HEALTH INFORMATION DESIGNS

RxPERT PAXPRESS™

Texas Prior Authorization Program
Clinical Criteria

Drug/Drug Class

Attention Deficit Disorder (ADD) / Attention Deficit Hyperactivity Disorder (ADHD) Medications (Non-Stimulants)

Clinical Criteria Information Included in this Document

Non-stimulant Formulations (Atomoxetine)

- **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)
- **References**: clinical publications and sources relevant to this clinical criteria

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

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Non-stimulant Formulations (Guanfacine ER)

- **Drugs requiring prior authorization:** the list of drugs requiring prior authorization for this clinical criteria
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Clonidine ER

- **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
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Revision Notes

Revised criteria for atomoxetine, guanfacine ER, and clonidine ER for presentation to the DUR Board

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

Atomoxetine

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**
ATOMOXETINE HCL 100MG CAPSULE	26539
ATOMOXETINE HCL 10MG CAPSULE	18776
ATOMOXETINE HCL 18MG CAPSULE	18777
ATOMOXETINE HCL 25MG CAPSULE	18778
ATOMOXETINE HCL 40MG CAPSULE	18779
ATOMOXETINE HCL 60MG CAPSULE	18781
ATOMOXETINE HCL 80MG CAPSULE	26538
STRATTERA 100MG CAPSULE	26539
STRATTERA 10MG CAPSULE	18776
STRATTERA 18MG CAPSULE	18777
STRATTERA 25MG CAPSULE	18778
STRATTERA 40MG CAPSULE	18779
STRATTERA 60MG CAPSULE	18781
STRATTERA 80MG CAPSULE	26538

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

Atomoxetine

Clinical Criteria Logic

1. Is the client less than (<) 6 years of age?
   [ ] Yes – Deny
   [ ] No – Go to #2

2. Does the client have a **diagnosis of bipolar disorder** in the last 365 days?
   [ ] Yes – Go to #3
   [ ] No – Go to #4

3. Does the client have a claim for a **mood stabilizer** in the last 90 days?
   [ ] Yes – Go to #4
   [ ] No – Deny

4. Does the client have a **diagnosis of suicidal ideation or suicide attempt** in the last 180 days?
   [ ] Yes – Deny
   [ ] No – Go to #5

5. Has the client been on an **MAO inhibitor** in the last 14 days?
   [ ] Yes – Deny
   [ ] No – Go to #6

6. Does the client have a diagnosis of **hepatic impairment** in the last 180 days?
   [ ] Yes – Deny
   [ ] No – Go to #7

7. Does the client have a history of **severe cardiovascular disease** in the last 365 days?
   [ ] Yes – Deny
   [ ] No – Go to #8

8. Does the client have a diagnosis of **pheochromocytoma or narrow angle glaucoma** in the last 365 days?
   [ ] Yes – Deny
   [ ] No – Go to #9

9. Is the request for greater than (>) 2 units per day?
   [] Yes – Deny
   [] No – Approve (365 days)

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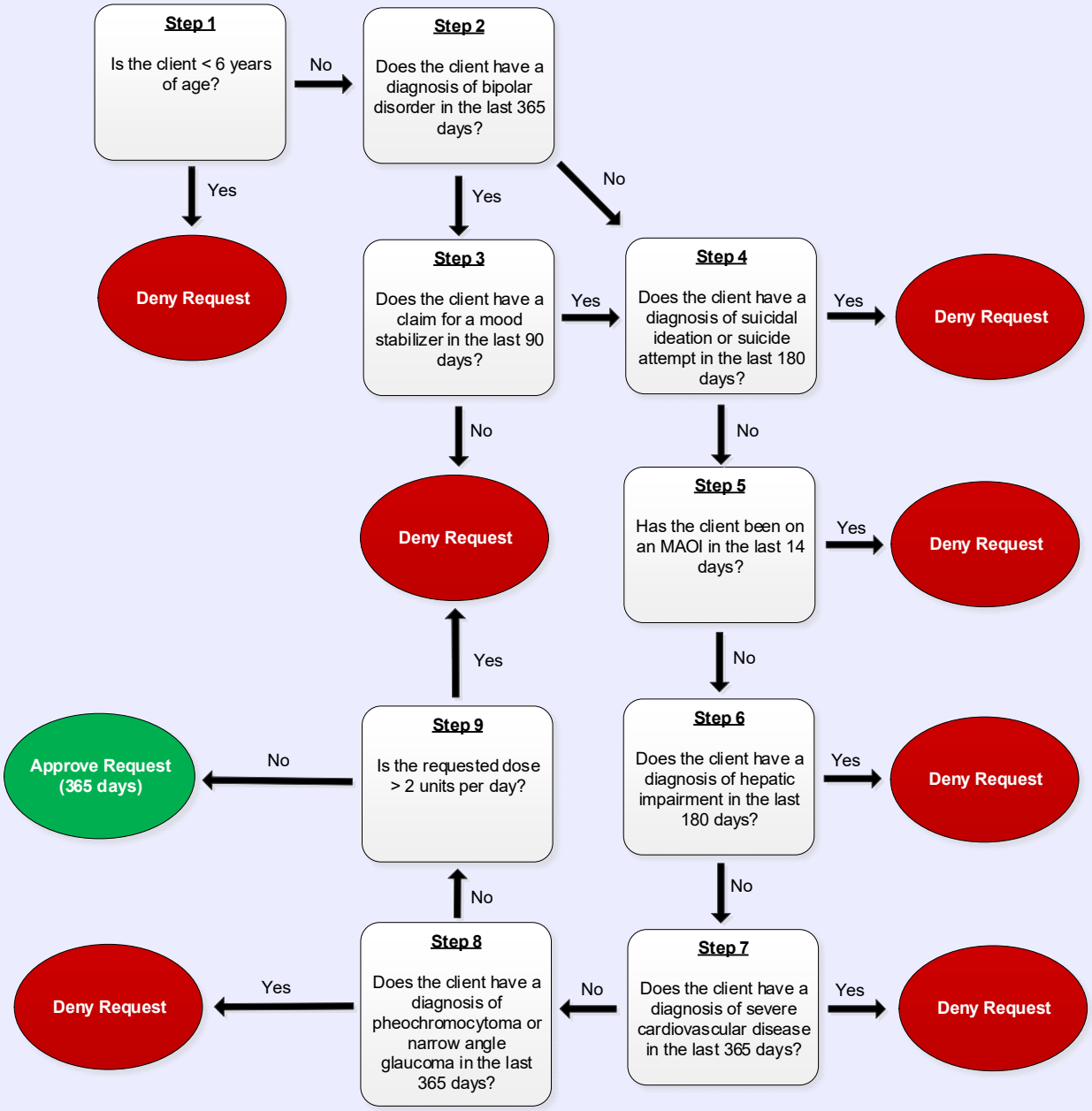
Attention Deficit Disorder (ADD) / Attention Deficit Hyperactivity Disorder (ADHD)

Atomoxetine

Clinical Criteria Logic Diagram



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

Guanfacine ER

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**
GUANFACINE HCL ER 1MG TABLET	27576
GUANFACINE HCL ER 2MG TABLET	27578
GUANFACINE HCL ER 3MG TABLET	27579
GUANFACINE HCL ER 4MG TABLET	27582
INTUNIV ER 1MG TABLET	27576
INTUNIV ER 2MG TABLET	27578
INTUNIV ER 3MG TABLET	27579
INTUNIV ER 4MG TABLET	27582

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

Guanfacine ER

Clinical Criteria Logic

1. Is the client less than (<) 6 years of age?
   [ ] Yes – Deny
   [ ] No – Go to #2

2. Is the request for greater than (>) 2 units per day?
   [] Yes – Deny
   [] No – Approve (365 days)

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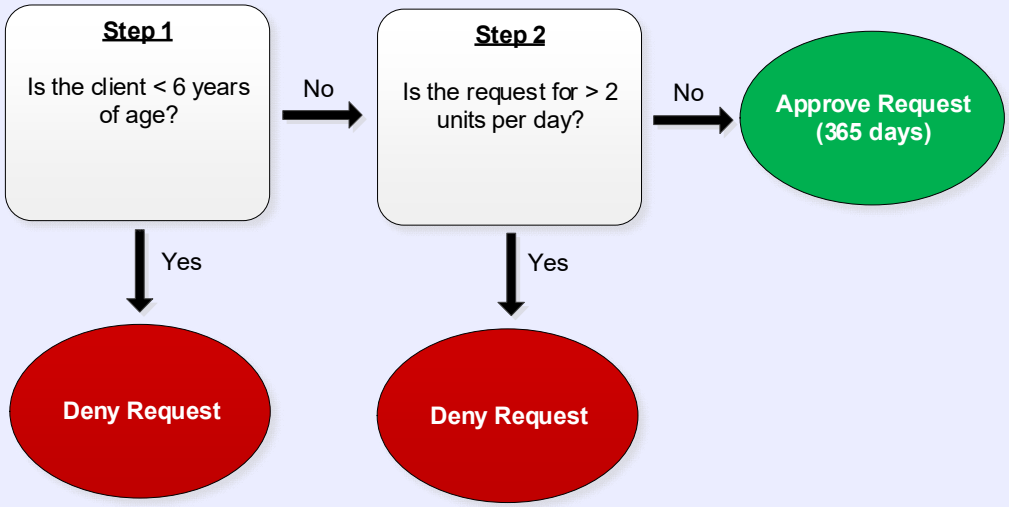
Attention Deficit Disorder (ADD) / Attention Deficit Hyperactivity Disorder (ADHD)

Guanfacine ER

Clinical Criteria Logic Diagram



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

Clonidine ER

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**
CLONIDINE HCL ER 0.1MG TABLET	29319

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

Clonidine ER

Clinical Criteria Logic

1. Is the client less than (<) 6 years of age?
   [ ] Yes – Deny
   [ ] No - Go to #2

2. Is the request for greater than (>) 4 units per day?
   [ ] Yes – Deny
   [ ] No – Approve (365 days)

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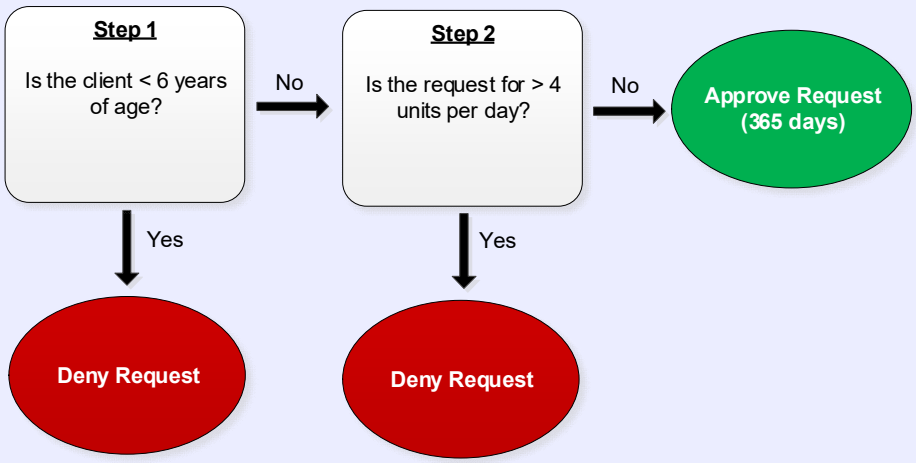
Attention Deficit Disorder (ADD) / Attention Deficit Hyperactivity Disorder (ADHD)

Clonidine ER

Clinical Criteria Logic Diagram



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

Clinical Criteria Supporting Tables

Bipolar Disorder	
ICD-10 Code	**Description**
F310	BIPOLAR DISORDER, CURRENT EPISODE HYPOMANIC
F3110	BIPOLAR DISORDER, CURRENT EPISODE MANIC WITHOUT PSYCHOTIC FEATURES UNSPECIFIED
F3111	BIPOLAR DISORDER, CURRENT EPISODE MANIC WITHOUT PSYCHOTIC FEATURES MILD
F3112	BIPOLAR DISORDER, CURRENT EPISODE MANIC WITHOUT PSYCHOTIC FEATURES MODERATE
F3113	BIPOLAR DISORDER, CURRENT EPISODE MANIC WITHOUT PSYCHOTIC FEATURES SEVERE
F312	BIPOLAR DISORDER, CURRENT EPISODE MANIC SEVERE WITH PSYCHOTIC FEATURES
F3130	BIPOLAR DISORDER, CURRENT EPISODE DEPRESSED, MILD OR MODERATE SEVERITY UNSPECIFIED
F3131	BIPOLAR DISORDER, CURRENT EPISODE DEPRESSED, MILD
F3132	BIPOLAR DISORDER, CURRENT EPISODE DEPRESSED, MODERATE
F314	BIPOLAR DISORDER, CURRENT EPISODE DEPRESSED, SEVERE, WITHOUT PSYCHOTIC FEATURES
F315	BIPOLAR DISORDER, CURRENT EPISODE DEPRESSED, SEVERE, WITH PSYCHOTIC FEATURES
F3160	BIPOLAR DISORDER, CURRENT EPISODE MIXED UNSPECIFIED
F3161	BIPOLAR DISORDER, CURRENT EPISODE MIXED MILD
F3162	BIPOLAR DISORDER, CURRENT EPISODE MIXED MODERATE
F3163	BIPOLAR DISORDER, CURRENT EPISODE MIXED SEVERE, WITHOUT PSYCHOTIC FEATURES
F3164	BIPOLAR DISORDER, CURRENT EPISODE MIXED SEVERE, WITH PSYCHOTIC FEATURES
F3170	BIPOLAR DISORDER, CURRENTLY IN REMISSION MOST RECENT EPISODE UNSPECIFIED
F3171	BIPOLAR DISORDER, IN PARTIAL REMISSION, MOST RECENT EPISODE HYPOMANIC
F3172	BIPOLAR DISORDER, IN FULL REMISSION, MOST RECENT EPISODE HYPOMANIC
F3173	BIPOLAR DISORDER, IN PARTIAL REMISSION, MOST RECENT EPISODE MANIC
F3174	BIPOLAR DISORDER, IN FULL REMISSION, MOST RECENT EPISODE MANIC
F3175	BIPOLAR DISORDER, IN PARTIAL REMISSION, MOST RECENT EPISODE DEPRESSED

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Bipolar Disorder	
ICD-10 Code	**Description**
F3176	BIPOLAR DISORDER, IN FULL REMISSION, MOST RECENT EPISODE DEPRESSED
F3177	BIPOLAR DISORDER, IN PARTIAL REMISSION, MOST RECENT EPISODE MIXED
F3178	BIPOLAR DISORDER, IN FULL REMISSION, MOST RECENT EPISODE MIXED
F3181	BIPOLAR II DISORDER
F3189	OTHER BIPOLAR DISORDER
F319	BIPOLAR DISORDER, UNSPECIFIED

Mood Stabilizers	
GCN	**Label Name**
18537	ABILIFY 10 MG TABLET
18538	ABILIFY 15 MG TABLET
26305	ABILIFY 2 MG TABLET
18539	ABILIFY 20 MG TABLET
18541	ABILIFY 30 MG TABLET
20173	ABILIFY 5 MG TABLET
37681	ABILIFY MAINTENA ER 300 MG SYR
34284	ABILIFY MAINTENA ER 300 MG VL
37682	ABILIFY MAINTENA ER 400 MG SYR
34285	ABILIFY MAINTENA ER 400 MG VL
44439	ABILIFY MYCITE 10 MG KIT
44441	ABILIFY MYCITE 15 MG KIT
44437	ABILIFY MYCITE 2 MG KIT
44442	ABILIFY MYCITE 20 MG KIT
44443	ABILIFY MYCITE 30 MG KIT
44438	ABILIFY MYCITE 5 MG KIT
24062	ARIPIPRAZOLE 1 MG/ML SOLUTION
18537	ARIPIPRAZOLE 10 MG TABLET
18538	ARIPIPRAZOLE 15 MG TABLET
26305	ARIPIPRAZOLE 2 MG TABLET
18539	ARIPIPRAZOLE 20 MG TABLET
18541	ARIPIPRAZOLE 30 MG TABLET
20173	ARIPIPRAZOLE 5 MG TABLET
26445	ARIPIPRAZOLE ODT 10 MG TABLET
26448	ARIPIPRAZOLE ODT 15 MG TABLET
27528	ASENAPINE 10 MG TABLET SL
21636	ASENAPINE 5 MG TABLET SL

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Mood Stabilizers	
17460	CARBAMAZEPINE 100 MG TAB CHEW
47500	CARBAMAZEPINE 100 MG/5 ML SUSP
17450	CARBAMAZEPINE 200 MG TABLET
23934	CARBAMAZEPINE ER 100 MG CAP
27820	CARBAMAZEPINE ER 100 MG TABLET
23932	CARBAMAZEPINE ER 200 MG CAP
27821	CARBAMAZEPINE ER 200 MG TABLET
23933	CARBAMAZEPINE ER 300 MG CAP
27822	CARBAMAZEPINE ER 400 MG TABLET
23934	CARBATROL ER 100 MG CAPSULE
23932	CARBATROL ER 200 MG CAPSULE
23933	CARBATROL ER 300 MG CAPSULE
17400	DEPAKOTE DR 125 MG SPRINKLE
17292	DEPAKOTE DR 125 MG TABLET
17290	DEPAKOTE DR 250 MG TABLET
17291	DEPAKOTE DR 500 MG TABLET
18754	DEPAKOTE ER 250 MG TABLET
18040	DEPAKOTE ER 500 MG TABLET
17400	DIVALPROEX DR 125 MG SPRINKLE
17292	DIVALPROEX DR 125 MG TAB
17290	DIVALPROEX DR 250 MG TAB
17291	DIVALPROEX DR 500 MG TAB
18754	DIVALPROEX SOD ER 250 MG TAB
18040	DIVALPROEX SOD ER 500 MG TAB
17450	EPITOL 200 MG TABLET
13781	EQUETRO 100 MG CAPSULE
13805	EQUETRO 200 MG CAPSULE
13818	EQUETRO 300 MG CAPSULE
13331	GEODON 20 MG CAPSULE
17037	GEODON 20 MG VIAL
13332	GEODON 40 MG CAPSULE
13333	GEODON 60 MG CAPSULE
13334	GEODON 80 MG CAPSULE
64316	LAMICTAL 100 MG TABLET
64324	LAMICTAL 150 MG TABLET
64325	LAMICTAL 200 MG TABLET
64322	LAMICTAL 25 MG DISPER TABLET
64317	LAMICTAL 25 MG TABLET
64323	LAMICTAL 5 MG DISPER TABLET
23254	LAMICTAL ODT 100 MG TABLET

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Mood Stabilizers	
23274	LAMICTAL ODT 200 MG TABLET
23201	LAMICTAL ODT 25 MG TABLET
23096	LAMICTAL ODT 50 MG TABLET
23294	LAMICTAL ODT START KIT (BLUE)
23309	LAMICTAL ODT START KIT (GREEN)
23293	LAMICTAL ODT START KT (ORANGE)
23969	LAMICTAL TAB START KIT (BLUE)
23972	LAMICTAL TAB START KIT (GREEN)
23973	LAMICTAL TB START KIT (ORANGE)
24703	LAMICTAL XR 100 MG TABLET
24739	LAMICTAL XR 200 MG TABLET
24693	LAMICTAL XR 25 MG TABLET
30787	LAMICTAL XR 250 MG TABLET
29725	LAMICTAL XR 300 MG TABLET
24697	LAMICTAL XR 50 MG TABLET
24851	LAMICTAL XR START KIT (BLUE)
24856	LAMICTAL XR START KIT (GREEN)
24869	LAMICTAL XR START KIT (ORANGE)
64316	LAMOTRIGINE 100 MG TABLET
64324	LAMOTRIGINE 150 MG TABLET
64325	LAMOTRIGINE 200 MG TABLET
64322	LAMOTRIGINE 25 MG DISPER TAB
64317	LAMOTRIGINE 25 MG TABLET
64323	LAMOTRIGINE 5 MG DISPER TABLET
24703	LAMOTRIGINE ER 100 MG TABLET
24739	LAMOTRIGINE ER 200 MG TABLET
24693	LAMOTRIGINE ER 25 MG TABLET
30787	LAMOTRIGINE ER 250 MG TABLET
29725	LAMOTRIGINE ER 300 MG TABLET
24697	LAMOTRIGINE ER 50 MG TABLET
23254	LAMOTRIGINE ODT 100 MG TABLET
23274	LAMOTRIGINE ODT 200 MG TABLET
23201	LAMOTRIGINE ODT 25 MG TABLET
23096	LAMOTRIGINE ODT 50 MG TABLET
23294	LAMOTRIGINE ODT KIT (BLUE)
23309	LAMOTRIGINE ODT KIT (GREEN)
23293	LAMOTRIGINE ODT KIT (ORANGE)
33147	LATUDA 120 MG TABLET
31226	LATUDA 20 MG TABLET
29366	LATUDA 40 MG TABLET

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Mood Stabilizers	
35192	LATUDA 60 MG TABLET
29367	LATUDA 80 MG TABLET
15741	LITHIUM 8 MEQ/5 ML SOLUTION
15711	LITHIUM CARBONATE 150 MG CAP
15710	LITHIUM CARBONATE 300 MG CAP
15721	LITHIUM CARBONATE 300 MG TAB
15712	LITHIUM CARBONATE 600 MG CAP
15731	LITHIUM CARBONATE ER 300 MG TB
15730	LITHIUM CARBONATE ER 450 MG TB
15731	LITHOBID ER 300 MG TABLET
15082	OLANZAPINE 10 MG TABLET
17407	OLANZAPINE 10 MG VIAL
15085	OLANZAPINE 15 MG TABLET
15084	OLANZAPINE 2.5 MG TABLET
15086	OLANZAPINE 20MG TABLET
15083	OLANZAPINE 5 MG TABLET
15081	OLANZAPINE 7.5 MG TABLET
92008	OLANZAPINE ODT 10 MG TABLET
34022	OLANZAPINE ODT 15 MG TABLET
34023	OLANZAPINE ODT 20MG TABLET
92007	OLANZAPINE ODT 5MG TABLET
20870	OLANZAPINE/FLUOXETINE 12-25 MG
20872	OLANZAPINE/FLUOXETINE 12-50 MG
98648	OLANZAPINE/FLUOXETINE 3-25 MG
20868	OLANZAPINE/FLUOXETINE 6-25 MG
20869	OLANZAPINE/FLUOXETINE 6-50 MG
67662	QUETIAPINE 100 MG TABLET
67663	QUETIAPINE 200 MG TABLET
67661	QUETIAPINE 25 MG TABLET
67665	QUETIAPINE 300 MG TABLET
26411	QUETIAPINE 400 MG TABLET
26409	QUETIAPINE 50 MG TABLET
16193	QUETIAPINE ER 150 MG TABLET
98522	QUETIAPINE ER 200 MG TABLET
98523	QUETIAPINE ER 300 MG TABLET
98524	QUETIAPINE ER 400 MG TABLET
98994	QUETIAPINE ER 50 MG TABLET
92892	RISPERDAL 0.5 MG TABLET
16136	RISPERDAL 1 MG TABLET
16135	RISPERDAL 1 MG/ML SOLUTION

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Mood Stabilizers	
16137	RISPERDAL 2 MG TABLET
16138	RISPERDAL 3 MG TABLET
16139	RISPERDAL 4 MG TABLET
98414	RISPERDAL CONSTA 12.5 MG SYR
20217	RISPERDAL CONSTA 25 MG SYR
20218	RISPERDAL CONSTA 37.5 MG SYR
20219	RISPERDAL CONSTA 50 MG SYR
24448	RISPERIDONE 0.25 MG ODT
92872	RISPERIDONE 0.25 MG TABLET
19541	RISPERIDONE 0.5 MG ODT
92892	RISPERIDONE 0.5 MG TABLET
19178	RISPERIDONE 1 MG ODT
16136	RISPERIDONE 1 MG TABLET
16135	RISPERIDONE 1 MG/ML SOLUTION
19179	RISPERIDONE 2 MG ODT
16137	RISPERIDONE 2 MG TABLET
25024	RISPERIDONE 3 MG ODT
16138	RISPERIDONE 3 MG TABLET
25025	RISPERIDONE 4 MG ODT
16139	RISPERIDONE 4 MG TABLET
27528	SAPHRIS 10 MG TAB SUBLINGUAL
38479	SAPHRIS 2.5 MG TABLET SUBLINGUAL
21636	SAPHRIS 5 MG TABLET SUBLINGUAL
67662	SEROQUEL 100 MG TABLET
67663	SEROQUEL 200 MG TABLET
67661	SEROQUEL 25 MG TABLET
67665	SEROQUEL 300 MG TABLET
26411	SEROQUEL 400 MG TABLET
26409	SEROQUEL 50 MG TABLET
16193	SEROQUEL XR 150 MG TABLET
98522	SEROQUEL XR 200 MG TABLET
98523	SEROQUEL XR 300 MG TABLET
98524	SEROQUEL XR 400 MG TABLET
98994	SEROQUEL XR 50 MG TABLET
64316	SUBVENITE 100 MG TABLET
64324	SUBVENITE 150 MG TABLET
64325	SUBVENITE 200 MG TABLET
64317	SUBVENITE 25 MG TABLET
23969	SUBVENITE TAB START KIT (BLUE)
23972	SUBVENITE TAB START KIT(GREEN)

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Mood Stabilizers	
23973	SUBVENITE TAB START KT(ORANGE)
98648	SYMBYAX 3-25 MG CAPSULE
20868	SYMBYAX 6-25 MG CAPSULE
47500	TEGRETOL 100 MG/5 ML SUSP
17450	TEGRETOL 200 MG TABLET
27820	TEGRETOL XR 100 MG TABLET
27821	TEGRETOL XR 200 MG TABLET
27822	TEGRETOL XR 400 MG TABLET
39579	VRAYLAR 1.5 MG CAPSULE
40683	VRAYLAR 1.5 MG-3 MG PACK
39582	VRAYLAR 3 MG CAPSULE
39583	VRAYLAR 4.5 MG CAPSULE
39584	VRAYLAR 6 MG CAPSULE
13331	ZIPRASIDONE 20 MG CAPSULE
17037	ZIPRASIDONE 20 MG/ML VIAL
13332	ZIPRASIDONE 40 MG CAPSULE
13333	ZIPRASIDONE 60 MG CAPSULE
13334	ZIPRASIDONE 80 MG CAPSULE
15082	ZYPREXA 10 MG TABLET
17407	ZYPREXA 10 MG VIAL
15085	ZYPREXA 15 MG TABLET
15084	ZYPREXA 2.5 MG TABLET
15086	ZYPREXA 20 MG TABLET
15083	ZYPREXA 5 MG TABLET
15081	ZYPREXA 7.5 MG TABLET
92008	ZYPREXA ZYDIS 10 MG TABLET
34022	ZYPREXA ZYDIS 15 MG TABLET
34023	ZYPREXA ZYDIS 20 MG TABLET
92007	ZYPREXA ZYDIS 5 MG TABLET

Suicidal ideation or suicide attempt	
ICD-10 Code	**Description**
R45851	SUICIDAL IDEATIONS
T1491XA	SUICIDE ATTEMPT INITIAL ENCOUNTER
T1491XD	SUICIDE ATTEMPT SUBSEQUENT ENCOUNTER
T1491XS	SUICIDE ATTEMPT SEQUELA

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MAOI	
GCN	**Label Name**
27081	AZILECT 0.5 MG TABLET
24654	AZILECT 1 MG TABLET
26614	EMSAM 12MG/24 HOURS PATCH
26612	EMSAM 6MG/24 HOURS PATCH
26871	LINEZOLID 100MG/5ML SUSP
26870	LINEZOLID 600MG TABLET
26873	LINEZOLID 600MG/300ML IV SOLN
16416	MARPLAN 10 MG TABLET
16417	NARDIL 15 MG TABLET
16418	PARNATE 10 MG TABLET
16417	PHENELZINE SULFATE 15 MG TAB
27081	RASAGILINE MESYLATE 0.5 MG TAB
24654	RASAGILINE MESYLATE 1 MG TAB
15603	SELEGILINE 5MG CAPSULE
15600	SELEGILINE 5MG TABLET
16418	TRANYLCYPROMINE 10MG TABLET
22783	ZELAPAR 1.25MG ODT TABLET
26871	ZYVOX 100 MG/5 ML SUSPENSION
26870	ZYVOX 600 MG TABLET
26873	ZYVOX 600 MG/300 ML IV SOLN

Hepatic impairment	
ICD-10 Code	**Description**
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

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Hepatic impairment	
ICD-10 Code	**Description**
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
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

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Hepatic impairment	
ICD-10 Code	**Description**
K738	OTHER CHRONIC HEPATITIS, NOT ELSEWHERE CLASSIFIED
K739	CHRONIC HEPATITIS, UNSPECIFIED
K740	HEPATIC FIBROSIS
K741	HEPATIC SCLEROSIS
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

Severe Cardiovascular Disease	
ICD-10 Code	**Description**
I080	RHEUMATIC DISORDERS OF BOTH MITRAL AND AORTIC VALVES
I088	OTHER RHEUMATIC MULTIPLE VALVE DISEASES
I089	RHEUMATIC MULTIPLE VALVE DISEASE, UNSPECIFIED
I280	ARTERIOVENOUS FISTULA OF PULMONARY VESSELS
I281	ANEURYSM OF PULMONARY ARTERY
I288	OTHER DISEASES OF PULMONARY VESSELS
I289	DISEASE OF PULMONARY VESSELS, UNSPECIFIED
I340	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY
I348	OTHER NONRHEUMATIC MITRAL VALVE DISORDERS
I350	NONRHEUMATIC AORTIC (VALVE) STENOSIS
I351	NONRHEUMATIC AORTIC (VALVE) INSUFFICIENCY

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Severe Cardiovascular Disease	
ICD-10 Code	**Description**
I352	NONRHEUMATIC AORTIC (VALVE) STENOSIS WITH INSUFFICIENCY
I358	OTHER NONRHEUMATIC AORTIC VALVE DISORDERS
I359	NONRHEUMATIC AORTIC VALVE DISORDER, UNSPECIFIED
I360	NONRHEUMATIC TRICUSPID (VALVE) STENOSIS
I368	OTHER NONRHEUMATIC TRICUSPID VALVE DISORDERS
I370	NONRHEUMATIC PULMONARY VALVE STENOSIS
I378	OTHER NONRHEUMATIC PULMONARY VALVE DISORDERS
I421	ENDOMYOCARDIAL (EOSINOPHILIC) DISEASE
I422	OTHER HYPERTROPHIC CARDIOMYOPATHY
I423	ENDOMYOCARDIAL (EOSINOPHILIC) DISEASE
I424	ENDOCARDIAL FIBROELASTOSIS
I425	OTHER RESTRICTIVE CARDIOMYOPATHY
I427	CARDIOMYOPATHY DUE TO DRUG AND EXTERNAL AGENT
I428	OTHER CARDIOMYOPATHIES
I429	CARDIOMYOPATHY, UNSPECIFIED
I43	CARDIOMYOPATHY IN DISEASES CLASSIFIED ELSEWHERE
I4901	VENTRICULAR FIBRILLATION
I4902	VENTRICULAR FLUTTER
I491	ATRIAL PREMATURE DEPOLARIZATION
I492	JUNCTIONAL PREMATURE DEPOLARIZATION
I493	VENTRICULAR PREMATURE DEPOLARIZATION
I4940	UNSPECIFIED PREMATURE DEPOLARIZATION
I4949	OTHER PREMATURE DEPOLARIZATION
I495	SICK SINUS SYNDROME
I498	OTHER SPECIFIED CARDIAC ARRHYTHMIAS
I499	CARDIAC ARRHYTHMIA, UNSPECIFIED
I501	LEFT VENTRICULAR FAILURE
I5020	UNSPECIFIED SYSTOLIC (CONGESTIVE) HEART FAILURE
I5021	ACUTE SYSTOLIC (CONGESTIVE) HEART FAILURE
I5022	CHRONIC SYSTOLIC (CONGESTIVE) HEART FAILURE
I5023	ACUTE ON CHRONIC SYSTOLIC (CONGESTIVE) HEART FAILURE
I5030	UNSPECIFIED DIASTOLIC (CONGESTIVE) HEART FAILURE
I5031	ACUTE DIASTOLIC (CONGESTIVE) HEART FAILURE
I5032	CHRONIC DIASTOLIC (CONGESTIVE) HEART FAILURE
I5033	ACUTE ON CHRONIC DIASTOLIC (CONGESTIVE) HEART FAILURE
I5040	UNSPECIFIED COMBINED SYSTOLIC (CONGESTIVE) AND DIASTOLIC (CONGESTIVE) HEART FAILURE
I5041	ACUTE COMBINED SYSTOLIC (CONGESTIVE) AND DIASTOLIC (CONGESTIVE) HEART FAILURE

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Severe Cardiovascular Disease	
ICD-10 Code	**Description**
I5042	CHRONIC COMBINED SYSTOLIC (CONGESTIVE) AND DIASTOLIC (CONGESTIVE) HEART FAILURE
I5043	ACUTE ON CHRONIC COMBINED SYSTOLIC (CONGESTIVE) AND DIASTOLIC (CONGESTIVE) HEART FAILURE
I509	HEART FAILURE, UNSPECIFIED
P2938	OTHER PERSISTENT FETAL CIRCULATION
Q200	COMMON ARTERIAL TRUNK
Q201	DOUBLE OUTLET RIGHT VENTRICLE
Q202	DOUBLE OUTLET LEFT VENTRICLE
Q203	DISCORDANT VENTRICULOARTERIAL CONNECTION
Q204	DOUBLE INLET VENTRICLE
Q205	DISCORDANT ATRIOVENTRICULAR CONNECTION
Q208	OTHER CONGENITAL MALFORMATIONS OF CARDIAC CHAMBERS AND CONNECTIONS
Q209	CONGENITAL MALFORMATION OF CARDIAC CHAMBERS AND CONNECTIONS, UNSPECIFIED
Q211	ATRIAL SEPTAL DEFECT
Q212	ATRIOVENTRICULAR CANAL (ENDOCARDIAL CUSHION DEFECT)
Q212	ATRIOVENTRICULAR SEPTAL DEFECT
Q213	TETRALOGY OF FALLOT
Q218	OTHER CONGENITAL MALFORMATIONS OF CARDIAC SEPTA
Q219	CONGENITAL MALFORMATION OF CARDIAC SEPTUM, UNSPECIFIED
Q220	PULMONARY VALVE ATRESIA
Q221	CONGENITAL PULMONARY VALVE STENOSIS
Q222	CONGENITAL PULMONARY VALVE INSUFFICIENCY
Q223	OTHER CONGENITAL MALFORMATIONS OF PULMONARY VALVE
Q224	CONGENITAL TRICUSPID STENOSIS
Q225	EBSTEIN'S ANOMALY
Q226	HYPOPLASTIC RIGHT HEART SYNDROME
Q228	OTHER CONGENITAL MALFORMATIONS OF TRICUSPID VALVE
Q229	CONGENITAL MALFORMATION OF TRICUSPID VALVE, UNSPECIFIED
Q230	CONGENITAL PULMONARY VALVE STENOSIS
Q233	CONGENITAL MITRAL INSUFFICIENCY
Q234	HYPOPLASTIC LEFT HEART SYNDROME
Q240	DEXTROCARDIA
Q241	LEVOCARDIA
Q242	COR TRIATRIATUM
Q243	PULMONARY INFUNDIBULAR STENOSIS
Q244	CONGENITAL SUBAORTIC STENOSIS
Q245	MALFORMATION OF CORONARY VESSELS

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Severe Cardiovascular Disease	
ICD-10 Code	**Description**
Q246	CONGENITAL HEART BLOCK
Q248	OTHER SPECIFIED CONGENITAL MALFORMATIONS OF HEART
Q249	CONGENITAL MALFORMATION OF HEART, UNSPECIFIED
Q251	COARCTATION OF AORTA
Q2521	INTERRUPTION OF AORTIC ARCH
Q2529	OTHER ATRESIA OF AORTA
Q253	SUPRAVALVULAR AORTIC STENOSIS
Q2540	CONGENITAL MALFORMATION OF AORTA UNSPECIFIED
Q2541	ABSENCE AND APLASIA OF AORTA
Q2542	HYPOPLASIA OF AORTA
Q2543	CONGENITAL ANEURYSM OF AORTA
Q2544	CONGENITAL DILATION OF AORTA
Q2545	DOUBLE AORTIC ARCH
Q2546	TORTUOUS AORTIC ARCH
Q2547	RIGHT AORTIC ARCH
Q2548	ANOMALOUS ORIGIN OF SUBCLAVIAN ARTERY
Q2549	OTHER CONGENITAL MALFORMATIONS OF AORTA
Q255	ATRESIA OF PULMONARY ARTERY
Q256	STENOSIS OF PULMONARY ARTERY
Q2571	COARCTATION OF PULMONARY ARTERY
Q2572	CONGENITAL PULMONARY ARTERIOVENOUS MALFORMATION
Q2579	OTHER CONGENITAL MALFORMATIONS OF PULMONARY ARTERY
Q260	CONGENITAL STENOSIS OF VENA CAVA
Q261	PERSISTENT LEFT SUPERIOR VENA CAVA
Q262	TOTAL ANOMALOUS PULMONARY VENOUS CONNECTION
Q263	PARTIAL ANOMALOUS PULMONARY VENOUS CONNECTION
Q268	OTHER CONGENITAL MALFORMATIONS OF GREAT VEINS
Q269	CONGENITAL MALFORMATION OF GREAT VEIN, UNSPECIFIED

Pheochromocytoma or Narrow Angle Glaucoma	
ICD-10 Code	**Description**
C7410	MALIGNANT NEOPLASM OF MEDULLA OF UNSPECIFIED ADRENAL GLAND
D3500	BENIGN NEOPLASM OF UNSPECIFIED ADRENAL GLAND
H40031	ANATOMICAL NARROW ANGLE RIGHT EYE
H40032	ANATOMICAL NARROW ANGLE LEFT EYE
H40043	ANATOMICAL NARROW ANGLE BILATERAL
H40049	ANATOMICAL NARROW ANGLE UNSPECIFIED EYE

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Pheochromocytoma or Narrow Angle Glaucoma	
ICD-10 Code	**Description**
H4020X0	UNSPECIFIED PRIMARY ANGLE-CLOSURE GLAUCOMA, STAGE UNS
H4020X1	UNSPECIFIED PRIMARY ANGLE-CLOSURE GLAUCOMA, MILD STAGE
H4020X2	UNSPECIFIED PRIMARY ANGLE-CLOSURE GLAUCOMA, MODERATE STAGE
H4020X3	UNSPECIFIED PRIMARY ANGLE-CLOSURE GLAUCOMA, SEVERE STAGE
H4020X4	UNSPECIFIED PRIMARY ANGLE-CLOSURE GLAUCOMA, INDETERMINATE STAGE
H40211	ACUTE ANGLE-CLOSURE GLAUCOMA RIGHT EYE
H40212	ACUTE ANGLE-CLOSURE GLAUCOMA LEFT EYE
H40213	ACUTE ANGLE-CLOSURE GLAUCOMA BILATERAL
H40219	ACUTE ANGLE-CLOSURE GLAUCOMA UNSPECIFIED EYE
H402210	CHRONIC ANGLE-CLOSURE GLAUCOMA, RIGHT EYE STAGE UNSPECIFIED
H402211	CHRONIC ANGLE-CLOSURE GLAUCOMA, RIGHT EYE MILD STAGE
H402212	CHRONIC ANGLE-CLOSURE GLAUCOMA, RIGHT EYE MODERATE STAGE
H402213	CHRONIC ANGLE-CLOSURE GLAUCOMA, RIGHT EYE SEVERE STAGE
H402214	CHRONIC ANGLE-CLOSURE GLAUCOMA, RIGHT EYE INDETERMINATE STAGE
H402220	CHRONIC ANGLE-CLOSURE GLAUCOMA, LEFT EYE STAGE UNSPECIFIED
H402221	CHRONIC ANGLE-CLOSURE GLAUCOMA, LEFT EYE MILD STAGE
H402222	CHRONIC ANGLE-CLOSURE GLAUCOMA, LEFT EYE MODERATE STAGE
H402223	CHRONIC ANGLE-CLOSURE GLAUCOMA, LEFT EYE SEVERE STAGE
H402224	CHRONIC ANGLE-CLOSURE GLAUCOMA, LEFT EYE INDETERMINATE STAGE
H402230	CHRONIC ANGLE-CLOSURE GLAUCOMA, BILATERAL STAGE UNSPECIFIED
H402231	CHRONIC ANGLE-CLOSURE GLAUCOMA, BILATERAL MILD STAGE
H402232	CHRONIC ANGLE-CLOSURE GLAUCOMA, BILATERAL MODERATE STAGE
H402233	CHRONIC ANGLE-CLOSURE GLAUCOMA, BILATERAL SEVERE STAGE
H402234	CHRONIC ANGLE-CLOSURE GLAUCOMA, BILATERAL INDETERMINATE STAGE
H402290	CHRONIC ANGLE-CLOSURE GLAUCOMA, UNSPECIFIED EYE STAGE UNSPECIFIED
H402291	CHRONIC ANGLE-CLOSURE GLAUCOMA, UNSPECIFIED EYE MILD STAGE
H402292	CHRONIC ANGLE-CLOSURE GLAUCOMA, UNSPECIFIED EYE MODERATE STAGE
H402293	CHRONIC ANGLE-CLOSURE GLAUCOMA, UNSPECIFIED EYE SEVERE STAGE
H402294	CHRONIC ANGLE-CLOSURE GLAUCOMA, UNSPECIFIED EYE INDETERMINATE STAGE
H40231	INTERMITTENT ANGLE-CLOSURE GLAUCOMA RIGHT EYE
H40232	INTERMITTENT ANGLE-CLOSURE GLAUCOMA LEFT EYE
H40233	INTERMITTENT ANGLE-CLOSURE GLAUCOMA BILATERAL
H40239	INTERMITTENT ANGLE-CLOSURE GLAUCOMA UNSPECIFIED EYE

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Pheochromocytoma or Narrow Angle Glaucoma	
ICD-10 Code	**Description**
H40241	RESIDUAL STAGE OF ANGLE-CLOSURE GLAUCOMA RIGHT EYE
H40242	RESIDUAL STAGE OF ANGLE-CLOSURE GLAUCOMA LEFT EYE
H40243	RESIDUAL STAGE OF ANGLE-CLOSURE GLAUCOMA BILATERAL
H40249	RESIDUAL STAGE OF ANGLE-CLOSURE GLAUCOMA UNSPECIFIED EYE

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

Clinical Criteria References

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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.

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07/15/2013	Initial publication
01/20/2023	Revised criteria for atomoxetine, guanfacine ER, and clonidine ER for presentation to the DUR Board

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