



# Texas Prior Authorization Program Clinical Criteria

#### **Drug/Drug Class**

### **Antimigraine Agents, Ergot Derivatives**

This criteria was recommended for review by VDP 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 DUR Board



### **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.

Drugs Requiring Prior Authorization	
Label Name	GCN
DIHYDROERGOTAMINE 1 MG/ML AMP	01590
DIHYDROERGOTAMINE 4 MG/ML SPRY	24732
MIGRANAL NASAL SPRAY	24732
TRUDHESA NASAL SPRAY	50931

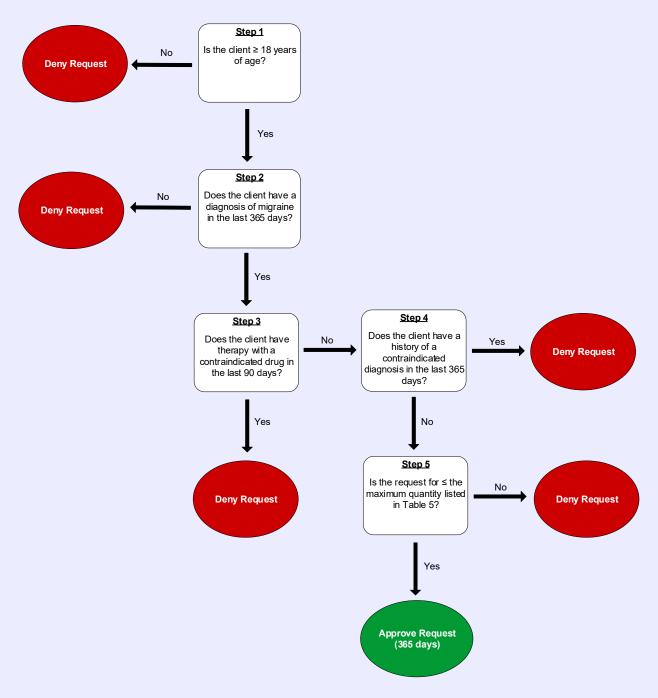


**Clinical Criteria Logic** 

1.	Is the client greater than or equal to (≥) 18 years of age?  [ ] Yes (Go to #2)  [ ] No (Deny)
2.	Does the client have a diagnosis of <b>migraine</b> in the last 365 days? [ ] Yes (Go to #3) [ ] No (Deny)
3.	Will the client have concurrent therapy with a <b>contraindicated drug</b> ? [ ] Yes (Deny) [ ] No (Go to #4)
4.	Does the client have a history of a <b>contraindicated diagnosis</b> in the last 365 days? [ ] Yes (Deny) [ ] No (Go to #5)
5.	Is the request for less than or equal to (≤) the <a href="maximum quantity">maximum quantity</a> listed in Table 5?  [ ] Yes (Approve – 365 days)  [ ] No (Deny)



#### **Clinical Criteria Logic Diagram**





### **Clinical Criteria Supporting Tables**

Step 2 (diagnosis of migraine headache)		
Required diagnosis: 1  Look back timeframe: 365 days		
ICD-10 Code	Description Description	
G43001	MIGRAINE WITHOUT AURA, NOT INTRACTABLE WITH STATUS MIGRAINOSUS	
G43009	MIGRAINE WITHOUT AURA, NOT INTRACTABLE WITHOUT STATUS MIGRAINOSUS	
G43011	MIGRAINE WITHOUT AURA, INTRACTABLE WITH STATUS MIGRAINOSUS	
G43019	MIGRAINE WITHOUT AURA, INTRACTABLE WITHOUT STATUS MIGRAINOSUS	
G43101	MIGRAINE WITH AURA, NOT INTRACTABLE WITH STATUS MIGRAINOSUS	
G43109	MIGRAINE WITH AURA, NOT INTRACTABLE WITHOUT STATUS MIGRAINOSUS	
G43111	MIGRAINE WITH AURA, INTRACTABLE WITH STATUS MIGRAINOSUS	
G43119	MIGRAINE WITH AURA, INTRACTABLE WITHOUT STATUS MIGRAINOSUS	
G43501	PERSISTENT MIGRAINE AURA WITHOUT CEREBRAL INFARCTION WITH STATUS MIGRAINOSUS	
G43509	PERSISTENT MIGRAINE AURA WITHOUT CEREBRAL INFARCTION WITHOUT STATUS MIGRAINOSUS	
G43511	PERSISTENT MIGRAINE AURA WITHOUT CEREBRAL INFARCTION, INTRACTABLE WITH STATUS MIGRAINOSUS	
G43519	PERSISTENT MIGRAINE AURA WITHOUT CEREBRAL INFARCTION, INTRACTABLE WITHOUT STATUS MIGRAINOSUS	
G43601	PERSISTENT MIGRAINE AURA WITH CEREBRAL INFARCTION, NOT INTRACTABLE WITH STATUS MIGRAINOSUS	
G43609	PERSISTENT MIGRAINE AURA WITH CEREBRAL INFARCTION, NOT INTRACTABLE WITHOUT STATUS MIGRAINOSUS	
G43611	PERSISTENT MIGRAINE AURA WITH CEREBRAL INFARCTION, INTRACTABLE WITH STATUS MIGRAINOSUS	
G43619	PERSISTENT MIGRAINE AURA WITH CEREBRAL INFARCTION, INTRACTABLE WITHOUT STATUS MIGRAINOSUS	
G43701	CHRONIC MIGRAINE WITHOUT AURA WITH STATUS MIGRAINOSUS	
G43709	CHRONIC MIGRAINE WITHOUT AURA WITHOUT STATUS MIGRAINOSUS	
G43711	CHRONIC MIGRAINE WITHOUT AURA, INTRACTABLE WITH STATUS MIGRAINOSUS	
G43719	CHRONIC MIGRAINE WITHOUT AURA, INTRACTABLE WITH STATUS MIGRAINOSUS	

Step 2 (diagnosis of migraine headache)  Required diagnosis: 1	
	Look back timeframe: 365 days
ICD-10 Code	Description
G43B0	OPHTHALMOPLEGIC MIGRAINE NOT INTRACTABLE
G43B1	OPHTHALMOPLEGIC MIGRAINE INTRACTABLE
G43801	OTHER MIGRAINE, NOT INTRACTABLE WITH STATUS MIGRAINOSUS
G43809	OTHER MIGRAINE, NOT INTRACTABLE WITHOUT STATUS MIGRAINOSUS
G43811	OTHER MIGRAINE, INTRACTABLE WITH STATUS MIGRAINOSUS
G43819	OTHER MIGRAINE, INTRACTABLE WITHOUT STATUS MIGRAINOSUS
G43821	MENSTRUAL MIGRAINE, NOT INTRACTABLE WITH STATUS MIGRAINOSUS
G43829	MENSTRUAL MIGRAINE, NOT INTRACTABLE WITHOUT STATUS MIGRAINOSUS
G43831	MENSTRUAL MIGRAINE, INTRACTABLE WITH STATUS MIGRAINOSUS
G43839	MENSTRUAL MIGRAINE, INTRACTABLE WITHOUT STATUS MIGRAINOSUS
G43901	MIGRAINE, UNSPECIFIED, NOT INTRACTABLE WITH STATUS MIGRAINOSUS
G43909	MIGRAINE, UNSPECIFIED, NOT INTRACTABLE WITHOUT STATUS MIGRAINOSUS
G43911	MIGRAINE, UNSPECIFIED, INTRACTABLE WITH STATUS MIGRAINOSUS
G43919	MIGRAINE, UNSPECIFIED, INTRACTABLE WITHOUT STATUS MIGRAINOSUS

Step 3 (claim for a contraindicated drug)  Required claims: 1  Look back timeframe: 90 days		
Label Name	GCN	
ALMOTRIPTAN MALATE 12.5 MG TAB	12472	
ALMOTRIPTAN MALATE 6.25 MG TAB	13587	
AMERGE 1 MG TABLET	81112	
AMERGE 2.5 MG TABLET	81111	
APTIVUS 250 MG CAPSULE	24906	
ATAZANAVIR SULFATE 150MG CAP	19952	
ATAZANAVIR SULFATE 200MG CAP	19953	
ATAZANAVIR SULFATE 300MG CAP	97430	
BROMOCRIPTINE 2.5 MG TABLET	26081	
BROMOCRIPTINE 5 MG CAPSULE	26070	
CLARITHROMYCIN 125 MG/5 ML SUS	11670	
CLARITHROMYCIN 250 MG TABLET	48852	

# Step 3 (claim for a contraindicated drug) Required claims: 1

Look back timeframe: 90 day

Look back timeframe: 90 days		
Label Name	GCN	
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	
CYCLOSET 0.8 MG TABLET	29227	
E.E.S. 200 MG/5 ML SUSPENSION	40523	
E.E.S. 400 MG TABLET	40560	
ELETRIPTAN HBR 20 MG TABLET	15173	
ELETRIPTAN HBR 40 MG TABLET	15174	
EMSAM 12MG/24 HOURS PATCH	26614	
EMSAM 6MG/24 HOURS PATCH	26612	
ERGOLOID MESYLATES 1 MG TAB	02213	
ERYPED 200 MG/5 ML SUSPENSION	40560	
ERYPED 400 MG/5 ML SUSPENSION	40524	
ERYTHROMYCIN 200 MG/5 ML SUSP	40523	
ERYTHROMYCIN 250 MG TABLET	40720	
ERYTHROMYCIN 400 MG/5 ML SUSP	40524	
ERYTHROMYCIN 500 MG TABLET	40721	
ERYTHROMYCIN DR 250 MG CAP	40660	
ERYTHROMYCIN DR 250 MG TABLET	40730	
ERYTHROMYCIN DR 333 MG TABLET	40731	
ERYTHROMYCIN DR 500 MG TABLET	40732	
ERYTHROMYCIN ES 400 MG TAB	40560	
EVOTAZ 300-150MG TABLET	37797	
FOSAMPRENAVIR 700 MG TABLET	20553	
FROVA 2.5 MG TABLET	14977	
FROVATRIPTAN SUCC 2.5 MG TAB	14977	
GENVOYA TABLET	40092	
IMITREX 100 MG TABLET	05701	
IMITREX 20 MG NASAL SPRAY	50744	
IMITREX 25 MG TABLET	05702	
IMITREX 4 MG/0.5 ML CARTRIDGES	26667	
IMITREX 4 MG/0.5 ML PEN INJECT	26666	
IMITREX 5 MG NASAL SPRAY	50740	
IMITREX 50 MG TABLET	05700	
IMITREX 6 MG/0.5 ML CARTRIDGES	24708	
IMITREX 6 MG/0.5 ML PEN INJECT	50741	

### Step 3 (claim for a contraindicated drug) Required claims: 1

Look back timeframe: 90 days		
Label Name	GCN	
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	
KETOCONAZOLE 200 MG TABLET	31485	
LANSOPRAZOL-AMOXICIL-CLARITHRO	64269	
LEXIVA 50 MG/ML SUSPENSION	23783	
LEXIVA 700 MG TABLET	20553	
LINEZOLID 100MG/5ML SUSP	26871	
LINEZOLID 600MG TABLET	26870	
LINEZOLID 600MG/300ML IV SOLN	26873	
MARPLAN 10 MG TABLET	16416	
MAXALT 10 MG TABLET	19592	
MAXALT MLT 10 MG TABLET	19594	
METHERGINE 0.2MG TABLET	11350	
METHYLERGONOVINE 0.2MG TABLET	11350	
NARATRIPTAN HCL 1 MG TABLET	81112	
NARATRIPTAN HCL 2.5 MG TABLET	81111	
NARDIL 15 MG TABLET	16417	
NEFAZODONE 100MG TABLET	16406	
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	
PHENELZINE SULFATE 15 MG TAB	16417	
PREVYMIS 240 MG TABLET	44049	
PREVYMIS 480 MG TABLET	44061	
PREZCOBIX 800-150MG TABLET	37367	
PREZISTA 100MG/ML SUSPENSION	31201	

# Step 3 (claim for a contraindicated drug) Required claims: 1

Look back timeframe: 90 days

REZISTA 150MG TABLET   23489   PREZISTA 600MG TABLET   99434   PREZISTA 75MG TABLET   16759   PREZISTA 75MG TABLET   16759   PREZISTA 800MG TABLET   33723   RELPAX 20 MG TABLET   15173   RELPAX 20 MG TABLET   15174   RELPAX 40 MG TABLET   15174   REYATAZ 150MG CAPSULE   19952   REYATAZ 200MG CAPSULE   19953   REYATAZ 200MG CAPSULE   19953   REYATAZ 300MG CAPSULE   37430   REYATAZ 300MG CAPSULE   37430   REYATAZ 300MG CAPSULE   37640   REYATAZ 300MG CAPSULE   37640   REYATAZ 300MG CAPSULE   37640   REYATAZ 300MG TABLET   28224   RIZATRIPTAN 10 MG TABLET   28224   RIZATRIPTAN 10 MG TABLET   19594   RIZATRIPTAN 5 MG ODT   19593   RIZATRIPTAN 5 MG ODT   19593   RIZATRIPTAN 5 MG TABLET   19591   SPORANOX 10 MG/ML SOLUTION   49100   SPORANOX 10 MG/ML SOLUTION   49101   STRIBILD TABLET   33130   SUMATRIPTAN 20 MG NASAL SPRAY   50744   SUMATRIPTAN 4 MG/0.5 ML CART   26666   SUMATRIPTAN 5 MG NASAL SPRAY   50744   SUMATRIPTAN 6 MG/0.5 ML INJECT   26666   SUMATRIPTAN 6 MG/0.5 ML CART   24708   SUMATRIPTAN 6 MG/0.5 ML VIAL   50742   SUMATRIPTAN SUCC 25 MG TABLET   05701   SUMATRIPTAN SUCC 25 MG TABLET   05702   SUMATRIPTAN SUCC 25 MG TABLET   05702   SUMATRIPTAN SUCC 25 MG TABLET   05700   SUMATRIPTAN SUCC 25 MG TABLET   05701   SUMATRIPTAN SUCC 25 MG TABLET   05702   SUMATRIPTAN SUCC 25 MG TABLET   05704   SUMATRIPTAN SUCC 25 MG TABLET   05704   SUMATRIPTAN SUCC 25 MG TABLET   05702   SUMATRIPTAN SUCC 25 MG TABLET   05704   SUMATRIPTAN SUCC 25 MG TABLET   05704   SUMATRIPTAN SUCC 30 MG TABLET   05704   SUMATRIPTAN SUCC 30 MG TABLET   05704   SUMATRIPTAN SUCC 30 MG TABLET   05704   SUMATRI	Look back timeframe: 90 days		
PREZISTA 600MG TABLET 99434 PREZISTA 75MG TABLET 16759 PREZISTA 800MG TABLET 33723 RELPAX 20 MG TABLET 15173 RELPAX 40 MG TABLET 15174 RELPAX 20 MG TABLET 15174 REYATAZ 150MG CAPSULE 19952 REYATAZ 200MG CAPSULE 19953 REYATAZ 300MG CAPSULE 37430 REYATAZ 300MG CAPSULE 37430 REYATAZ 50MG POWDER PACK 36647 RITONAVIR 100 MG TABLET 28224 RIZATRIPTAN 10 MG ODT 19594 RIZATRIPTAN 10 MG ODT 19594 RIZATRIPTAN 5 MG ODT 19592 RIZATRIPTAN 5 MG ABLET 19592 RIZATRIPTAN 5 MG ABLET 19591 SPORANOX 10 MG/ML SOLUTION 49100 SPORANOX 100 MG CAPSULE 49101 STRIBILD TABLET 33130 SUMATRIPTAN 20 MG NASAL SPRAY 50744 SUMATRIPTAN 4 MG/0.5 ML CART 26667 SUMATRIPTAN 4 MG/0.5 ML INJECT 26666 SUMATRIPTAN 5 MG NASAL SPRAY 50740 SUMATRIPTAN 6 MG/0.5 ML INJECT 50741 SUMATRIPTAN 6 MG/0.5 ML INJECT 50741 SUMATRIPTAN 6 MG/0.5 ML VIAL 50742 SUMATRIPTAN 6 MG/0.5 ML VIAL 50742 SUMATRIPTAN SUCC 25 MG TABLET 05700 SUMATRIPTAN SUCC 25 MG TABLET 05700 SUMATRIPTAN SUCC 50 MG TABLET 05700 SUMATRIPTAN SUCC 50 MG TABLET 05700 SUMATRIPTAN NUCC 50 MG TABLET 05701 SUMATRIPTAN SUCC 50 MG TABLET 05702	Label Name	GCN	
PREZISTA 75MG TABLET 16759 PREZISTA 800MG TABLET 33723 RELPAX 20 MG TABLET 15173 RELPAX 40 MG TABLET 15174 REYATAZ 150MG CAPSULE 19952 REYATAZ 200MG CAPSULE 19953 REYATAZ 300MG CAPSULE 37430 REYATAZ 300MG CAPSULE 37430 REYATAZ 50MG POWDER PACK 36647 RITONAVIR 100 MG TABLET 28224 RIZATRIPTAN 10 MG ODT 19594 RIZATRIPTAN 10 MG ABLET 19592 RIZATRIPTAN 5 MG ODT 19593 RIZATRIPTAN 5 MG ODT 19593 RIZATRIPTAN 5 MG TABLET 19591 SPORANOX 10 MG/ML SOLUTION 49100 SPORANOX 100 MG CAPSULE 49101 STRIBILD TABLET 33130 SUMATRIPTAN 20 MG NASAL SPRAY 50744 SUMATRIPTAN 4 MG/0.5 ML CART 26667 SUMATRIPTAN 4 MG/0.5 ML INJECT 26666 SUMATRIPTAN 5 MG NASAL SPRAY 50740 SUMATRIPTAN 6 MG/0.5 ML INJECT 50741 SUMATRIPTAN 6 MG/0.5 ML VIAL 50742 SUMATRIPTAN SUCC 100 MG TABLET 05700 SUMATRIPTAN SUCC 25 MG TABLET 05700 SUMATRIPTAN-NAPROXEN 85-500 MG 99597 SYMTUZA 800-150-200-10 MG TAB 43968 TOLSURA 65 MG CAPSULE 45848 TOLSURA 65 MG CAPSULE 45848	PREZISTA 150MG TABLET	23489	
PREZISTA 800MG TABLET         33723           RELPAX 20 MG TABLET         15173           RELPAX 40 MG TABLET         15174           REYATAZ 150MG CAPSULE         19952           REYATAZ 200MG CAPSULE         19953           REYATAZ 300MG CAPSULE         37430           REYATAZ 50MG POWDER PACK         36647           RITONAVIR 100 MG TABLET         28224           RIZATRIPTAN 10 MG ODT         19594           RIZATRIPTAN 10 MG TABLET         19592           RIZATRIPTAN 5 MG ODT         19593           RIZATRIPTAN 5 MG TABLET         19591           SPORANOX 10 MG/ML SOLUTION         49100           SPORANOX 100 MG CAPSULE         49101           STRIBILD TABLET         33130           SUMATRIPTAN 20 MG NASAL SPRAY         50744           SUMATRIPTAN 4 MG/0.5 ML CART         26667           SUMATRIPTAN 5 MG NASAL SPRAY         50740           SUMATRIPTAN 6 MG/0.5 ML CART         24708           SUMATRIPTAN 6 MG/0.5 ML CART         50741           SUMATRIPTAN 9 CMG MG/0.5 ML VIAL         50742           SUMATRIPTAN SUCC 100 MG TABLET         05701           SUMATRIPTAN SUCC 50 MG TABLET         05702           SUMATRIPTAN NUCC 25 MG TABLET         05700           S	PREZISTA 600MG TABLET	99434	
RELPAX 20 MG TABLET 15173 RELPAX 40 MG TABLET 15174 REYATAZ 150MG CAPSULE 19952 REYATAZ 200MG CAPSULE 19953 REYATAZ 300MG CAPSULE 37430 REYATAZ 300MG POWDER PACK 36647 RITONAVIR 100 MG TABLET 28224 RIZATRIPTAN 10 MG ODT 19594 RIZATRIPTAN 10 MG TABLET 19592 RIZATRIPTAN 5 MG ODT 19593 RIZATRIPTAN 5 MG TABLET 19591 SPORANOX 10 MG/ML SOLUTION 49100 SPORANOX 10 MG CAPSULE 49101 STRIBILD TABLET 33130 SUMATRIPTAN 20 MG NASAL SPRAY 50744 SUMATRIPTAN 4 MG/0.5 ML CART 26667 SUMATRIPTAN 4 MG/0.5 ML INJECT 26666 SUMATRIPTAN 6 MG/0.5 ML INJECT 24708 SUMATRIPTAN 6 MG/0.5 ML INJECT 50741 SUMATRIPTAN 6 MG/0.5 ML INJECT 50741 SUMATRIPTAN 6 MG/0.5 ML CART 24708 SUMATRIPTAN 6 MG/0.5 ML INJECT 50741 SUMATRIPTAN 6 MG/0.5 ML INJECT 50741 SUMATRIPTAN 6 MG/0.5 ML INJECT 50741 SUMATRIPTAN 6 MG/0.5 ML INJECT 507501 SUMATRIPTAN SUCC 100 MG TABLET 05700 SUMATRIPTAN SUCC 50 MG TABLET 05700 SUMATRIPTAN NUCC 50 MG TABLET 057043	PREZISTA 75MG TABLET	16759	
RELPAX 40 MG TABLET  REYATAZ 150MG CAPSULE  REYATAZ 200MG CAPSULE  REYATAZ 300MG CAPSULE  REYATAZ 300MG CAPSULE  REYATAZ 300MG CAPSULE  REYATAZ 50MG POWDER PACK  RITONAVIR 100 MG TABLET  RIZATRIPTAN 10 MG ODT  RIZATRIPTAN 10 MG TABLET  RIZATRIPTAN 10 MG TABLET  RIZATRIPTAN 5 MG TABLET  SPORANOX 10 MG/ML SOLUTION  SPORANOX 10 MG CAPSULE  STRIBILD TABLET  SUMATRIPTAN 20 MG NASAL SPRAY  SUMATRIPTAN 4 MG/0.5 ML CART  SUMATRIPTAN 5 MG MS/0.5 ML CART  SUMATRIPTAN 5 MG MS/0.5 ML CART  SUMATRIPTAN 6 MG/0.5 ML VIAL  SUMATRIPTAN 10 MG/0.5 ML SABLET  SUMATRIPTAN SUCC 100 MG TABLET  SUMATRIPTAN SUCC 50 MG TABLET  SUMATRIPTAN SUCC 50 MG TABLET  SUMATRIPTAN NAPROXEN 85-500 MG  99597  SYMTUZA 800-150-200-10 MG TAB  TOLSURA 65 MG CAPSULE  45848  TOLSURA 65 MG CAPSULE  45848  TOSYMRA 10 MG NASAL SPRAY  50743	PREZISTA 800MG TABLET	33723	
REYATAZ 150MG CAPSULE 19952 REYATAZ 200MG CAPSULE 19953 REYATAZ 300MG CAPSULE 37430 REYATAZ 50MG POWDER PACK 36647 RITONAVIR 100 MG TABLET 28224 RIZATRIPTAN 10 MG ODT 19594 RIZATRIPTAN 10 MG TABLET 19592 RIZATRIPTAN 5 MG ODT 19593 RIZATRIPTAN 5 MG TABLET 19591 SPORANOX 10 MG/ML SOLUTION 49100 SPORANOX 100 MG CAPSULE 49101 STRIBILD TABLET 33130 SUMATRIPTAN 20 MG NASAL SPRAY 50744 SUMATRIPTAN 4 MG/0.5 ML CART 26667 SUMATRIPTAN 5 MG NASAL SPRAY 50740 SUMATRIPTAN 5 MG NASAL SPRAY 50740 SUMATRIPTAN 6 MG/0.5 ML CART 24708 SUMATRIPTAN 6 MG/0.5 ML INJECT 50741 SUMATRIPTAN 6 MG/0.5 ML VIAL 50742 SUMATRIPTAN SUCC 100 MG TABLET 05700 SUMATRIPTAN SUCC 25 MG TABLET 05700 SUMATRIPTAN SUCC 50 MG TABLET 05700 SUMATRIPTAN SUCC 50 MG TABLET 05700 SUMATRIPTAN NAPROXEN 85-500 MG 99597 SYMTUZA 800-150-200-10 MG TAB 43968 TOLSURA 65 MG CAPSULE 45848 TOSYMRA 10 MG NASAL SPRAY 50743	RELPAX 20 MG TABLET	15173	
REYATAZ 200MG CAPSULE REYATAZ 300MG CAPSULE REYATAZ 300MG CAPSULE REYATAZ 50MG POWDER PACK RITONAVIR 100 MG TABLET RIZATRIPTAN 10 MG ODT RIZATRIPTAN 10 MG ODT RIZATRIPTAN 10 MG TABLET RIZATRIPTAN 5 MG ODT RIZATRIPTAN 5 MG TABLET SPORANOX 10 MG/ML SOLUTION SPORANOX 100 MG CAPSULE STRIBILD TABLET SUMATRIPTAN 20 MG NASAL SPRAY SUMATRIPTAN 4 MG/0.5 ML CART SUMATRIPTAN 5 MG NASAL SPRAY SUMATRIPTAN 6 MG/0.5 ML CART SUMATRIPTAN 6 MG/0.5 ML CART SUMATRIPTAN 6 MG/0.5 ML INJECT SUMATRIPTAN 6 MG/0.5 ML VIAL SUMATRIPTAN 6 MG/0.5 ML VIAL SUMATRIPTAN SUCC 100 MG TABLET SUMATRIPTAN SUCC 25 MG TABLET SUMATRIPTAN SUCC 50 MG TABLET SUCCESSOR	RELPAX 40 MG TABLET	15174	
REYATAZ 300MG CAPSULE       37430         REYATAZ 50MG POWDER PACK       36647         RITONAVIR 100 MG TABLET       28224         RIZATRIPTAN 10 MG ODT       19594         RIZATRIPTAN 10 MG TABLET       19592         RIZATRIPTAN 5 MG ODT       19593         RIZATRIPTAN 5 MG TABLET       19591         SPORANOX 10 MG/ML SOLUTION       49100         SPORANOX 100 MG CAPSULE       49101         STRIBILD TABLET       33130         SUMATRIPTAN 20 MG NASAL SPRAY       50744         SUMATRIPTAN 4 MG/0.5 ML CART       26667         SUMATRIPTAN 4 MG/0.5 ML INJECT       26666         SUMATRIPTAN 5 MG NASAL SPRAY       50740         SUMATRIPTAN 6 MG/0.5 ML CART       24708         SUMATRIPTAN 6 MG/0.5 ML VIAL       50742         SUMATRIPTAN 8 UCC 100 MG TABLET       05701         SUMATRIPTAN SUCC 100 MG TABLET       05702         SUMATRIPTAN NAPROXEN 85-500 MG       99597         SYMTUZA 800-150-200-10 MG TAB       43968         TOLSURA 65 MG CAPSULE       45848         TOSYMRA 10 MG NASAL SPRAY       50743	REYATAZ 150MG CAPSULE	19952	
REYATAZ 50MG POWDER PACK RITONAVIR 100 MG TABLET RIZATRIPTAN 10 MG ODT RIZATRIPTAN 10 MG ODT RIZATRIPTAN 10 MG TABLET RIZATRIPTAN 5 MG ODT RIZATRIPTAN 5 MG ODT RIZATRIPTAN 5 MG TABLET SPORANOX 10 MG/ML SOLUTION SPORANOX 100 MG CAPSULE STRIBILD TABLET SUMATRIPTAN 20 MG NASAL SPRAY SUMATRIPTAN 4 MG/0.5 ML CART SUMATRIPTAN 4 MG/0.5 ML INJECT SUMATRIPTAN 5 MG NASAL SPRAY SUMATRIPTAN 6 MG/0.5 ML CART SUMATRIPTAN 6 MG/0.5 ML CART SUMATRIPTAN 6 MG/0.5 ML CART SUMATRIPTAN 6 MG/0.5 ML TABLET SUMATRIPTAN 6 MG/0.5 ML SPRAY SUMATRIPTAN 8 MG/0.5 ML SPRAY SUMATRIPTAN SUCC 100 MG TABLET SUMATRIPTAN SUCC 25 MG TABLET SUMATRIPTAN SUCC 50 MG TABL	REYATAZ 200MG CAPSULE	19953	
RITONAVIR 100 MG TABLET  RIZATRIPTAN 10 MG ODT  RIZATRIPTAN 10 MG TABLET  RIZATRIPTAN 10 MG TABLET  RIZATRIPTAN 5 MG ODT  RIZATRIPTAN 5 MG TABLET  RIZATRIPTAN 5 MG TABLET  RIZATRIPTAN 5 MG TABLET  RIZATRIPTAN 5 MG TABLET  SPORANOX 10 MG/ML SOLUTION  SPORANOX 100 MG CAPSULE  STRIBILD TABLET  STRIBILD TABLET  SUMATRIPTAN 20 MG NASAL SPRAY  SUMATRIPTAN 4 MG/0.5 ML CART  SUMATRIPTAN 4 MG/0.5 ML INJECT  SUMATRIPTAN 5 MG NASAL SPRAY  SUMATRIPTAN 6 MG/0.5 ML CART  SUMATRIPTAN 6 MG/0.5 ML CART  SUMATRIPTAN 6 MG/0.5 ML INJECT  SUMATRIPTAN 6 MG/0.5 ML INJECT  SUMATRIPTAN 8 MG/0.5 ML SPRAY  SUMATRIPTAN 8 MG/0.5 ML SPRAY  SUMATRIPTAN SUCC 100 MG TABLET  SUMATRIPTAN SUCC 25 MG TABLET  SUMATRIPTAN SUCC 50 MG TABLET  SUMATRIPTAN SUCC 50 MG TABLET  SUMATRIPTAN-NAPROXEN 85-500 MG  SYMTUZA 800-150-200-10 MG TAB  TOLSURA 65 MG CAPSULE  TOSYMRA 10 MG NASAL SPRAY  50743	REYATAZ 300MG CAPSULE	37430	
RIZATRIPTAN 10 MG ODT RIZATRIPTAN 10 MG TABLET 19592 RIZATRIPTAN 5 MG ODT 19593 RIZATRIPTAN 5 MG TABLET 19591 SPORANOX 10 MG/ML SOLUTION 49100 SPORANOX 100 MG CAPSULE 49101 STRIBILD TABLET 33130 SUMATRIPTAN 20 MG NASAL SPRAY SUMATRIPTAN 4 MG/0.5 ML CART 26667 SUMATRIPTAN 4 MG/0.5 ML INJECT 26666 SUMATRIPTAN 5 MG NASAL SPRAY SUMATRIPTAN 6 MG/0.5 ML CART 24708 SUMATRIPTAN 6 MG/0.5 ML CART SUMATRIPTAN 6 MG/0.5 ML CART SUMATRIPTAN 6 MG/0.5 ML CART SUMATRIPTAN 6 MG/0.5 ML SPRAY SUMATRIPTAN 8 MG/0.5 ML SPRAY SUMATRIPTAN SUCC 100 MG TABLET SUMATRIPTAN SUCC 25 MG TABLET SUMATRIPTAN SUCC 25 MG TABLET SUMATRIPTAN SUCC 50 MG TABLET SUMATRIPTAN SUCC 50 MG TABLET SUMATRIPTAN-NAPROXEN 85-500 MG 99597 SYMTUZA 800-150-200-10 MG TAB TOLSURA 65 MG CAPSULE TOSYMRA 10 MG NASAL SPRAY 50743	REYATAZ 50MG POWDER PACK	36647	
RIZATRIPTAN 10 MG TABLET  RIZATRIPTAN 5 MG ODT  RIZATRIPTAN 5 MG TABLET  SPORANOX 10 MG/ML SOLUTION  SPORANOX 100 MG CAPSULE  STRIBILD TABLET  SUMATRIPTAN 20 MG NASAL SPRAY  SUMATRIPTAN 4 MG/0.5 ML CART  SUMATRIPTAN 4 MG/0.5 ML INJECT  SUMATRIPTAN 5 MG NASAL SPRAY  SUMATRIPTAN 6 MG/0.5 ML CART  SUMATRIPTAN 6 MG/0.5 ML CART  SUMATRIPTAN 6 MG/0.5 ML FORT  SUMATRIPTAN SUCC 100 MG TABLET  SUMATRIPTAN SUCC 25 MG TABLET  SUMATRIPTAN SUCC 50 MG TABLET  SUMATRIPTAN SUCC 50 MG TABLET  SUMATRIPTAN-NAPROXEN 85-500 MG  SUMATRIPTAN-NAPROXEN 85-500 MG  SYMTUZA 800-150-200-10 MG TAB  TOLSURA 65 MG CAPSULE  TOSYMRA 10 MG NASAL SPRAY  50743	RITONAVIR 100 MG TABLET	28224	
RIZATRIPTAN 5 MG ODT RIZATRIPTAN 5 MG TABLET 19591 SPORANOX 10 MG/ML SOLUTION 49100 SPORANOX 100 MG CAPSULE 49101 STRIBILD TABLET 33130 SUMATRIPTAN 20 MG NASAL SPRAY 50744 SUMATRIPTAN 4 MG/0.5 ML CART 26667 SUMATRIPTAN 4 MG/0.5 ML INJECT 26666 SUMATRIPTAN 5 MG NASAL SPRAY 50740 SUMATRIPTAN 6 MG/0.5 ML CART 24708 SUMATRIPTAN 6 MG/0.5 ML INJECT 50741 SUMATRIPTAN 6 MG/0.5 ML INJECT 50741 SUMATRIPTAN 6 MG/0.5 ML VIAL 50742 SUMATRIPTAN SUCC 100 MG TABLET 50701 SUMATRIPTAN SUCC 25 MG TABLET 05700 SUMATRIPTAN SUCC 50 MG TABLET 05700 SUMATRIPTAN-NAPROXEN 85-500 MG 99597 SYMTUZA 800-150-200-10 MG TAB 43968 TOLSURA 65 MG CAPSULE 45848 TOSYMRA 10 MG NASAL SPRAY 50743	RIZATRIPTAN 10 MG ODT	19594	
RIZATRIPTAN 5 MG TABLET       19591         SPORANOX 10 MG/ML SOLUTION       49100         SPORANOX 100 MG CAPSULE       49101         STRIBILD TABLET       33130         SUMATRIPTAN 20 MG NASAL SPRAY       50744         SUMATRIPTAN 4 MG/0.5 ML CART       26667         SUMATRIPTAN 5 MG NASAL SPRAY       50740         SUMATRIPTAN 6 MG/0.5 ML CART       24708         SUMATRIPTAN 6 MG/0.5 ML VIAL       50741         SUMATRIPTAN 6 MG/0.5 ML VIAL       50742         SUMATRIPTAN SUCC 100 MG TABLET       05701         SUMATRIPTAN SUCC 25 MG TABLET       05702         SUMATRIPTAN SUCC 50 MG TABLET       05700         SUMATRIPTAN-NAPROXEN 85-500 MG       99597         SYMTUZA 800-150-200-10 MG TAB       43968         TOLSURA 65 MG CAPSULE       45848         TOSYMRA 10 MG NASAL SPRAY       50743	RIZATRIPTAN 10 MG TABLET	19592	
SPORANOX 10 MG/ML SOLUTION         49100           SPORANOX 100 MG CAPSULE         49101           STRIBILD TABLET         33130           SUMATRIPTAN 20 MG NASAL SPRAY         50744           SUMATRIPTAN 4 MG/0.5 ML CART         26667           SUMATRIPTAN 4 MG/0.5 ML INJECT         26666           SUMATRIPTAN 5 MG NASAL SPRAY         50740           SUMATRIPTAN 6 MG/0.5 ML CART         24708           SUMATRIPTAN 6 MG/0.5 ML INJECT         50741           SUMATRIPTAN 8 MG/0.5 ML VIAL         50742           SUMATRIPTAN SUCC 100 MG TABLET         05701           SUMATRIPTAN SUCC 25 MG TABLET         05702           SUMATRIPTAN SUCC 50 MG TABLET         05700           SUMATRIPTAN-NAPROXEN 85-500 MG         99597           SYMTUZA 800-150-200-10 MG TAB         43968           TOLSURA 65 MG CAPSULE         45848           TOSYMRA 10 MG NASAL SPRAY         50743	RIZATRIPTAN 5 MG ODT	19593	
SPORANOX 100 MG CAPSULE       49101         STRIBILD TABLET       33130         SUMATRIPTAN 20 MG NASAL SPRAY       50744         SUMATRIPTAN 4 MG/0.5 ML CART       26667         SUMATRIPTAN 4 MG/0.5 ML INJECT       26666         SUMATRIPTAN 5 MG NASAL SPRAY       50740         SUMATRIPTAN 6 MG/0.5 ML CART       24708         SUMATRIPTAN 6 MG/0.5 ML INJECT       50741         SUMATRIPTAN 8 MG/0.5 ML VIAL       50742         SUMATRIPTAN SUCC 100 MG TABLET       05701         SUMATRIPTAN SUCC 25 MG TABLET       05702         SUMATRIPTAN SUCC 50 MG TABLET       05700         SUMATRIPTAN-NAPROXEN 85-500 MG       99597         SYMTUZA 800-150-200-10 MG TAB       43968         TOLSURA 65 MG CAPSULE       45848         TOSYMRA 10 MG NASAL SPRAY       50743	RIZATRIPTAN 5 MG TABLET	19591	
STRIBILD TABLET       33130         SUMATRIPTAN 20 MG NASAL SPRAY       50744         SUMATRIPTAN 4 MG/0.5 ML CART       26667         SUMATRIPTAN 4 MG/0.5 ML INJECT       26666         SUMATRIPTAN 5 MG NASAL SPRAY       50740         SUMATRIPTAN 6 MG/0.5 ML CART       24708         SUMATRIPTAN 6 MG/0.5 ML INJECT       50741         SUMATRIPTAN 6 MG/0.5 ML VIAL       50742         SUMATRIPTAN SUCC 100 MG TABLET       05701         SUMATRIPTAN SUCC 25 MG TABLET       05702         SUMATRIPTAN SUCC 50 MG TABLET       05700         SUMATRIPTAN-NAPROXEN 85-500 MG       99597         SYMTUZA 800-150-200-10 MG TAB       43968         TOLSURA 65 MG CAPSULE       45848         TOSYMRA 10 MG NASAL SPRAY       50743	SPORANOX 10 MG/ML SOLUTION	49100	
SUMATRIPTAN 20 MG NASAL SPRAY       50744         SUMATRIPTAN 4 MG/0.5 ML CART       26667         SUMATRIPTAN 4 MG/0.5 ML INJECT       26666         SUMATRIPTAN 5 MG NASAL SPRAY       50740         SUMATRIPTAN 6 MG/0.5 ML CART       24708         SUMATRIPTAN 6 MG/0.5 ML INJECT       50741         SUMATRIPTAN 6 MG/0.5 ML VIAL       50742         SUMATRIPTAN SUCC 100 MG TABLET       05701         SUMATRIPTAN SUCC 25 MG TABLET       05702         SUMATRIPTAN SUCC 50 MG TABLET       05700         SUMATRIPTAN-NAPROXEN 85-500 MG       99597         SYMTUZA 800-150-200-10 MG TAB       43968         TOLSURA 65 MG CAPSULE       45848         TOSYMRA 10 MG NASAL SPRAY       50743	SPORANOX 100 MG CAPSULE	49101	
SUMATRIPTAN 4 MG/0.5 ML CART       26667         SUMATRIPTAN 4 MG/0.5 ML INJECT       26666         SUMATRIPTAN 5 MG NASAL SPRAY       50740         SUMATRIPTAN 6 MG/0.5 ML CART       24708         SUMATRIPTAN 6 MG/0.5 ML INJECT       50741         SUMATRIPTAN 6 MG/0.5 ML VIAL       50742         SUMATRIPTAN SUCC 100 MG TABLET       05701         SUMATRIPTAN SUCC 25 MG TABLET       05702         SUMATRIPTAN SUCC 50 MG TABLET       05700         SUMATRIPTAN-NAPROXEN 85-500 MG       99597         SYMTUZA 800-150-200-10 MG TAB       43968         TOLSURA 65 MG CAPSULE       45848         TOSYMRA 10 MG NASAL SPRAY       50743	STRIBILD TABLET	33130	
SUMATRIPTAN 4 MG/0.5 ML INJECT       26666         SUMATRIPTAN 5 MG NASAL SPRAY       50740         SUMATRIPTAN 6 MG/0.5 ML CART       24708         SUMATRIPTAN 6 MG/0.5 ML INJECT       50741         SUMATRIPTAN 6 MG/0.5 ML VIAL       50742         SUMATRIPTAN SUCC 100 MG TABLET       05701         SUMATRIPTAN SUCC 25 MG TABLET       05702         SUMATRIPTAN SUCC 50 MG TABLET       05700         SUMATRIPTAN-NAPROXEN 85-500 MG       99597         SYMTUZA 800-150-200-10 MG TAB       43968         TOLSURA 65 MG CAPSULE       45848         TOSYMRA 10 MG NASAL SPRAY       50743	SUMATRIPTAN 20 MG NASAL SPRAY	50744	
SUMATRIPTAN 5 MG NASAL SPRAY       50740         SUMATRIPTAN 6 MG/0.5 ML CART       24708         SUMATRIPTAN 6 MG/0.5 ML INJECT       50741         SUMATRIPTAN 6 MG/0.5 ML VIAL       50742         SUMATRIPTAN SUCC 100 MG TABLET       05701         SUMATRIPTAN SUCC 25 MG TABLET       05702         SUMATRIPTAN SUCC 50 MG TABLET       05700         SUMATRIPTAN-NAPROXEN 85-500 MG       99597         SYMTUZA 800-150-200-10 MG TAB       43968         TOLSURA 65 MG CAPSULE       45848         TOSYMRA 10 MG NASAL SPRAY       50743	SUMATRIPTAN 4 MG/0.5 ML CART	26667	
SUMATRIPTAN 6 MG/0.5 ML CART       24708         SUMATRIPTAN 6 MG/0.5 ML INJECT       50741         SUMATRIPTAN 6 MG/0.5 ML VIAL       50742         SUMATRIPTAN SUCC 100 MG TABLET       05701         SUMATRIPTAN SUCC 25 MG TABLET       05702         SUMATRIPTAN SUCC 50 MG TABLET       05700         SUMATRIPTAN-NAPROXEN 85-500 MG       99597         SYMTUZA 800-150-200-10 MG TAB       43968         TOLSURA 65 MG CAPSULE       45848         TOSYMRA 10 MG NASAL SPRAY       50743	SUMATRIPTAN 4 MG/0.5 ML INJECT	26666	
SUMATRIPTAN 6 MG/0.5 ML INJECT       50741         SUMATRIPTAN 6 MG/0.5 ML VIAL       50742         SUMATRIPTAN SUCC 100 MG TABLET       05701         SUMATRIPTAN SUCC 25 MG TABLET       05702         SUMATRIPTAN SUCC 50 MG TABLET       05700         SUMATRIPTAN-NAPROXEN 85-500 MG       99597         SYMTUZA 800-150-200-10 MG TAB       43968         TOLSURA 65 MG CAPSULE       45848         TOSYMRA 10 MG NASAL SPRAY       50743	SUMATRIPTAN 5 MG NASAL SPRAY	50740	
SUMATRIPTAN 6 MG/0.5 ML VIAL       50742         SUMATRIPTAN SUCC 100 MG TABLET       05701         SUMATRIPTAN SUCC 25 MG TABLET       05702         SUMATRIPTAN SUCC 50 MG TABLET       05700         SUMATRIPTAN-NAPROXEN 85-500 MG       99597         SYMTUZA 800-150-200-10 MG TAB       43968         TOLSURA 65 MG CAPSULE       45848         TOSYMRA 10 MG NASAL SPRAY       50743	SUMATRIPTAN 6 MG/0.5 ML CART	24708	
SUMATRIPTAN SUCC 100 MG TABLET       05701         SUMATRIPTAN SUCC 25 MG TABLET       05702         SUMATRIPTAN SUCC 50 MG TABLET       05700         SUMATRIPTAN-NAPROXEN 85-500 MG       99597         SYMTUZA 800-150-200-10 MG TAB       43968         TOLSURA 65 MG CAPSULE       45848         TOSYMRA 10 MG NASAL SPRAY       50743	SUMATRIPTAN 6 MG/0.5 ML INJECT	50741	
SUMATRIPTAN SUCC 25 MG TABLET       05702         SUMATRIPTAN SUCC 50 MG TABLET       05700         SUMATRIPTAN-NAPROXEN 85-500 MG       99597         SYMTUZA 800-150-200-10 MG TAB       43968         TOLSURA 65 MG CAPSULE       45848         TOSYMRA 10 MG NASAL SPRAY       50743	SUMATRIPTAN 6 MG/0.5 ML VIAL	50742	
SUMATRIPTAN SUCC 50 MG TABLET       05700         SUMATRIPTAN-NAPROXEN 85-500 MG       99597         SYMTUZA 800-150-200-10 MG TAB       43968         TOLSURA 65 MG CAPSULE       45848         TOSYMRA 10 MG NASAL SPRAY       50743	SUMATRIPTAN SUCC 100 MG TABLET	05701	
SUMATRIPTAN-NAPROXEN 85-500 MG       99597         SYMTUZA 800-150-200-10 MG TAB       43968         TOLSURA 65 MG CAPSULE       45848         TOSYMRA 10 MG NASAL SPRAY       50743	SUMATRIPTAN SUCC 25 MG TABLET	05702	
SYMTUZA 800-150-200-10 MG TAB       43968         TOLSURA 65 MG CAPSULE       45848         TOSYMRA 10 MG NASAL SPRAY       50743	SUMATRIPTAN SUCC 50 MG TABLET	05700	
TOLSURA 65 MG CAPSULE 45848 TOSYMRA 10 MG NASAL SPRAY 50743	SUMATRIPTAN-NAPROXEN 85-500 MG	99597	
TOSYMRA 10 MG NASAL SPRAY 50743	SYMTUZA 800-150-200-10 MG TAB	43968	
	TOLSURA 65 MG CAPSULE	45848	
	TOSYMRA 10 MG NASAL SPRAY	50743	
TRANYLCYPROMINE 10MG TABLET 16418	TRANYLCYPROMINE 10MG TABLET	16418	
TYBOST 150MG TABLET 36468	TYBOST 150MG TABLET	36468	
VFEND 200 MG TABLET 17498	VFEND 200 MG TABLET	17498	
VFEND 40 MG/ML SUSPENSION 21513	VFEND 40 MG/ML SUSPENSION	21513	
VFEND 50 MG TABLET 17497	VFEND 50 MG TABLET	17497	
VFEND IV 200 MG VIAL 17499	VFEND IV 200 MG VIAL	17499	

Step 3 (claim for a contraindicated drug)  Required claims: 1  Look back timeframe: 90 days		
Label Name	GCN	
VIEKIRA PAK	37614	
VIRACEPT 250 MG TABLET	40312	
VIRACEPT 625 MG TABLET	19717	
VORICONAZOLE 200 MG TABLET	17498	
VORICONAZOLE 200 MG VIAL	17499	
VORICONAZOLE 40 MG/ML SUSP	21513	
VORICONAZOLE 50 MG TABLET	17497	
ZEMBRACE SYMTOUCH 3 MG/0.5 ML	40811	
ZOLMITRIPTAN 2.5 MG NASAL SPRAY	24217	
ZOLMITRIPTAN 2.5 MG ODT	42098	
ZOLMITRIPTAN 2.5 MG TABLET	46131	
ZOLMITRIPTAN 5 MG NASAL SPRAY	18972	
ZOLMITRIPTAN 5 MG ODT	14324	
ZOLMITRIPTAN 5 MG TABLET	46132	
ZOMIG 2.5 MG NASAL SPRAY	24217	
ZOMIG 2.5 MG TABLET	46131	
ZOMIG 5 MG NASAL SPRAY	18972	
ZOMIG 5 MG TABLET	46132	
ZOMIG ZMT 2.5 MG TABLET	42098	
ZOMIG ZMT 5 MG TABLET	14324	
ZYDELIG 100MG TABLET	36884	
ZYDELIG 150MG TABLET	36885	
ZYVOX 100 MG/5 ML SUSPENSION	26871	
ZYVOX 600 MG TABLET	26870	
ZYVOX 600 MG/300 ML IV SOLN	26873	

Step 4 (history of a contraindicated diagnosis)  Required diagnoses: 1  Look back timeframe: 365 days	
ICD-10 Code	Description
A327	LISTERIAL SEPSIS
A400	SEPSIS DUE TO STREPTOCOCCUS, GROUP A
A401	SEPSIS DUE TO STREPTOCOCCUS, GROUP B
A403	SEPSIS DUE TO STREPTOCOCCUS PNEUMONIAE
A408	OTHER STREPTOCOCCAL SEPSIS

Step 4 (history of a contraindicated diagnosis)  Required diagnoses: 1  Look back timeframe: 365 days	
ICD-10 Code	Description
A409	STREPTOCOCCAL SEPSIS, UNSPECIFIED
A4101	SEPSIS DUE TO METHICILLIN SUSCEPTIBLE STAPHYLOCOCCUS AUREUS
A4102	SEPSIS DUE TO METHICILLIN RESISTANT STAPHYLOCOCCUS AUREUS
A411	SEPSIS DUE TO OTHER SPECIFIED STAPHYLOCOCCUS
A412	SEPSIS DUE TO UNSPECIFIED STAPHYLOCOCCUS
A413	SEPSIS DUE TO HEMOPHILUS INFLUENZAE
A414	SEPSIS DUE TO ANAEROBES
A4150	GRAM-NEGATIVE SEPSIS, UNSPECIFIED
A4151	SEPSIS DUE TO ESCHERICHIA COLI [E. COLI]
A4152	SEPSIS DUE TO PSEUDOMONAS
A4153	SEPSIS DUE TO SERRATIA
A4159	OTHER GRAM-NEGATIVE SEPSIS
A4181	SEPSIS DUE TO ENTEROCOCCUS
A4189	OTHER SPECIFIED SEPSIS
A419	SEPSIS, UNSPECIFIED ORGANISM
G450	VERTEBRO-BASILAR ARTERY SYNDROME
G451	CAROTID ARTERY SYNDROME (HEMISPHERIC)
G452	MULTIPLE AND BILATERAL PRECEREBRAL ARTERY SYNDROMES
G453	AMAUROSIS FUGAX
G454	TRANSIENT GLOBAL AMNESIA
I200	UNSTABLE ANGINA
I201	ANGINA PECTORIS WITH DOCUMENTED SPASM
I202	REFRACTORY ANGINA PECTORIS
I208	OTHER FORMS OF ANGINA PECTORIS
1209	ANGINA PECTORIS, UNSPECIFIED
I2101	ST ELEVATION (STEMI) MYOCARDIAL INFARCTION INVOLVING LEFT MAIN CORONARY ARTERY
I2102	ST ELEVATION (STEMI) MYOCARDIAL INFARCTION INVOLVING LEFT ANTERIOR DESCENDING CORONARY ARTERY
I2109	ST ELEVATION (STEMI) MYOCARDIAL INFARCTION INVOLVING OTHER CORONARY ARTERY OF ANTERIOR WALL
I2111	ST ELEVATION (STEMI) MYOCARDIAL INFARCTION INVOLVING RIGHT CORONARY ARTERY

Step 4 (history of a contraindicated diagnosis)  Required diagnoses: 1  Look back timeframe: 365 days	
ICD-10 Code	Description
I2119	ST ELEVATION (STEMI) MYOCARDIAL INFARCTION INVOLVING OTHER CORONARY ARTERY OF INFERIOR WALL
I2121	ST ELEVATION (STEMI) MYOCARDIAL INFARCTION INVOLVING LEFT CIRCUMFLEX CORONARY ARTERY
I2129	ST ELEVATION (STEMI) MYOCARDIAL INFARCTION INVOLVING OTHER SITES
I213	ST ELEVATION (STEMI) MYOCARDIAL INFARCTION OF UNSPECIFIED SITE
I214	NON-ST ELEVATION (NSTEMI) MYOCARDIAL INFARCTION
I237	POSTINFARCTION ANGINA
I240	ACUTE CORONARY THROMBOSIS NOT RESULTING IN MYOCARDIAL INFARCTION
I248	OTHER FORMS OF ACUTE ISCHEMIC HEART DISEASE
I456	PRE-EXCITATION SYNDROME
I63011	CEREBRAL INFARCTION DUE TO THROMBOSIS OF RIGHT VERTEBRAL ARTERY
I63012	CEREBRAL INFARCTION DUE TO THROMBOSIS OF LEFT VERTEBRAL ARTERY
I63019	CEREBRAL INFARCTION DUE TO THROMBOSIS OF UNSPECIFIED VERTEBRAL ARTERY
16302	CEREBRAL INFARCTION DUE TO THROMBOSIS OF BASILAR ARTERY
I63031	CEREBRAL INFARCTION DUE TO THROMBOSIS OF RIGHT CAROTID ARTERY
163032	CEREBRAL INFARCTION DUE TO THROMBOSIS OF LEFT CAROTID ARTERY
163039	CEREBRAL INFARCTION DUE TO THROMBOSIS OF UNSPECIFIED CAROTID ARTERY
16309	CEREBRAL INFARCTION DUE TO THROMBOSIS OF OTHER PRECEREBRAL ARTERY
I6310	CEREBRAL INFARCTION DUE TO EMBOLISM OF UNSPECIFIED PRECEREBRAL ARTERY
I63111	CEREBRAL INFARCTION DUE TO EMBOLISM OF RIGHT VERTEBRAL ARTERY
I63112	CEREBRAL INFARCTION DUE TO EMBOLISM OF LEFT VERTEBRAL ARTERY
I63119	CEREBRAL INFARCTION DUE TO EMBOLISM OF UNSPECIFIED VERTEBRAL ARTERY
I6320	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF UNSPECIFIED PRECEREBRAL ARTERIES
I63211	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF RIGHT VERTEBRAL ARTERIES

Step 4 (history of a contraindicated diagnosis)	
Required diagnoses: 1	
ICD-10 Code	Look back timeframe: 365 days  Description
	-
I63212	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF LEFT VERTEBRAL ARTERIES
I63219	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF UNSPECIFIED VERTEBRAL ARTERIES
I6322	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF BASILAR ARTERIES
I63231	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF RIGHT CAROTID ARTERIES
I63232	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF LEFT CAROTID ARTERIES
I63239	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF UNSPECIFIED CAROTID ARTERIES
I6329	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF OTHER PRECEREBRAL ARTERIES
16330	CEREBRAL INFARCTION DUE TO THROMBOSIS OF UNSPECIFIED CEREBRAL ARTERY
I63311	CEREBRAL INFARCTION DUE TO THROMBOSIS OF RIGHT MIDDLE CEREBRAL ARTERY
I63312	CEREBRAL INFARCTION DUE TO THROMBOSIS OF LEFT MIDDLE CEREBRAL ARTERY
I63319	CEREBRAL INFARCTION DUE TO THROMBOSIS OF UNSPECIFIED MIDDLE CEREBRAL ARTERY
I63321	CEREBRAL INFARCTION DUE TO THROMBOSIS OF RIGHT ANTERIOR CEREBRAL ARTERY
I63322	CEREBRAL INFARCTION DUE TO THROMBOSIS OF LEFT ANTERIOR CEREBRAL ARTERY
I63329	CEREBRAL INFARCTION DUE TO THROMBOSIS OF UNSPECIFIED ANTERIOR CEREBRAL ARTERY
I63331	CEREBRAL INFARCTION DUE TO THROMBOSIS OF RIGHT POSTERIOR CEREBRAL ARTERY
I63332	CEREBRAL INFARCTION DUE TO THROMBOSIS OF LEFT POSTERIOR CEREBRAL ARTERY
I63339	CEREBRAL INFARCTION DUE TO THROMBOSIS OF UNSPECIFIED POSTERIOR CEREBRAL ARTERY
I63341	CEREBRAL INFARCTION DUE TO THROMBOSIS OF RIGHT CEREBELLAR ARTERY
I63342	CEREBRAL INFARCTION DUE TO THROMBOSIS OF LEFT CEREBELLAR ARTERY
I63349	CEREBRAL INFARCTION DUE TO THROMBOSIS OF UNSPECIFIED CEREBELLAR ARTERY
16339	CEREBRAL INFARCTION DUE TO THROMBOSIS OF OTHER CEREBRAL ARTERY

Step 4 (history of a contraindicated diagnosis) Required diagnoses: $1$	
Look back timeframe: 365 days	
ICD-10 Code	Description
I6340	CEREBRAL INFARCTION DUE TO EMBOLISM OF UNSPECIFIED CEREBRAL ARTERY
I63411	CEREBRAL INFARCTION DUE TO EMBOLISM OF RIGHT MIDDLE CEREBRAL ARTERY
I63412	CEREBRAL INFARCTION DUE TO EMBOLISM OF LEFT MIDDLE CEREBRAL ARTERY
I63419	CEREBRAL INFARCTION DUE TO EMBOLISM OF UNSPECIFIED MIDDLE CEREBRAL ARTERY
I63421	CEREBRAL INFARCTION DUE TO EMBOLISM OF RIGHT ANTERIOR CEREBRAL ARTERY
I63422	CEREBRAL INFARCTION DUE TO EMBOLISM OF LEFT ANTERIOR CEREBRAL ARTERY
I63429	CEREBRAL INFARCTION DUE TO EMBOLISM OF UNSPECIFIED ANTERIOR CEREBRAL ARTERY
I63431	CEREBRAL INFARCTION DUE TO EMBOLISM OF RIGHT POSTERIOR CEREBRAL ARTERY
I63432	CEREBRAL INFARCTION DUE TO EMBOLISM OF LEFT POSTERIOR CEREBRAL ARTERY
I63439	CEREBRAL INFARCTION DUE TO EMBOLISM OF UNSPECIFIED POSTERIOR CEREBRAL ARTERY
I63441	CEREBRAL INFARCTION DUE TO EMBOLISM OF RIGHT CEREBELLAR ARTERY
I63442	CEREBRAL INFARCTION DUE TO EMBOLISM OF LEFT CEREBELLAR ARTERY
I63449	CEREBRAL INFARCTION DUE TO EMBOLISM OF UNSPECIFIED CEREBELLAR ARTERY
I6349	CEREBRAL INFARCTION DUE TO EMBOLISM OF OTHER CEREBRAL ARTERY
I6350	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF UNSPECIFIED CEREBRAL ARTERY
I63511	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF RIGHT MIDDLE CEREBRAL ARTERY
I63512	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF LEFT MIDDLE CEREBRAL ARTERY
I63519	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF UNSPECIFIED MIDDLE CEREBRAL ARTERY
I63521	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF RIGHT ANTERIOR CEREBRAL ARTERY
I63522	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF LEFT ANTERIOR CEREBRAL ARTERY
I63529	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF UNSPECIFIED ANTERIOR CEREBRAL ARTERY

Step 4 (history of a contraindicated diagnosis)	
Required diagnoses: 1  Look back timeframe: 365 days	
ICD-10 Code	Description
I63531	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF RIGHT POSTERIOR CEREBRAL ARTERY
163532	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF LEFT POSTERIOR CEREBRAL ARTERY
163539	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF UNSPECIFIED POSTERIOR CEREBRAL ARTERY
I63541	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF RIGHT CEREBELLAR ARTERY
I63542	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF LEFT CEREBELLAR ARTERY
I63549	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF UNSPECIFIED CEREBELLAR ARTERY
16359	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF OTHER CEREBRAL ARTERY
I636	CEREBRAL INFARCTION DUE TO CEREBRAL VENOUS THROMBOSIS, NONPYOGENIC
I638	OTHER CEREBRAL INFARCTION
1639	CEREBRAL INFARCTION, UNSPECIFIED
1658	OCCLUSION AND STENOSIS OF OTHER PRECEREBRAL ARTERIES
I659	OCCLUSION AND STENOSIS OF UNSPECIFIED PRECEREBRAL ARTERY
I6609	OCCLUSION AND STENOSIS OF UNSPECIFIED MIDDLE CEREBRAL ARTERY
I6619	OCCLUSION AND STENOSIS OF UNSPECIFIED ANTERIOR CEREBRAL ARTERY
16629	OCCLUSION AND STENOSIS OF UNSPECIFIED POSTERIOR CEREBRAL ARTERY
1669	OCCLUSION AND STENOSIS OF UNSPECIFIED CEREBRAL ARTERY
1672	CEREBRAL ATHEROSCLEROSIS
I6781	ACUTE CEREBROVASCULAR INSUFFICIENCY
16782	CEREBRAL ISCHEMIA
16789	OTHER CEREBROVASCULAR DISEASE
167848	OTHER CEREBROVASCULAR VASOSPASM AND VASOCONSTRICTION
I70201	UNSPECIFIED ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES, RIGHT LEG
170202	UNSPECIFIED ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES, LEFT LEG
I70203	UNSPECIFIED ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES, BILATERAL LEGS

Step 4 (history of a contraindicated diagnosis)	
Required diagnoses: 1  Look back timeframe: 365 days	
ICD-10 Code	Description
170208	UNSPECIFIED ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES, OTHER EXTREMITY
I70209	UNSPECIFIED ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES, UNSPECIFIED EXTREMITY
I70211	ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES WITH INTERMITTENT CLAUDICATION, RIGHT LEG
I70212	ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES WITH INTERMITTENT CLAUDICATION, LEFT LEG
170213	ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES WITH INTERMITTENT CLAUDICATION, BILATERAL LEGS
I70218	ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES WITH INTERMITTENT CLAUDICATION, OTHER EXTREMITY
170219	ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES WITH INTERMITTENT CLAUDICATION, UNSPECIFIED EXTREMITY
I70221	ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES WITH REST PAIN, RIGHT LEG
I70222	ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES WITH REST PAIN, LEFT LEG
I70223	ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES WITH REST PAIN, BILATERAL LEGS
I70228	ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES WITH REST PAIN, OTHER EXTREMITY
170229	ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES WITH REST PAIN, UNSPECIFIED EXTREMITY
170231	ATHEROSCLEROSIS OF NATIVE ARTERIES OF RIGHT LEG WITH ULCERATION, OF THIGH
170232	ATHEROSCLEROSIS OF NATIVE ARTERIES OF RIGHT LEG WITH ULCERATION, OF CALF
I70233	ATHEROSCLEROSIS OF NATIVE ARTERIES OF RIGHT LEG WITH ULCERATION, OF ANKLE
170234	ATHEROSCLEROSIS OF NATIVE ARTERIES OF RIGHT LEG WITH ULCERATION, OF HEEL AND MIDFOOT
170235	ATHEROSCLEROSIS OF NATIVE ARTERIES OF RIGHT LEG WITH ULCERATION, OF OTHER PART OF FOOT
170238	ATHEROSCLEROSIS OF NATIVE ARTERIES OF RIGHT LEG WITH ULCERATION, OF OTHER PART OF LOWER RIGHT LEG
170239	ATHEROSCLEROSIS OF NATIVE ARTERIES OF RIGHT LEG WITH ULCERATION, OF UNSPECIFIED SITE
I70241	ATHEROSCLEROSIS OF NATIVE ARTERIES OF LEFT LEG WITH ULCERATION, OF THIGH
I70242	ATHEROSCLEROSIS OF NATIVE ARTERIES OF LEFT LEG WITH ULCERATION, OF CALF

Step 4 (history of a contraindicated diagnosis)  Required diagnoses: 1	
Look back timeframe: 365 days	
ICD-10 Code	Description
170243	ATHEROSCLEROSIS OF NATIVE ARTERIES OF LEFT LEG WITH ULCERATION, OF ANKLE
I70244	ATHEROSCLEROSIS OF NATIVE ARTERIES OF LEFT LEG WITH ULCERATION, OF HEEL AND MIDFOOT
170245	ATHEROSCLEROSIS OF NATIVE ARTERIES OF LEFT LEG WITH ULCERATION, OF OTHER PART OF FOOT
I70248	ATHEROSCLEROSIS OF NATIVE ARTERIES OF LEFT LEG WITH ULCERATION, OF OTHER PART OF LOWER LEFT LEG
I70249	ATHEROSCLEROSIS OF NATIVE ARTERIES OF LEFT LEG WITH ULCERATION, OF UNSPECIFIED SITE
17025	ATHEROSCLEROSIS OF NATIVE ARTERIES OF OTHER EXTREMITIES WITH ULCERATION
170261	ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES WITH GANGRENE, RIGHT LEG
170262	ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES WITH GANGRENE, LEFT LEG
170263	ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES WITH GANGRENE, BILATERAL LEGS
170268	ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES WITH GANGRENE, OTHER EXTREMITY
170269	ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES WITH GANGRENE, UNSPECIFIED EXTREMITY
I70291	OTHER ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES, RIGHT LEG
170292	OTHER ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES, LEFT LEG
170293	OTHER ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES, BILATERAL LEGS
I70298	OTHER ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES, OTHER EXTREMITY
I70299	OTHER ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES, UNSPECIFIED EXTREMITY
K55011	FOCAL (SEGMENTAL) ACUTE (REVERSIBLE) ISCHEMIA OF SMALL INTESTINE
K55012	DIFFUSE ACUTE (REVERSIBLE) ISCHEMIA OF SMALL INTESTINE
K55019	ACUTE (REVERSIBLE) ISCHEMIA OF SMALL INTESTINE EXTENT UNSPECIFIED
K55031	FOCAL (SEGMENTAL) ACUTE (REVERSIBLE) ISCHEMIA OF LARGE INTESTINE
K55032	DIFFUSE ACUTE (REVERSIBLE) ISCHEMIA OF LARGE INTESTINE
K55039	ACUTE (REVERSIBLE) ISCHEMIA OF LARGE INTESTINE EXTENT UNSPECIFIED

Step 4 (history of a contraindicated diagnosis)  Required diagnoses: 1	
ICD-10 Code	Look back timeframe: 365 days  Description
K55051	FOCAL (SEGMENTAL) ACUTE (REVERSIBLE) ISCHEMIA OF INTESTINE, PART UNSPECIFIED
K55052	DIFFUSE ACUTE (REVERSIBLE) ISCHEMIA OF INTESTINE, PART UNSPECIFIED
K55059	ACUTE (REVERSIBLE) ISCHEMIA OF INTESTINE, PART AND EXTENT UNSPECIFIED
K559	VASCULAR DISORDER OF INTESTINE, UNSPECIFIED
B160	ACUTE HEPATITIS B WITH DELTA-AGENT WITH HEPATIC COMA
B161	ACUTE HEPATITIS B WITH DELTA-AGENT WITHOUT HEPATIC COMA
B162	ACUTE HEPATITIS B WITHOUT DELTA-AGENT WITH HEPATIC COMA
B169	ACUTE HEPATITIS B WITHOUT DELTA-AGENT AND WITHOUT HEPATIC COMA
B170	ACUTE DELTA-(SUPER) INFECTION OF HEPATITIS B CARRIER
B1710	ACUTE HEPATITIS C WITHOUT HEPATIC COMA
B1711	ACUTE HEPATITIS C WITH HEPATIC COMA
B172	ACUTE HEPATITIS E
B178	OTHER SPECIFIED ACUTE VIRAL HEPATITIS
B179	ACUTE VIRAL HEPATITIS, UNSPECIFIED
B180	CHRONIC VIRAL HEPATITIS B WITH DELTA-AGENT
B181	CHRONIC VIRAL HEPATITIS B WITHOUT DELTA-AGENT
B182	CHRONIC VIRAL HEPATITIS C
B188	OTHER CHRONIC VIRAL HEPATITIS
B189	CHRONIC VIRAL HEPATITIS, UNSPECIFIED
B190	UNSPECIFIFED VIRAL HEPATITIS WITH HEPATIC COMA
B1910	UNSPECIFIED VIRAL HEPATITIS B WITHOUT HEPATIC COMA
B1911	UNSPECIFIED VIRAL HEPATITIS B WITH HEPATIC COMA
B1920	UNSPECIFIED VIRAL HEPATITIS C WITHOUT HEPATIC COMA
B1921	UNSPECIFIED VIRAL HEPATITIS C WITH HEPATIC COMA
B199	UNSPECIFIED VIRAL HEPATITIS WITHOUT HEPATIC COMA
K700	ALCOHOLIC FATTY LIVER
K7010	ALCOHOLIC HEPATITIS WITHOUT ASCITES
K7011	ALCOHOLIC HEPATITIS WITH ASCITES
K702	ALCOHOLIC FIBROSIS AND SCLEROSIS OF LIVER

Step 4 (history of a contraindicated diagnosis)  Required diagnoses: 1  Look back timeframe: 365 days	
ICD-10 Code	Description
K7030	ALCOHOLIC CIRRHOSIS OF LIVER WITHOUT ASCITES
K7031	ALCOHOLIC CIRRHOSIS OF LIVER WITH ASCITES
K7040	ALCOHOLIC HEPATIC FAILURE WITHOUT COMA
K7041	ALCOHOLIC HEPATIC FAILURE WITH COMA
K709	ALCOHOLIC LIVER DISEASE, UNSPECIFIED
K710	TOXIC LIVER DISEASE WITH CHOLESTASIS
K7110	TOXIC LIVER DISEASE WITH HEPATIC NECROSIS WITHOUT COMA
K7111	TOXIC LIVER DISEASE WITH HEPATIC NECROSIS WITH COMA
K712	TOXIC LIVER DISEASE WITH ACUTE HEPATITIS
K713	TOXIC LIVER DISEASE WITH CHRONIC PERSISTENT HEPATITIS
K714	TOXIC LIVER DISEASE WITH CHRONIC LOBULAR HEPATITIS
K7150	TOXIC LIVER DISEASE WITH CHRONIC ACTIVE HEPATITIS WITHOUT ASCITES
K7151	TOXIC LIVER DISEASE WITH CHRONIC ACTIVE HEPATITIS WITH ASCITES
K716	TOXIC LIVER DISEASE WITH HEPATITIS, NOT ELSEWHERE CLASSIFIED
K717	TOXIC LIVER DISEASE WITH FIBROSIS AND CIRRHOSIS OF LIVER
K718	TOXIC LIVER DISEASE WITH OTHER DISORDERS OF LIVER
K719	TOXIC LIVER DISEASE, UNSPECIFIED
K7200	ACUTE AND SUBACUTE HEPATIC FAILURE WITHOUT COMA
K7201	ACUTE AND SUBACUTE HEPATIC FAILURE WITH COMA
K7210	CHRONIC HEPATIC FAILURE WITHOUT COMA
K7211	CHRONIC HEPATIC FAILURE WITH COMA
K7290	HEPATIC FAILURE, UNSPECIFIED WITHOUT COMA
K7291	HEPATIC FAILURE, UNSPECIFIED WITH COMA
K730	CHRONIC PERSISTENT HEPATITIS, NOT ELSEWHERE CLASSIFIED
K731	CHRONIC LOBULAR HEPATITIS, NOT ELSEWHERE CLASSIFIED
K732	CHRONIC ACTIVE HEPATITIS, NOT ELSEWHERE CLASSIFIED
K738	OTHER CHRONIC HEPATITIS, NOT ELSEWHERE CLASSIFIED
K739	CHRONIC HEPATITIS, UNSPECIFIED
K740	HEPATIC FIBROSIS
K741	HEPATIC SCLEROSIS

Step 4 (history of a contraindicated diagnosis)  Required diagnoses: 1	
ICD-10 Code	Look back timeframe: 365 days  Description
K742	HEPATIC FIBROSIS WITH HEPATIC SCLEROSIS
K743	PRIMARY BILIARY CIRRHOSIS
K744	SECONDARY BILIARY CIRRHOSIS
K745	BILIARY CIRRHOSIS, UNSPECIFIED
K7460	UNSPECIFIED CIRRHOSIS OF LIVER
K7469	OTHER CIRRHOSIS OF LIVER
K750	ABSCESS OF LIVER
K751	PHLEBITIS OF PORTAL VEIN
K752	NONSPECIFIC REACTIVE HEPATITIS
K753	GRANULOMATOUS HEPATITIS, NOT ELSEWHERE CLASSIFIED
K754	AUTOIMMUNE HEPATITIS
K7581	NONALCOHOLIC STEATOHEPATITIS (NASH)
K7589	OTHER SPECIFIED INFLAMMATORY LIVER DISEASES
K759	INFLAMMATORY LIVER DISEASE, UNSPECIFIED
K761	CHRONIC PASSIVE CONGESTION OF LIVER
K763	INFARCTION OF LIVER
K7689	OTHER SPECIFIED DISEASES OF LIVER
K769	LIVER DISEASE, UNSPECIFIED
K77	LIVER DISORDERS IN DISEASES CLASSIFIED ELSEWHERE
N184	CHRONIC KIDNEY DISEASE, STAGE 4 (SEVERE) (EGFR 29-15 ML/MIN)
N185	CHRONIC KIDNEY DISEASE, STAGE 5 (EGFR < 15 ML/MIN)
N186	END STAGE RENAL DISEASE

Step 5 (Maximum Quantity)		
Label Name	Maximum Quantity	
DIHYDROERGOTAMINE 1 MG/ML AMP	24 mg/28 days	
DIHYDROERGOTAMINE 4 MG/ML SPRY	32 mg/30 days	
MIGRANAL NASAL SPRAY	32 mg/30 days (8 nasal devices)	

Step 5 (Maximum Quantity)		
Label Name	Maximum Quantity	
TRUDHESA NASAL SPRAY	17.4 mg/28 days (Manufacturer recommends no more than 2 doses per 24 hours and no more than 3 doses per week, maximum quantity is 12 inhalers/28 days)	



#### **Clinical Criteria References**

- 1. 2023 ICD-10-CM Diagnosis Codes. 2023. Available at **www.icd10data.com**. Accessed on April 28, 2023.
- Clinical Pharmacology [online database]. Tampa, FL: Elsevier/Gold Standard, Inc.; 2023. Available at www.clinicalpharmacology.com. Accessed on April 28, 2023.
- 3. Micromedex [online database]. Available at **www.micromedexsolutions.com**. Accessed on April 23, 2023.
- 4. Trudhesa prescribing information. Seattle, WA. Impel NeuroPharma Inc. September 2021.

## **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
04/28/2023	Initial publication and presentation to the DUR Board