

## Texas Prior Authorization Program Clinical Criteria

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### Drug/Drug Class

### Hemady (Dexamethasone)

*This criteria was recommended for review by the Vendor Drug Program to ensure appropriate and safe utilization*

### Clinical Information Included in this Document

- **Drugs requiring prior authorization:** the list of drugs requiring prior authorization for this clinical criteria
- **Prior authorization criteria logic:** a description of how the prior authorization request will be evaluated against the clinical criteria rules
- **Logic diagram:** a visual depiction of the clinical criteria logic
- **Supporting tables:** a collection of information associated with the steps within the criteria (diagnosis codes, procedure codes, and therapy codes); provided when applicable
- **References:** clinical publications and sources relevant to this clinical criteria

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

### Revision Notes

Initial Publication and presentation to the DUR Board



## Hemady (Dexamethasone)

### Drugs Requiring Prior Authorization

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

Drugs Requiring Prior Authorization	
Label Name	GCN
HEMADY 20 MG TABLET	47022



## Hemady (Dexamethasone)

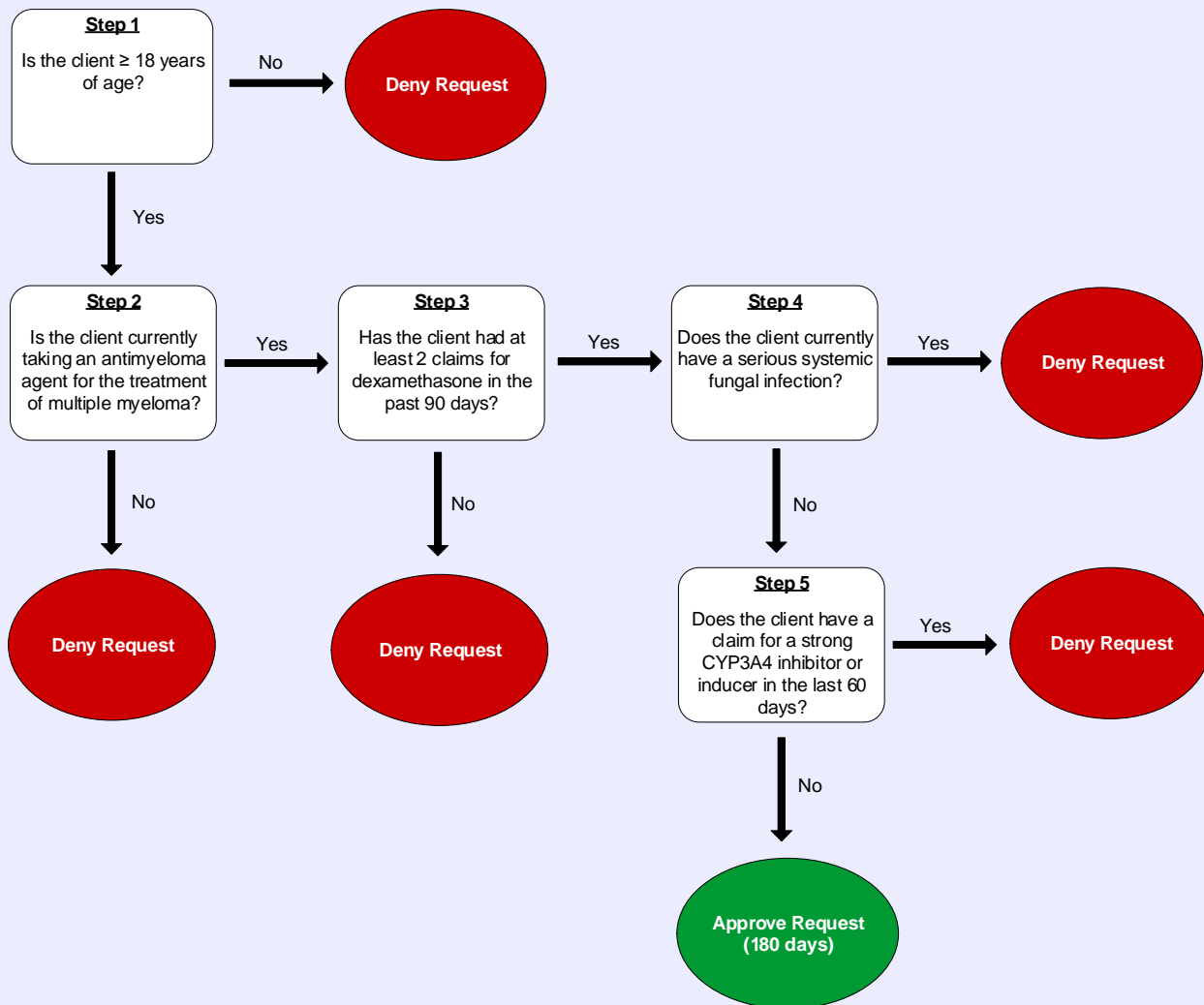
### Clinical Criteria Logic

1. Is the client greater than or equal to ( $\geq$ ) 18 years of age?  
 Yes (Go to #2)  
 No (Deny)
2. Is the client currently taking an **antimyeloma agent** for the treatment of multiple myeloma?  
 Yes (Go to #3)  
 No (Deny)
3. Has the client had at least 2 claims for **dexamethasone** in the past 90 days?  
 Yes (Go to #4)  
 No (Deny)
4. Does the client currently have a **serious systemic fungal infection**?  
 Yes (Deny)  
 No (Go to #5)
5. Does the client have a claim for a **strong CYP3A4 inhibitor or inducer** in the last 60 days?  
 Yes (Deny)  
 No (Approve – 180 days)



# Hemady (Dexamethasone)

## Clinical Criteria Logic Diagram





## Hemady (Dexamethasone)

### Clinical Criteria Supporting Tables

<b>Step 2</b>	
<b>Current Therapy with an Antimyeloma Agent</b>	
<b>Label Name</b>	<b>GCN</b>
ALKERAN 2 MG TABLET	38380
CYCLOPHOSPHAMIDE 25 MG CAPSULE	35317
CYCLOPHOSPHAMIDE 50 MG CAPSULE	35318
ETOPOSIDE 100 MG/5 ML VIAL	07481
ETOPOSIDE 50 MG CAPSULE	07560
FARYDAK 10 MG CAPSULE	38008
FARYDAK 15 MG CAPSULE	38009
FARYDAK 20 MG CAPSULE	38011
MELPHALAN 2 MG TABLET	38380
NINLARO 2.3 MG CAPSULE	40189
NINLARO 3 MG CAPSULE	40193
NINLARO 4 MG CAPSULE	40194
POMALYST 1 MG CAPSULE	34147
POMALYST 2 MG CAPSULE	34148
POMALYST 3 MG CAPSULE	34149
POMALYST 4 MG CAPSULE	34150
REVLIMID 10 MG CAPSULE	26315
REVLIMID 15 MG CAPSULE	27276
REVLIMID 2.5 MG CAPSULE	31911
REVLIMID 20 MG CAPSULE	34743
REVLIMID 25 MG CAPSULE	27277
REVLIMID 5 MG CAPSULE	26314
THALOMID 100 MG CAPSULE	95392
THALOMID 150 MG CAPSULE	98220
THALOMID 200 MG CAPSULE	19321
THALOMID 50 MG CAPSULE	28301
XPOVIO 100 MG ONCE WEEKLY DOSE	46635
XPOVIO 60 MG ONCE WEEKLY DOSE	46637
XPOVIO 80 MG ONCE WEEKLY DOSE	46636
XPOVIO 80 MG TWICE WEEKLY DOSE	46634

<b>Step 3 (claim for dexamethasone)</b>	
<b>Required quantity: 2</b>	
<b>Look back timeframe: 90 days</b>	
<b>Label Name</b>	<b>GCN</b>
DEXAMETHASONE INTENSOL 1 MG/ML	27412
DEXAMETHASONE 0.5 MG/5 ML LIQ	27411
DEXAMETHASONE 0.5 MG TABLET	27422
DEXAMETHASONE 0.75 MG TABLET	27425
DEXAMETHASONE 1 MG TABLET	27424
DEXAMETHASONE 1.5 MG TABLET	27427
DEXAMETHASONE 2 MG TABLET	27426
DEXAMETHASONE 4 MG TABLET	27428
DEXAMETHASONE 6 MG TABLET	27429
DEXAMETHASONE 0.5 MG/5 ML ELX	27400

<b>Step 4 (diagnosis of serious systemic fungal infection)</b>	
<b>Required quantity: 1</b>	
<b>Look back timeframe: current</b>	
<b>ICD-10 Code</b>	<b>Description</b>
B440	INVASIVE PULMONARY ASPERGILLOSIS
B441	OTHER PULMONARY ASPERGILLOSIS
B447	DISSEMINATED ASPERGILLOSIS
B449	ASPERGILLOSIS, UNSPECIFIED
B59	PNEUMOCYSTOSIS

<b>Step 5 (claim for strong CYP3A4 inducer or inhibitor)</b>	
<b>Required quantity: 1</b>	
<b>Look back timeframe: 60 days</b>	
<b>Label Name</b>	<b>GCN</b>
ATAZANAVIR SULFATE 150MG CAP	19952
ATAZANAVIR SULFATE 200MG CAP	19953
ATAZANAVIR SULFATE 300MG CAP	97430
BEXAROTENE 75 MG CAPSULE	92373
CARBAMAZEPINE 100 MG TAB CHEW	17460
CARBAMAZEPINE 100 MG/5 ML SUSP	47500
CARBAMAZEPINE 200 MG TABLET	17450
CARBAMAZEPINE ER 100 MG CAP	23934
CARBAMAZEPINE ER 100 MG TAB	27820

<b>Step 5 (claim for strong CYP3A4 inducer or inhibitor)</b>	
<b>Required quantity: 1</b>	
<b>Look back timeframe: 60 days</b>	
CARBAMAZEPINE ER 200 MG CAP	23932
CARBAMAZEPINE ER 200 MG TABLET	27821
CARBAMAZEPINE ER 300 MG CAP	23933
CARBAMAZEPINE ER 400 MG TABLET	27822
CARBATROL ER 100 MG CAPSULE	23934
CARBATROL ER 200 MG CAPSULE	23932
CARBATROL ER 300 MG CAPSULE	23933
CLARITHROMYCIN 125 MG/5 ML SUS	11670
CLARITHROMYCIN 250 MG TABLET	48852
CLARITHROMYCIN 250 MG/5 ML SUS	11671
CLARITHROMYCIN 500 MG TABLET	48851
CLARITHROMYCIN ER 500 MG TAB	48850
CRIXIVAN 200 MG CAPSULE	26820
CRIXIVAN 400 MG CAPSULE	26822
DILANTIN 100 MG CAPSULE	17700
DILANTIN 125 MG/5 ML SUSP	17241
DILANTIN 30 MG CAPSULE	17701
DILANTIN 50 MG INFATAB	17250
EPITOL 200 MG TABLET	17450
EQUETRO 100 MG CAPSULE	13781
EQUETRO 200 MG CAPSULE	13805
EQUETRO 300 MG CAPSULE	13818
EVOTAZ 300-150MG TABLET	37797
GENVOYA TABLET	40092
INVIRASE 500 MG TABLET	23952
ITRACONAZOLE 10 MG/ML SOLUTION	49100
ITRACONAZOLE 100 MG CAPSULE	49101
KALETRA 100-25 MG TABLET	99101
KALETRA 200-50 MG TABLET	25919
KALETRA 400-100/5 ML ORAL SOLU	31782
KETOCONAZOLE 200 MG TABLET	42590
KORLYM 300 MG TABLET	31485
LANSOPRAZOL-AMOXICIL-CLARITHRO	64269
LYSODREN 500 MG TABLET	37810
MYSOLINE 250 MG TABLET	17321
MYSOLINE 50 MG TABLET	17322
NEFAZODONE 100MG TABLET	16406

<b>Step 5 (claim for strong CYP3A4 inducer or inhibitor)</b>	
<b>Required quantity: 1</b>	
<b>Look back timeframe: 60 days</b>	
NEFAZODONE 150MG TABLET	16407
NEFAZODONE 200MG TABLET	16408
NEFAZODONE 250MG TABLET	16409
NEFAZODONE 50MG TABLET	16404
NORVIR 100 MG POWDER PACKET	40309
NORVIR 100 MG TABLET	28224
NORVIR 80 MG/ML SOLUTION	26810
NOXAFIL 40 MG/ML SUSPENSION	26502
NOXAFIL DR 100 MG TABLET	35649
OMECLAMOX-PAK COMBO PACK	32137
ORKAMBI 100-125 MG GRANULE PKT	36937
ORKAMBI 100-125 MG TABLET	42366
ORKAMBI 150-188 MG GRANULE PKT	42848
ORKAMBI 200-125 MG TABLET	39008
PHENOBARBITAL 100 MG TABLET	12975
PHENOBARBITAL 130 MG/ML VIAL	12892
PHENOBARBITAL 15 MG TABLET	12971
PHENOBARBITAL 16.2 MG TABLET	97706
PHENOBARBITAL 20 MG/5 ML ELIX	12956
PHENOBARBITAL 30 MG TABLET	12973
PHENOBARBITAL 32.4 MG TABLET	97965
PHENOBARBITAL 60 MG TABLET	12972
PHENOBARBITAL 64.8 MG TABLET	97966
PHENOBARBITAL 65 MG/ML VIAL	12894
PHENOBARBITAL 97.2 MG TABLET	97967
PHENYTEK 200 MG CAPSULE	15038
PHENYTEK 300 MG CAPSULE	15037
PHENYTOIN 125 MG/5 ML SUSP	17241
PHENYTOIN 50 MG TABLET CHEW	17250
PHENYTOIN 50 MG/ML VIAL	17200
PHENYTOIN SOD EXT 100 MG CAP	17700
PHENYTOIN SOD EXT 200 MG CAP	15038
PHENYTOIN SOD EXT 300 MG CAP	15037
PREZCOBIX 800-150MG TABLET	37367
PREZISTA 100MG/ML SUSPENSION	31201
PREZISTA 150MG TABLET	23489
PREZISTA 600MG TABLET	99434



<b>Step 5 (claim for strong CYP3A4 inducer or inhibitor)</b>	
<b>Required quantity: 1</b>	
<b>Look back timeframe: 60 days</b>	
PREZISTA 75MG TABLET	16759
PREZISTA 800MG TABLET	33723
PRIMIDONE 250 MG TABLET	17321
PRIMIDONE 50 MG TABLET	17322
REYATAZ 150MG CAPSULE	19952
REYATAZ 200MG CAPSULE	19953
REYATAZ 300MG CAPSULE	37430
REYATAZ 50MG POWDER PACK	36647
RIFADIN 150 MG CAPSULE	41260
RIFADIN 300 MG CAPSULE	41261
RIFADIN IV 600 MG VIAL	41470
RIFAMATE CAPSULE	89800
RIFAMPIN 150 MG CAPSULE	41260
RIFAMPIN 300 MG CAPSULE	41261
RIFAMPIN IV 600 MG VIAL	41470
RIFATER TABLET	14142
RITONAVIR 100 MG TABLET	28224
SPORANOX 10 MG/ML SOLUTION	49100
SPORANOX 100 MG CAPSULE	49101
STRIBILD TABLET	33130
SYMTUZA 800-150-200-10 MG TAB	43968
TEGRETOL 100 MG/5 ML SUSP	47500
TEGRETOL 200 MG TABLET	17450
TEGRETOL XR 100 MG TABLET	27820
TEGRETOL XR 200 MG TABLET	27821
TEGRETOL XR 400 MG TABLET	27822
TOLSURA 65 MG CAPSULE	45848
TYBOST 150MG TABLET	36468
VFEND 200 MG TABLET	17498
VFEND 40 MG/ML SUSPENSION	21513
VFEND 50 MG TABLET	17497
VFEND IV 200 MG VIAL	17499
VIEKIRA PAK	37614
VIRACEPT 250 MG TABLET	40312
VIRACEPT 625 MG TABLET	19717
VORICONAZOLE 200 MG TABLET	17498
VORICONAZOLE 200 MG VIAL	17499

<b>Step 5 (claim for strong CYP3A4 inducer or inhibitor)</b>	
<b>Required quantity: 1</b>	
<b>Look back timeframe: 60 days</b>	
VORICONAZOLE 40 MG/ML SUSP	21513
VORICONAZOLE 50 MG TABLET	17497
XTANDI 40 MG CAPSULE	33183
ZYDELIG 100MG TABLET	36884
ZYDELIG 150MG TABLET	36885



## Hemady (Dexamethasone)

### Clinical Criteria References

1. 2021 ICD-10-CM Diagnosis Codes. 2021. Available at [www.icd10data.com](http://www.icd10data.com). Accessed on January 22, 2021.
2. Clinical Pharmacology [online database]. Tampa, FL: Elsevier/Gold Standard, Inc.; 2021. Available at [www.clinicalpharmacology.com](http://www.clinicalpharmacology.com). Accessed on January 22, 2021.
3. Micromedex [online database]. Available at [www.micromedexsolutions.com](http://www.micromedexsolutions.com). Accessed on January 22, 2021.
4. Hemady Prescribing Information. Or-Akiva, 3060000, Israel. Dexcel Pharma Technologies Ltd. October 2019.

## 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.

<b>Publication Date</b>	<b>Notes</b>
01/22/2021	<ul style="list-style-type: none"><li>• Initial publication and presentation to the DUR Board</li></ul>