotonin-norepinephrine reuptake inhibitors (SNRIs).
- c. The edit is applied to the pediatric population defined as beneficiaries less than 18 years of age.

**Clinical Edit 58680**

**Concomitant use of two or more anxiolytics listed in Appendix G will be denied.**

- a. The edit is applied based on 60 or more days of overlapping therapy with two or more anxiolytics.
- b. The edit is applied to the pediatric population defined as beneficiaries less than 18 years of age.

**Clinical Edit 7610**

**Quantities in excess of the dosages recommended by the Food and Drug Administration (FDA) for the behavioral health medications listed in Appendix H (does not include antidepressants, atypical antipsychotics, stimulants and ADD/ADHD medications) will be denied.**

- a. The quantity limits are applied based on the maximum daily doses approved by the FDA.
- b. The quantity limits are based on FDA approved pediatric age ranges.
- c. The quantity limits are restricted to the pediatric population defined as beneficiaries less than 18 years of age.

**Resolution:**

A Pharmacist may override the prior authorization edit at point-of-sale after consulting the prescriber to determine the clinical need for a quantity exceeding the FDA recommended maximum or therapeutic duplication of a behavioral health medication. Documentation is to be made in the NCPDP pharmacy system or on the original prescription.

**References**

1. Adverse Effects of Antipsychotic Medications, Meunch and Hamer, American Family Physician, March 2010. Available at: <http://www.aafp.org/afp/2010/0301/p617.html>.
2. American Psychological Association, June 2012; Inappropriate Prescribing. Available at: <http://www.apa.org/monitor/2012/06/prescribing.aspx>.
3. Botts, S., Hines, H., Littrell R. Antipsychotic polypharmacy in the ambulatory care setting. 1993-2000. Psychiatric Services. 2003; 54:1086.
4. Carter, GL., Dawson, AH., Lopert, R. Drug-induced delirium, incidence, management and prevention. Drug Safety. 1996; 15:291–301.
5. Clinical, service, and cost outcomes of drug coverage edits and quantity limits (editorial). Journal of Managed Care Pharmacy. 2003; 9(4):368–69.
6. Danileviciute, V., Sveikata, A. Contemporary approach to pharmacological and clinical aspects of novel antidepressants. Medicina. 38, 3231–3239, 2002.
7. Improving Drug Utilization Review Controls in Part D (Excerpt from Final 2013 Call Letter 04-02-2012). Available at: <https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/Downloads/Improving-DUR-Controls-in-Part-D.pdf>.
8. Meador, KJ. Cognitive side effects of medications. Neural Clin. 1998; 16:141–155.
9. NIH Drug Facts: Stimulant ADHD Medications: Methylphenidate and Amphetamines-Revised January 2014. Available at: <http://www.drugabuse.gov/publications/drugfacts/stimulant-adhd-medications-methylphenidate-amphetamines>.
10. Oregon State Drug Review-An evidence based drug therapy resource, “Atypical Antipsychotic Drug Class Review Summary of Findings” November 2011. Available at: [http://www.orpdl.org/durm/newsletter/osdr\\_articles/volume1/osdr\\_v1\\_i1.pdf](http://www.orpdl.org/durm/newsletter/osdr_articles/volume1/osdr_v1_i1.pdf).
11. Oregon State Drug Review-An evidence based drug therapy resource, “Current Findings in the Off-label use of Atypical Antipsychotics” March 2012. Available at: [http://www.orpdl.org/durm/newsletter/osdr\\_articles/volume2/osdr\\_v2\\_i2.pdf](http://www.orpdl.org/durm/newsletter/osdr_articles/volume2/osdr_v2_i2.pdf).
12. Oregon State Drug Review-An evidence based drug therapy resource, “Strategies for Effective Monitoring and Management of Psychotropics in Children. January 2014. Available at: [http://www.orpdl.org/durm/newsletter/osdr\\_articles/volume4/osdr\\_v4\\_i1.pdf](http://www.orpdl.org/durm/newsletter/osdr_articles/volume4/osdr_v4_i1.pdf).
13. Practice Guidelines for the Treatment of Patients with Schizophrenia, Second Edition. American Journal of Psychiatry. Vol. 16(2):1–56, February 2004.
14. Psychotropic Drugs and Children: Use, Trends, and Implications for Schools. The Center of Health and Health Care in Schools. Available at: [www.healthinschools.org](http://www.healthinschools.org).

15. Rittmannsberger, H., et al. Polypharmacy in psychiatric treatment. *European Psychiatry*. 1999; 17:1–8.
16. Shelton, R.C. (2003). The use of antidepressants in novel combinations. *J. Clinical Psychiatry*, 64 (Suppl. 1), 14–18.
17. Drug Facts and Comparison<sup>®</sup> 4.0 [online]. 2015 Clinical Drug Information, LLC. Available From Wolters Kluwer Health, Inc.

**Note:** Individual Drug Package Inserts may have also been accessed during edit development to obtain Food and Drug Administration full prescribing information.

**APPENDIX A**

**Edit 7110 - Quantities in excess of the dosages recommended by the Food and Drug Administration (FDA) for the atypical antipsychotics.**

<b>GCN</b>	<b>Drug Description</b>	<b>Quantity</b>	<b>Days Supply</b>
34284, 37681, 34285, 37682	ARIPIPRAZOLE 300 MG, 400 MG	1	30
18537, 26445, 18538, 26448, 18539, 18541, 44439, 44441, 44442, 44443	ARIPIPRAZOLE 10MG, 15MG, 20MG, 30MG	30	30
20173, 44438	ARIPIPRAZOLE 5 MG	45	30
26305, 44437	ARIPIPRAZOLE 2 MG	60	30
97696	ARIPIPRAZOLE 9.75MG/1.3	120	30
24062	ARIPIPRAZOLE 1 MG/ML	750	30
39726, 39727, 39728	ARIPIPRAZOLE LAUROXIL 441MG/1.6ML, 662MG/2.4ML, 882MG/3.2ML,	3.2	30
43488	ARIPIPRAZOLE LAUROXIL 1064MG/3.9ML	3.9	60
44941	ARIPIPRAZOLE LAUROXIL 675mg/2.4ml	2.4	30
27528, 21636, 38479	ASENAPINE MALEATE 10 MG, 5 MG, 2.5MG	60	30
47229, 47232, 47233	ASENAPINE TRANSDERMAL SYSTEM 3.8MG/24HRS, 5.7MG/24HRS, 7.6MG/24HRS	30	30
38278, 38476, 38589, 38609, 38618, 38619	BREXPIPRAZOLE 0.25 MG, 0.5MG, 1MG, 2MG, 3MG, 4MG	30	30
39579, 39582, 39583, 39584	CARIPRAZINE 1.5MG, 3MG, 4.5MG, 6MG	30	30
98791, 18141, 21784, 18143	CLOZAPINE 12.5 MG, 25 MG, 50 MG	90	30
28874, 31672	CLOZAPINE 200 MG	120	30
28873	CLOZAPINE 150 MG	150	30
18142, 21785	CLOZAPINE 100 MG	270	30
14336	CLOZAPINE 50 MG/ML	540	30
28034	ILOPERIDONE 1-2-4-6MG	8	4
28030, 28033, 28026, 28027, 28028, 28029	ILOPERIDONE 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	60	30
28025	ILOPERIDONE 1 MG	90	30
47492	LUMATEPERONE TOSYLATE 42MG	30	30
33147, 31226, 29366, 35192	LURASIDONE HCL 120 MG, 20 MG, 40 MG, 60MG	30	30
29367	LURASIDONE HCL 80 MG	60	30
15082, 17407, 92008, 15085, 34022, 15084, 15086, 34023, 15083, 92007, 15081	OLANZAPINE 10 MG, 15 MG, 2.5 MG, 20 MG, 5 MG, 7.5 MG	30	30
27855, 27849, 27848	OLANZAPINE PAMOATE 210MG, 300MG, 405MG	0.08	28

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GCN	Drug Description	Quantity	Days Supply
20870, 20872, 98648, 20868, 20869	OLANZAPINE/FLUOXETINE HCL 12MG-25MG, 12MG-50MG, 3 MG-25 MG, 6MG-25MG, 6MG-50MG	30	30
97769, 97771	PALIPERIDONE 3 MG, 9 MG	30	30
97770	PALIPERIDONE 6 MG	60	30
27685	PALIPERIDONE 1.5 MG	90	30
27416, 27417, 27418, 27414, 27415	PALIPERIDONE PALMITATE 117MG/0.75, 156 MG/ML, 234MG/1.5, 39MG/0.25, 78MG/0.5ML	1.5	28
38697, 38698, 38699, 38702	PALIPERIDONE PALMITATE 273MG/0.875ML, 410MG/1.315ML, 546MG/1.75ML, 819MG/2.625ML	2.625	90
98522	QUETIAPINE FUMARATE 200 MG	30	30
67665, 98523, 26411, 98524	QUETIAPINE FUMARATE 300 MG, 400 MG	60	30
67662, 67663, 26409	QUETIAPINE FUMARATE 100MG, 200MG, 50MG	90	30
16193, 98994	QUETIAPINE FUMARATE 150 MG, 50 MG	150	30
67661	QUETIAPINE FUMARATE 25 MG	180	30
24448, 92872, 19541, 92892, 16136, 19178, 16137, 19179, 16138, 25024,	RISPERIDONE 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG	60	30
16139, 25025	RISPERIDONE 4MG	30	30
16135, 35049, 35051, 35052	RISPERIDONE 1 MG/ML, 2 MG/2ML, 3MG/3ML	360	30
98414, 20217, 20218, 20219	RISPERIDONE MICROSPHERES 12.5MG/2ML, 25 MG/2ML, 37.5MG/2ML, 50MG/2ML	2	28
45127, 45128	RISPERIDONE ER 90MG SYRINGE KIT; ER 120MG SYRINGE KIT	1	30
13331, 13332, 13333, 13334	ZIPRASIDONE HCL 20MG, 40MG, 60MG, 80MG	60	30
17037	ZIPRASIDONE MESYLATE FNL 20MG/1	60	30

**APPENDIX B**

**Edit 7125 - Quantities in excess of the dosages recommended by the Food and Drug Administration (FDA) for the antidepressants.**

GCN	Drug Description	Quantity	Days Supply
26198, 16996, 17050	BUPROPION HBR 174MG, 348MG, 522MG	30	30
20317, 20318, 33081	BUPROPION HCL 150 MG, 300 MG, 450 MG	30	30
16387, 16386, 17573	BUPROPION HCL 100 MG, 150 MG, 200 MG	60	30
16385	BUPROPION HCL 100 MG	120	30
16384	BUPROPION HCL 75 MG	180	30
16343	CITALOPRAM HYDROBROMIDE 40 MG	30	30
16345, 16342	CITALOPRAM HYDROBROMIDE 10 MG, 20 MG	45	30
16344, 34671	CITALOPRAM HYDROBROMIDE 10 MG/5ML, 20MG/10ML	600	30
34482, 35584, 34470, 35582	DESVENLAFAXINE 100 MG, 50 MG	30	30
36273, 36272	DESVENLAFAXINE FUMARATE 100 MG, 50 MG	30	30
99452, 99451	DESVENLAFAXINE SUCCINATE 100 MG, 50 MG	30	30
23162, 23164	DULOXETINE HCL 30 MG, 60 MG	30	30
23161	DULOXETINE HCL 20 MG	60	30
17851, 17987, 18975	ESCITALOPRAM OXALATE 10 MG, 20 MG, 5 MG	30	30
19035	ESCITALOPRAM OXALATE 5 MG/5 ML	600	30
12929	FLUOXETINE HCL 90 MG	4	28
16355, 30817	FLUOXETINE HCL 40 MG, 60 MG	30	30
16353, 16356, 16354, 16359	FLUOXETINE HCL 10 MG, 20 MG	90	30
16357	FLUOXETINE HCL 20 MG/5 ML	450	30
16349, 99481, 99482	FLUVOXAMINE MALEATE 100 MG, 150 MG	60	30
16347, 16348	FLUVOXAMINE MALEATE 25 MG, 50 MG	90	30
35335	LEVOMILNACIPRAN HYDROCHLORIDE 20-40MG	28	28
35334, 35327, 35328, 35329	LEVOMILNACIPRAN HYDROCHLORIDE 120 MG, 20 MG, 40 MG, 80 MG	30	30
22025	MILNACIPRAN HCL 12.5-25-50	55	180
22022, 21979, 22008, 22019	MILNACIPRAN HCL 100MG, 12.5MG, 25MG, 50MG	60	30
12529, 16732, 12531, 16733, 13041, 16734, 21817	MIRTAZAPINE 15 MG, 30 MG, 45 MG, 7.5 MG	30	30
20870, 20872, 98648, 20868, 20869	OLANZAPINE/FLUOXETINE HCL 12MG-25MG, 12MG-50MG, 3 MG-25 MG, 6MG-25MG, 6MG-50MG	30	30
16364, 17078, 16366, 16368	PAROXETINE HCL 10 MG, 12.5 MG, 20 MG, 40 MG	30	30
17077, 16367, 17079	PAROXETINE HCL 25 MG, 30 MG, 37.5 MG	60	30
16369	PAROXETINE HCL 10 MG/5 ML	750	30
20854, 20855, 20857	PAROXETINE MESYLATE 10 MG, 20 MG, 40 MG	30	30
20856	PAROXETINE MESYLATE 30 MG	60	30



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<b>GCN</b>	<b>Drug Description</b>	<b>Quantity</b>	<b>Days Supply</b>
26614, 26612, 26613	SELEGILINE 12MG/24HR, 6 MG/24 HR, 9 MG/24 HR	30	30
16373, 16374	SERTRALINE HCL 25 MG, 50 MG	45	30
16375	SERTRALINE HCL 100 MG	60	30
16376	SERTRALINE HCL 20 MG/ML	300	30
14353, 16818, 14354, 14349, 16816, 14352	VENLAFAXINE HCL 150 MG, 225 MG, 37.5 MG, 75 MG	30	30
16815, 16811, 16812, 16813, 16817	VENLAFAXINE HCL 100 MG, 25 MG, 37.5 MG, 50 MG, 75 MG	90	30
16814	VENLAFAXINE HCL 75 MG	120	30
29916, 31956, 29917, 29918	VILAZODONE HYDROCHLORIDE 10 MG, 10-20-40MG, 20 MG, 40 MG	30	30
35347, 35349, 35346	VORTIOXETINE HYDROBROMIDE 10 MG, 20 MG, 5 MG	30	30

**APPENDIX C**

**Edit 7140 - Quantities in excess of the dosages recommended by the Food and Drug Administration (FDA) for the ADD/ADHD medications.**

<b>GCN</b>	<b>Drug Description</b>	<b>Quantity</b>	<b>Days Supply</b>
19822	AMPHETAMINE SULFATE 5 MG	90	30
19821	AMPHETAMINE SULFATE 10 MG	180	30
26539, 18779, 18781, 26538	ATOMOXETINE HCL 100 MG, 40 MG, 60 MG, 80 MG	30	30
18776, 18778	ATOMOXETINE HCL 10 MG, 25 MG	60	30
18777	ATOMOXETINE HCL 18 MG	90	30
33007	CLONIDINE HCL 0.1-0.2 MG	60	30
29319	CLONIDINE HCL 0.1 MG	120	30
24734, 97111, 24735, 30305, 28035, 30306, 28933, 24733	DEXMETHYLPHENIDATE HCL 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG, 5 MG	30	30
14975, 14973, 14974	DEXMETHYLPHENIDATE HCL 10 MG, 2.5 MG, 5 MG	60	30
19885, 36463, 36464	DEXTROAMPHETAMINE SULFATE 15 MG, 20 MG, 30 MG	30	30
34734, 19852	DEXTROAMPHETAMINE SULFATE 2.5 MG, 5 MG	60	30
19850, 19851, 34735	DEXTROAMPHETAMINE SULFATE 10 MG, 15 MG, 7.5 MG	120	30
19880, 19881	DEXTROAMPHETAMINE SULFATE 10 MG, 5 MG	180	30
99801	DEXTROAMPHETAMINE SULFATE 5 MG/5 ML	1,800	30
14635, 17468, 14636, 17469, 14637, 56972, 17459	DEXTROAMPHETAMINE/AMPHETAMINE 10MG, 15MG, 20MG, 25MG, 30MG, 5MG	30	30
56973	DEXTROAMPHETAMINE/AMPHETAMINE 20 MG	60	30
56971, 29008, 29009, 56970, 29007	DEXTROAMPHETAMINE/AMPHETAMINE 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG	90	30
27576, 27578, 27579, 27582	GUANFACINE HCL 1MG, 2MG, 3MG, 4MG	30	30
37674, 99366, 98071, 99367, 98072, 99368, 98073	LISDEXAMFETAMINE DIMESYLATE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG	30	30
19932	METHAMPHETAMINE HCL 5 MG	150	30
26801, 26802, 26803, 26804	METHYLPHENIDATE 10MG/9HR, 15MG/9HR, 20 MG/9 HR, 30MG/9HR	30	30
20384, 21763, 12567, 20385, 20387, 17123, 20386, 20391, 26734, 26735, 12248, 26736	METHYLPHENIDATE HCL 10 MG, 18 MG, 20 MG, 27 MG, 30 MG, 40 MG, 50 MG, 54 MG, 60 MG	30	30
20388, 12568	METHYLPHENIDATE HCL 30 MG, 36 MG	60	30

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<b>GCN</b>	<b>Drug Description</b>	<b>Quantity</b>	<b>Days Supply</b>
15911, 93075, 22682, 15920, 16180, 15913, 22683	METHYLPHENIDATE HCL 10 MG, 2.5 MG, 20 MG, 5 MG	90	30
22684	METHYLPHENIDATE HCL 10 MG	180	30
33887	METHYLPHENIDATE HCL 5 MG/ML	360	30
22685	METHYLPHENIDATE HCL 5 MG/5 ML	450	30
22686	METHYLPHENIDATE HCL 10 MG/5 ML	900	30
97234, 97235, 97236, 97237, 97238, 97239, 97240	METHYLPHENIDATE HCL XR 10MG, 15MG, 20MG, 30MG, 40MG, 50MG, 60MG	30	30

**APPENDIX D**

**Edit 58650 - Concomitant use of three or more atypical antipsychotics.**

<b>GCN</b>	<b>Drug Description</b>
24062, 18537, 26445, 18538, 26448, 26305, 18539, 18541, 34284, 37681, 34285, 37682, 20173, 97696, 44437, 44438, 44439, 44441, 44442, 44443	ARIPIRAZOLE 1 MG/ML, 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 300 MG, 400 MG, 5 MG, 9.75MG/1.3
39726, 39727, 39728, 43488	ARIPIRAZOLE LAUROXIL 441MG/1.6ML, 662MG/2.4ML, 882MG/3.2ML, 1064MG/3.9ML
44941	ARIPIRAZOLE LAUROXIL 675MG/2.4ML
27528, 38479, 21636	ASENAPINE MALEATE 10 MG, 2.5 MG, 5 MG
47229, 47232, 47233	ASENAPINE TRANSDERMAL SYSTEM 3.8MG/24HRS, 5.7MG/24HRS, 7.6MG/24HRS
38278, 38476, 38589, 38609, 38618, 38619	BREXPIRAZOLE 0.25 MG
39579, 39582, 39583, 39584	CARIPRAZINE 1.5MG, 3MG, 4.5MG, 6MG
18142, 21785, 98791, 28873, 28874, 31672, 18141, 21784, 18143, 14336	CLOZAPINE 100 MG, 12.5 MG, 150 MG, 200 MG, 25 MG, 50 MG, 50 MG/ML
47492	LUMATEPERONE TOSYLATE 42MG
28025, 28030, 28033, 28034, 28026, 28027, 28028, 28029	ILOPERIDONE 1 MG, 10 MG, 12 MG, 1-2-4-6MG, 2 MG, 4 MG, 6 MG, 8 MG
33147, 31226, 29366, 35192, 29367	LURASIDONE HCL 120MG, 20MG, 40MG, 60MG, 80MG
15082, 17407, 92008, 15085, 34022, 15084, 15086, 34023, 15083, 92007, 15081	OLANZAPINE 10 MG, 15 MG, 2.5 MG, 20 MG, 5 MG, 7.5 MG
27855, 27849, 27848	OLANZAPINE PAMOATE 210 MG, 300 MG, 405 MG
20870, 20872, 98648, 20868, 20869	OLANZAPINE/FLUOXETINE HCL 12MG-25MG, 12MG-50MG, 3 MG-25 MG, 6MG-25MG, 6MG-50MG
27685, 97769, 97770, 97771	PALIPERIDONE 1.5 MG, 3 MG, 6 MG, 9 MG
27416, 27417, 27418, 38697, 27414, 38698, 38699, 27415, 38702	PALIPERIDONE PALMITATE 117MG/0.75, 156 MG/ML, 234MG/1.5, 273MG/.875, 39MG/0.25, 410/1.315, 546MG/1.75, 78MG/0.5ML, 819/2.625
67662, 16193, 67663, 98522, 67661, 67665, 98523, 26411, 98524, 26409, 98994	QUETIAPINE FUMARATE 100 MG, 150 MG, 200 MG, 25 MG, 300 MG, 400 MG, 50 MG
24448, 92872, 19541, 92892, 16136, 19178, 16135, 35049, 16137, 19179, 35051, 16138, 25024, 35052, 16139, 25025, 45127, 45128	RISPERIDONE 0.25 MG, 0.5 MG, 1 MG, 1 MG/ML, 2 MG, 2 MG/2 ML, 3 MG, 3 MG/3 ML, 4 MG, ER 90MG SYRINGE KIT, ER 120MG SYRINGE KIT
98414, 20217, 20218, 20219	RISPERIDONE MICROSPHERES 12.5MG/2ML, 25 MG/2 ML, 37.5MG/2ML, 50 MG/2 ML
13331, 13332, 13333, 13334	ZIPRASIDONE HCL 20 MG, 40 MG, 60 MG, 80 MG
17037	ZIPRASIDONE MESYLATE FNL 20MG/1

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**APPENDIX E**

**Edit 58660 - Concomitant use of two or more antidepressants(SSRIs).**

<b>GCN</b>	<b>Drug Description</b>
16345, 16344, 16342, 34671, 16343	CITALOPRAM HYDROBROMIDE 10 MG, 10 MG/5 ML, 20 MG, 20 MG/10ML, 40 MG
17851, 17987, 18975, 19035	ESCITALOPRAM OXALATE 10 MG, 20 MG, 5 MG, 5 MG/5 ML
16353, 16356, 16354, 16359, 16357, 16355, 30817, 12929	FLUOXETINE HCL 10 MG, 20 MG, 20 MG/5 ML, 40 MG, 60 MG, 90 MG
16349, 99481, 99482, 16347, 16348	FLUVOXAMINE MALEATE 100MG, 150MG, 25MG, 50MG
20870, 20872, 98648, 20868, 20869	OLANZAPINE/FLUOXETINE HCL 12MG-25MG, 12MG-50MG, 3 MG-25 MG, 6MG-25MG, 6MG-50MG
16364, 16369, 17078, 16366, 17077, 16367, 17079, 16368	PAROXETINE HCL 10 MG, 10 MG/5 ML, 12.5 MG, 20 MG, 25 MG, 30 MG, 37.5 MG, 40 MG
20854, 20855, 20856, 20857	PAROXETINE MESYLATE 10 MG, 20 MG, 30 MG, 40 MG
16375, 16376, 16373, 16374	SERTRALINE HCL 100 MG, 20 MG/ML, 25 MG, 50 MG
29916, 31956, 29917, 29918	VILAZODONE HYDROCHLORIDE 10 MG, 10-20-40MG, 20 MG, 40 MG

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**APPENDIX F**

**Edit 58670 - Concomitant use of two or more antidepressants (SNRIs).**

<b>GCN</b>	<b>Drug Description</b>
34482, 35584, 34470, 35582	DESVENLAFAXINE 100 MG, 50 MG
36273, 36272	DESVENLAFAXINE FUMARATE 100 MG, 50 MG
99452, 38222, 99451	DESVENLAFAXINE SUCCINATE 100 MG, 25 MG, 50 MG
23161, 23162, 38728, 23164	DULOXETINE HCL 20 MG, 30 MG, 40 MG, 60 MG
35334, 35327, 35335, 35328, 35329	LEVOMILNACIPRAN HYDROCHLORIDE 120 MG, 20 MG, 20-40MG, 40 MG, 80 MG
22022, 21979, 22025, 22008, 22019	MILNACIPRAN HCL 100 MG, 12.5 MG, 12.5-25-50, 25 MG, 50 MG
16815, 14353, 16818, 14354, 16811, 14349, 16812, 16816, 16813, 14352, 16814, 16817	VENLAFAXINE HCL 100 MG, 150 MG, 225 MG, 25 MG, 37.5 MG, 50 MG, 75 MG

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**APPENDIX G**

**Edit 58680 - Concomitant use of two or more anxiolytics.**

<b>GCN</b>	<b>Drug Description</b>
14260, 24368, 14261, 17423, 24369, 14262, 17424, 24373, 14264, 14263, 17425, 24374, 19681	ALPRAZOLAM 0.25 MG, 0.5 MG, 1 MG, 1 MG/ML, 2 MG, 3 MG
14031, 14032, 14033	CHLORDIAZEPOXIDE HCL 10 MG, 25 MG, 5 MG
14090, 14092, 14093	CLORAZEPATE DIPOTASSIUM 15 MG, 3.75 MG, 7.5 MG
14220, 14221, 14222, 31551, 45560, 14200, 14210, 45500	DIAZEPAM 10 MG, 2 MG, 5 MG, 5 MG/5 ML, 5 MG/ML
14140, 14150, 19601, 14141, 14151	LORAZEPAM 2 MG/ML, 4 MG/ML
13801, 13802	MEPROBAMATE 200 MG, 400 MG
14230, 14231, 14232	OXAZEPAM 10 MG, 15 MG, 30 MG

**APPENDIX H**

**Edit 7610 - Quantities in excess of the dosages recommended by the Food and Drug Administration (FDA) for the behavioral health medications (does not include antidepressants, atypical antipsychotics, stimulants and ADD/ADHD medications).**

<b>GCN</b>	<b>Drug Description</b>	<b>Quantity</b>	<b>Days Supply</b>
17423, 17424, 17425, 19681	ALPRAZOLAM 0.5 MG, 1 MG, 2 MG, 3 MG	60	30
24368, 24369, 24373, 14263, 24374	ALPRAZOLAM 0.25 MG, 0.5 MG, 1 MG, 2 MG	90	30
14260, 14261, 14262, 14264	ALPRAZOLAM 0.25 MG, 0.5 MG, 1 MG, 1 MG/ML	180	30
16683, 16684	AMITRIP HCL/CHLORDIAZEPOXIDE 12.5MG-5MG, 25 MG-10MG	180	30
98590, 36082, 98592, 98591	ARMODAFINIL 150 MG, 200 MG, 250 MG, 50 MG	30	30
64672	BUPRENORPHINE HCL 2MG	90	30
64673	BUPRENORPHINE HCL 8 MG	60	30
44187	BUPRENORPHINE XR 100MG/0.5ML	0.5ML	30
44186	BUPRENORPHINE XR 300MG/1.5ML	1.5ML	30
33744, 37823	BUPRENORPHINE HCL/NALOXONE HCL 12 MG-3 MG, 8.6-2.1 MG	30	30
33741	BUPRENORPHINE HCL/NALOXONE 4MG-1MG	30	30
34905, 18974, 28959	BUPRENORPHINE HCL/NALOXONE HCL 5.7-1.4 MG, 8 MG-2 MG	60	30
39394	BUPRENORPHINE HCL/NALOXONE HCL 2.9-0.71MG	30	30
37824	BUPRENORPHINE HCL/NALOXONE 11.4-2.9MG	30	30
36677, 36678	BUPRENORPHINE / NALOXONE 2.1-0.3MG, 4.2-0.7MG	60	30
36679	BUPRENORPHINE / NALOXONE 6.3-1MG	30	30
34904, 18973, 28958	BUPRENORPHINE HCL/NALOXONE HCL 1.4-0.36MG, 2 MG-0.5MG	90	30
42843	BUPRENORPHINE / NALOXONE 0.7-0.18 MG	30	30
14031, 14032, 14033	CHLORDIAZEPOXIDE HCL 10 MG, 25 MG, 5 MG	360	30
19467, 19468, 17470, 19469, 17471, 19470	CLONAZEPAM 0.125 MG, 0.25 MG, 0.5 MG, 1 MG	180	30
17472, 19472	CLONAZEPAM 2 MG	300	30
14090, 14092, 14093	CLORAZEPATE DIPOTASSIUM 15 MG, 3.75 MG, 7.5 MG	180	30
29290	DEXTROMETHORPHAN HBR/QUINIDINE 20 MG-10MG	60	30
14220	DIAZEPAM 10 MG	120	30
14222	DIAZEPAM 5 MG	180	30
14221, 45500	DIAZEPAM 2 MG, 5 MG/ML	240	30
31551, 45560	DIAZEPAM 5 MG/5 ML	1200	30



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<b>GCN</b>	<b>Drug Description</b>	<b>Quantity</b>	<b>Days Supply</b>
14160, 14161	LORAZEPAM 0.5 MG, 1 MG	90	30
14162, 19601	LORAZEPAM 2 MG, 2 MG/ML	150	30
26101, 26102	MODAFINIL 100 MG, 200 MG	30	30
27095	NALTREXONE MICROSPHERES 380MG	1	28
14231, 14232	OXAZEPAM 15 MG, 30 MG	120	30
14230	OXAZEPAM 10 MG	240	30
18104	SODIUM OXYBATE 500 MG/ML	675	30

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<b>Criteria Change Log</b>	
May 1, 2017	Criteria effective date
July 20, 2017 – July 5, 2017	Repost for Appendix Updates Appendix A – added GCN, drug description, quantity days supply for: aripiprazole lauroxil, asenapine 2.5mg, brexpiprazole, cariprazine, olanzapine, paliperidone palmitate; lurasidone 60mg quantity changed to 30, risperidone 4mg quantity changed to 30 Appendix B - GCN 16385 duplication deleted Appendix D - added GCN, drug description, quantity, days supply for: aripiprazole lauroxil, brexpiprazole, cariprazine
July 6, 2017	No public comments to policy Appendix updates
July 11, 2017	Appendix updates incorporated in policy
December 4, 2018	Appendix C added GCNs for methylphenidate XR
December 4, 2018	Appendix H changed GCN 64673 to quantity 60
December 4, 2018	Appendix H added GCNs 44186, 44187
December 4, 2018	Appendix H changed GCN 33741 to quantity 30
December 4, 2018	Appendix H added GCNs 39394, 37824, 36677, 36678, 36679, 42843
December 4, 2018	Changed edit numbers 5110 to 7110; 5125 to 7125; 5140 to 7140; 5410 to 58650; 5420 to 58660; 5421 to 58670; 5440 to 58680; 5610 to 7610
July 1, 2019	Add GCN 45127, 45128, 44941 to Appendix A and D
July 1, 2019	Add GCN 44437, 44438, 44439, 44441, 44442, 44443 to Appendix A and D
July 1, 2019	Add GCN 46077, 46078 and 46079 to Appendix H
December 16, 2019	Change edit 58670 to less than 18 years of age
December 16, 2019	Add GCN 16364, 16366, 16367, 16368, 17078, 17079 to Appendix B
December 16, 2019	Remove GCN 46077, 46078, 46079 from Appendix H
April 1, 2021	Add GCN 47492 to Appendix A and Appendix D
April 1, 2021	Add GCNs 47229, 47232, 47233 to Appendix A and Appendix D
April 1, 2021	Add edit descriptions to Appendix A through Appendix H