

Texas Prior Authorization Program
Clinical Criteria

Drug/Drug Class

Cytokine and CAM Antagonists

Clinical Criteria Information Included in this Document

Bimzelx (bimekizumab-bkzx)

- [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.

Omvoh (mirikizumab-mrkz)

- [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.

Rinvoq LQ (upadacitinib) oral solution

- [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



Bimzelx (Bimekizumab-bkzx)

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
BIMZELX 160 MG/ML AUTOINJECTOR	54888
BIMZELX 160 MG/ML SYRINGE	51344

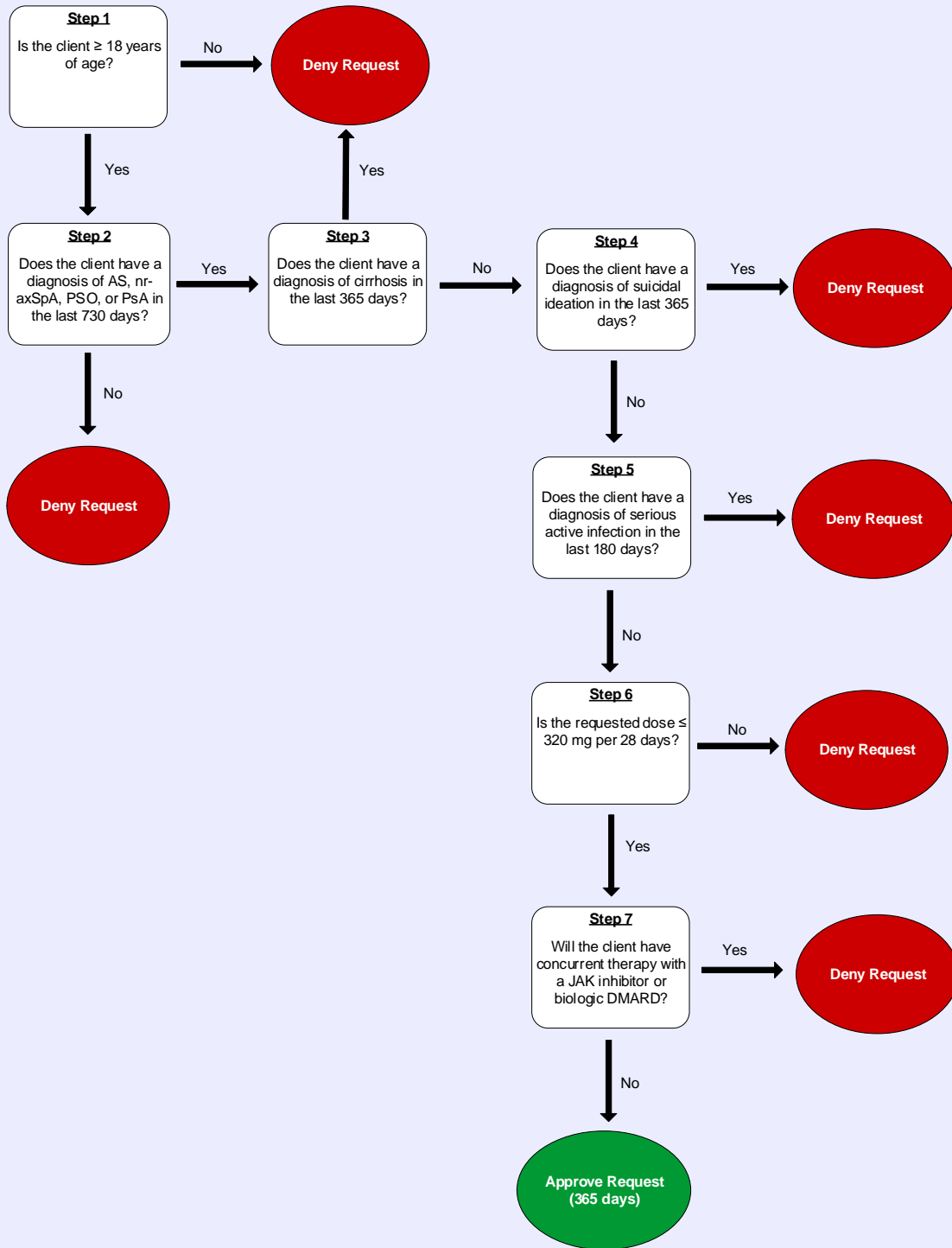
**Bimzelx (Bimekizumab-bkzx)****Clinical Criteria Logic**

1. Is the client greater than or equal to (\geq) 18 years of age?
 - Yes – Go to #2
 - No – Deny
2. Does the client have a diagnosis of [ankylosing spondylitis \(AS\)](#), [non-radiographic axial spondyloarthritis \(nr-axSpA\)](#), [plaque psoriasis \(PSO\)](#), or [psoriatic arthritis \(PsA\)](#) in the last 730 days?
 - Yes – Go to #3
 - No – Deny
3. Does the client have a diagnosis of [cirrhosis](#) in the last 365 days?
 - Yes – Deny
 - No – Go to #4
4. Does the client have a diagnosis of [suicidal ideation](#) in the last 365 days?
 - Yes – Deny
 - No – Go to #5
5. Does the client have a [serious active infection](#) (including Hepatitis B virus and/or tuberculosis) in the last 180 days?
 - Yes – Deny
 - No – Go to #6
6. Is the requested dose for less than or equal to (\leq) 320 mg per 28 days?
 - Yes – Go to #7
 - No – Deny
7. Will the client have concurrent therapy with a [JAK inhibitor](#) or [biologic DMARD](#)?
 - Yes – Deny
 - No – Approve (365 days)



Bimzelx (Bimekizumab-bkzx)

Clinical Criteria Logic Diagram





OmvoH (Mirikizumab-mrkz)

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
OMVOH 100 MG/ML PEN	54920
OMVOH 100 MG/ML SYRINGE	55033
OMVOH 300 MG/15 ML VIAL	54923

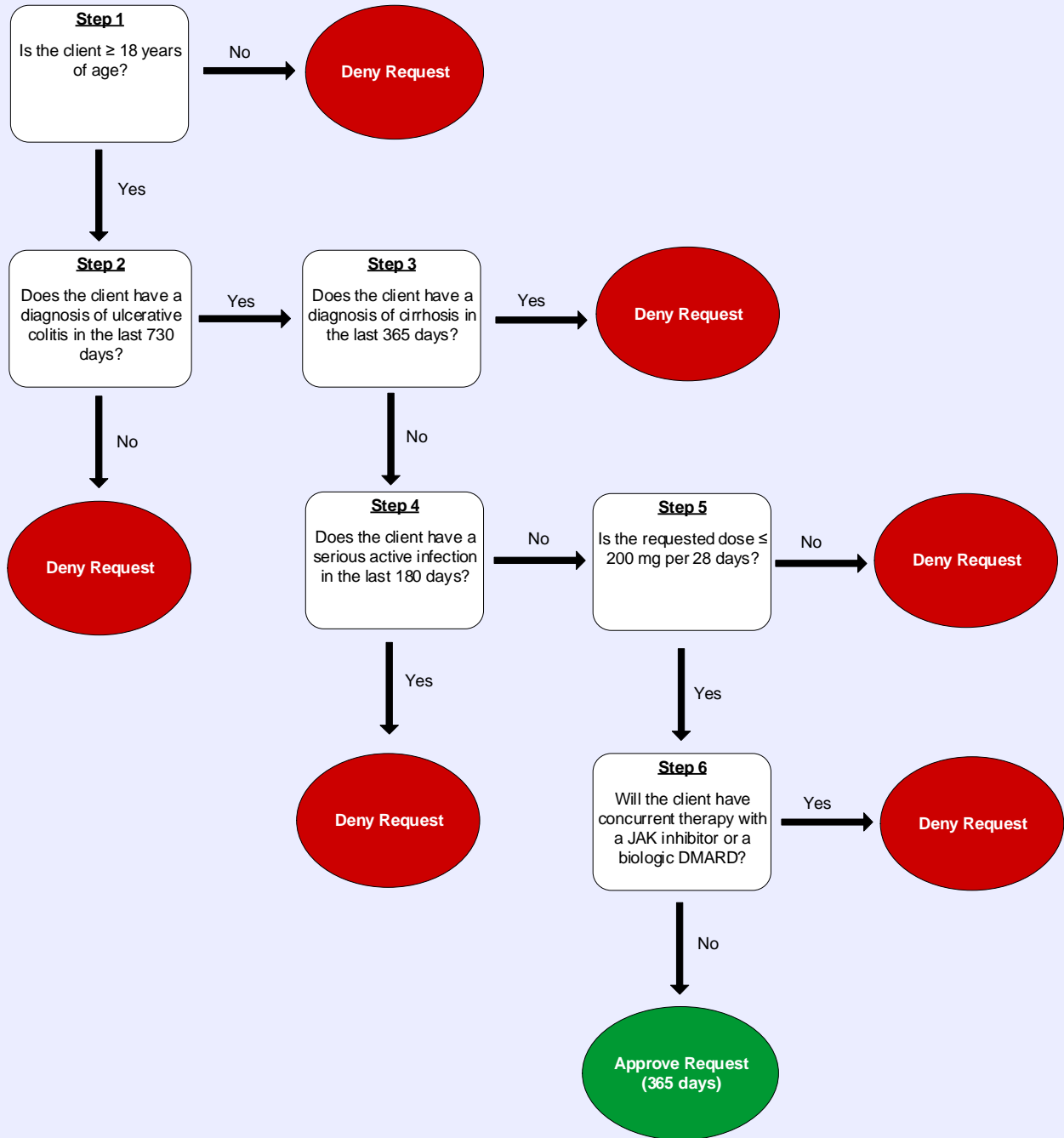
**OmvoH (Mirikizumab-mrkz)****Clinical Criteria Logic**

1. Is the client greater than or equal to (\geq) 18 years of age?
 - Yes – Go to #2
 - No – Deny
2. Does the client have a diagnosis of [ulcerative colitis \(UC\)](#) in the last 730 days?
 - Yes – Go to #3
 - No – Deny
3. Does the client have a diagnosis of [cirrhosis](#) in the last 365 days?
 - Yes – Deny
 - No – Go to #4
4. Does the client have a [serious active infection](#) (including Hepatitis B virus and/or tuberculosis) in the last 180 days?
 - Yes – Deny
 - No – Go to #5
5. Is the requested dose for less than or equal to (\leq) 200 mg per 28 days?
 - Yes – Go to #6
 - No – Deny
6. Will the client have concurrent therapy with a [JAK inhibitor](#) or [biologic DMARD](#)?
 - Yes – Deny
 - No – Approve (365 days)



OmvoH (Mirikizumab-mrkz)

Clinical Criteria Logic Diagram





Rinvoq (Upadacitinib)

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
RINVOQ LQ 1 MG/ML SOLUTION	55651
RINVOQ ER 15 MG TABLET	46822
RINVOQ ER 30 MG TABLET	51719
RINVOQ ER 45 MG TABLET	52085

**Rinvoq (Upadacitinib)****Clinical Criteria Logic**

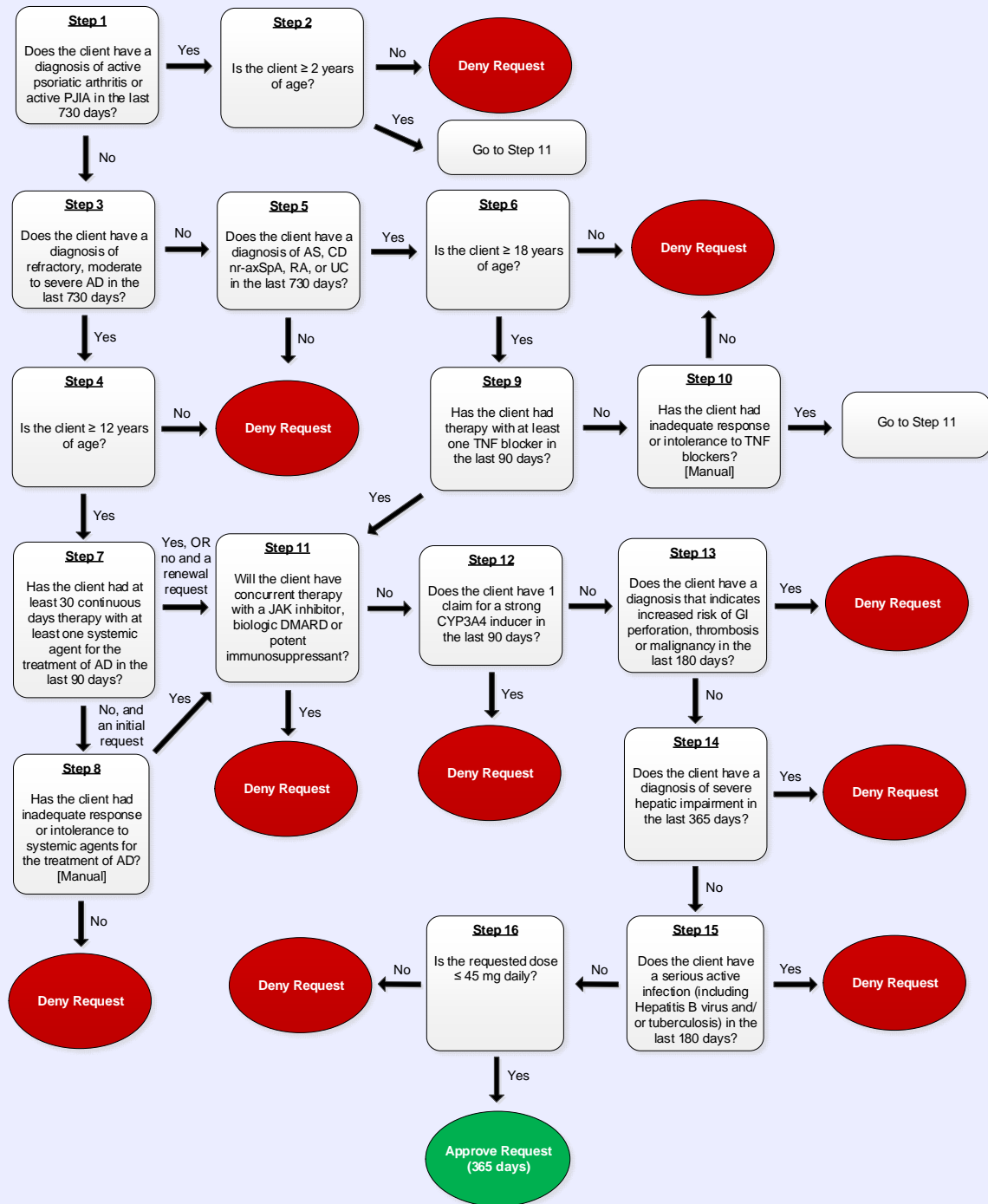
1. Does the client have a diagnosis of active [psoriatic arthritis](#) or active [polyarticular juvenile idiopathic arthritis \(PJIA\)](#)?
 Yes – Go to #2
 No – Go to #3
2. Is the client greater than or equal to (\geq) 2 years of age?
 Yes – Go to #11
 No – Deny
3. Does the client have a diagnosis of refractory, moderate to severe [atopic dermatitis \(AD\)](#) in the last 730 days?
 Yes – Go to #4
 No – Go to #5
4. Is the client greater than or equal to (\geq) 12 years of age?
 Yes – Go to #7
 No – Deny
5. Does the client have a diagnosis of [active ankylosing spondylitis](#), [moderately to severely active Crohn's disease \(CD\)](#), [active non-radiographic axial spondyloarthritis \(nr-axSpA\)](#), [moderately to severely active rheumatoid arthritis \(RA\)](#), or [ulcerative colitis](#) in the last 730 days?
 Yes – Go to #6
 No – Deny
6. Is the client greater than or equal to (\geq) 18 years of age?
 Yes – Go to #9
 No – Deny
7. Has the client had 30 continuous days of therapy with at least one [systemic agent for the treatment of atopic dermatitis](#) in the last 90 days?
 Yes – Go to #11
 No, and this is a renewal request – Go to #11
 No, and this is an initial request – Go to #8
8. Has the client had inadequate response or intolerance to [systemic agents for the treatment of atopic dermatitis](#)? [Manual]
 Yes, Go to #11
 No, Deny
9. Has the client had therapy with at least one [TNF blocker](#) in the last 90 days?
 Yes – Go to #11
 No – Go to #10
10. Has the client had inadequate response or intolerance to [TNF blockers](#)? [Manual]
 Yes, Go to #11

- No, Deny
11. Will the client have concurrent therapy with a [JAK inhibitor](#), [biologic DMARD](#) or [potent immunosuppressant](#)?
- Yes – Deny
 No – Go to #12
12. Does the client have 1 claim for a [strong CYP3A4 inducer](#) in the last 90 days?
- Yes – Deny
 No – Go to #13
13. Does the client have a diagnosis that indicates increased risk of [GI perforation, thrombosis or malignancy](#) in the last 180 days?
- Yes – Deny
 No – Go to #14
14. Does the client have a diagnosis of [severe hepatic impairment](#) in the last 365 days?
- Yes – Deny
 No – Go to #15
15. Does the client have a [serious active infection](#) (including Hepatitis B virus and/or tuberculosis) in the last 180 days?
- Yes – Deny
 No – Go to #16
16. Is the requested dose less than or equal to (\leq) 45 mg daily?
- Yes – Approve (365 days)
 No - Deny



Rinvoq (Upadacitinib)

Clinical Criteria Logic Diagram





Cytokine and CAM Antagonists

Clinical Criteria Supporting Tables

Ankylosing Spondylitis	
ICD-10 Code	Description
M450	ANKYLOSING SPONDYLITIS OF MULTIPLE SITES IN SPINE
M451	ANKYLOSING SPONDYLITIS OF OCCIPITO-ATLANTO-AXIAL REGION
M452	ANKYLOSING SPONDYLITIS OF CERVICAL REGION
M453	ANKYLOSING SPONDYLITIS OF CERVICOTHORACIC REGION
M454	ANKYLOSING SPONDYLITIS OF THORACIC REGION
M455	ANKYLOSING SPONDYLITIS OF THORACOLUMBAR REGION
M456	ANKYLOSING SPONDYLITIS LUMBAR REGION
M457	ANKYLOSING SPONDYLITIS OF LUMBOSACRAL REGION
M458	ANKYLOSING SPONDYLITIS SACRAL AND SACROCOCCYGEAL REGION
M459	ANKYLOSING SPONDYLITIS OF UNSPECIFIED SITES IN SPINE

Atopic Dermatitis	
ICD-10 Code	Description
L200	BESNIER'S PRURIGO
L2081	ATOPIC NEURODERMATITIS
L2082	FLEXURAL ECZEMA
L2084	INTRINSIC (ALLERGIC) ECZEMA
L2089	OTHER ATOPIC DERMATITIS
L209	ATOPIC DERMATITIS, UNSPECIFIED

Cirrhosis	
ICD-10 Code	Description
K7030	ALCOHOLIC CIRRHOSIS OF LIVER WITHOUT ASCITES
K7031	ALCOHOLIC CIRRHOSIS OF LIVER WITH ASCITES
K743	PRIMARY BILIARY CIRRHOSIS
K744	SECONDARY BILIARY CIRRHOSIS
K745	BILIARY CIRRHOSIS, UNSPECIFIED
K7460	UNSPECIFIED CIRRHOSIS OF LIVER
K7469	OTHER CIRRHOSIS OF LIVER

Crohn's Disease	
ICD-10 Code	Description
K5000	CROHN'S DISEASE OF SMALL INTESTINE WITHOUT COMPLICATIONS
K50011	CROHN'S DISEASE OF SMALL INTESTINE WITH RECTAL BLEEDING
K50012	CROHN'S DISEASE OF SMALL INTESTINE WITH INTESTINAL OBSTRUCTION
K50013	CROHN'S DISEASE OF SMALL INTESTINE WITH FISTULA
K50014	CROHN'S DISEASE OF SMALL INTESTINE WITH ABSCESS
K50018	CROHN'S DISEASE OF SMALL INTESTINE WITH OTHER COMPLICATION
K50019	CROHN'S DISEASE OF SMALL INTESTINE WITH UNSPECIFIED COMPLICATIONS
K5010	CROHN'S DISEASE OF LARGE INTESTINE WITHOUT COMPLICATIONS
K50111	CROHN'S DISEASE OF LARGE INTESTINE WITH RECTAL BLEEDING
K50112	CROHN'S DISEASE OF LARGE INTESTINE WITH INTESTINAL OBSTRUCTION
K50113	CROHN'S DISEASE OF LARGE INTESTINE WITH FISTULA
K50114	CROHN'S DISEASE OF LARGE INTESTINE WITH ABSCESS
K50118	CROHN'S DISEASE OF LARGE INTESTINE WITH OTHER COMPLICATION
K50119	CROHN'S DISEASE OF LARGE INTESTINE WITH UNSPECIFIED COMPLICATIONS

Crohn's Disease	
ICD-10 Code	Description
K5080	CROHN'S DISEASE OF BOTH SMALL AND LARGE INTESTINE WITHOUT COMPLICATIONS
K50811	CROHN'S DISEASE OF BOTH SMALL AND LARGE INTESTINE WITH RECTAL BLEEDING
K50812	CROHN'S DISEASE OF BOTH SMALL AND LARGE INTESTINE WITH INTESTINAL OBSTRUCTION
K50813	CROHN'S DISEASE OF BOTH SMALL AND LARGE INTESTINE WITH FISTULA
K50814	CROHN'S DISEASE OF BOTH SMALL AND LARGE INTESTINE WITH ABSCESS
K50818	CROHN'S DISEASE OF BOTH SMALL AND LARGE INTESTINE WITH OTHER COMPLICATION
K50819	CROHN'S DISEASE OF BOTH SMALL AND LARGE INTESTINE WITH UNSPECIFIED COMPLICATIONS
K5090	CROHN'S DISEASE, UNSPECIFIED WITHOUT COMPLICATIONS
K50911	CROHN'S DISEASE, UNSPECIFIED, WITH RECTAL BLEEDING
K50912	CROHN'S DISEASE, UNSPECIFIED, WITH INTESTINAL OBSTRUCTION
K50913	CROHN'S DISEASE, UNSPECIFIED, WITH FISTULA
K50914	CROHN'S DISEASE, UNSPECIFIED, WITH ABSCESS
K50918	CROHN'S DISEASE, UNSPECIFIED, WITH OTHER COMPLICATION
K50919	CROHN'S DISEASE, UNSPECIFIED, WITH UNSPECIFIED COMPLICATIONS

Diagnosis Indicating Increased Risk of GI perforation, Thrombosis or Malignancy	
ICD-10 Code	Description
K5700	DIVERTICULITIS OF SMALL INTESTINE WITH PERFORATION AND ABSCESS WITHOUT BLEEDING
K5701	DIVERTICULITIS OF SMALL INTESTINE WITH PERFORATION AND ABSCESS WITH BLEEDING
K5710	DIVERTICULOSIS OF SMALL INTESTINE WITHOUT PERFORATION OR ABSCESS WITHOUT BLEEDING

Diagnosis Indicating Increased Risk of GI perforation, Thrombosis or Malignancy	
ICD-10 Code	Description
K5711	DIVERTICULOSIS OF SMALL INTESTINE WITHOUT PERFORATION OR ABSCESS WITH BLEEDING
K5712	DIVERTICULITIS OF SMALL INTESTINE WITHOUT PERFORATION OR ABSCESS WITHOUT BLEEDING
K5713	DIVERTICULITIS OF SMALL INTESTINE WITHOUT PERFORATION OR ABSCESS WITH BLEEDING
K5720	DIVERTICULITIS OF LARGE INTESTINE WITH PERFORATION AND ABSCESS WITHOUT BLEEDING
K5721	DIVERTICULITIS OF LARGE INTESTINE WITH PERFORATION AND ABSCESS WITH BLEEDING
K5730	DIVERTICULOSIS OF LARGE INTESTINE WITHOUT PERFORATION OR ABSCESS WITHOUT BLEEDING
K5731	DIVERTICULOSIS OF LARGE INTESTINE WITHOUT PERFORATION OR ABSCESS WITH BLEEDING
K5732	DIVERTICULITIS OF LARGE INTESTINE WITHOUT PERFORATION OR ABSCESS WITHOUT BLEEDING
K5733	DIVERTICULITIS OF LARGE INTESTINE WITHOUT PERFORATION OR ABSCESS WITHOUT BLEEDING
K5740	DIVERTICULITIS OF BOTH SMALL AND LARGE INTESTINE WITH PERFORATION AND ABSCESS WITHOUT BLEEDING
K5741	DIVERTICULITIS OF BOTH SMALL AND LARGE INTESTINE WITH PERFORATION AND ABSCESS WITH BLEEDING
K5750	DIVERTICULOSIS OF BOTH SMALL AND LARGE INTESTINE WITHOUT PERFORATION OR ABSCESS WITHOUT BLEEDING
K5751	DIVERTICULOSIS OF BOTH SMALL AND LARGE INTESTINE WITHOUT PERFORATION OR ABSCESS WITH BLEEDING
K5752	DIVERTICULITIS OF BOTH SMALL AND LARGE INTESTINE WITHOUT PERFORATION OR ABSCESS WITHOUT BLEEDING
K5753	DIVERTICULITIS OF BOTH SMALL AND LARGE INTESTINE WITHOUT PERFORATION OR ABSCESS WITH BLEEDING
K5780	DIVERTICULITIS OF INTESTINE, PART UNSPECIFIED, WITH PERFORATION AND ABSCESS WITHOUT BLEEDING

Diagnosis Indicating Increased Risk of GI perforation, Thrombosis or Malignancy	
ICD-10 Code	Description
K5781	DIVERTICULITIS OF INTESTINE, PART UNSPECIFIED, WITH PERFORATION AND ABSCESS WITH BLEEDING
K5790	DIVERTICULOSIS OF INTESTINE, PART UNSPECIFIED, WITHOUT PERFORATION OR ABSCESS WITHOUT BLEEDING
K5791	DIVERTICULOSIS OF INTESTINE, PART UNSPECIFIED, WITHOUT PERFORATION OR ABSCESS WITH BLEEDING
K5792	DIVERTICULITIS OF INTESTINE, PART UNSPECIFIED, WITHOUT PERFORATION OR ABSCESS WITHOUT BLEEDING
K5793	DIVERTICULITIS OF INTESTINE, PART UNSPECIFIED, WITHOUT PERFORATION OR ABSCESS WITH BLEEDING
I2601	SEPTIC PULMONARY EMBOLISM WITH ACUTE COR PULMONALE
I2602	SADDLE EMBOLUS OF PULMONARY ARTERY WITH ACUTE COR PULMONALE
I2609	OTHER PULMONARY EMBOLISM WITH ACUTE COR PULMONALE
I2690	SEPTIC PULMONARY EMBOLISM WITHOUT ACUTE COR PULMONALE
I2692	SADDLE EMBOLUS OF PULMONARY ARTERY WITHOUT ACUTE COR PULMONALE
I2699	OTHER PULMONARY EMBOLISM WITHOUT ACUTE COR PULMONALE
C000	MALIGNANT NEOPLASM OF EXTERNAL UPPER LIP
C001	MALIGNANT NEOPLASM OF EXTERNAL LOWER LIP
C002	MALIGNANT NEOPLASM OF EXTERNAL LIP, UNSPECIFIED
C003	MALIGNANT NEOPLASM OF UPPER LIP, INNER ASPECT
C004	MALIGNANT NEOPLASM OF LOWER LIP, INNER ASPECT
C005	MALIGNANT NEOPLASM OF LIP, UNSPECIFIED, INNER ASPECT
C006	MALIGNANT NEOPLASM OF COMMISSURE OF LIP, UNSPECIFIED
C008	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF LIP
C009	MALIGNANT NEOPLASM OF LIP, UNSPECIFIED
C01	MALIGNANT NEOPLASM OF BASE OF TONGUE

Diagnosis Indicating Increased Risk of GI perforation, Thrombosis or Malignancy	
ICD-10 Code	Description
C020	MALIGNANT NEOPLASM OF DORSAL SURFACE OF TONGUE
C021	MALIGNANT NEOPLASM OF BORDER OF TONGUE
C022	MALIGNANT NEOPLASM OF VENTRAL SURFACE OF TONGUE
C023	MALIGNANT NEOPLASM OF ANTERIOR TWO-THIRDS OF TONGUE, PART UNSPECIFIED
C024	MALIGNANT NEOPLASM OF LINGUAL TONSIL
C028	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF TONGUE
C029	MALIGNANT NEOPLASM OF TONGUE, UNSPECIFIED
C030	MALIGNANT NEOPLASM OF UPPER GUM
C031	MALIGNANT NEOPLASM OF LOWER GUM
C039	MALIGNANT NEOPLASM OF GUM, UNSPECIFIED
C040	MALIGNANT NEOPLASM OF ANTERIOR FLOOR OF MOUTH
C041	MALIGNANT NEOPLASM OF LATERAL FLOOR OF MOUTH
C048	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF FLOOR OF MOUTH
C049	MALIGNANT NEOPLASM OF FLOOR OF MOUTH, UNSPECIFIED
C050	MALIGNANT NEOPLASM OF HARD PALATE
C051	MALIGNANT NEOPLASM OF SOFT PALATE
C052	MALIGNANT NEOPLASM OF UVULA
C058	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF PALATE
C059	MALIGNANT NEOPLASM OF PALATE, UNSPECIFIED
C060	MALIGNANT NEOPLASM OF CHEEK MUCOSA
C061	MALIGNANT NEOPLASM OF VESTIBULE OF MOUTH
C062	MALIGNANT NEOPLASM OF RETROMOLAR AREA
C0680	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF UNSPECIFIED PARTS OF MOUTH

Diagnosis Indicating Increased Risk of GI perforation, Thrombosis or Malignancy	
ICD-10 Code	Description
C0689	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF OTHER PARTS OF MOUTH
C069	MALIGNANT NEOPLASM OF MOUTH, UNSPECIFIED
C07	MALIGNANT NEOPLASM OF PAROTID GLAND
C080	MALIGNANT NEOPLASM OF SUBMANDIBULAR GLAND
C081	MALIGNANT NEOPLASM OF SUBLINGUAL GLAND
C089	MALIGNANT NEOPLASM OF MAJOR SALIVARY GLAND, UNSPECIFIED
C090	MALIGNANT NEOPLASM OF TONSILLAR FOSSA
C091	MALIGNANT NEOPLASM OF TONSILLAR PILLAR (ANTERIOR) (POSTERIOR)
C098	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF TONSIL
C099	MALIGNANT NEOPLASM OF TONSIL, UNSPECIFIED
C100	MALIGNANT NEOPLASM OF VALLECULA
C101	MALIGNANT NEOPLASM OF ANTERIOR SURFACE OF EPIGLOTTIS
C102	MALIGNANT NEOPLASM OF LATERAL WALL OF OROPHARYNX
C103	MALIGNANT NEOPLASM OF POSTERIOR WALL OF OROPHARYNX
C104	MALIGNANT NEOPLASM OF BRANCHIAL CLEFT
C108	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF OROPHARYNX
C109	MALIGNANT NEOPLASM OF OROPHARYNX, UNSPECIFIED
C110	MALIGNANT NEOPLASM OF SUPERIOR WALL OF NASOPHARYNX
C111	MALIGNANT NEOPLASM OF POSTERIOR WALL OF NASOPHARYNX
C112	MALIGNANT NEOPLASM OF LATERAL WALL OF NASOPHARYNX
C113	MALIGNANT NEOPLASM OF ANTERIOR WALL OF NASOPHARYNX
C118	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF NASOPHARYNX
C119	MALIGNANT NEOPLASM OF NASOPHARYNX, UNSPECIFIED
C12	MALIGNANT NEOPLASM OF PYRIFORM SINUS

Diagnosis Indicating Increased Risk of GI perforation, Thrombosis or Malignancy	
ICD-10 Code	Description
C130	MALIGNANT NEOPLASM OF POSTCRICOID REGION
C131	MALIGNANT NEOPLASM OF ARYEPIGLOTTIC FOLD, HYPOPHARYNGEAL ASPECT
C132	MALIGNANT NEOPLASM OF POSTERIOR WALL OF HYPOPHARYNX
C138	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF HYPOPHARYNX
C139	MALIGNANT NEOPLASM OF HYPOPHARYNX, UNSPECIFIED
C140	MALIGNANT NEOPLASM OF PHARYNX, UNSPECIFIED
C142	MALIGNANT NEOPLASM OF WALDEYER'S RING
C148	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF LIP, ORAL CAVITY AND PHARYNX
C153	MALIGNANT NEOPLASM OF UPPER THIRD OF ESOPHAGUS
C154	MALIGNANT NEOPLASM OF MIDDLE THIRD OF ESOPHAGUS
C155	MALIGNANT NEOPLASM OF LOWER THIRD OF ESOPHAGUS
C158	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF ESOPHAGUS
C159	MALIGNANT NEOPLASM OF ESOPHAGUS, UNSPECIFIED
C160	MALIGNANT NEOPLASM OF CARDIA
C161	MALIGNANT NEOPLASM OF FUNDUS OF STOMACH
C162	MALIGNANT NEOPLASM OF BODY OF STOMACH
C163	MALIGNANT NEOPLASM OF PYLORIC ANTRUM
C164	MALIGNANT NEOPLASM OF PYLORUS
C165	MALIGNANT NEOPLASM OF LESSER CURVATURE OF STOMACH, UNSPECIFIED
C166	MALIGNANT NEOPLASM OF GREATER CURVATURE OF STOMACH, UNSPECIFIED
C168	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF STOMACH
C169	MALIGNANT NEOPLASM OF STOMACH, UNSPECIFIED

Diagnosis Indicating Increased Risk of GI perforation, Thrombosis or Malignancy	
ICD-10 Code	Description
C170	MALIGNANT NEOPLASM OF DUODENUM
C171	MALIGNANT NEOPLASM OF JEJUNUM
C172	MALIGNANT NEOPLASM OF ILEUM
C173	MECKEL'S DIVERTICULUM, MALIGNANT
C178	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF SMALL INTESTINE
C179	MALIGNANT NEOPLASM OF SMALL INTESTINE, UNSPECIFIED
C180	MALIGNANT NEOPLASM OF CECUM
C181	MALIGNANT NEOPLASM OF APPENDIX
C182	MALIGNANT NEOPLASM OF ASCENDING COLON
C183	MALIGNANT NEOPLASM OF HEPATIC FLEXURE
C184	MALIGNANT NEOPLASM OF TRANSVERSE COLON
C185	MALIGNANT NEOPLASM OF SPLENIC FLEXURE
C186	MALIGNANT NEOPLASM OF DESCENDING COLON
C187	MALIGNANT NEOPLASM OF SIGMOID COLON
C188	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF COLON
C189	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED
C19	MALIGNANT NEOPLASM OF RECTOSIGMOID JUNCTION
C20	MALIGNANT NEOPLASM OF RECTUM
C210	MALIGNANT NEOPLASM OF ANUS, UNSPECIFIED
C211	MALIGNANT NEOPLASM OF ANAL CANAL
C212	MALIGNANT NEOPLASM OF CLOACOGENIC ZONE
C218	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF RECTUM, ANUS AND ANAL CANAL
C220	LIVER CELL CARCINOMA
C221	INTRAHEPATIC BILE DUCT CARCINOMA

Diagnosis Indicating Increased Risk of GI perforation, Thrombosis or Malignancy	
ICD-10 Code	Description
C222	HEPATOBLASTOMA
C223	ANGIOSARCOMA OF LIVER
C224	OTHER SARCOMAS OF LIVER
C227	OTHER SPECIFIED CARCINOMAS OF LIVER
C228	MALIGNANT NEOPLASM OF LIVER, PRIMARY, UNSPECIFIED AS TO TYPE
C229	MALIGNANT NEOPLASM OF LIVER, NOT SPECIFIED AS PRIMARY OR SECONDARY
C23	MALIGNANT NEOPLASM OF GALLBLADDER
C240	MALIGNANT NEOPLASM OF EXTRAHEPATIC BILE DUCT
C241	MALIGNANT NEOPLASM OF AMPULLA OF VATER
C248	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF BILIARY TRACT
C249	MALIGNANT NEOPLASM OF BILIARY TRACT, UNSPECIFIED
C250	MALIGNANT NEOPLASM OF HEAD OF PANCREAS
C251	MALIGNANT NEOPLASM OF BODY OF PANCREAS
C252	MALIGNANT NEOPLASM OF TAIL OF PANCREAS
C253	MALIGNANT NEOPLASM OF PANCREATIC DUCT
C254	MALIGNANT NEOPLASM OF ENDOCRINE PANCREAS
C257	MALIGNANT NEOPLASM OF OTHER PARTS OF PANCREAS
C258	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF PANCREAS
C259	MALIGNANT NEOPLASM OF PANCREAS, UNSPECIFIED
C260	MALIGNANT NEOPLASM OF INTESTINAL TRACT, PART UNSPECIFIED
C261	MALIGNANT NEOPLASM OF SPLEEN
C269	MALIGNANT NEOPLASM OF ILL-DEFINED SITES WITHIN THE DIGESTIVE SYSTEM
C300	MALIGNANT NEOPLASM OF NASAL CAVITY

Diagnosis Indicating Increased Risk of GI perforation, Thrombosis or Malignancy	
ICD-10 Code	Description
C301	MALIGNANT NEOPLASM OF MIDDLE EAR
C310	MALIGNANT NEOPLASM OF MAXILLARY SINUS
C311	MALIGNANT NEOPLASM OF ETHMOIDAL SINUS
C312	MALIGNANT NEOPLASM OF FRONTAL SINUS
C313	MALIGNANT NEOPLASM OF SPHENOID SINUS
C318	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF ACCESSORY SINUSES
C319	MALIGNANT NEOPLASM OF ACCESSORY SINUS, UNSPECIFIED
C320	MALIGNANT NEOPLASM OF GLOTTIS
C321	MALIGNANT NEOPLASM OF SUPRAGLOTTIS
C322	MALIGNANT NEOPLASM OF SUBGLOTTIS
C323	MALIGNANT NEOPLASM OF LARYNGEAL CARTILAGE
C328	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF LARYNX
C329	MALIGNANT NEOPLASM OF LARYNX, UNSPECIFIED
C33	MALIGNANT NEOPLASM OF TRACHEA
C3400	MALIGNANT NEOPLASM OF UNSPECIFIED MAIN BRONCHUS
C3401	MALIGNANT NEOPLASM OF RIGHT MAIN BRONCHUS
C3402	MALIGNANT NEOPLASM OF LEFT MAIN BRONCHUS
C3410	MALIGNANT NEOPLASM OF UPPER LOBE, UNSPECIFIED BRONCHUS OR LUNG
C3411	MALIGNANT NEOPLASM OF UPPER LOBE, RIGHT BRONCHUS OR LUNG
C3412	MALIGNANT NEOPLASM OF UPPER LOBE, LEFT BRONCHUS OR LUNG
C342	MALIGNANT NEOPLASM OF MIDDLE LOBE, BRONCHUS OR LUNG
C3430	MALIGNANT NEOPLASM OF LOWER LOBE, UNSPECIFIED BRONCHUS OR LUNG
C3431	MALIGNANT NEOPLASM OF LOWER LOBE, RIGHT BRONCHUS OR LUNG

Diagnosis Indicating Increased Risk of GI perforation, Thrombosis or Malignancy	
ICD-10 Code	Description
C3432	MALIGNANT NEOPLASM OF LOWER LOBE, LEFT BRONCHUS OR LUNG
C3480	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF UNSPECIFIED BRONCHUS AND LUNG
C3481	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF RIGHT BRONCHUS AND LUNG
C3482	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF LEFT BRONCHUS AND LUNG
C3490	MALIGNANT NEOPLASM OF UNSPECIFIED PART OF UNSPECIFIED BRONCHUS OR LUNG
C3491	MALIGNANT NEOPLASM OF UNSPECIFIED PART OF RIGHT BRONCHUS OR LUNG
C3492	MALIGNANT NEOPLASM OF UNSPECIFIED PART OF LEFT BRONCHUS OR LUNG
C37	MALIGNANT NEOPLASM OF THYMUS
C380	MALIGNANT NEOPLASM OF HEART
C381	MALIGNANT NEOPLASM OF ANTERIOR MEDIASTINUM
C382	MALIGNANT NEOPLASM OF POSTERIOR MEDIASTINUM
C383	MALIGNANT NEOPLASM OF MEDIASTINUM, PART UNSPECIFIED
C384	MALIGNANT NEOPLASM OF PLEURA
C388	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF HEART, MEDIASTINUM AND PLEURA
C390	MALIGNANT NEOPLASM OF UPPER RESPIRATORY TRACT, PART UNSPECIFIED
C399	MALIGNANT NEOPLASM OF LOWER RESPIRATORY TRACT, PART UNSPECIFIED
C4000	MALIGNANT NEOPLASM OF SCAPULA AND LONG BONES OF UNSPECIFIED UPPER LIMB
C4001	MALIGNANT NEOPLASM OF SCAPULA AND LONG BONES OF RIGHT UPPER LIMB
C4002	MALIGNANT NEOPLASM OF SCAPULA AND LONG BONES OF LEFT UPPER LIMB

Diagnosis Indicating Increased Risk of GI perforation, Thrombosis or Malignancy	
ICD-10 Code	Description
C4010	MALIGNANT NEOPLASM OF SHORT BONES OF UNSPECIFIED UPPER LIMB
C4011	MALIGNANT NEOPLASM OF SHORT BONES OF RIGHT UPPER LIMB
C4012	MALIGNANT NEOPLASM OF SHORT BONES OF LEFT UPPER LIMB
C4020	MALIGNANT NEOPLASM OF LONG BONES OF UNSPECIFIED LOWER LIMB
C4021	MALIGNANT NEOPLASM OF LONG BONES OF RIGHT LOWER LIMB
C4022	MALIGNANT NEOPLASM OF LONG BONES OF LEFT LOWER LIMB
C4030	MALIGNANT NEOPLASM OF SHORT BONES OF UNSPECIFIED LOWER LIMB
C4031	MALIGNANT NEOPLASM OF SHORT BONES OF RIGHT LOWER LIMB
C4032	MALIGNANT NEOPLASM OF SHORT BONES OF LEFT LOWER LIMB
C4080	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF BONE AND ARTICULAR CARTILAGE OF UNSPECIFIED LIMB
C4081	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF BONE AND ARTICULAR CARTILAGE OF RIGHT LIMB
C4082	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF BONE AND ARTICULAR CARTILAGE OF LEFT LIMB
C4090	MALIGNANT NEOPLASM OF UNSPECIFIED BONES AND ARTICULAR CARTILAGE OF UNSPECIFIED LIMB
C4091	MALIGNANT NEOPLASM OF UNSPECIFIED BONES AND ARTICULAR CARTILAGE OF RIGHT LIMB
C4092	MALIGNANT NEOPLASM OF UNSPECIFIED BONES AND ARTICULAR CARTILAGE OF LEFT LIMB
C410	MALIGNANT NEOPLASM OF BONES OF SKULL AND FACE
C411	MALIGNANT NEOPLASM OF MANDIBLE
C412	MALIGNANT NEOPLASM OF VERTEBRAL COLUMN
C413	MALIGNANT NEOPLASM OF RIBS, STERNUM AND CLAVICLE
C414	MALIGNANT NEOPLASM OF PELVIC BONES, SACRUM AND COCCYX
C419	MALIGNANT NEOPLASM OF BONE AND ARTICULAR CARTILAGE, UNSPECIFIED

Diagnosis Indicating Increased Risk of GI perforation, Thrombosis or Malignancy	
ICD-10 Code	Description
C430	MALIGNANT MELANOMA OF LIP
C4310	MALIGNANT MELANOMA OF UNSPECIFIED EYELID, INCLUDING CANTHUS
C4311	MALIGNANT MELANOMA OF RIGHT EYELID, INCLUDING CANTHUS
C4312	MALIGNANT MELANOMA OF LEFT EYELID, INCLUDING CANTHUS
C4320	MALIGNANT MELANOMA OF UNSPECIFIED EAR AND EXTERNAL AURICULAR CANAL
C4321	MALIGNANT MELANOMA OF RIGHT EAR AND EXTERNAL AURICULAR CANAL
C4322	MALIGNANT MELANOMA OF LEFT EAR AND EXTERNAL AURICULAR CANAL
C4330	MALIGNANT MELANOMA OF UNSPECIFIED PART OF FACE
C4331	MALIGNANT MELANOMA OF NOSE
C4339	MALIGNANT MELANOMA OF OTHER PARTS OF FACE
C434	MALIGNANT MELANOMA OF SCALP AND NECK
C4351	MALIGNANT MELANOMA OF ANAL SKIN
C4352	MALIGNANT MELANOMA OF SKIN OF BREAST
C4359	MALIGNANT MELANOMA OF OTHER PART OF TRUNK
C4360	MALIGNANT MELANOMA OF UNSPECIFIED UPPER LIMB, INCLUDING SHOULDER
C4361	MALIGNANT MELANOMA OF RIGHT UPPER LIMB, INCLUDING SHOULDER
C4362	MALIGNANT MELANOMA OF LEFT UPPER LIMB, INCLUDING SHOULDER
C4370	MALIGNANT MELANOMA OF UNSPECIFIED LOWER LIMB, INCLUDING HIP
C4371	MALIGNANT MELANOMA OF RIGHT LOWER LIMB, INCLUDING HIP
C4372	MALIGNANT MELANOMA OF LEFT LOWER LIMB, INCLUDING HIP
C438	MALIGNANT MELANOMA OF OVERLAPPING SITES OF SKIN
C439	MALIGNANT MELANOMA OF SKIN, UNSPECIFIED
C450	MESOTHELIOMA OF PLEURA

Diagnosis Indicating Increased Risk of GI perforation, Thrombosis or Malignancy	
ICD-10 Code	Description
C451	MESOTHELIOMA OF PERITONEUM
C452	MESOTHELIOMA OF PERICARDIUM
C457	MESOTHELIOMA OF OTHER SITES
C459	MESOTHELIOMA, UNSPECIFIED
C460	KAPOSI'S SARCOMA OF SKIN
C461	KAPOSI'S SARCOMA OF SOFT TISSUE
C462	KAPOSI'S SARCOMA OF PALATE
C463	KAPOSI'S SARCOMA OF LYMPH NODES
C464	KAPOSI'S SARCOMA OF GASTROINTESTINAL SITES
C4650	KAPOSI'S SARCOMA OF UNSPECIFIED LUNG
C4651	KAPOSI'S SARCOMA OF RIGHT LUNG
C4652	KAPOSI'S SARCOMA OF LEFT LUNG
C467	KAPOSI'S SARCOMA OF OTHER SITES
C469	KAPOSI'S SARCOMA, UNSPECIFIED
C470	MALIGNANT NEOPLASM OF PERIPHERAL NERVES OF HEAD, FACE AND NECK
C4710	MALIGNANT NEOPLASM OF PERIPHERAL NERVES OF UNSPECIFIED UPPER LIMB, INCLUDING SHOULDER
C4711	MALIGNANT NEOPLASM OF PERIPHERAL NERVES OF RIGHT UPPER LIMB, INCLUDING SHOULDER
C4712	MALIGNANT NEOPLASM OF PERIPHERAL NERVES OF LEFT UPPER LIMB, INCLUDING SHOULDER
C4720	MALIGNANT NEOPLASM OF PERIPHERAL NERVES OF UNSPECIFIED LOWER LIMB, INCLUDING HIP
C4721	MALIGNANT NEOPLASM OF PERIPHERAL NERVES OF RIGHT LOWER LIMB, INCLUDING HIP
C4722	MALIGNANT NEOPLASM OF PERIPHERAL NERVES OF LEFT LOWER LIMB, INCLUDING HIP

Diagnosis Indicating Increased Risk of GI perforation, Thrombosis or Malignancy	
ICD-10 Code	Description
C473	MALIGNANT NEOPLASM OF PERIPHERAL NERVES OF THORAX
C474	MALIGNANT NEOPLASM OF PERIPHERAL NERVES OF ABDOMEN
C475	MALIGNANT NEOPLASM OF PERIPHERAL NERVES OF PELVIS
C476	MALIGNANT NEOPLASM OF PERIPHERAL NERVES OF TRUNK, UNSPECIFIED
C478	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF PERIPHERAL NERVES AND AUTONOMIC NERVOUS SYSTEM
C479	MALIGNANT NEOPLASM OF PERIPHERAL NERVES AND AUTONOMIC NERVOUS SYSTEM, UNSPECIFIED
C480	MALIGNANT NEOPLASM OF RETROPERITONEUM
C481	MALIGNANT NEOPLASM OF SPECIFIED PARTS OF PERITONEUM
C482	MALIGNANT NEOPLASM OF PERITONEUM, UNSPECIFIED
C488	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF RETROPERITONEUM AND PERITONEUM
C490	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE OF HEAD, FACE AND NECK
C4910	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE OF UNSPECIFIED UPPER LIMB, INCLUDING SHOULDER
C4911	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE OF RIGHT UPPER LIMB, INCLUDING SHOULDER
C4912	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE OF LEFT UPPER LIMB, INCLUDING SHOULDER
C4920	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE OF UNSPECIFIED LOWER LIMB, INCLUDING HIP
C4921	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE OF RIGHT LOWER LIMB, INCLUDING HIP
C4922	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE OF LEFT LOWER LIMB, INCLUDING HIP
C493	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE OF THORAX
C494	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE OF ABDOMEN
C495	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE OF PELVIS

Diagnosis Indicating Increased Risk of GI perforation, Thrombosis or Malignancy	
ICD-10 Code	Description
C496	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE OF TRUNK, UNSPECIFIED
C498	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF CONNECTIVE AND SOFT TISSUE
C499	MALIGNANT NEOPLASM OF CONNECTIVE AND SOFT TISSUE, UNSPECIFIED
C50011	MALIGNANT NEOPLASM OF NIPPLE AND AREOLA, RIGHT FEMALE BREAST
C50012	MALIGNANT NEOPLASM OF NIPPLE AND AREOLA, LEFT FEMALE BREAST
C50019	MALIGNANT NEOPLASM OF NIPPLE AND AREOLA, UNSPECIFIED FEMALE BREAST
C50021	MALIGNANT NEOPLASM OF NIPPLE AND AREOLA, RIGHT MALE BREAST
C50022	MALIGNANT NEOPLASM OF NIPPLE AND AREOLA, LEFT MALE BREAST
C50029	MALIGNANT NEOPLASM OF NIPPLE AND AREOLA, UNSPECIFIED MALE BREAST
C50111	MALIGNANT NEOPLASM OF CENTRAL PORTION OF RIGHT FEMALE BREAST
C50112	MALIGNANT NEOPLASM OF CENTRAL PORTION OF LEFT FEMALE BREAST
C50119	MALIGNANT NEOPLASM OF CENTRAL PORTION OF UNSPECIFIED FEMALE BREAST
C50121	MALIGNANT NEOPLASM OF CENTRAL PORTION OF RIGHT MALE BREAST
C50122	MALIGNANT NEOPLASM OF CENTRAL PORTION OF LEFT MALE BREAST
C50129	MALIGNANT NEOPLASM OF CENTRAL PORTION OF UNSPECIFIED MALE BREAST
C50211	MALIGNANT NEOPLASM OF UPPER-INNER QUADRANT OF RIGHT FEMALE BREAST
C50212	MALIGNANT NEOPLASM OF UPPER-INNER QUADRANT OF LEFT FEMALE BREAST
C50219	MALIGNANT NEOPLASM OF UPPER-INNER QUADRANT OF UNSPECIFIED FEMALE BREAST
C50221	MALIGNANT NEOPLASM OF UPPER-INNER QUADRANT OF RIGHT MALE BREAST

Diagnosis Indicating Increased Risk of GI perforation, Thrombosis or Malignancy	
ICD-10 Code	Description
C50222	MALIGNANT NEOPLASM OF UPPER-INNER QUADRANT OF LEFT MALE BREAST
C50229	MALIGNANT NEOPLASM OF UPPER-INNER QUADRANT OF UNSPECIFIED MALE BREAST
C50311	MALIGNANT NEOPLASM OF LOWER-INNER QUADRANT OF RIGHT FEMALE BREAST
C50312	MALIGNANT NEOPLASM OF LOWER-INNER QUADRANT OF LEFT FEMALE BREAST
C50319	MALIGNANT NEOPLASM OF LOWER-INNER QUADRANT OF UNSPECIFIED FEMALE BREAST
C50321	MALIGNANT NEOPLASM OF LOWER-INNER QUADRANT OF RIGHT MALE BREAST
C50322	MALIGNANT NEOPLASM OF LOWER-INNER QUADRANT OF LEFT MALE BREAST
C50329	MALIGNANT NEOPLASM OF LOWER-INNER QUADRANT OF UNSPECIFIED MALE BREAST
C50411	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF RIGHT FEMALE BREAST
C50412	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT FEMALE BREAST
C50419	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF UNSPECIFIED FEMALE BREAST
C50421	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF RIGHT MALE BREAST
C50422	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF LEFT MALE BREAST
C50429	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF UNSPECIFIED MALE BREAST
C50511	MALIGNANT NEOPLASM OF LOWER-OUTER QUADRANT OF RIGHT FEMALE BREAST
C50512	MALIGNANT NEOPLASM OF LOWER-OUTER QUADRANT OF LEFT FEMALE BREAST

Diagnosis Indicating Increased Risk of GI perforation, Thrombosis or Malignancy	
ICD-10 Code	Description
C50519	MALIGNANT NEOPLASM OF LOWER-OUTER QUADRANT OF UNSPECIFIED FEMALE BREAST
C50521	MALIGNANT NEOPLASM OF LOWER-OUTER QUADRANT OF RIGHT MALE BREAST
C50522	MALIGNANT NEOPLASM OF LOWER-OUTER QUADRANT OF LEFT MALE BREAST
C50529	MALIGNANT NEOPLASM OF LOWER-OUTER QUADRANT OF UNSPECIFIED MALE BREAST
C50611	MALIGNANT NEOPLASM OF AXILLARY TAIL OF RIGHT FEMALE BREAST
C50612	MALIGNANT NEOPLASM OF AXILLARY TAIL OF LEFT FEMALE BREAST
C50619	MALIGNANT NEOPLASM OF AXILLARY TAIL OF UNSPECIFIED FEMALE BREAST
C50621	MALIGNANT NEOPLASM OF AXILLARY TAIL OF RIGHT MALE BREAST
C50622	MALIGNANT NEOPLASM OF AXILLARY TAIL OF LEFT MALE BREAST
C50629	MALIGNANT NEOPLASM OF AXILLARY TAIL OF UNSPECIFIED MALE BREAST
C50811	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF RIGHT FEMALE BREAST
C50812	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF LEFT FEMALE BREAST
C50819	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF UNSPECIFIED FEMALE BREAST
C50821	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF RIGHT MALE BREAST
C50822	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF LEFT MALE BREAST
C50829	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF UNSPECIFIED MALE BREAST
C50911	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF RIGHT FEMALE BREAST
C50912	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST
C50919	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF UNSPECIFIED FEMALE BREAST
C50921	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF RIGHT MALE BREAST
C50922	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT MALE BREAST

Diagnosis Indicating Increased Risk of GI perforation, Thrombosis or Malignancy	
ICD-10 Code	Description
C50929	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF UNSPECIFIED MALE BREAST
C510	MALIGNANT NEOPLASM OF LABIUM MAJUS
C511	MALIGNANT NEOPLASM OF LABIUM MINUS
C512	MALIGNANT NEOPLASM OF CLITORIS
C518	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF VULVA
C519	MALIGNANT NEOPLASM OF VULVA, UNSPECIFIED
C52	MALIGNANT NEOPLASM OF VAGINA
C530	MALIGNANT NEOPLASM OF ENDOCERVIX
C531	MALIGNANT NEOPLASM OF EXOCERVIX
C538	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF CERVIX UTERI
C539	MALIGNANT NEOPLASM OF CERVIX UTERI, UNSPECIFIED
C540	MALIGNANT NEOPLASM OF ISTHMUS UTERI
C541	MALIGNANT NEOPLASM OF ENDOMETRIUM
C542	MALIGNANT NEOPLASM OF MYOMETRIUM
C543	MALIGNANT NEOPLASM OF FUNDUS UTERI
C548	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF CORPUS UTERI
C549	MALIGNANT NEOPLASM OF CORPUS UTERI, UNSPECIFIED
C55	MALIGNANT NEOPLASM OF UTERUS, PART UNSPECIFIED
C561	MALIGNANT NEOPLASM OF RIGHT OVARY
C562	MALIGNANT NEOPLASM OF LEFT OVARY
C569	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY
C5700	MALIGNANT NEOPLASM OF UNSPECIFIED FALLOPIAN TUBE
C5701	MALIGNANT NEOPLASM OF RIGHT FALLOPIAN TUBE
C5702	MALIGNANT NEOPLASM OF LEFT FALLOPIAN TUBE

Diagnosis Indicating Increased Risk of GI perforation, Thrombosis or Malignancy	
ICD-10 Code	Description
C5710	MALIGNANT NEOPLASM OF UNSPECIFIED BROAD LIGAMENT
C5711	MALIGNANT NEOPLASM OF RIGHT BROAD LIGAMENT
C5712	MALIGNANT NEOPLASM OF LEFT BROAD LIGAMENT
C5720	MALIGNANT NEOPLASM OF UNSPECIFIED ROUND LIGAMENT
C5721	MALIGNANT NEOPLASM OF RIGHT ROUND LIGAMENT
C5722	MALIGNANT NEOPLASM OF LEFT ROUND LIGAMENT
C573	MALIGNANT NEOPLASM OF PARAMETRIUM
C574	MALIGNANT NEOPLASM OF UTERINE ADNEXA, UNSPECIFIED
C577	MALIGNANT NEOPLASM OF OTHER SPECIFIED FEMALE GENITAL ORGANS
C578	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF FEMALE GENITAL ORGANS
C579	MALIGNANT NEOPLASM OF FEMALE GENITAL ORGAN, UNSPECIFIED
C58	MALIGNANT NEOPLASM OF PLACENTA
C600	MALIGNANT NEOPLASM OF PREPUCE
C601	MALIGNANT NEOPLASM OF GLANS PENIS
C602	MALIGNANT NEOPLASM OF BODY OF PENIS
C608	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF PENIS
C609	MALIGNANT NEOPLASM OF PENIS, UNSPECIFIED
C61	MALIGNANT NEOPLASM OF PROSTATE
C6200	MALIGNANT NEOPLASM OF UNSPECIFIED UNDESCENDED TESTIS
C6201	MALIGNANT NEOPLASM OF UNDESCENDED RIGHT TESTIS
C6202	MALIGNANT NEOPLASM OF UNDESCENDED LEFT TESTIS
C6210	MALIGNANT NEOPLASM OF UNSPECIFIED DESCENDED TESTIS
C6211	MALIGNANT NEOPLASM OF DESCENDED RIGHT TESTIS
C6212	MALIGNANT NEOPLASM OF DESCENDED LEFT TESTIS

Diagnosis Indicating Increased Risk of GI perforation, Thrombosis or Malignancy	
ICD-10 Code	Description
C6290	MALIGNANT NEOPLASM OF UNSPECIFIED TESTIS, UNSPECIFIED WHETHER DESCENDED OR UNDESCENDED
C6291	MALIGNANT NEOPLASM OF RIGHT TESTIS, UNSPECIFIED WHETHER DESCENDED OR UNDESCENDED
C6292	MALIGNANT NEOPLASM OF LEFT TESTIS, UNSPECIFIED WHETHER DESCENDED OR UNDESCENDED
C6300	MALIGNANT NEOPLASM OF UNSPECIFIED EPIDIDYMIS
C6301	MALIGNANT NEOPLASM OF RIGHT EPIDIDYMIS
C6302	MALIGNANT NEOPLASM OF LEFT EPIDIDYMIS
C6310	MALIGNANT NEOPLASM OF UNSPECIFIED SPERMATIC CORD
C6311	MALIGNANT NEOPLASM OF RIGHT SPERMATIC CORD
C6312	MALIGNANT NEOPLASM OF LEFT SPERMATIC CORD
C632	MALIGNANT NEOPLASM OF SCROTUM
C637	MALIGNANT NEOPLASM OF OTHER SPECIFIED MALE GENITAL ORGANS
C638	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF MALE GENITAL ORGANS
C639	MALIGNANT NEOPLASM OF MALE GENITAL ORGAN, UNSPECIFIED
C641	MALIGNANT NEOPLASM OF RIGHT KIDNEY, EXCEPT RENAL PELVIS
C642	MALIGNANT NEOPLASM OF LEFT KIDNEY, EXCEPT RENAL PELVIS
C649	MALIGNANT NEOPLASM OF UNSPECIFIED KIDNEY, EXCEPT RENAL PELVIS
C651	MALIGNANT NEOPLASM OF RIGHT RENAL PELVIS
C652	MALIGNANT NEOPLASM OF LEFT RENAL PELVIS
C659	MALIGNANT NEOPLASM OF UNSPECIFIED RENAL PELVIS
C661	MALIGNANT NEOPLASM OF RIGHT URETER
C662	MALIGNANT NEOPLASM OF LEFT URETER
C669	MALIGNANT NEOPLASM OF UNSPECIFIED URETER

Diagnosis Indicating Increased Risk of GI perforation, Thrombosis or Malignancy	
ICD-10 Code	Description
C670	MALIGNANT NEOPLASM OF TRIGONE OF BLADDER
C671	MALIGNANT NEOPLASM OF DOME OF BLADDER
C672	MALIGNANT NEOPLASM OF LATERAL WALL OF BLADDER
C673	MALIGNANT NEOPLASM OF ANTERIOR WALL OF BLADDER
C674	MALIGNANT NEOPLASM OF POSTERIOR WALL OF BLADDER
C675	MALIGNANT NEOPLASM OF BLADDER NECK
C676	MALIGNANT NEOPLASM OF URETERIC ORIFICE
C677	MALIGNANT NEOPLASM OF URACHUS
C678	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF BLADDER
C679	MALIGNANT NEOPLASM OF BLADDER, UNSPECIFIED
C680	MALIGNANT NEOPLASM OF URETHRA
C681	MALIGNANT NEOPLASM OF PARAURETHRAL GLANDS
C688	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF URINARY ORGANS
C689	MALIGNANT NEOPLASM OF URINARY ORGAN, UNSPECIFIED
C6900	MALIGNANT NEOPLASM OF UNSPECIFIED CONJUNCTIVA
C6901	MALIGNANT NEOPLASM OF RIGHT CONJUNCTIVA
C6902	MALIGNANT NEOPLASM OF LEFT CONJUNCTIVA
C6910	MALIGNANT NEOPLASM OF UNSPECIFIED CORNEA
C6911	MALIGNANT NEOPLASM OF RIGHT CORNEA
C6912	MALIGNANT NEOPLASM OF LEFT CORNEA
C6920	MALIGNANT NEOPLASM OF UNSPECIFIED RETINA
C6921	MALIGNANT NEOPLASM OF RIGHT RETINA
C6922	MALIGNANT NEOPLASM OF LEFT RETINA
C6930	MALIGNANT NEOPLASM OF UNSPECIFIED CHOROID

Diagnosis Indicating Increased Risk of GI perforation, Thrombosis or Malignancy	
ICD-10 Code	Description
C6931	MALIGNANT NEOPLASM OF RIGHT CHOROID
C6932	MALIGNANT NEOPLASM OF LEFT CHOROID
C6940	MALIGNANT NEOPLASM OF UNSPECIFIED CILIARY BODY
C6941	MALIGNANT NEOPLASM OF RIGHT CILIARY BODY
C6942	MALIGNANT NEOPLASM OF LEFT CILIARY BODY
C6950	MALIGNANT NEOPLASM OF UNSPECIFIED LACRIMAL GLAND AND DUCT
C6951	MALIGNANT NEOPLASM OF RIGHT LACRIMAL GLAND AND DUCT
C6952	MALIGNANT NEOPLASM OF LEFT LACRIMAL GLAND AND DUCT
C6960	MALIGNANT NEOPLASM OF UNSPECIFIED ORBIT
C6961	MALIGNANT NEOPLASM OF RIGHT ORBIT
C6962	MALIGNANT NEOPLASM OF LEFT ORBIT
C6980	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF UNSPECIFIED EYE AND ADNEXA
C6981	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF RIGHT EYE AND ADNEXA
C6982	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF LEFT EYE AND ADNEXA
C6990	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF UNSPECIFIED EYE
C6991	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF RIGHT EYE
C6992	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT EYE
C700	MALIGNANT NEOPLASM OF CEREBRAL MENINGES
C701	MALIGNANT NEOPLASM OF SPINAL MENINGES
C709	MALIGNANT NEOPLASM OF MENINGES, UNSPECIFIED
C710	MALIGNANT NEOPLASM OF CEREBRUM, EXCEPT LOBES AND VENTRICLES
C711	MALIGNANT NEOPLASM OF FRONTAL LOBE
C712	MALIGNANT NEOPLASM OF TEMPORAL LOBE

Diagnosis Indicating Increased Risk of GI perforation, Thrombosis or Malignancy	
ICD-10 Code	Description
C713	MALIGNANT NEOPLASM OF PARIETAL LOBE
C714	MALIGNANT NEOPLASM OF OCCIPITAL LOBE
C715	MALIGNANT NEOPLASM OF CEREBRAL VENTRICLE
C716	MALIGNANT NEOPLASM OF CEREBELLUM
C717	MALIGNANT NEOPLASM OF BRAIN STEM
C718	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF BRAIN
C719	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED
C720	MALIGNANT NEOPLASM OF SPINAL CORD
C721	MALIGNANT NEOPLASM OF CAUDA EQUINA
C7220	MALIGNANT NEOPLASM OF UNSPECIFIED OLFACTORY NERVE
C7221	MALIGNANT NEOPLASM OF RIGHT OLFACTORY NERVE
C7222	MALIGNANT NEOPLASM OF LEFT OLFACTORY NERVE
C7230	MALIGNANT NEOPLASM OF UNSPECIFIED OPTIC NERVE
C7231	MALIGNANT NEOPLASM OF RIGHT OPTIC NERVE
C7232	MALIGNANT NEOPLASM OF LEFT OPTIC NERVE
C7240	MALIGNANT NEOPLASM OF UNSPECIFIED ACOUSTIC NERVE
C7241	MALIGNANT NEOPLASM OF RIGHT ACOUSTIC NERVE
C7242	MALIGNANT NEOPLASM OF LEFT ACOUSTIC NERVE
C7250	MALIGNANT NEOPLASM OF UNSPECIFIED CRANIAL NERVE
C7259	MALIGNANT NEOPLASM OF OTHER CRANIAL NERVES
C729	MALIGNANT NEOPLASM OF CENTRAL NERVOUS SYSTEM, UNSPECIFIED
C73	MALIGNANT NEOPLASM OF THYROID GLAND
C7400	MALIGNANT NEOPLASM OF CORTEX OF UNSPECIFIED ADRENAL GLAND
C7401	MALIGNANT NEOPLASM OF CORTEX OF RIGHT ADRENAL GLAND

Diagnosis Indicating Increased Risk of GI perforation, Thrombosis or Malignancy	
ICD-10 Code	Description
C7402	MALIGNANT NEOPLASM OF CORTEX OF LEFT ADRENAL GLAND
C7410	MALIGNANT NEOPLASM OF MEDULLA OF UNSPECIFIED ADRENAL GLAND
C7411	MALIGNANT NEOPLASM OF MEDULLA OF RIGHT ADRENAL GLAND
C7412	MALIGNANT NEOPLASM OF MEDULLA OF LEFT ADRENAL GLAND
C7490	MALIGNANT NEOPLASM OF UNSPECIFIED PART OF UNSPECIFIED ADRENAL GLAND
C7491	MALIGNANT NEOPLASM OF UNSPECIFIED PART OF RIGHT ADRENAL GLAND
C7492	MALIGNANT NEOPLASM OF UNSPECIFIED PART OF LEFT ADRENAL GLAND
C750	MALIGNANT NEOPLASM OF PARATHYROID GLAND
C751	MALIGNANT NEOPLASM OF PITUITARY GLAND
C752	MALIGNANT NEOPLASM OF CRANIOPHARYNGEAL DUCT
C753	MALIGNANT NEOPLASM OF PINEAL GLAND
C754	MALIGNANT NEOPLASM OF CAROTID BODY
C755	MALIGNANT NEOPLASM OF AORTIC BODY AND OTHER PARAGANGLIA
C758	MALIGNANT NEOPLASM WITH PLURIGLANDULAR INVOLVEMENT, UNSPECIFIED
C759	MALIGNANT NEOPLASM OF ENDOCRINE GLAND, UNSPECIFIED
C760	MALIGNANT NEOPLASM OF HEAD, FACE AND NECK
C761	MALIGNANT NEOPLASM OF THORAX
C762	MALIGNANT NEOPLASM OF ABDOMEN
C763	MALIGNANT NEOPLASM OF PELVIS
C7640	MALIGNANT NEOPLASM OF UNSPECIFIED UPPER LIMB
C7641	MALIGNANT NEOPLASM OF RIGHT UPPER LIMB
C7642	MALIGNANT NEOPLASM OF LEFT UPPER LIMB
C7650	MALIGNANT NEOPLASM OF UNSPECIFIED LOWER LIMB

Diagnosis Indicating Increased Risk of GI perforation, Thrombosis or Malignancy	
ICD-10 Code	Description
C7651	MALIGNANT NEOPLASM OF RIGHT LOWER LIMB
C7652	MALIGNANT NEOPLASM OF LEFT LOWER LIMB
C768	MALIGNANT NEOPLASM OF OTHER SPECIFIED ILL-DEFINED SITES
C770	SECONDARY AND UNSPECIFIED MALIGNANT NEOPLASM OF LYMPH NODES OF HEAD, FACE AND NECK
C771	SECONDARY AND UNSPECIFIED MALIGNANT NEOPLASM OF INTRATHORACIC LYMPH NODES
C772	SECONDARY AND UNSPECIFIED MALIGNANT NEOPLASM OF INTRA-ABDOMINAL LYMPH NODES
C773	SECONDARY AND UNSPECIFIED MALIGNANT NEOPLASM OF AXILLA AND UPPER LIMB LYMPH NODES
C774	SECONDARY AND UNSPECIFIED MALIGNANT NEOPLASM OF INGUINAL AND LOWER LIMB LYMPH NODES
C775	SECONDARY AND UNSPECIFIED MALIGNANT NEOPLASM OF INTRAPELVIC LYMPH NODES
C778	SECONDARY AND UNSPECIFIED MALIGNANT NEOPLASM OF LYMPH NODES OF MULTIPLE REGIONS
C779	SECONDARY AND UNSPECIFIED MALIGNANT NEOPLASM OF LYMPH NODE, UNSPECIFIED
C7800	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED LUNG
C7801	SECONDARY MALIGNANT NEOPLASM OF RIGHT LUNG
C7802	SECONDARY MALIGNANT NEOPLASM OF LEFT LUNG
C781	SECONDARY MALIGNANT NEOPLASM OF MEDIASTINUM
C782	SECONDARY MALIGNANT NEOPLASM OF PLEURA
C7830	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED RESPIRATORY ORGAN
C7839	SECONDARY MALIGNANT NEOPLASM OF OTHER RESPIRATORY ORGANS
C784	SECONDARY MALIGNANT NEOPLASM OF SMALL INTESTINE
C785	SECONDARY MALIGNANT NEOPLASM OF LARGE INTESTINE AND RECTUM

Diagnosis Indicating Increased Risk of GI perforation, Thrombosis or Malignancy	
ICD-10 Code	Description
C786	SECONDARY MALIGNANT NEOPLASM OF RETROPERITONEUM AND PERITONEUM
C787	SECONDARY MALIGNANT NEOPLASM OF LIVER AND INTRAHEPATIC BILE DUCT
C7880	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED DIGESTIVE ORGAN
C7889	SECONDARY MALIGNANT NEOPLASM OF OTHER DIGESTIVE ORGANS
C7900	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED KIDNEY AND RENAL PELVIS
C7901	SECONDARY MALIGNANT NEOPLASM OF RIGHT KIDNEY AND RENAL PELVIS
C7902	SECONDARY MALIGNANT NEOPLASM OF LEFT KIDNEY AND RENAL PELVIS
C7910	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED URINARY ORGANS
C7911	SECONDARY MALIGNANT NEOPLASM OF BLADDER
C7919	SECONDARY MALIGNANT NEOPLASM OF OTHER URINARY ORGANS
C792	SECONDARY MALIGNANT NEOPLASM OF SKIN
C7931	SECONDARY MALIGNANT NEOPLASM OF BRAIN
C7932	SECONDARY MALIGNANT NEOPLASM OF CEREBRAL MENINGES
C7940	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED PART OF NERVOUS SYSTEM
C7949	SECONDARY MALIGNANT NEOPLASM OF OTHER PARTS OF NERVOUS SYSTEM
C7951	SECONDARY MALIGNANT NEOPLASM OF BONE
C7952	SECONDARY MALIGNANT NEOPLASM OF BONE MARROW
C7960	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED OVARY
C7961	SECONDARY MALIGNANT NEOPLASM OF RIGHT OVARY
C7962	SECONDARY MALIGNANT NEOPLASM OF LEFT OVARY
C7970	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED ADRENAL GLAND
C7971	SECONDARY MALIGNANT NEOPLASM OF RIGHT ADRENAL GLAND

Diagnosis Indicating Increased Risk of GI perforation, Thrombosis or Malignancy	
ICD-10 Code	Description
C7972	SECONDARY MALIGNANT NEOPLASM OF LEFT ADRENAL GLAND
C7981	SECONDARY MALIGNANT NEOPLASM OF BREAST
C7982	SECONDARY MALIGNANT NEOPLASM OF GENITAL ORGANS
C7989	SECONDARY MALIGNANT NEOPLASM OF OTHER SPECIFIED SITES
C799	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED SITE
C800	DISSEMINATED MALIGNANT NEOPLASM, UNSPECIFIED
C801	MALIGNANT (PRIMARY) NEOPLASM, UNSPECIFIED
C802	MALIGNANT NEOPLASM ASSOCIATED WITH TRANSPLANTED ORGAN
C8100	NODULAR LYMPHOCYTE PREDOMINANT HODGKIN LYMPHOMA, UNSPECIFIED SITE
C8101	NODULAR LYMPHOCYTE PREDOMINANT HODGKIN LYMPHOMA, LYMPH NODES OF HEAD, FACE, AND NECK
C8102	NODULAR LYMPHOCYTE PREDOMINANT HODGKIN LYMPHOMA, INTRATHORACIC LYMPH NODES
C8103	NODULAR LYMPHOCYTE PREDOMINANT HODGKIN LYMPHOMA, INTRA-ABDOMINAL LYMPH NODES
C8104	NODULAR LYMPHOCYTE PREDOMINANT HODGKIN LYMPHOMA, LYMPH NODES OF AXILLA AND UPPER LIMB
C8105	NODULAR LYMPHOCYTE PREDOMINANT HODGKIN LYMPHOMA, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
C8106	NODULAR LYMPHOCYTE PREDOMINANT HODGKIN LYMPHOMA, INTRAPELVIC LYMPH NODES
C8107	NODULAR LYMPHOCYTE PREDOMINANT HODGKIN LYMPHOMA, SPLEEN
C8108	NODULAR LYMPHOCYTE PREDOMINANT HODGKIN LYMPHOMA, LYMPH NODES OF MULTIPLE SITES
C8109	NODULAR LYMPHOCYTE PREDOMINANT HODGKIN LYMPHOMA, EXTRANODAL AND SOLID ORGAN SITES
C8110	NODULAR SCLEROSIS CLASSICAL HODGKIN LYMPHOMA, UNSPECIFIED SITE
C8111	NODULAR SCLEROSIS CLASSICAL HODGKIN LYMPHOMA, LYMPH NODES OF HEAD, FACE, AND NECK

Diagnosis Indicating Increased Risk of GI perforation, Thrombosis or Malignancy	
ICD-10 Code	Description
C8112	NODULAR SCLEROSIS CLASSICAL HODGKIN LYMPHOMA, INTRATHORACIC LYMPH NODES
C8113	NODULAR SCLEROSIS CLASSICAL HODGKIN LYMPHOMA, INTRA-ABDOMINAL LYMPH NODES
C8114	NODULAR SCLEROSIS CLASSICAL HODGKIN LYMPHOMA, LYMPH NODES OF AXILLA AND UPPER LIMB
C8115	NODULAR SCLEROSIS CLASSICAL HODGKIN LYMPHOMA, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
C8116	NODULAR SCLEROSIS CLASSICAL HODGKIN LYMPHOMA, INTRAPELVIC LYMPH NODES
C8117	NODULAR SCLEROSIS CLASSICAL HODGKIN LYMPHOMA, SPLEEN
C8118	NODULAR SCLEROSIS CLASSICAL HODGKIN LYMPHOMA, LYMPH NODES OF MULTIPLE SITES
C8119	NODULAR SCLEROSIS CLASSICAL HODGKIN LYMPHOMA, EXTRANODAL AND SOLID ORGAN SITES
C8120	MIXED CELLULARITY CLASSICAL HODGKIN LYMPHOMA, UNSPECIFIED SITE
C8121	MIXED CELLULARITY CLASSICAL HODGKIN LYMPHOMA, LYMPH NODES OF HEAD, FACE, AND NECK
C8122	MIXED CELLULARITY CLASSICAL HODGKIN LYMPHOMA, INTRATHORACIC LYMPH NODES
C8123	MIXED CELLULARITY CLASSICAL HODGKIN LYMPHOMA, INTRA-ABDOMINAL LYMPH NODES
C8124	MIXED CELLULARITY CLASSICAL HODGKIN LYMPHOMA, LYMPH NODES OF AXILLA AND UPPER LIMB
C8125	MIXED CELLULARITY CLASSICAL HODGKIN LYMPHOMA, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
C8126	MIXED CELLULARITY CLASSICAL HODGKIN LYMPHOMA, INTRAPELVIC LYMPH NODES
C8127	MIXED CELLULARITY CLASSICAL HODGKIN LYMPHOMA, SPLEEN
C8128	MIXED CELLULARITY CLASSICAL HODGKIN LYMPHOMA, LYMPH NODES OF MULTIPLE SITES

Diagnosis Indicating Increased Risk of GI perforation, Thrombosis or Malignancy	
ICD-10 Code	Description
C8129	MIXED CELLULARITY CLASSICAL HODGKIN LYMPHOMA, EXTRANODAL AND SOLID ORGAN SITES
C8130	LYMPHOCYTE DEPLETED CLASSICAL HODGKIN LYMPHOMA, UNSPECIFIED SITE
C8131	LYMPHOCYTE DEPLETED CLASSICAL HODGKIN LYMPHOMA, LYMPH NODES OF HEAD, FACE, AND NECK
C8132	LYMPHOCYTE DEPLETED CLASSICAL HODGKIN LYMPHOMA, INTRATHORACIC LYMPH NODES
C8133	LYMPHOCYTE DEPLETED CLASSICAL HODGKIN LYMPHOMA, INTRA-ABDOMINAL LYMPH NODES
C8134	LYMPHOCYTE DEPLETED CLASSICAL HODGKIN LYMPHOMA, LYMPH NODES OF AXILLA AND UPPER LIMB
C8135	LYMPHOCYTE DEPLETED CLASSICAL HODGKIN LYMPHOMA, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
C8136	LYMPHOCYTE DEPLETED CLASSICAL HODGKIN LYMPHOMA, INTRAPELVIC LYMPH NODES
C8137	LYMPHOCYTE DEPLETED CLASSICAL HODGKIN LYMPHOMA, SPLEEN
C8138	LYMPHOCYTE DEPLETED CLASSICAL HODGKIN LYMPHOMA, LYMPH NODES OF MULTIPLE SITES
C8139	LYMPHOCYTE DEPLETED CLASSICAL HODGKIN LYMPHOMA, EXTRANODAL AND SOLID ORGAN SITES
C8140	LYMPHOCYTE-RICH CLASSICAL HODGKIN LYMPHOMA, UNSPECIFIED SITE
C8141	LYMPHOCYTE-RICH CLASSICAL HODGKIN LYMPHOMA, LYMPH NODES OF HEAD, FACE, AND NECK
C8142	LYMPHOCYTE-RICH CLASSICAL HODGKIN LYMPHOMA, INTRATHORACIC LYMPH NODES
C8143	LYMPHOCYTE-RICH CLASSICAL HODGKIN LYMPHOMA, INTRA-ABDOMINAL LYMPH NODES
C8144	LYMPHOCYTE-RICH CLASSICAL HODGKIN LYMPHOMA, LYMPH NODES OF AXILLA AND UPPER LIMB
C8145	LYMPHOCYTE-RICH CLASSICAL HODGKIN LYMPHOMA, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB

Diagnosis Indicating Increased Risk of GI perforation, Thrombosis or Malignancy	
ICD-10 Code	Description
C8146	LYMPHOCYTE-RICH CLASSICAL HODGKIN LYMPHOMA, INTRAPELVIC LYMPH NODES
C8147	LYMPHOCYTE-RICH CLASSICAL HODGKIN LYMPHOMA, SPLEEN
C8148	LYMPHOCYTE-RICH CLASSICAL HODGKIN LYMPHOMA, LYMPH NODES OF MULTIPLE SITES
C8149	LYMPHOCYTE-RICH CLASSICAL HODGKIN LYMPHOMA, EXTRANODAL AND SOLID ORGAN SITES
C8170	OTHER CLASSICAL HODGKIN LYMPHOMA, UNSPECIFIED SITE
C8171	OTHER CLASSICAL HODGKIN LYMPHOMA, LYMPH NODES OF HEAD, FACE, AND NECK
C8172	OTHER CLASSICAL HODGKIN LYMPHOMA, INTRATHORACIC LYMPH NODES
C8173	OTHER CLASSICAL HODGKIN LYMPHOMA, INTRA-ABDOMINAL LYMPH NODES
C8174	OTHER CLASSICAL HODGKIN LYMPHOMA, LYMPH NODES OF AXILLA AND UPPER LIMB
C8175	OTHER CLASSICAL HODGKIN LYMPHOMA, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
C8176	OTHER CLASSICAL HODGKIN LYMPHOMA, INTRAPELVIC LYMPH NODES
C8177	OTHER CLASSICAL HODGKIN LYMPHOMA, SPLEEN
C8178	OTHER CLASSICAL HODGKIN LYMPHOMA, LYMPH NODES OF MULTIPLE SITES
C8179	OTHER CLASSICAL HODGKIN LYMPHOMA, EXTRANODAL AND SOLID ORGAN SITES
C8190	HODGKIN LYMPHOMA, UNSPECIFIED, UNSPECIFIED SITE
C8191	HODGKIN LYMPHOMA, UNSPECIFIED, LYMPH NODES OF HEAD, FACE, AND NECK
C8192	HODGKIN LYMPHOMA, UNSPECIFIED, INTRATHORACIC LYMPH NODES
C8193	HODGKIN LYMPHOMA, UNSPECIFIED, INTRA-ABDOMINAL LYMPH NODES
C8194	HODGKIN LYMPHOMA, UNSPECIFIED, LYMPH NODES OF AXILLA AND UPPER LIMB

Diagnosis Indicating Increased Risk of GI perforation, Thrombosis or Malignancy	
ICD-10 Code	Description
C8195	HODGKIN LYMPHOMA, UNSPECIFIED, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
C8196	HODGKIN LYMPHOMA, UNSPECIFIED, INTRAPELVIC LYMPH NODES
C8197	HODGKIN LYMPHOMA, UNSPECIFIED, SPLEEN
C8198	HODGKIN LYMPHOMA, UNSPECIFIED, LYMPH NODES OF MULTIPLE SITES
C8199	HODGKIN LYMPHOMA, UNSPECIFIED, EXTRANODAL AND SOLID ORGAN SITES
C8200	FOLLICULAR LYMPHOMA GRADE I, UNSPECIFIED SITE
C8201	FOLLICULAR LYMPHOMA GRADE I, LYMPH NODES OF HEAD, FACE, AND NECK
C8202	FOLLICULAR LYMPHOMA GRADE I, INTRATHORACIC LYMPH NODES
C8203	FOLLICULAR LYMPHOMA GRADE I, INTRA-ABDOMINAL LYMPH NODES
C8204	FOLLICULAR LYMPHOMA GRADE I, LYMPH NODES OF AXILLA AND UPPER LIMB
C8205	FOLLICULAR LYMPHOMA GRADE I, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
C8206	FOLLICULAR LYMPHOMA GRADE I, INTRAPELVIC LYMPH NODES
C8207	FOLLICULAR LYMPHOMA GRADE I, SPLEEN
C8208	FOLLICULAR LYMPHOMA GRADE I, LYMPH NODES OF MULTIPLE SITES
C8209	FOLLICULAR LYMPHOMA GRADE I, EXTRANODAL AND SOLID ORGAN SITES
C8210	FOLLICULAR LYMPHOMA GRADE II, UNSPECIFIED SITE
C8211	FOLLICULAR LYMPHOMA GRADE II, LYMPH NODES OF HEAD, FACE, AND NECK
C8212	FOLLICULAR LYMPHOMA GRADE II, INTRATHORACIC LYMPH NODES
C8213	FOLLICULAR LYMPHOMA GRADE II, INTRA-ABDOMINAL LYMPH NODES
C8214	FOLLICULAR LYMPHOMA GRADE II, LYMPH NODES OF AXILLA AND UPPER LIMB
C8215	FOLLICULAR LYMPHOMA GRADE II, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB

Diagnosis Indicating Increased Risk of GI perforation, Thrombosis or Malignancy	
ICD-10 Code	Description
C8216	FOLLICULAR LYMPHOMA GRADE II, INTRAPELVIC LYMPH NODES
C8217	FOLLICULAR LYMPHOMA GRADE II, SPLEEN
C8218	FOLLICULAR LYMPHOMA GRADE II, LYMPH NODES OF MULTIPLE SITES
C8219	FOLLICULAR LYMPHOMA GRADE II, EXTRANODAL AND SOLID ORGAN SITES
C8220	FOLLICULAR LYMPHOMA GRADE III, UNSPECIFIED, UNSPECIFIED SITE
C8221	FOLLICULAR LYMPHOMA GRADE III, UNSPECIFIED, LYMPH NODES OF HEAD, FACE, AND NECK
C8222	FOLLICULAR LYMPHOMA GRADE III, UNSPECIFIED, INTRATHORACIC LYMPH NODES
C8223	FOLLICULAR LYMPHOMA GRADE III, UNSPECIFIED, INTRA-ABDOMINAL LYMPH NODES
C8224	FOLLICULAR LYMPHOMA GRADE III, UNSPECIFIED, LYMPH NODES OF AXILLA AND UPPER LIMB
C8225	FOLLICULAR LYMPHOMA GRADE III, UNSPECIFIED, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
C8226	FOLLICULAR LYMPHOMA GRADE III, UNSPECIFIED, INTRAPELVIC LYMPH NODES
C8227	FOLLICULAR LYMPHOMA GRADE III, UNSPECIFIED, SPLEEN
C8228	FOLLICULAR LYMPHOMA GRADE III, UNSPECIFIED, LYMPH NODES OF MULTIPLE SITES
C8229	FOLLICULAR LYMPHOMA GRADE III, UNSPECIFIED, EXTRANODAL AND SOLID ORGAN SITES
C8230	FOLLICULAR LYMPHOMA GRADE IIIA, UNSPECIFIED SITE
C8231	FOLLICULAR LYMPHOMA GRADE IIIA, LYMPH NODES OF HEAD, FACE, AND NECK
C8232	FOLLICULAR LYMPHOMA GRADE IIIA, INTRATHORACIC LYMPH NODES
C8233	FOLLICULAR LYMPHOMA GRADE IIIA, INTRA-ABDOMINAL LYMPH NODES
C8234	FOLLICULAR LYMPHOMA GRADE IIIA, LYMPH NODES OF AXILLA AND UPPER LIMB

Diagnosis Indicating Increased Risk of GI perforation, Thrombosis or Malignancy	
ICD-10 Code	Description
C8235	FOLLICULAR LYMPHOMA GRADE IIIA, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
C8236	FOLLICULAR LYMPHOMA GRADE IIIA, INTRAPELVIC LYMPH NODES
C8237	FOLLICULAR LYMPHOMA GRADE IIIA, SPLEEN
C8238	FOLLICULAR LYMPHOMA GRADE IIIA, LYMPH NODES OF MULTIPLE SITES
C8239	FOLLICULAR LYMPHOMA GRADE IIIA, EXTRANODAL AND SOLID ORGAN SITES
C8240	FOLLICULAR LYMPHOMA GRADE IIIB, UNSPECIFIED SITE
C8241	FOLLICULAR LYMPHOMA GRADE IIIB, LYMPH NODES OF HEAD, FACE, AND NECK
C8242	FOLLICULAR LYMPHOMA GRADE IIIB, INTRATHORACIC LYMPH NODES
C8243	FOLLICULAR LYMPHOMA GRADE IIIB, INTRA-ABDOMINAL LYMPH NODES
C8244	FOLLICULAR LYMPHOMA GRADE IIIB, LYMPH NODES OF AXILLA AND UPPER LIMB
C8245	FOLLICULAR LYMPHOMA GRADE IIIB, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
C8246	FOLLICULAR LYMPHOMA GRADE IIIB, INTRAPELVIC LYMPH NODES
C8247	FOLLICULAR LYMPHOMA GRADE IIIB, SPLEEN
C8248	FOLLICULAR LYMPHOMA GRADE IIIB, LYMPH NODES OF MULTIPLE SITES
C8249	FOLLICULAR LYMPHOMA GRADE IIIB, EXTRANODAL AND SOLID ORGAN SITES
C8250	DIFFUSE FOLLICLE CENTER LYMPHOMA, UNSPECIFIED SITE
C8251	DIFFUSE FOLLICLE CENTER LYMPHOMA, LYMPH NODES OF HEAD, FACE, AND NECK
C8252	DIFFUSE FOLLICLE CENTER LYMPHOMA, INTRATHORACIC LYMPH NODES
C8253	DIFFUSE FOLLICLE CENTER LYMPHOMA, INTRA-ABDOMINAL LYMPH NODES
C8254	DIFFUSE FOLLICLE CENTER LYMPHOMA, LYMPH NODES OF AXILLA AND UPPER LIMB

Diagnosis Indicating Increased Risk of GI perforation, Thrombosis or Malignancy	
ICD-10 Code	Description
C8255	DIFFUSE FOLLICLE CENTER LYMPHOMA, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
C8256	DIFFUSE FOLLICLE CENTER LYMPHOMA, INTRAPELVIC LYMPH NODES
C8257	DIFFUSE FOLLICLE CENTER LYMPHOMA, SPLEEN
C8258	DIFFUSE FOLLICLE CENTER LYMPHOMA, LYMPH NODES OF MULTIPLE SITES
C8259	DIFFUSE FOLLICLE CENTER LYMPHOMA, EXTRANODAL AND SOLID ORGAN SITES
C8260	CUTANEOUS FOLLICLE CENTER LYMPHOMA, UNSPECIFIED SITE
C8261	CUTANEOUS FOLLICLE CENTER LYMPHOMA, LYMPH NODES OF HEAD, FACE, AND NECK
C8262	CUTANEOUS FOLLICLE CENTER LYMPHOMA, INTRATHORACIC LYMPH NODES
C8263	CUTANEOUS FOLLICLE CENTER LYMPHOMA, INTRA-ABDOMINAL LYMPH NODES
C8264	CUTANEOUS FOLLICLE CENTER LYMPHOMA, LYMPH NODES OF AXILLA AND UPPER LIMB
C8265	CUTANEOUS FOLLICLE CENTER LYMPHOMA, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
C8266	CUTANEOUS FOLLICLE CENTER LYMPHOMA, INTRAPELVIC LYMPH NODES
C8267	CUTANEOUS FOLLICLE CENTER LYMPHOMA, SPLEEN
C8268	CUTANEOUS FOLLICLE CENTER LYMPHOMA, LYMPH NODES OF MULTIPLE SITES
C8269	CUTANEOUS FOLLICLE CENTER LYMPHOMA, EXTRANODAL AND SOLID ORGAN SITES
C8280	OTHER TYPES OF FOLLICULAR LYMPHOMA, UNSPECIFIED SITE
C8281	OTHER TYPES OF FOLLICULAR LYMPHOMA, LYMPH NODES OF HEAD, FACE, AND NECK
C8282	OTHER TYPES OF FOLLICULAR LYMPHOMA, INTRATHORACIC LYMPH NODES
C8283	OTHER TYPES OF FOLLICULAR LYMPHOMA, INTRA-ABDOMINAL LYMPH NODES

Diagnosis Indicating Increased Risk of GI perforation, Thrombosis or Malignancy	
ICD-10 Code	Description
C8284	OTHER TYPES OF FOLLICULAR LYMPHOMA, LYMPH NODES OF AXILLA AND UPPER LIMB
C8285	OTHER TYPES OF FOLLICULAR LYMPHOMA, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
C8286	OTHER TYPES OF FOLLICULAR LYMPHOMA, INTRAPELVIC LYMPH NODES
C8287	OTHER TYPES OF FOLLICULAR LYMPHOMA, SPLEEN
C8288	OTHER TYPES OF FOLLICULAR LYMPHOMA, LYMPH NODES OF MULTIPLE SITES
C8289	OTHER TYPES OF FOLLICULAR LYMPHOMA, EXTRANODAL AND SOLID ORGAN SITES
C8290	FOLLICULAR LYMPHOMA, UNSPECIFIED, UNSPECIFIED SITE
C8291	FOLLICULAR LYMPHOMA, UNSPECIFIED, LYMPH NODES OF HEAD, FACE, AND NECK
C8292	FOLLICULAR LYMPHOMA, UNSPECIFIED, INTRATHORACIC LYMPH NODES
C8293	FOLLICULAR LYMPHOMA, UNSPECIFIED, INTRA-ABDOMINAL LYMPH NODES
C8294	FOLLICULAR LYMPHOMA, UNSPECIFIED, LYMPH NODES OF AXILLA AND UPPER LIMB
C8295	FOLLICULAR LYMPHOMA, UNSPECIFIED, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
C8296	FOLLICULAR LYMPHOMA, UNSPECIFIED, INTRAPELVIC LYMPH NODES
C8297	FOLLICULAR LYMPHOMA, UNSPECIFIED, SPLEEN
C8298	FOLLICULAR LYMPHOMA, UNSPECIFIED, LYMPH NODES OF MULTIPLE SITES
C8299	FOLLICULAR LYMPHOMA, UNSPECIFIED, EXTRANODAL AND SOLID ORGAN SITES
C8300	SMALL CELL B-CELL LYMPHOMA, UNSPECIFIED SITE
C8301	SMALL CELL B-CELL LYMPHOMA, LYMPH NODES OF HEAD, FACE, AND NECK
C8302	SMALL CELL B-CELL LYMPHOMA, INTRATHORACIC LYMPH NODES
C8303	SMALL CELL B-CELL LYMPHOMA, INTRA-ABDOMINAL LYMPH NODES

Diagnosis Indicating Increased Risk of GI perforation, Thrombosis or Malignancy	
ICD-10 Code	Description
C8304	SMALL CELL B-CELL LYMPHOMA, LYMPH NODES OF AXILLA AND UPPER LIMB
C8305	SMALL CELL B-CELL LYMPHOMA, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
C8306	SMALL CELL B-CELL LYMPHOMA, INTRAPELVIC LYMPH NODES
C8307	SMALL CELL B-CELL LYMPHOMA, SPLEEN
C8308	SMALL CELL B-CELL LYMPHOMA, LYMPH NODES OF MULTIPLE SITES
C8309	SMALL CELL B-CELL LYMPHOMA, EXTRANODAL AND SOLID ORGAN SITES
C8310	MANTLE CELL LYMPHOMA, UNSPECIFIED SITE
C8311	MANTLE CELL LYMPHOMA, LYMPH NODES OF HEAD, FACE, AND NECK
C8312	MANTLE CELL LYMPHOMA, INTRATHORACIC LYMPH NODES
C8313	MANTLE CELL LYMPHOMA, INTRA-ABDOMINAL LYMPH NODES
C8314	MANTLE CELL LYMPHOMA, LYMPH NODES OF AXILLA AND UPPER LIMB
C8315	MANTLE CELL LYMPHOMA, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
C8316	MANTLE CELL LYMPHOMA, INTRAPELVIC LYMPH NODES
C8317	MANTLE CELL LYMPHOMA, SPLEEN
C8318	MANTLE CELL LYMPHOMA, LYMPH NODES OF MULTIPLE SITES
C8319	MANTLE CELL LYMPHOMA, EXTRANODAL AND SOLID ORGAN SITES
C8330	DIFFUSE LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE
C8331	DIFFUSE LARGE B-CELL LYMPHOMA, LYMPH NODES OF HEAD, FACE, AND NECK
C8332	DIFFUSE LARGE B-CELL LYMPHOMA, INTRATHORACIC LYMPH NODES
C8333	DIFFUSE LARGE B-CELL LYMPHOMA, INTRA-ABDOMINAL LYMPH NODES
C8334	DIFFUSE LARGE B-CELL LYMPHOMA, LYMPH NODES OF AXILLA AND UPPER LIMB

Diagnosis Indicating Increased Risk of GI perforation, Thrombosis or Malignancy	
ICD-10 Code	Description
C8335	DIFFUSE LARGE B-CELL LYMPHOMA, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
C8336	DIFFUSE LARGE B-CELL LYMPHOMA, INTRAPELVIC LYMPH NODES
C8337	DIFFUSE LARGE B-CELL LYMPHOMA, SPLEEN
C8338	DIFFUSE LARGE B-CELL LYMPHOMA, LYMPH NODES OF MULTIPLE SITES
C8339	DIFFUSE LARGE B-CELL LYMPHOMA, EXTRANODAL AND SOLID ORGAN SITES
C8350	LYMPHOBLASTIC (DIFFUSE) LYMPHOMA, UNSPECIFIED SITE
C8351	LYMPHOBLASTIC (DIFFUSE) LYMPHOMA, LYMPH NODES OF HEAD, FACE, AND NECK
C8352	LYMPHOBLASTIC (DIFFUSE) LYMPHOMA, INTRATHORACIC LYMPH NODES
C8353	LYMPHOBLASTIC (DIFFUSE) LYMPHOMA, INTRA-ABDOMINAL LYMPH NODES
C8354	LYMPHOBLASTIC (DIFFUSE) LYMPHOMA, LYMPH NODES OF AXILLA AND UPPER LIMB
C8355	LYMPHOBLASTIC (DIFFUSE) LYMPHOMA, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
C8356	LYMPHOBLASTIC (DIFFUSE) LYMPHOMA, INTRAPELVIC LYMPH NODES
C8357	LYMPHOBLASTIC (DIFFUSE) LYMPHOMA, SPLEEN
C8358	LYMPHOBLASTIC (DIFFUSE) LYMPHOMA, LYMPH NODES OF MULTIPLE SITES
C8359	LYMPHOBLASTIC (DIFFUSE) LYMPHOMA, EXTRANODAL AND SOLID ORGAN SITES
C8370	BURKITT LYMPHOMA, UNSPECIFIED SITE
C8371	BURKITT LYMPHOMA, LYMPH NODES OF HEAD, FACE, AND NECK
C8372	BURKITT LYMPHOMA, INTRATHORACIC LYMPH NODES
C8373	BURKITT LYMPHOMA, INTRA-ABDOMINAL LYMPH NODES
C8374	BURKITT LYMPHOMA, LYMPH NODES OF AXILLA AND UPPER LIMB
C8375	BURKITT LYMPHOMA, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB

Diagnosis Indicating Increased Risk of GI perforation, Thrombosis or Malignancy	
ICD-10 Code	Description
C8376	BURKITT LYMPHOMA, INTRAPELVIC LYMPH NODES
C8377	BURKITT LYMPHOMA, SPLEEN
C8378	BURKITT LYMPHOMA, LYMPH NODES OF MULTIPLE SITES
C8379	BURKITT LYMPHOMA, EXTRANODAL AND SOLID ORGAN SITES
C8380	OTHER NON-FOLLICULAR LYMPHOMA, UNSPECIFIED SITE
C8381	OTHER NON-FOLLICULAR LYMPHOMA, LYMPH NODES OF HEAD, FACE, AND NECK
C8382	OTHER NON-FOLLICULAR LYMPHOMA, INTRATHORACIC LYMPH NODES
C8383	OTHER NON-FOLLICULAR LYMPHOMA, INTRA-ABDOMINAL LYMPH NODES
C8384	OTHER NON-FOLLICULAR LYMPHOMA, LYMPH NODES OF AXILLA AND UPPER LIMB
C8385	OTHER NON-FOLLICULAR LYMPHOMA, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
C8386	OTHER NON-FOLLICULAR LYMPHOMA, INTRAPELVIC LYMPH NODES
C8387	OTHER NON-FOLLICULAR LYMPHOMA, SPLEEN
C8388	OTHER NON-FOLLICULAR LYMPHOMA, LYMPH NODES OF MULTIPLE SITES
C8389	OTHER NON-FOLLICULAR LYMPHOMA, EXTRANODAL AND SOLID ORGAN SITES
C8390	NON-FOLLICULAR (DIFFUSE) LYMPHOMA, UNSPECIFIED, UNSPECIFIED SITE
C8391	NON-FOLLICULAR (DIFFUSE) LYMPHOMA, UNSPECIFIED, LYMPH NODES OF HEAD, FACE, AND NECK
C8392	NON-FOLLICULAR (DIFFUSE) LYMPHOMA, UNSPECIFIED, INTRATHORACIC LYMPH NODES
C8393	NON-FOLLICULAR (DIFFUSE) LYMPHOMA, UNSPECIFIED, INTRA-ABDOMINAL LYMPH NODES
C8394	NON-FOLLICULAR (DIFFUSE) LYMPHOMA, UNSPECIFIED, LYMPH NODES OF AXILLA AND UPPER LIMB
C8395	NON-FOLLICULAR (DIFFUSE) LYMPHOMA, UNSPECIFIED, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB

Diagnosis Indicating Increased Risk of GI perforation, Thrombosis or Malignancy	
ICD-10 Code	Description
C8396	NON-FOLLICULAR (DIFFUSE) LYMPHOMA, UNSPECIFIED, INTRAPELVIC LYMPH NODES
C8397	NON-FOLLICULAR (DIFFUSE) LYMPHOMA, UNSPECIFIED, SPLEEN
C8398	NON-FOLLICULAR (DIFFUSE) LYMPHOMA, UNSPECIFIED, LYMPH NODES OF MULTIPLE SITES
C8399	NON-FOLLICULAR (DIFFUSE) LYMPHOMA, UNSPECIFIED, EXTRANODAL AND SOLID ORGAN SITES
C8400	MYCOSIS FUNGOIDES, UNSPECIFIED SITE
C8401	MYCOSIS FUNGOIDES, LYMPH NODES OF HEAD, FACE, AND NECK
C8402	MYCOSIS FUNGOIDES, INTRATHORACIC LYMPH NODES
C8403	MYCOSIS FUNGOIDES, INTRA-ABDOMINAL LYMPH NODES
C8404	MYCOSIS FUNGOIDES, LYMPH NODES OF AXILLA AND UPPER LIMB
C8405	MYCOSIS FUNGOIDES, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
C8406	MYCOSIS FUNGOIDES, INTRAPELVIC LYMPH NODES
C8407	MYCOSIS FUNGOIDES, SPLEEN
C8408	MYCOSIS FUNGOIDES, LYMPH NODES OF MULTIPLE SITES
C8409	MYCOSIS FUNGOIDES, EXTRANODAL AND SOLID ORGAN SITES
C8410	SEZARY DISEASE, UNSPECIFIED SITE
C8411	SEZARY DISEASE, LYMPH NODES OF HEAD, FACE, AND NECK
C8412	SEZARY DISEASE, INTRATHORACIC LYMPH NODES
C8413	SEZARY DISEASE, INTRA-ABDOMINAL LYMPH NODES
C8414	SEZARY DISEASE, LYMPH NODES OF AXILLA AND UPPER LIMB
C8415	SEZARY DISEASE, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
C8416	SEZARY DISEASE, INTRAPELVIC LYMPH NODES
C8417	SEZARY DISEASE, SPLEEN

Diagnosis Indicating Increased Risk of GI perforation, Thrombosis or Malignancy	
ICD-10 Code	Description
C8418	SEZARY DISEASE, LYMPH NODES OF MULTIPLE SITES
C8419	SEZARY DISEASE, EXTRANODAL AND SOLID ORGAN SITES
C8440	PERIPHERAL T-CELL LYMPHOMA, NOT CLASSIFIED, UNSPECIFIED SITE
C8441	PERIPHERAL T-CELL LYMPHOMA, NOT CLASSIFIED, LYMPH NODES OF HEAD, FACE, AND NECK
C8442	PERIPHERAL T-CELL LYMPHOMA, NOT CLASSIFIED, INTRATHORACIC LYMPH NODES
C8443	PERIPHERAL T-CELL LYMPHOMA, NOT CLASSIFIED, INTRA-ABDOMINAL LYMPH NODES
C8444	PERIPHERAL T-CELL LYMPHOMA, NOT CLASSIFIED, LYMPH NODES OF AXILLA AND UPPER LIMB
C8445	PERIPHERAL T-CELL LYMPHOMA, NOT CLASSIFIED, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
C8446	PERIPHERAL T-CELL LYMPHOMA, NOT CLASSIFIED, INTRAPELVIC LYMPH NODES
C8447	PERIPHERAL T-CELL LYMPHOMA, NOT CLASSIFIED, SPLEEN
C8448	PERIPHERAL T-CELL LYMPHOMA, NOT CLASSIFIED, LYMPH NODES OF MULTIPLE SITES
C8449	PERIPHERAL T-CELL LYMPHOMA, NOT CLASSIFIED, EXTRANODAL AND SOLID ORGAN SITES
C8460	ANAPLASTIC LARGE CELL LYMPHOMA, ALK-POSITIVE, UNSPECIFIED SITE
C8461	ANAPLASTIC LARGE CELL LYMPHOMA, ALK-POSITIVE, LYMPH NODES OF HEAD, FACE, AND NECK
C8462	ANAPLASTIC LARGE CELL LYMPHOMA, ALK-POSITIVE, INTRATHORACIC LYMPH NODES
C8463	ANAPLASTIC LARGE CELL LYMPHOMA, ALK-POSITIVE, INTRA-ABDOMINAL LYMPH NODES
C8464	ANAPLASTIC LARGE CELL LYMPHOMA, ALK-POSITIVE, LYMPH NODES OF AXILLA AND UPPER LIMB
C8465	ANAPLASTIC LARGE CELL LYMPHOMA, ALK-POSITIVE, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB

Diagnosis Indicating Increased Risk of GI perforation, Thrombosis or Malignancy	
ICD-10 Code	Description
C8466	ANAPLASTIC LARGE CELL LYMPHOMA, ALK-POSITIVE, INTRAPELVIC LYMPH NODES
C8467	ANAPLASTIC LARGE CELL LYMPHOMA, ALK-POSITIVE, SPLEEN
C8468	ANAPLASTIC LARGE CELL LYMPHOMA, ALK-POSITIVE, LYMPH NODES OF MULTIPLE SITES
C8469	ANAPLASTIC LARGE CELL LYMPHOMA, ALK-POSITIVE, EXTRANODAL AND SOLID ORGAN SITES
C8470	ANAPLASTIC LARGE CELL LYMPHOMA, ALK-NEGATIVE, UNSPECIFIED SITE
C8471	ANAPLASTIC LARGE CELL LYMPHOMA, ALK-NEGATIVE, LYMPH NODES OF HEAD, FACE, AND NECK
C8472	ANAPLASTIC LARGE CELL LYMPHOMA, ALK-NEGATIVE, INTRATHORACIC LYMPH NODES
C8473	ANAPLASTIC LARGE CELL LYMPHOMA, ALK-NEGATIVE, INTRA-ABDOMINAL LYMPH NODES
C8474	ANAPLASTIC LARGE CELL LYMPHOMA, ALK-NEGATIVE, LYMPH NODES OF AXILLA AND UPPER LIMB
C8475	ANAPLASTIC LARGE CELL LYMPHOMA, ALK-NEGATIVE, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
C8476	ANAPLASTIC LARGE CELL LYMPHOMA, ALK-NEGATIVE, INTRAPELVIC LYMPH NODES
C8477	ANAPLASTIC LARGE CELL LYMPHOMA, ALK-NEGATIVE, SPLEEN
C8478	ANAPLASTIC LARGE CELL LYMPHOMA, ALK-NEGATIVE, LYMPH NODES OF MULTIPLE SITES
C8479	ANAPLASTIC LARGE CELL LYMPHOMA, ALK-NEGATIVE, EXTRANODAL AND SOLID ORGAN SITES
C8490	MATURE T/NK-CELL LYMPHOMAS, UNSPECIFIED, UNSPECIFIED SITE
C8491	MATURE T/NK-CELL LYMPHOMAS, UNSPECIFIED, LYMPH NODES OF HEAD, FACE, AND NECK
C8492	MATURE T/NK-CELL LYMPHOMAS, UNSPECIFIED, INTRATHORACIC LYMPH NODES
C8493	MATURE T/NK-CELL LYMPHOMAS, UNSPECIFIED, INTRA-ABDOMINAL LYMPH NODES

Diagnosis Indicating Increased Risk of GI perforation, Thrombosis or Malignancy	
ICD-10 Code	Description
C8494	MATURE T/NK-CELL LYMPHOMAS, UNSPECIFIED, LYMPH NODES OF AXILLA AND UPPER LIMB
C8495	MATURE T/NK-CELL LYMPHOMAS, UNSPECIFIED, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
C8496	MATURE T/NK-CELL LYMPHOMAS, UNSPECIFIED, INTRAPELVIC LYMPH NODES
C8497	MATURE T/NK-CELL LYMPHOMAS, UNSPECIFIED, SPLEEN
C8498	MATURE T/NK-CELL LYMPHOMAS, UNSPECIFIED, LYMPH NODES OF MULTIPLE SITES
C8499	MATURE T/NK-CELL LYMPHOMAS, UNSPECIFIED, EXTRANODAL AND SOLID ORGAN SITES
C84A0	CUTANEOUS T-CELL LYMPHOMA, UNSPECIFIED, UNSPECIFIED SITE
C84A1	CUTANEOUS T-CELL LYMPHOMA, UNSPECIFIED LYMPH NODES OF HEAD, FACE, AND NECK
C84A2	CUTANEOUS T-CELL LYMPHOMA, UNSPECIFIED, INTRATHORACIC LYMPH NODES
C84A3	CUTANEOUS T-CELL LYMPHOMA, UNSPECIFIED, INTRA-ABDOMINAL LYMPH NODES
C84A4	CUTANEOUS T-CELL LYMPHOMA, UNSPECIFIED, LYMPH NODES OF AXILLA AND UPPER LIMB
C84A5	CUTANEOUS T-CELL LYMPHOMA, UNSPECIFIED, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
C84A6	CUTANEOUS T-CELL LYMPHOMA, UNSPECIFIED, INTRAPELVIC LYMPH NODES
C84A7	CUTANEOUS T-CELL LYMPHOMA, UNSPECIFIED, SPLEEN
C84A8	CUTANEOUS T-CELL LYMPHOMA, UNSPECIFIED, LYMPH NODES OF MULTIPLE SITES
C84A9	CUTANEOUS T-CELL LYMPHOMA, UNSPECIFIED, EXTRANODAL AND SOLID ORGAN SITES
C84Z0	OTHER MATURE T/NK-CELL LYMPHOMAS, UNSPECIFIED SITE
C84Z1	OTHER MATURE T/NK-CELL LYMPHOMAS, LYMPH NODES OF HEAD, FACE, AND NECK

Diagnosis Indicating Increased Risk of GI perforation, Thrombosis or Malignancy	
ICD-10 Code	Description
C84Z2	OTHER MATURE T/NK-CELL LYMPHOMAS, INTRATHORACIC LYMPH NODES
C84Z3	OTHER MATURE T/NK-CELL LYMPHOMAS, INTRA-ABDOMINAL LYMPH NODES
C84Z4	OTHER MATURE T/NK-CELL LYMPHOMAS, LYMPH NODES OF AXILLA AND UPPER LIMB
C84Z5	OTHER MATURE T/NK-CELL LYMPHOMAS, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
C84Z6	OTHER MATURE T/NK-CELL LYMPHOMAS, INTRAPELVIC LYMPH NODES
C84Z7	OTHER MATURE T/NK-CELL LYMPHOMAS, SPLEEN
C84Z8	OTHER MATURE T/NK-CELL LYMPHOMAS, LYMPH NODES OF MULTIPLE SITES
C84Z9	OTHER MATURE T/NK-CELL LYMPHOMAS, EXTRANODAL AND SOLID ORGAN SITES
C8510	UNSPECIFIED B-CELL LYMPHOMA, UNSPECIFIED SITE
C8511	UNSPECIFIED B-CELL LYMPHOMA, LYMPH NODES OF HEAD, FACE, AND NECK
C8512	UNSPECIFIED B-CELL LYMPHOMA, INTRATHORACIC LYMPH NODES
C8513	UNSPECIFIED B-CELL LYMPHOMA, INTRA-ABDOMINAL LYMPH NODES
C8514	UNSPECIFIED B-CELL LYMPHOMA, LYMPH NODES OF AXILLA AND UPPER LIMB
C8515	UNSPECIFIED B-CELL LYMPHOMA, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
C8516	UNSPECIFIED B-CELL LYMPHOMA, INTRAPELVIC LYMPH NODES
C8517	UNSPECIFIED B-CELL LYMPHOMA, SPLEEN
C8518	UNSPECIFIED B-CELL LYMPHOMA, LYMPH NODES OF MULTIPLE SITES
C8519	UNSPECIFIED B-CELL LYMPHOMA, EXTRANODAL AND SOLID ORGAN SITES
C8520	MEDIASTINAL (THYMIC) LARGE B-CELL LYMPHOMA, UNSPECIFIED SITE
C8521	MEDIASTINAL (THYMIC) LARGE B-CELL LYMPHOMA, LYMPH NODES OF HEAD, FACE, AND NECK

Diagnosis Indicating Increased Risk of GI perforation, Thrombosis or Malignancy	
ICD-10 Code	Description
C8522	MEDIASTINAL (THYMIC) LARGE B-CELL LYMPHOMA, INTRATHORACIC LYMPH NODES
C8523	MEDIASTINAL (THYMIC) LARGE B-CELL LYMPHOMA, INTRA-ABDOMINAL LYMPH NODES
C8524	MEDIASTINAL (THYMIC) LARGE B-CELL LYMPHOMA, LYMPH NODES OF AXILLA AND UPPER LIMB
C8525	MEDIASTINAL (THYMIC) LARGE B-CELL LYMPHOMA, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
C8526	MEDIASTINAL (THYMIC) LARGE B-CELL LYMPHOMA, INTRAPELVIC LYMPH NODES
C8527	MEDIASTINAL (THYMIC) LARGE B-CELL LYMPHOMA, SPLEEN
C8528	MEDIASTINAL (THYMIC) LARGE B-CELL LYMPHOMA, LYMPH NODES OF MULTIPLE SITES
C8529	MEDIASTINAL (THYMIC) LARGE B-CELL LYMPHOMA, EXTRANODAL AND SOLID ORGAN SITES
C8580	OTHER SPECIFIED TYPES OF NON-HODGKIN LYMPHOMA, UNSPECIFIED SITE
C8581	OTHER SPECIFIED TYPES OF NON-HODGKIN LYMPHOMA, LYMPH NODES OF HEAD, FACE, AND NECK
C8582	OTHER SPECIFIED TYPES OF NON-HODGKIN LYMPHOMA, INTRATHORACIC LYMPH NODES
C8583	OTHER SPECIFIED TYPES OF NON-HODGKIN LYMPHOMA, INTRA-ABDOMINAL LYMPH NODES
C8584	OTHER SPECIFIED TYPES OF NON-HODGKIN LYMPHOMA, LYMPH NODES OF AXILLA AND UPPER LIMB
C8585	OTHER SPECIFIED TYPES OF NON-HODGKIN LYMPHOMA, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
C8586	OTHER SPECIFIED TYPES OF NON-HODGKIN LYMPHOMA, INTRAPELVIC LYMPH NODES
C8587	OTHER SPECIFIED TYPES OF NON-HODGKIN LYMPHOMA, SPLEEN
C8588	OTHER SPECIFIED TYPES OF NON-HODGKIN LYMPHOMA, LYMPH NODES OF MULTIPLE SITES

Diagnosis Indicating Increased Risk of GI perforation, Thrombosis or Malignancy	
ICD-10 Code	Description
C8589	OTHER SPECIFIED TYPES OF NON-HODGKIN LYMPHOMA, EXTRANODAL AND SOLID ORGAN SITES
C8590	NON-HODGKIN LYMPHOMA, UNSPECIFIED, UNSPECIFIED SITE
C8591	NON-HODGKIN LYMPHOMA, UNSPECIFIED, LYMPH NODES OF HEAD, FACE, AND NECK
C8592	NON-HODGKIN LYMPHOMA, UNSPECIFIED, INTRATHORACIC LYMPH NODES
C8593	NON-HODGKIN LYMPHOMA, UNSPECIFIED, INTRA-ABDOMINAL LYMPH NODES
C8594	NON-HODGKIN LYMPHOMA, UNSPECIFIED, LYMPH NODES OF AXILLA AND UPPER LIMB
C8595	NON-HODGKIN LYMPHOMA, UNSPECIFIED, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
C8596	NON-HODGKIN LYMPHOMA, UNSPECIFIED, INTRAPELVIC LYMPH NODES
C8597	NON-HODGKIN LYMPHOMA, UNSPECIFIED, SPLEEN
C8598	NON-HODGKIN LYMPHOMA, UNSPECIFIED, LYMPH NODES OF MULTIPLE SITES
C8599	NON-HODGKIN LYMPHOMA, UNSPECIFIED, EXTRANODAL AND SOLID ORGAN SITES
C860	EXTRANODAL NK/T-CELL LYMPHOMA, NASAL TYPE
C861	HEPATOSPLENIC T-CELL LYMPHOMA
C862	ENTEROPATHY-TYPE (INTESTINAL) T-CELL LYMPHOMA
C863	SUBCUTANEOUS PANNICULITIS-LIKE T-CELL LYMPHOMA
C864	BLASTIC NK-CELL LYMPHOMA
C865	ANGIOIMMUNOBLASTIC T-CELL LYMPHOMA
C866	PRIMARY CUTANEOUS CD30-POSITIVE T-CELL PROLIFERATIONS
C882	HEAVY CHAIN DISEASE
C883	IMMUNOPROLIFERATIVE SMALL INTESTINAL DISEASE
C884	EXTRANODAL MARGINAL ZONE B-CELL LYMPHOMA OF MUCOSA-ASSOCIATED LYMPHOID TISSUE [MALT-LYMPHOMA]

Diagnosis Indicating Increased Risk of GI perforation, Thrombosis or Malignancy	
ICD-10 Code	Description
C888	OTHER MALIGNANT IMMUNOPROLIFERATIVE DISEASES
C889	MALIGNANT IMMUNOPROLIFERATIVE DISEASE, UNSPECIFIED
C9000	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION
C9001	MULTIPLE MYELOMA IN REMISSION
C9002	MULTIPLE MYELOMA IN RELAPSE
C9010	PLASMA CELL LEUKEMIA NOT HAVING ACHIEVED REMISSION
C9011	PLASMA CELL LEUKEMIA IN REMISSION
C9012	PLASMA CELL LEUKEMIA IN RELAPSE
C9020	EXTRAMEDULLARY PLASMACYTOMA NOT HAVING ACHIEVED REMISSION
C9021	EXTRAMEDULLARY PLASMACYTOMA IN REMISSION
C9022	EXTRAMEDULLARY PLASMACYTOMA IN RELAPSE
C9030	SOLITARY PLASMACYTOMA NOT HAVING ACHIEVED REMISSION
C9031	SOLITARY PLASMACYTOMA IN REMISSION
C9032	SOLITARY PLASMACYTOMA IN RELAPSE
C9100	ACUTE LYMPHOBLASTIC LEUKEMIA NOT HAVING ACHIEVED REMISSION
C9101	ACUTE LYMPHOBLASTIC LEUKEMIA, IN REMISSION
C9102	ACUTE LYMPHOBLASTIC LEUKEMIA, IN RELAPSE
C9110	CHRONIC LYMPHOCYTIC LEUKEMIA OF B-CELL TYPE NOT HAVING ACHIEVED REMISSION
C9111	CHRONIC LYMPHOCYTIC LEUKEMIA OF B-CELL TYPE IN REMISSION
C9112	CHRONIC LYMPHOCYTIC LEUKEMIA OF B-CELL TYPE IN RELAPSE
C9130	PROLYMPHOCYTIC LEUKEMIA OF B-CELL TYPE NOT HAVING ACHIEVED REMISSION
C9131	PROLYMPHOCYTIC LEUKEMIA OF B-CELL TYPE, IN REMISSION
C9132	PROLYMPHOCYTIC LEUKEMIA OF B-CELL TYPE, IN RELAPSE

Diagnosis Indicating Increased Risk of GI perforation, Thrombosis or Malignancy	
ICD-10 Code	Description
C9140	HAIRY CELL LEUKEMIA NOT HAVING ACHIEVED REMISSION
C9141	HAIRY CELL LEUKEMIA, IN REMISSION
C9142	HAIRY CELL LEUKEMIA, IN RELAPSE
C9150	ADULT T-CELL LYMPHOMA/LEUKEMIA (HTLV-1-ASSOCIATED) NOT HAVING ACHIEVED REMISSION
C9151	ADULT T-CELL LYMPHOMA/LEUKEMIA (HTLV-1-ASSOCIATED), IN REMISSION
C9152	ADULT T-CELL LYMPHOMA/LEUKEMIA (HTLV-1-ASSOCIATED), IN RELAPSE
C9160	PROLYMPHOCYTIC LEUKEMIA OF T-CELL TYPE NOT HAVING ACHIEVED REMISSION
C9161	PROLYMPHOCYTIC LEUKEMIA OF T-CELL TYPE, IN REMISSION
C9162	PROLYMPHOCYTIC LEUKEMIA OF T-CELL TYPE, IN RELAPSE
C9190	LYMPHOID LEUKEMIA, UNSPECIFIED NOT HAVING ACHIEVED REMISSION
C9191	LYMPHOID LEUKEMIA, UNSPECIFIED, IN REMISSION
C9192	LYMPHOID LEUKEMIA, UNSPECIFIED, IN RELAPSE
C91A0	MATURE B-CELL LEUKEMIA BURKITT-TYPE NOT HAVING ACHIEVED REMISSION
C91A1	MATURE B-CELL LEUKEMIA BURKITT-TYPE, IN REMISSION
C91A2	MATURE B-CELL LEUKEMIA BURKITT-TYPE, IN RELAPSE
C91Z0	OTHER LYMPHOID LEUKEMIA NOT HAVING ACHIEVED REMISSION
C91Z1	OTHER LYMPHOID LEUKEMIA, IN REMISSION
C91Z2	OTHER LYMPHOID LEUKEMIA, IN RELAPSE
C9200	ACUTE MYELOBLASTIC LEUKEMIA, NOT HAVING ACHIEVED REMISSION
C9201	ACUTE MYELOBLASTIC LEUKEMIA, IN REMISSION
C9202	ACUTE MYELOBLASTIC LEUKEMIA, IN RELAPSE
C9210	CHRONIC MYELOID LEUKEMIA, BCR/ABL-POSITIVE, NOT HAVING ACHIEVED REMISSION

Diagnosis Indicating Increased Risk of GI perforation, Thrombosis or Malignancy	
ICD-10 Code	Description
C9211	CHRONIC MYELOID LEUKEMIA, BCR/ABL-POSITIVE, IN REMISSION
C9212	CHRONIC MYELOID LEUKEMIA, BCR/ABL-POSITIVE, IN RELAPSE
C9220	ATYPICAL CHRONIC MYELOID LEUKEMIA, BCR/ABL-NEGATIVE, NOT HAVING ACHIEVED REMISSION
C9221	ATYPICAL CHRONIC MYELOID LEUKEMIA, BCR/ABL-NEGATIVE, IN REMISSION
C9222	ATYPICAL CHRONIC MYELOID LEUKEMIA, BCR/ABL-NEGATIVE, IN RELAPSE
C9230	MYELOID SARCOMA, NOT HAVING ACHIEVED REMISSION
C9231	MYELOID SARCOMA, IN REMISSION
C9232	MYELOID SARCOMA, IN RELAPSE
C9240	ACUTE PROMYELOCYTIC LEUKEMIA, NOT HAVING ACHIEVED REMISSION
C9241	ACUTE PROMYELOCYTIC LEUKEMIA, IN REMISSION
C9242	ACUTE PROMYELOCYTIC LEUKEMIA, IN RELAPSE
C9250	ACUTE MYELOMONOCYTIC LEUKEMIA, NOT HAVING ACHIEVED REMISSION
C9251	ACUTE MYELOMONOCYTIC LEUKEMIA, IN REMISSION
C9252	ACUTE MYELOMONOCYTIC LEUKEMIA, IN RELAPSE
C9260	ACUTE MYELOID LEUKEMIA WITH 11Q23-ABNORMALITY NOT HAVING ACHIEVED REMISSION
C9261	ACUTE MYELOID LEUKEMIA WITH 11Q23-ABNORMALITY IN REMISSION
C9262	ACUTE MYELOID LEUKEMIA WITH 11Q23-ABNORMALITY IN RELAPSE
C9290	MYELOID LEUKEMIA, UNSPECIFIED, NOT HAVING ACHIEVED REMISSION
C9291	MYELOID LEUKEMIA, UNSPECIFIED IN REMISSION
C9292	MYELOID LEUKEMIA, UNSPECIFIED IN RELAPSE
C92A0	ACUTE MYELOID LEUKEMIA WITH MULTILINEAGE DYSPLASIA, NOT HAVING ACHIEVED REMISSION
C92A1	ACUTE MYELOID LEUKEMIA WITH MULTILINEAGE DYSPLASIA, IN REMISSION
C92A2	ACUTE MYELOID LEUKEMIA WITH MULTILINEAGE DYSPLASIA, IN RELAPSE

Diagnosis Indicating Increased Risk of GI perforation, Thrombosis or Malignancy	
ICD-10 Code	Description
C92Z0	OTHER MYELOID LEUKEMIA NOT HAVING ACHIEVED REMISSION
C92Z1	OTHER MYELOID LEUKEMIA, IN REMISSION
C92Z2	OTHER MYELOID LEUKEMIA, IN RELAPSE
C9300	ACUTE MONOBLASTIC/MONOCYTIC LEUKEMIA, NOT HAVING ACHIEVED REMISSION
C9301	ACUTE MONOBLASTIC/MONOCYTIC LEUKEMIA, IN REMISSION
C9302	ACUTE MONOBLASTIC/MONOCYTIC LEUKEMIA, IN RELAPSE
C9310	CHRONIC MYELOMONOCYTIC LEUKEMIA NOT HAVING ACHIEVED REMISSION
C9311	CHRONIC MYELOMONOCYTIC LEUKEMIA, IN REMISSION
C9312	CHRONIC MYELOMONOCYTIC LEUKEMIA, IN RELAPSE
C9330	JUVENILE MYELOMONOCYTIC LEUKEMIA, NOT HAVING ACHIEVED REMISSION
C9331	JUVENILE MYELOMONOCYTIC LEUKEMIA, IN REMISSION
C9332	JUVENILE MYELOMONOCYTIC LEUKEMIA, IN RELAPSE
C9390	MONOCYTIC LEUKEMIA, UNSPECIFIED, NOT HAVING ACHIEVED REMISSION
C9391	MONOCYTIC LEUKEMIA, UNSPECIFIED IN REMISSION
C9392	MONOCYTIC LEUKEMIA, UNSPECIFIED IN RELAPSE
C93Z0	OTHER MONOCYTIC LEUKEMIA, NOT HAVING ACHIEVED REMISSION
C93Z1	OTHER MONOCYTIC LEUKEMIA, IN REMISSION
C93Z2	OTHER MONOCYTIC LEUKEMIA, IN RELAPSE
C9400	ACUTE ERYTHROID LEUKEMIA, NOT HAVING ACHIEVED REMISSION
C9401	ACUTE ERYTHROID LEUKEMIA, IN REMISSION
C9402	ACUTE ERYTHROID LEUKEMIA, IN RELAPSE
C9420	ACUTE MEGAKARYOBLASTIC LEUKEMIA NOT HAVING ACHIEVED REMISSION
C9421	ACUTE MEGAKARYOBLASTIC LEUKEMIA, IN REMISSION

Diagnosis Indicating Increased Risk of GI perforation, Thrombosis or Malignancy	
ICD-10 Code	Description
C9422	ACUTE MEGAKARYOBLASTIC LEUKEMIA, IN RELAPSE
C9430	MAST CELL LEUKEMIA NOT HAVING ACHIEVED REMISSION
C9431	MAST CELL LEUKEMIA, IN REMISSION
C9432	MAST CELL LEUKEMIA, IN RELAPSE
C9480	OTHER SPECIFIED LEUKEMIAS NOT HAVING ACHIEVED REMISSION
C9481	OTHER SPECIFIED LEUKEMIAS, IN REMISSION
C9482	OTHER SPECIFIED LEUKEMIAS, IN RELAPSE
C9500	ACUTE LEUKEMIA OF UNSPECIFIED CELL TYPE NOT HAVING ACHIEVED REMISSION
C9501	ACUTE LEUKEMIA OF UNSPECIFIED CELL TYPE, IN REMISSION
C9502	ACUTE LEUKEMIA OF UNSPECIFIED CELL TYPE, IN RELAPSE
C9510	CHRONIC LEUKEMIA OF UNSPECIFIED CELL TYPE NOT HAVING ACHIEVED REMISSION
C9511	CHRONIC LEUKEMIA OF UNSPECIFIED CELL TYPE, IN REMISSION
C9512	CHRONIC LEUKEMIA OF UNSPECIFIED CELL TYPE, IN RELAPSE
C9590	LEUKEMIA, UNSPECIFIED NOT HAVING ACHIEVED REMISSION
C9591	LEUKEMIA, UNSPECIFIED, IN REMISSION
C9592	LEUKEMIA, UNSPECIFIED, IN RELAPSE
C960	MULTIFOCAL AND MULTISYSTEMIC (DISSEMINATED) LANGERHANS-CELL HISTIOCYTOSIS
C962	MALIGNANT MAST CELL TUMOR
C964	SARCOMA OF DENDRITIC CELLS (ACCESSORY CELLS)
C969	MALIGNANT NEOPLASM OF LYMPHOID, HEMATOPOIETIC AND RELATED TISSUE, UNSPECIFIED
C96A	HISTIOCYTIC SARCOMA
C96Z	OTHER SPECIFIED MALIGNANT NEOPLASMS OF LYMPHOID, HEMATOPOIETIC AND RELATED TISSUE

Diagnosis Indicating Increased Risk of GI perforation, Thrombosis or Malignancy	
ICD-10 Code	Description
D030	MELANOMA IN SITU OF LIP
D0310	MELANOMA IN SITU OF UNSPECIFIED EYELID, INCLUDING CANTHUS
D0311	MELANOMA IN SITU OF RIGHT EYELID, INCLUDING CANTHUS
D0312	MELANOMA IN SITU OF LEFT EYELID, INCLUDING CANTHUS
D0320	MELANOMA IN SITU OF UNSPECIFIED EAR AND EXTERNAL AURICULAR CANAL
D0321	MELANOMA IN SITU OF RIGHT EAR AND EXTERNAL AURICULAR CANAL
D0322	MELANOMA IN SITU OF LEFT EAR AND EXTERNAL AURICULAR CANAL
D0330	MELANOMA IN SITU OF UNSPECIFIED PART OF FACE
D0339	MELANOMA IN SITU OF OTHER PARTS OF FACE
D034	MELANOMA IN SITU OF SCALP AND NECK
D0351	MELANOMA IN SITU OF ANAL SKIN
D0352	MELANOMA IN SITU OF BREAST (SKIN) (SOFT TISSUE)
D0359	MELANOMA IN SITU OF OTHER PART OF TRUNK
D0360	MELANOMA IN SITU OF UNSPECIFIED UPPER LIMB, INCLUDING SHOULDER
D0361	MELANOMA IN SITU OF RIGHT UPPER LIMB, INCLUDING SHOULDER
D0362	MELANOMA IN SITU OF LEFT UPPER LIMB, INCLUDING SHOULDER
D0370	MELANOMA IN SITU OF UNSPECIFIED LOWER LIMB, INCLUDING HIP
D0371	MELANOMA IN SITU OF RIGHT LOWER LIMB, INCLUDING HIP
D0372	MELANOMA IN SITU OF LEFT LOWER LIMB, INCLUDING HIP
D038	MELANOMA IN SITU OF OTHER SITES
D039	MELANOMA IN SITU, UNSPECIFIED
D45	POLYCYTHEMIA VERA

Non-Radiographic Axial Spondyloarthritis (nr-axSpA)	
ICD-10 Code	Description
M4680	NR-AXSPA, SITE UNSPECIFIED
M4681	NR-AXSPA, OCCIPITO-ATLANTO-AXIAL REGION
M4682	NR-AXSPA, CERVICAL REGION
M4683	NR-AXSPA, CERVICOTHORACIC REGION
M4684	NR-AXSPA, THORACIC REGION
M4685	NR-AXSPA, THORACOLUMBAR REGION
M4686	NR-AXSPA, LUMBAR REGION
M4687	NR-AXSPA, LUMBOSACRAL REGION
M4688	NR-AXSPA, SACRAL AND SACROCOCCYGEAL REGION
M4689	NR-AXSPA, MULTIPLE SITES IN SPINE

Severe 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

Severe Hepatic Impairment	
ICD-10 Code	Description
B182	CHRONIC VIRAL HEPATITIS C
B188	OTHER CHRONIC VIRAL HEPATITIS
B189	CHRONIC VIRAL HEPATITIS, UNSPECIFIED
B190	UNSPECIFIED 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

Severe Hepatic Impairment	
ICD-10 Code	Description
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
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

Severe Hepatic Impairment	
ICD-10 Code	Description
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

Plaque Psoriasis	
ICD-10 Code	Description
L400	PSORIASIS VULGARIS
L401	GENERALIZED PUSTULAR PSORIASIS
L402	ACRODERMATITIS CONTINUA
L403	PUSTULOSIS PALMARIS ET PLANTARIS
L404	GUTTATE PSORIASIS
L408	OTHER PSORIASIS
L409	PSORIASIS, UNSPECIFIED

Polyarticular Juvenile Idiopathic Arthritis	
ICD-10 Code	Description
M083	JUVENILE RHEUMATOID POLYARTHRITIS (SERONEGATIVE)

Psoriatic Arthritis	
ICD-10 Code	Description
L405	ARTHROPATHIC PSORIASIS
L4050	ARTHROPATHIC PSORIASIS UNSPECIFIED
L4051	DISTAL INTERPHALANGEAL PSORIATIC ARTHROPATHY
L4051	DISTAL INTERPHALANGEAL PSORIATIC ARTHROPATHY
L4052	PSORIATIC ARTHRITIS MUTILANS
L4053	PSORIATIC SPONDYLITIS
L4054	PSORIATIC JUVENILE ARTHROPATHY
L4059	OTHER PSORIATIC ARTHROPATHY

Rheumatoid Arthritis	
ICD-10 Code	Description
M0500	FELTY'S SYNDROME OR UNSPECIFIED SITE
M05011	FELTY'S SYNDROME, RIGHT SHOULDER
M05012	FELTY'S SYNDROME, LEFT SHOULDER
M05019	FELTY'S SYNDROME, UNSPECIFIED SHOULDER
M05021	FELTY'S SYNDROME, RIGHT ELBOW
M05022	FELTY'S SYNDROME, LEFT ELBOW
M05029	FELTY'S SYNDROME, UNSPECIFIED ELBOW
M05031	FELTY'S SYNDROME, RIGHT WRIST
M05032	FELTY'S SYNDROME, LEFT WRIST
M05039	FELTY'S SYNDROME, UNSPECIFIED WRIST

Rheumatoid Arthritis	
ICD-10 Code	Description
M05041	FELTY'S SYNDROME, RIGHT HAND
M05042	FELTY'S SYNDROME, LEFT HAND
M05049	FELTY'S SYNDROME, UNSPECIFIED HAND
M05051	FELTY'S SYNDROME, RIGHT HIP
M05052	FELTY'S SYNDROME, LEFT HIP
M05059	FELTY'S SYNDROME, UNSPECIFIED HIP
M05061	FELTY'S SYNDROME, RIGHT KNEE
M05062	FELTY'S SYNDROME, LEFT KNEE
M05069	FELTY'S SYNDROME, UNSPECIFIED KNEE
M05071	FELTY'S SYNDROME, RIGHT ANKLE AND FOOT
M05072	FELTY'S SYNDROME, LEFT ANKLE AND FOOT
M05079	FELTY'S SYNDROME, UNSPECIFIED ANKLE AND FOOT
M0509	FELTY'S SYNDROME, MULTIPLE SITES
M0510	RHEUMATOID LUNG DISEASE WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED SITE
M05111	RHEUMATOID LUNG DISEASE WITH RHEUMATOID ARTHRITIS OF RIGHT SHOULDER
M05112	RHEUMATOID LUNG DISEASE WITH RHEUMATOID ARTHRITIS OF LEFT SHOULDER
M05119	RHEUMATOID LUNG DISEASE WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED SHOULDER
M05121	RHEUMATOID LUNG DISEASE WITH RHEUMATOID ARTHRITIS OF RIGHT ELBOW
M05122	RHEUMATOID LUNG DISEASE WITH RHEUMATOID ARTHRITIS OF LEFT ELBOW
M05129	RHEUMATOID LUNG DISEASE WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED ELBOW
M05131	RHEUMATOID LUNG DISEASE WITH RHEUMATOID ARTHRITIS OF RIGHT WRIST

Rheumatoid Arthritis	
ICD-10 Code	Description
M05132	RHEUMATOID LUNG DISEASE WITH RHEUMATOID ARTHRITIS OF LEFT WRIST
M05139	RHEUMATOID LUNG DISEASE WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED WRIST
M05141	RHEUMATOID LUNG DISEASE WITH RHEUMATOID ARTHRITIS OF RIGHT HAND
M05142	RHEUMATOID LUNG DISEASE WITH RHEUMATOID ARTHRITIS OF LEFT HAND
M05149	RHEUMATOID LUNG DISEASE WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED HAND
M05151	RHEUMATOID LUNG DISEASE WITH RHEUMATOID ARTHRITIS OF RIGHT HIP
M05152	RHEUMATOID LUNG DISEASE WITH RHEUMATOID ARTHRITIS OF LEFT HIP
M05159	RHEUMATOID LUNG DISEASE WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED HIP
M05161	RHEUMATOID LUNG DISEASE WITH RHEUMATOID ARTHRITIS OF RIGHT KNEE
M05162	RHEUMATOID LUNG DISEASE WITH RHEUMATOID ARTHRITIS OF LEFT KNEE
M05169	RHEUMATOID LUNG DISEASE WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED KNEE
M05171	RHEUMATOID LUNG DISEASE WITH RHEUMATOID ARTHRITIS OF RIGHT ANKLE AND FOOT
M05172	RHEUMATOID LUNG DISEASE WITH RHEUMATOID ARTHRITIS OF LEFT ANKLE AND FOOT
M05179	RHEUMATOID LUNG DISEASE WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED ANKLE AND FOOT
M0519	RHEUMATOID LUNG DISEASE WITH RHEUMATOID ARTHRITIS OF MULTIPLE SITES
M0520	RHEUMATOID VASCULITIS WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED SITE
M05211	RHEUMATOID VASCULITIS WITH RHEUMATOID ARTHRITIS OF RIGHT SHOULDER
M05212	RHEUMATOID VASCULITIS WITH RHEUMATOID ARTHRITIS OF LEFT SHOULDER

Rheumatoid Arthritis	
ICD-10 Code	Description
M05219	RHEUMATOID VASCULITIS WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED SHOULDER
M05221	RHEUMATOID VASCULITIS WITH RHEUMATOID ARTHRITIS OF RIGHT ELBOW
M05222	RHEUMATOID VASCULITIS WITH RHEUMATOID ARTHRITIS OF LEFT ELBOW
M05229	RHEUMATOID VASCULITIS WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED ELBOW
M05231	RHEUMATOID VASCULITIS WITH RHEUMATOID ARTHRITIS OF RIGHT WRIST
M05232	RHEUMATOID VASCULITIS WITH RHEUMATOID ARTHRITIS OF LEFT WRIST
M05239	RHEUMATOID VASCULITIS WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED WRIST
M05241	RHEUMATOID VASCULITIS WITH RHEUMATOID ARTHRITIS OF RIGHT HAND
M05242	RHEUMATOID VASCULITIS WITH RHEUMATOID ARTHRITIS OF LEFT HAND
M05249	RHEUMATOID VASCULITIS WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED HAND
M05251	RHEUMATOID VASCULITIS WITH RHEUMATOID ARTHRITIS OF RIGHT HIP
M05252	RHEUMATOID VASCULITIS WITH RHEUMATOID ARTHRITIS OF LEFT HIP
M05259	RHEUMATOID VASCULITIS WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED HIP
M05261	RHEUMATOID VASCULITIS WITH RHEUMATOID ARTHRITIS OF RIGHT KNEE
M05262	RHEUMATOID VASCULITIS WITH RHEUMATOID ARTHRITIS OF LEFT KNEE
M05269	RHEUMATOID VASCULITIS WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED KNEE
M05271	RHEUMATOID VASCULITIS WITH RHEUMATOID ARTHRITIS OF RIGHT ANKLE AND FOOT
M05272	RHEUMATOID VASCULITIS WITH RHEUMATOID ARTHRITIS OF LEFT ANKLE AND FOOT
M05279	RHEUMATOID VASCULITIS WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED ANKLE AND FOOT
M0529	RHEUMATOID VASCULITIS WITH RHEUMATOID ARTHRITIS OF MULTIPLE SITES

Rheumatoid Arthritis	
ICD-10 Code	Description
M0530	RHEUMATOID HEART DISEASE WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED SITE
M05311	RHEUMATOID HEART DISEASE WITH RHEUMATOID ARTHRITIS OF RIGHT SHOULDER
M05312	RHEUMATOID HEART DISEASE WITH RHEUMATOID ARTHRITIS OF LEFT SHOULDER
M05319	RHEUMATOID HEART DISEASE WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED SHOULDER
M05321	RHEUMATOID HEART DISEASE WITH RHEUMATOID ARTHRITIS OF RIGHT ELBOW
M05322	RHEUMATOID HEART DISEASE WITH RHEUMATOID ARTHRITIS OF LEFT ELBOW
M05329	RHEUMATOID HEART DISEASE WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED ELBOW
M05331	RHEUMATOID HEART DISEASE WITH RHEUMATOID ARTHRITIS OF RIGHT WRIST
M05332	RHEUMATOID HEART DISEASE WITH RHEUMATOID ARTHRITIS OF LEFT WRIST
M05339	RHEUMATOID HEART DISEASE WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED WRIST
M05341	RHEUMATOID HEART DISEASE WITH RHEUMATOID ARTHRITIS OF RIGHT HAND
M05342	RHEUMATOID HEART DISEASE WITH RHEUMATOID ARTHRITIS OF LEFT HAND
M05349	RHEUMATOID HEART DISEASE WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED HAND
M05351	RHEUMATOID HEART DISEASE WITH RHEUMATOID ARTHRITIS OF RIGHT HIP
M05352	RHEUMATOID HEART DISEASE WITH RHEUMATOID ARTHRITIS OF LEFT HIP
M05359	RHEUMATOID HEART DISEASE WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED HIP
M05361	RHEUMATOID HEART DISEASE WITH RHEUMATOID ARTHRITIS OF RIGHT KNEE

Rheumatoid Arthritis	
ICD-10 Code	Description
M05362	RHEUMATOID HEART DISEASE WITH RHEUMATOID ARTHRITIS OF LEFT KNEE
M05369	RHEUMATOID HEART DISEASE WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED KNEE
M05371	RHEUMATOID HEART DISEASE WITH RHEUMATOID ARTHRITIS OF RIGHT ANKLE AND FOOT
M05372	RHEUMATOID HEART DISEASE WITH RHEUMATOID ARTHRITIS OF LEFT ANKLE AND FOOT
M05379	RHEUMATOID HEART DISEASE WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED ANKLE AND FOOT
M0539	RHEUMATOID HEART DISEASE WITH RHEUMATOID ARTHRITIS OF MULTIPLE SITES
M0540	RHEUMATOID MYOPATHY WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED SITE
M05411	RHEUMATOID MYOPATHY WITH RHEUMATOID ARTHRITIS OF RIGHT SHOULDER
M05412	RHEUMATOID MYOPATHY WITH RHEUMATOID ARTHRITIS OF LEFT SHOULDER
M05419	RHEUMATOID MYOPATHY WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED SHOULDER
M05421	RHEUMATOID MYOPATHY WITH RHEUMATOID ARTHRITIS OF RIGHT ELBOW
M05422	RHEUMATOID MYOPATHY WITH RHEUMATOID ARTHRITIS OF LEFT ELBOW
M05429	RHEUMATOID MYOPATHY WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED ELBOW
M05431	RHEUMATOID MYOPATHY WITH RHEUMATOID ARTHRITIS OF RIGHT WRIST
M05432	RHEUMATOID MYOPATHY WITH RHEUMATOID ARTHRITIS OF LEFT WRIST
M05439	RHEUMATOID MYOPATHY WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED WRIST
M05441	RHEUMATOID MYOPATHY WITH RHEUMATOID ARTHRITIS OF RIGHT HAND
M05442	RHEUMATOID MYOPATHY WITH RHEUMATOID ARTHRITIS OF LEFT HAND

Rheumatoid Arthritis	
ICD-10 Code	Description
M05449	RHEUMATOID MYOPATHY WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED HAND
M05451	RHEUMATOID MYOPATHY WITH RHEUMATOID ARTHRITIS OF RIGHT HIP
M05452	RHEUMATOID MYOPATHY WITH RHEUMATOID ARTHRITIS OF LEFT HIP
M05459	RHEUMATOID MYOPATHY WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED HIP
M05461	RHEUMATOID MYOPATHY WITH RHEUMATOID ARTHRITIS OF RIGHT KNEE
M05462	RHEUMATOID MYOPATHY WITH RHEUMATOID ARTHRITIS OF LEFT KNEE
M05469	RHEUMATOID MYOPATHY WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED KNEE
M05471	RHEUMATOID MYOPATHY WITH RHEUMATOID ARTHRITIS OF RIGHT ANKLE AND FOOT
M05472	RHEUMATOID MYOPATHY WITH RHEUMATOID ARTHRITIS OF LEFT ANKLE AND FOOT
M05479	RHEUMATOID MYOPATHY WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED ANKLE AND FOOT
M0549	RHEUMATOID MYOPATHY WITH RHEUMATOID ARTHRITIS OF MULTIPLE SITES
M0550	RHEUMATOID POLYNEUROPATHY WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED SITE
M05511	RHEUMATOID POLYNEUROPATHY WITH RHEUMATOID ARTHRITIS OF RIGHT SHOULDER
M05512	RHEUMATOID POLYNEUROPATHY WITH RHEUMATOID ARTHRITIS OF LEFT SHOULDER
M05519	RHEUMATOID POLYNEUROPATHY WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED SHOULDER
M05521	RHEUMATOID POLYNEUROPATHY WITH RHEUMATOID ARTHRITIS OF RIGHT ELBOW
M05522	RHEUMATOID POLYNEUROPATHY WITH RHEUMATOID ARTHRITIS OF LEFT ELBOW
M05529	RHEUMATOID POLYNEUROPATHY WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED ELBOW

Rheumatoid Arthritis	
ICD-10 Code	Description
M05531	RHEUMATOID POLYNEUROPATHY WITH RHEUMATOID ARTHRITIS OF RIGHT WRIST
M05532	RHEUMATOID POLYNEUROPATHY WITH RHEUMATOID ARTHRITIS OF LEFT WRIST
M05539	RHEUMATOID POLYNEUROPATHY WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED WRIST
M05541	RHEUMATOID POLYNEUROPATHY WITH RHEUMATOID ARTHRITIS OF RIGHT HAND
M05542	RHEUMATOID POLYNEUROPATHY WITH RHEUMATOID ARTHRITIS OF LEFT HAND
M05549	RHEUMATOID POLYNEUROPATHY WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED HAND
M05551	RHEUMATOID POLYNEUROPATHY WITH RHEUMATOID ARTHRITIS OF RIGHT HIP
M05552	RHEUMATOID POLYNEUROPATHY WITH RHEUMATOID ARTHRITIS OF LEFT HIP
M05559	RHEUMATOID POLYNEUROPATHY WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED HIP
M05561	RHEUMATOID POLYNEUROPATHY WITH RHEUMATOID ARTHRITIS OF RIGHT KNEE
M05562	RHEUMATOID POLYNEUROPATHY WITH RHEUMATOID ARTHRITIS OF LEFT KNEE
M05569	RHEUMATOID POLYNEUROPATHY WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED KNEE
M05571	RHEUMATOID POLYNEUROPATHY WITH RHEUMATOID ARTHRITIS OF RIGHT ANKLE AND FOOT
M05572	RHEUMATOID POLYNEUROPATHY WITH RHEUMATOID ARTHRITIS OF LEFT ANKLE AND FOOT
M05579	RHEUMATOID POLYNEUROPATHY WITH RHEUMATOID ARTHRITIS OF UNSPECIFIED ANKLE AND FOOT
M0559	RHEUMATOID POLYNEUROPATHY WITH RHEUMATOID ARTHRITIS OF MULTIPLE SITES
M0560	RHEUMATOID ARTHRITIS OF UNSPECIFIED SITE WITH INVOLVEMENT OF OTHER ORGANS AND SYSTEMS

Rheumatoid Arthritis	
ICD-10 Code	Description
M05611	RHEUMATOID ARTHRITIS OF RIGHT SHOULDER WITH INVOLVEMENT OF OTHER ORGANS AND SYSTEMS
M05612	RHEUMATOID ARTHRITIS OF LEFT SHOULDER WITH INVOLVEMENT OF OTHER ORGANS AND SYSTEMS
M05619	RHEUMATOID ARTHRITIS OF UNSPECIFIED SHOULDER WITH INVOLVEMENT OF OTHER ORGANS AND SYSTEMS
M05621	RHEUMATOID ARTHRITIS OF RIGHT ELBOW WITH INVOLVEMENT OF OTHER ORGANS AND SYSTEMS
M05622	RHEUMATOID ARTHRITIS OF LEFT ELBOW WITH INVOLVEMENT OF OTHER ORGANS AND SYSTEMS
M05629	RHEUMATOID ARTHRITIS OF UNSPECIFIED ELBOW WITH INVOLVEMENT OF OTHER ORGANS AND SYSTEMS
M05631	RHEUMATOID ARTHRITIS OF RIGHT WRIST WITH INVOLVEMENT OF OTHER ORGANS AND SYSTEMS
M05632	RHEUMATOID ARTHRITIS OF LEFT WRIST WITH INVOLVEMENT OF OTHER ORGANS AND SYSTEMS
M05639	RHEUMATOID ARTHRITIS OF UNSPECIFIED WRIST WITH INVOLVEMENT OF OTHER ORGANS AND SYSTEMS
M05641	RHEUMATOID ARTHRITIS OF RIGHT HAND WITH INVOLVEMENT OF OTHER ORGANS AND SYSTEMS
M05642	RHEUMATOID ARTHRITIS OF LEFT HAND WITH INVOLVEMENT OF OTHER ORGANS AND SYSTEMS
M05649	RHEUMATOID ARTHRITIS OF UNSPECIFIED HAND WITH INVOLVEMENT OF OTHER ORGANS AND SYSTEMS
M05651	RHEUMATOID ARTHRITIS OF RIGHT HIP WITH INVOLVEMENT OF OTHER ORGANS AND SYSTEMS
M05652	RHEUMATOID ARTHRITIS OF LEFT HIP WITH INVOLVEMENT OF OTHER ORGANS AND SYSTEMS
M05659	RHEUMATOID ARTHRITIS OF UNSPECIFIED HIP WITH INVOLVEMENT OF OTHER ORGANS AND SYSTEMS
M05661	RHEUMATOID ARTHRITIS OF RIGHT KNEE WITH INVOLVEMENT OF OTHER ORGANS AND SYSTEMS
M05662	RHEUMATOID ARTHRITIS OF LEFT KNEE WITH INVOLVEMENT OF OTHER ORGANS AND SYSTEMS

Rheumatoid Arthritis	
ICD-10 Code	Description
M05669	RHEUMATOID ARTHRITIS OF UNSPECIFIED KNEE WITH INVOLVEMENT OF OTHER ORGANS AND SYSTEMS
M05671	RHEUMATOID ARTHRITIS OF RIGHT ANKLE AND FOOT WITH INVOLVEMENT OF OTHER ORGANS AND SYSTEMS
M05672	RHEUMATOID ARTHRITIS OF LEFT ANKLE AND FOOT WITH INVOLVEMENT OF OTHER ORGANS AND SYSTEMS
M05679	RHEUMATOID ARTHRITIS OF UNSPECIFIED ANKLE AND FOOT WITH INVOLVEMENT OF OTHER ORGANS AND SYSTEMS
M0569	RHEUMATOID ARTHRITIS OF MULTIPLE SITES WITH INVOLVEMENT OF OTHER ORGANS AND SYSTEMS
M0570	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF UNSPECIFIED SITE WITHOUT ORGAN OR SYSTEMS INVOLVEMENT
M05711	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF RIGHT SHOULDER WITHOUT ORGAN OR SYSTEMS INVOLVEMENT
M05712	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF LEFT SHOULDER WITHOUT ORGAN OR SYSTEMS INVOLVEMENT
M05719	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF UNSPECIFIED SHOULDER WITHOUT ORGAN OR SYSTEMS INVOLVEMENT
M05721	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF RIGHT ELBOW WITHOUT ORGAN OR SYSTEMS INVOLVEMENT
M05722	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF LEFT ELBOW WITHOUT ORGAN OR SYSTEMS INVOLVEMENT
M05729	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF UNSPECIFIED ELBOW WITHOUT ORGAN OR SYSTEMS INVOLVEMENT
M05731	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF RIGHT WRIST WITHOUT ORGAN OR SYSTEMS INVOLVEMENT
M05732	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF LEFT WRIST WITHOUT ORGAN OR SYSTEMS INVOLVEMENT
M05739	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF UNSPECIFIED WRIST WITHOUT ORGAN OR SYSTEMS INVOLVEMENT
M05741	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF RIGHT HAND WITHOUT ORGAN OR SYSTEMS INVOLVEMENT
M05742	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF LEFT HAND WITHOUT ORGAN OR SYSTEMS INVOLVEMENT

Rheumatoid Arthritis	
ICD-10 Code	Description
M05749	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF UNSPECIFIED HAND WITHOUT ORGAN OR SYSTEMS INVOLVEMENT
M05751	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF RIGHT HIP WITHOUT ORGAN OR SYSTEMS INVOLVEMENT
M05752	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF LEFT HIP WITHOUT ORGAN OR SYSTEMS INVOLVEMENT
M05759	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF UNSPECIFIED HIP WITHOUT ORGAN OR SYSTEMS INVOLVEMENT
M05761	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF RIGHT KNEE WITHOUT ORGAN OR SYSTEMS INVOLVEMENT
M05762	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF LEFT KNEE WITHOUT ORGAN OR SYSTEMS INVOLVEMENT
M05769	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF UNSPECIFIED KNEE WITHOUT ORGAN OR SYSTEMS INVOLVEMENT
M05771	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF RIGHT ANKLE AND FOOT WITHOUT ORGAN OR SYSTEMS INVOLVEMENT
M05772	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF LEFT ANKLE AND FOOT WITHOUT ORGAN OR SYSTEMS INVOLVEMENT
M05779	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF UNSPECIFIED ANKLE AND FOOT WITHOUT ORGAN OR SYSTEMS INVOLVEMENT
M0579	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF MULTIPLE SITES WITHOUT ORGAN OR SYSTEMS INVOLVEMENT
M0580	OTHER RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF UNSPECIFIED SITE
M05811	OTHER RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF RIGHT SHOULDER
M05812	OTHER RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF LEFT SHOULDER
M05819	OTHER RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF UNSPECIFIED SHOULDER
M05821	OTHER RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF RIGHT ELBOW
M05822	OTHER RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF LEFT ELBOW

Rheumatoid Arthritis	
ICD-10 Code	Description
M05829	OTHER RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF UNSPECIFIED ELBOW
M05831	OTHER RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF RIGHT WRIST
M05832	OTHER RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF LEFT WRIST
M05839	OTHER RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF UNSPECIFIED WRIST
M05841	OTHER RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF RIGHT HAND
M05842	OTHER RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF LEFT HAND
M05849	OTHER RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF UNSPECIFIED HAND
M05851	OTHER RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF RIGHT HIP
M05852	OTHER RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF LEFT HIP
M05859	OTHER RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF UNSPECIFIED HIP
M05861	OTHER RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF RIGHT KNEE
M05862	OTHER RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF LEFT KNEE
M05869	OTHER RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF UNSPECIFIED KNEE
M05871	OTHER RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF RIGHT ANKLE AND FOOT
M05872	OTHER RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF LEFT ANKLE AND FOOT
M05879	OTHER RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF UNSPECIFIED ANKLE AND FOOT
M0589	OTHER RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR OF MULTIPLE SITES

Rheumatoid Arthritis	
ICD-10 Code	Description
M059	RHEUMATOID ARTHRITIS WITH RHEUMATOID FACTOR, UNSPECIFIED
M0600	RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR UNSPECIFIED SITE
M06011	RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, RIGHT SHOULDER
M06012	RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, LEFT SHOULDER
M06019	RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, UNSPECIFIED SHOULDER
M06021	RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, RIGHT ELBOW
M06022	RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, LEFT ELBOW
M06029	RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, UNSPECIFIED ELBOW
M06031	RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, RIGHT WRIST
M06032	RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, LEFT WRIST
M06039	RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, UNSPECIFIED WRIST
M06041	RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, RIGHT HAND
M06042	RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, LEFT HAND
M06049	RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, UNSPECIFIED HAND
M06051	RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, RIGHT HIP
M06052	RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, LEFT HIP
M06059	RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, UNSPECIFIED HIP
M06061	RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, RIGHT KNEE
M06062	RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, LEFT KNEE
M06069	RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, UNSPECIFIED KNEE

Rheumatoid Arthritis	
ICD-10 Code	Description
M06071	RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, RIGHT ANKLE AND FOOT
M06072	RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, LEFT ANKLE AND FOOT
M06079	RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR, UNSPECIFIED ANKLE AND FOOT
M0608	RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR VERTEBRAE
M0609	RHEUMATOID ARTHRITIS WITHOUT RHEUMATOID FACTOR MULTIPLE SITES
M061	ADULT-ONSET STILL'S DISEASE
M062	RHEUMATOID BURSTITIS
M0620	RHEUMATOID BURSTITIS OF UNSPECIFIED SITE
M06211	RHEUMATOID BURSTITIS OF RIGHT SHOULDER
M06212	RHEUMATOID BURSTITIS OF LEFT SHOULDER
M06219	RHEUMATOID BURSTITIS OF UNSPECIFIED SHOULDER
M06221	RHEUMATOID BURSTITIS OF RIGHT ELBOW
M06222	RHEUMATOID BURSTITIS OF LEFT ELBOW
M06229	RHEUMATOID BURSTITIS OF UNSPECIFIED ELBOW
M06231	RHEUMATOID BURSTITIS OF RIGHT WRIST
M06232	RHEUMATOID BURSTITIS OF LEFT WRIST
M06239	RHEUMATOID BURSTITIS OF UNSPECIFIED WRIST
M06241	RHEUMATOID BURSTITIS OF RIGHT HAND
M06242	RHEUMATOID BURSTITIS OF LEFT HAND
M06249	RHEUMATOID BURSTITIS OF UNSPECIFIED HAND
M06251	RHEUMATOID BURSTITIS OF RIGHT HIP
M06252	RHEUMATOID BURSTITIS OF LEFT HIP
M06259	RHEUMATOID BURSTITIS OF UNSPECIFIED HIP

Rheumatoid Arthritis	
ICD-10 Code	Description
M06261	RHEUMATOID BURSTITIS OF RIGHT KNEE
M06262	RHEUMATOID BURSTITIS OF LEFT KNEE
M06269	RHEUMATOID BURSTITIS OF UNSPECIFIED KNEE
M06271	RHEUMATOID BURSTITIS OF RIGHT ANKLE AND FOOT
M06272	RHEUMATOID BURSTITIS OF LEFT ANKLE AND FOOT
M06279	RHEUMATOID BURSTITIS OF UNSPECIFIED ANKLE AND FOOT
M0628	RHEUMATOID BURSTITIS OF VERTEBRAE
M0629	RHEUMATOID BURSTITIS OF MULTIPLE SITES
M0630	RHEUMATOID NODULE OF UNSPECIFIED SITE
M06311	RHEUMATOID NODULE OF RIGHT SHOULDER
M06312	RHEUMATOID NODULE OF LEFT SHOULDER
M06319	RHEUMATOID NODULE OF UNSPECIFIED SHOULDER
M06321	RHEUMATOID NODULE OF RIGHT ELBOW
M06322	RHEUMATOID NODULE OF LEFT ELBOW
M06329	RHEUMATOID NODULE OF UNSPECIFIED ELBOW
M06331	RHEUMATOID NODULE OF RIGHT WRIST
M06332	RHEUMATOID NODULE OF LEFT WRIST
M06339	RHEUMATOID NODULE OF UNSPECIFIED WRIST
M06341	RHEUMATOID NODULE OF RIGHT HAND
M06342	RHEUMATOID NODULE OF LEFT HAND
M06349	RHEUMATOID NODULE OF UNSPECIFIED HAND
M06351	RHEUMATOID NODULE OF RIGHT HIP
M06352	RHEUMATOID NODULE OF LEFT HIP
M06359	RHEUMATOID NODULE OF UNSPECIFIED HIP
M06361	RHEUMATOID NODULE OF RIGHT KNEE

Rheumatoid Arthritis	
ICD-10 Code	Description
M06362	RHEUMATOID NODULE OF LEFT KNEE
M06369	RHEUMATOID NODULE OF UNSPECIFIED KNEE
M06371	RHEUMATOID NODULE OF RIGHT ANKLE AND FOOT
M06372	RHEUMATOID NODULE OF LEFT ANKLE AND FOOT
M06379	RHEUMATOID NODULE OF UNSPECIFIED ANKLE AND FOOT
M0638	RHEUMATOID NODULE OF VERTEBRAE
M0639	RHEUMATOID NODULE OF MULTIPLE SITES
M064	INFLAMMATORY POLYARTROPATHY
M0680	OTHER SPECIFIED RHEUMATOID ARTHRITIS UNSPECIFIED SITE
M06811	OTHER SPECIFIED RHEUMATOID ARTHRITIS, RIGHT SHOULDER
M06812	OTHER SPECIFIED RHEUMATOID ARTHRITIS, UNSPECIFIED SHOULDER
M06819	OTHER SPECIFIED RHEUMATOID ARTHRITIS, UNSPECIFIED SHOULDER
M06821	OTHER SPECIFIED RHEUMATOID ARTHRITIS, RIGHT ELBOW
M06822	OTHER SPECIFIED RHEUMATOID ARTHRITIS, LEFT ELBOW
M06829	OTHER SPECIFIED RHEUMATOID ARTHRITIS, UNSPECIFIED ELBOW
M06831	OTHER SPECIFIED RHEUMATOID ARTHRITIS, RIGHT WRIST
M06832	OTHER SPECIFIED RHEUMATOID ARTHRITIS, LEFT WRIST
M06839	OTHER SPECIFIED RHEUMATOID ARTHRITIS, UNSPECIFIED WRIST
M06841	OTHER SPECIFIED RHEUMATOID ARTHRITIS, RIGHT HAND
M06842	OTHER SPECIFIED RHEUMATOID ARTHRITIS, LEFT HAND
M06849	OTHER SPECIFIED RHEUMATOID ARTHRITIS, UNSPECIFIED HAND
M06851	OTHER SPECIFIED RHEUMATOID ARTHRITIS, RIGHT HIP
M06852	OTHER SPECIFIED RHEUMATOID ARTHRITIS, LEFT HIP
M06859	OTHER SPECIFIED RHEUMATOID ARTHRITIS, UNSPECIFIED HIP
M06861	OTHER SPECIFIED RHEUMATOID ARTHRITIS, RIGHT KNEE

Rheumatoid Arthritis	
ICD-10 Code	Description
M06862	OTHER SPECIFIED RHEUMATOID ARTHRITIS, LEFT KNEE
M06869	OTHER SPECIFIED RHEUMATOID ARTHRITIS, UNSPECIFIED KNEE
M06871	OTHER SPECIFIED RHEUMATOID ARTHRITIS, RIGHT ANKLE AND FOOT
M06872	OTHER SPECIFIED RHEUMATOID ARTHRITIS, LEFT ANKLE AND FOOT
M06879	OTHER SPECIFIED RHEUMATOID ARTHRITIS, UNSPECIFIED ANKLE AND FOOT
M0688	OTHER SPECIFIED RHEUMATOID ARTHRITIS VERTEBRAE
M0689	OTHER SPECIFIED RHEUMATOID ARTHRITIS MULTIPLE SITES
M069	RHEUMATOID ARTHRITIS, UNSPECIFIED

Serious Active Infection	
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
B180	CHRONIC VIRAL HEPATITIS B WITH DELTA-AGENT
B181	CHRONIC VIRAL HEPATITIS B WITHOUT DELTA-AGENT
B1910	UNSPECIFIED VIRAL HEPATITIS B WITHOUT HEPATIC COMA
B1911	UNSPECIFIED VIRAL HEPATITIS B WITH HEPATIC COMA
A150	TUBERCULOSIS OF LUNG
A154	TUBERCULOSIS OF INTRATHORACIC LYMPH NODES
A155	TUBERCULOSIS OF LARYNX, TRACHEA AND BRONCHUS
A156	TUBERCULOUS PLEURISY

Serious Active Infection	
ICD-10 Code	Description
A157	PRIMARY RESPIRATORY TUBERCULOSIS
A158	OTHER RESPIRATORY TUBERCULOSIS
A159	RESPIRATORY TUBERCULOSIS UNSPECIFIED
B440	INVASIVE PULMONARY ASPERGILLOSIS
B441	OTHER PULMONARY ASPERGILLOSIS
B447	DISSEMINATED ASPERGILLOSIS
B449	ASPERGILLOSIS, UNSPECIFIED
B59	PNEUMOCYSTOSIS

Suicidal Ideation	
ICD-10 Code	Description
R45851	SUICIDAL IDEATIONS

Ulcerative Colitis	
ICD-10 Code	Description
K5100	ULCERATIVE (CHRONIC) PANCOLITIS WITHOUT COMPLICATIONS
K51011	ULCERATIVE (CHRONIC) PANCOLITIS WITH RECTAL BLEEDING
K51012	ULCERATIVE (CHRONIC) PANCOLITIS WITH INTESTINAL OBSTRUCTION
K51013	ULCERATIVE (CHRONIC) PANCOLITIS WITH FISTULA
K51014	ULCERATIVE (CHRONIC) PANCOLITIS WITH ABSCESS
K51018	ULCERATIVE (CHRONIC) PANCOLITIS WITH OTHER COMPLICATION
K51019	ULCERATIVE (CHRONIC) PANCOLITIS WITH UNSPECIFIED COMPLICATIONS
K5120	ULCERATIVE (CHRONIC) PROCTITIS WITHOUT COMPLICATIONS
K51211	ULCERATIVE (CHRONIC) PROCTITIS WITH RECTAL BLEEDING
K51212	ULCERATIVE (CHRONIC) PROCTITIS WITH INTESTINAL OBSTRUCTION

Ulcerative Colitis	
ICD-10 Code	Description
K51213	ULCERATIVE (CHRONIC) PROCTITIS WITH FISTULA
K51214	ULCERATIVE (CHRONIC) PROCTITIS WITH ABSCESS
K51218	ULCERATIVE (CHRONIC) PROCTITIS WITH OTHER COMPLICATION
K51219	ULCERATIVE (CHRONIC) PROCTITIS WITH UNSPECIFIED COMPLICATIONS
K5130	ULCERATIVE (CHRONIC) RECTOSIGMOIDITIS WITHOUT COMPLICATIONS
K51311	ULCERATIVE (CHRONIC) RECTOSIGMOIDITIS WITH RECTAL BLEEDING
K51312	ULCERATIVE (CHRONIC) RECTOSIGMOIDITIS WITH INTESTINAL OBSTRUCTION
K51313	ULCERATIVE (CHRONIC) RECTOSIGMOIDITIS WITH FISTULA
K51314	ULCERATIVE (CHRONIC) RECTOSIGMOIDITIS WITH ABSCESS
K51318	ULCERATIVE (CHRONIC) RECTOSIGMOIDITIS WITH OTHER COMPLICATION
K51319	ULCERATIVE (CHRONIC) RECTOSIGMOIDITIS WITH UNSPECIFIED COMPLICATIONS
K5180	OTHER ULCERATIVE COLITIS WITHOUT COMPLICATIONS
K51811	OTHER ULCERATIVE COLITIS WITH RECTAL BLEEDING
K51812	OTHER ULCERATIVE COLITIS WITH INTESTINAL OBSTRUCTION
K51813	OTHER ULCERATIVE COLITIS WITH FISTULA
K51814	OTHER ULCERATIVE COLITIS WITH ABSCESS
K51818	OTHER ULCERATIVE COLITIS WITH OTHER COMPLICATION
K51819	OTHER ULCERATIVE COLITIS WITH UNSPECIFIED COMPLICATIONS
K5190	ULCERATIVE COLITIS, UNSPECIFIED WITHOUT COMPLICATIONS
K51911	ULCERATIVE COLITIS, UNSPECIFIED WITH RECTAL BLEEDING
K51912	ULCERATIVE COLITIS, UNSPECIFIED WITH INTESTINAL OBSTRUCTION
K51913	ULCERATIVE COLITIS, UNSPECIFIED WITH FISTULA
K51914	ULCERATIVE COLITIS, UNSPECIFIED WITH ABSCESS
K51918	ULCERATIVE COLITIS, UNSPECIFIED WITH OTHER COMPLICATION

Ulcerative Colitis	
ICD-10 Code	Description
K51919	ULCERATIVE COLITIS, UNSPECIFIED WITH UNSPECIFIED COMPLICATIONS

Atopic Dermatitis, Systemic Therapies	
GCN	Label Name
46771	AZATHIOPRINE 50 MG TABLET
47563	CELLCEPT 200 MG/ML ORAL SUSP
47560	CELLCEPT 250 MG CAPSULE
47561	CELLCEPT 500 MG TABLET
26781	CORTEF 10 MG TABLET
26782	CORTEF 20 MG TABLET
26783	CORTEF 5 MG TABLET
13910	CYCLOSPORINE 100 MG CAPSULE
13917	CYCLOSPORINE 100 MG/ML
13911	CYCLOSPORINE 25 MG CAPSULE
13919	CYCLOSPORINE MODIFIED 100 MG
13918	CYCLOSPORINE MODIFIED 25 MG
13916	CYCLOSPORINE MODIFIED 50 MG
27422	DEXAMETHASONE 0.5 MG TABLET
27400	DEXAMETHASONE 0.5 MG/5 ML ELX
27411	DEXAMETHASONE 0.5 MG/5 ML LIQ
27425	DEXAMETHASONE 0.75 MG TABLET
27424	DEXAMETHASONE 1 MG TABLET
27427	DEXAMETHASONE 1.5 MG TABLET
27426	DEXAMETHASONE 2 MG TABLET

Atopic Dermatitis, Systemic Therapies	
GCN	Label Name
27428	DEXAMETHASONE 4 MG TABLET
27429	DEXAMETHASONE 6 MG TABLET
27412	DEXAMETHASONE INTENSOL 1 MG/ 1 ML
45522	DUPIXENT 200 MG/1.14 ML SYRINGE
48277	DUPIXENT 300 MG/2 ML PEN
43222	DUPIXENT 300 MG/2 ML SYRINGE
13917	GENGRAF 100 MG/ML SOLN
13918	GENGRAF 25 MG CAPSULE
13916	GENGRAF 50 MG CAPSULE
26781	HYDROCORTISONE 10 MG TABLET
26782	HYDROCORTISONE 20 MG TABLET
26783	HYDROCORTISONE 5 MG TABLET
46771	IMURAN 50 MG TABLET
27051	MEDROL 16 MG TABLET
27055	MEDROL 32 MG TABLET
27056	MEDROL 4 MG TABLET
27058	MEDROL 8 MG TABLET
38489	METHOTREXATE 2.5 MG TABLET
38466	METHOTREXATE 50 MG/ 2 ML VIAL
18936	METHOTREXATE 50 MG/2 ML VIAL
27051	METHYLPREDNISOLONE 16 MG TABLET
27055	METHYLPREDNISOLONE 32 MG TABLET
27056	METHYLPREDNISOLONE 4 MG TABLET
27058	METHYLPREDNISOLONE 8 MG TABLET
99610	MILLIPRED 10 MG/5 ML SOLUTION

Atopic Dermatitis, Systemic Therapies	
GCN	Label Name
26963	MILLIPRED 5 MG TABLET
47563	MYCOPHENOLATE 200 MG/ML SUSP
47560	MYCOPHENOLATE 250 MG CAPSULE
47561	MYCOPHENOLATE 500 MG TABLET
19646	MYCOPHENOLIC ACID DR 180 MG TAB
19647	MYCOPHENOLIC ACID DR 360 MG TAB
19646	MYFORTIC 180 MG TABLET
19647	MYFORTIC 360 MG TABLET
13919	NEORAL 100 MG CAPSULE
13917	NEORAL 100 MG/ML SOLN
13918	NEORAL 25 MG CAPSULE
35427	OTREXUP 10 MG/0.4 ML AUTO-INJ
35428	OTREXUP 15 MG/0.4 ML AUTO-INJ
35437	OTREXUP 20 MG/0.4 ML AUTO-INJ
35438	OTREXUP 25 MG/0.4 ML AUTO-INJ
26800	PREDNISOLONE 15 MG/5 ML SOLN
33806	PREDNISOLONE 15 MG/5 ML SOLN
09115	PREDNISOLONE 5 MG/5 ML SOLN
27108	PREDNISOLONE ODT 10 MG TABLET
27109	PREDNISOLONE ODT 15 MG TABLET
27114	PREDNISOLONE ODT 30 MG TABLET
27171	PREDNISONONE 1 MG TABLET
27172	PREDNISONONE 10 MG TABLET
27173	PREDNISONONE 2.5 MG TABLET
27174	PREDNISONONE 20 MG TABLET

Atopic Dermatitis, Systemic Therapies	
GCN	Label Name
27176	PREDNISON 5 MG TABLET
27160	PREDNISON 5 MG/5 ML SOLUTION
27161	PREDNISON 5 MG/5 ML SOLUTION
27177	PREDNISON 50 MG TABLET
13910	SANDIMMUNE 100 MG CAPSULE
08220	SANDIMMUNE 100 MG/ML SOLN
13911	SANDIMMUNE 25 MG CAPSULE
06484	TREXALL 10MG TABLET
13135	TREXALL 15MG TABLET
13134	TREXALL 5MG TABLET
38485	TREXALL 7.5MG TABLET
14565	VERIPRED 20 MG/5 ML SOLN
43319	XATMEP 2.5MG/ML ORAL SOLUTION

Biologic DMARDs	
GCN	Label Name
35486	ACTEMRA 162MG/0.9ML SYRINGE
56164	ADALIMUMAB-AACF (CF) SYR 40 MG
53875	ADALIMUMAB-ADAZ (CF) PEN 40 MG
53884	ADALIMUMAB-ADAZ(CF) 40 MG SYRNG
48318	ADALIMUMAB-FKJP (CF) 20 MG SYRG
48336	ADALIMUMAB-FKJP (CF) 40 MG SYRG
48317	ADALIMUMAB-FKJP (CF) PEN 40 MG
55665	ADALIMUMAB-ADB M (CF) 40 MG SYRNG
55668	ADALIMUMAB-ADB M (CF) CRHN 40 MG
55668	ADALIMUMAB-ADB M (CF) PEN 40 MG

Biologic DMARDs	
GCN	Label Name
55668	ADALIMUMAB-ADBM (CF) PEN PSORIA-UV 40 MG
55332	ADALIMUMAB-RYVK (CF) AI 40 MG
56016	ADALIMUMAB-RYVK (CF) 40 MG SYRG
53884	ADALIMUMAB-ADAZ (CF) 40 MG SYRNG
54007	AMJEVITA 10 MG/0.2 ML SYRINGE
42592	AMJEVITA 20 MG/0.4 ML SYRINGE
42639	AMJEVITA 40 MG/0.8 ML AUTOINJ
42637	AMJEVITA 40 MG/0.8 ML SYRINGE
23471	CIMZIA 200MG/ML STARTER KIT
23471	CIMZIA 200MG/ML SYRINGE KIT
37789	COSENTYX 150MG/ML PEN INJECT
37788	COSENTYX 150MG/ML SYRINGE
53841	CYLTEZO (CF) 10 MG/0.2 ML SYRNG
53842	CYLTEZO (CF) 20 MG/0.4 ML SYRNG
43789	CYLTEZO (CF) 40 MG/0.8 ML SYRNG
54205	CYLTEZO (CF) PEN 40 MG/0.8 ML
54205	CYLTEZO (CF) PEN CRH-UC-HS 40 MG
54205	CYLTEZO (CF) PEN PSORIA-UV 40 MG
55665	CYLTEZO (CF) 40 MG/0.4 ML SYRNG
55668	CYLTEZO (CF) PEN 40 MG/0.4 ML
55668	CYLTEZO (CF) PEN CRH-UC-HS 40 MG
55668	CYLTEZO (CF) PEN PSORIA-UV 40 MG
52651	ENBREL 25MG KIT
98398	ENBREL 25MG/0.5ML SYRINGE
43294	ENBREL 50 MG/ML MINI CARTRIDGE

Biologic DMARDs	
GCN	Label Name
97724	ENBREL 50MG/ML SURECLICK SYRINGE
23574	ENBREL 50MG/ML SYRINGE
53846	HADLIMA (CF) 40 MG/0.4 ML SYRNG
53848	HADLIMA (CF) PUSHTOUCH 40MG/0.4
46718	HADLIMA 40 MG/0.8 ML SYRINGE
46717	HADLIMA PUSHTOUCH 40 MG/0.8 ML
48318	HULIO (CF) 20 MG/0.4 ML SYRINGE
48336	HULIO (CF) 40MG/0.8 ML SYRINGE
48317	HULIO (CF) PEN 40 MG/0.8 ML
55235	HULIO (CF) 20 MG/0.4 ML SYRINGE
55694	HULIO (CF) 40MG/0.8 ML SYRINGE
55693	HULIO (CF) PEN 40 MG/0.8 ML
44659	HUMIRA (CF) 10 MG/0.1 ML SYRINGE
44664	HUMIRA (CF) 20 MG/0.2 ML SYRINGE
43505	HUMIRA (CF) 40 MG/0.4 ML SYRINGE
43506	HUMIRA PEN 40 MG/0.4 ML
43904	HUMIRA (CF) PEDI CROHN 80 MG/0.8
44677	HUMIRA (CF) PEDI CROHN 80-40MG
44014	HUMIRA (CF) PEN CRHN-UC-HS 80 MG
44014	HUMIRA (CF) PEN PEDI UC 80 MG
44954	HUMIRA (CF) PEN PS-UV-AHS 80-40 MG
37262	HUMIRA 10 MG/0.2 ML SYRINGE
99439	HUMIRA 20 MG/0.4 ML SYRINGE
18924	HUMIRA 40 MG/0.8 ML SYRINGE
97005	HUMIRA PEN 40 MG/0.8 ML

Biologic DMARDs	
GCN	Label Name
97005	HUMIRA PEN CROHN-UC-HS 40 MG
97005	HUMIRA PEN PS-UV-ADOL HS 40 MG
18924	HUMIRA PEDI CROHN 40 MG/0.8 ML
53885	HYRIMOZ (CF) 10 MG/0.1 ML SYRNG
53883	HYRIMOZ (CF) 20 MG/0.2 ML SYRNG
53884	HYRIMOZ (CF) 40 MG/0.4 ML SYRNG
53899	HYRIMOZ (CF) PEDI CROHN 80 MG
53891	HYRIMOZ (CF) PEDI CROHN 80-40 MG
53875	HYRIMOZ (CF) PEN 40 MG/0.4 ML
53887	HYRIMOZ (CF) PEN 80 MG/0.8 ML
53887	HYRIMOZ (CF) PEN CROHN-UC 80 MG
53878	HYRIMOZ (CF) PEN PSORIA 80-40 MG
53387	IDACIO (CF) PEN 40 MG/0.8 ML
53387	IDACIO (CF) PEN PSORIASIS 40 MG
53387	IDACIO (CF) PEN CROHNS-UC 40 MG
53386	IDACIO (CF) 40 MG/0.8 ML SYRINGE
56152	IDACIO (CF) PEN 40 MG/0.8 ML
43148	ILARIS 150MG/ML VIAL
27445	ILARIS 180MG VIAL
44269	KEVZARA 150 MG/1.14 ML PEN INJ
43223	KEVZARA 150 MG/1.14 ML SYRINGE
44277	KEVZARA 200 MG/1.14 ML PEN INJ
43224	KEVZARA 200 MG/1.14 ML SYRINGE
14867	KINERET 100MG/0.67ML SYRINGE
30289	ORENCIA 125MG/ML SYRINGE

Biologic DMARDs	
GCN	Label Name
43389	ORENCIA 50MG/0.4ML SYRINGE
43397	ORENCIA 87.5MG/0.7ML SYRINGE
41656	ORENCIA CLICKJECT 125MG/ML
37765	OTEZLA 28 DAY STARTER PACK
36172	OTEZLA 30 MG TABLET
56084	OTEZLA 10-20 MG STARTER 28 DAY
56083	OTEZLA 20 MG TABLET
43055	SILIQ 210 MG/1.5 ML SYRINGE
55332	SIMLANDI (CF) AI 40 MG/0.4 ML
35001	SIMPONI 100MG/ML PEN INJECTOR
34697	SIMPONI 100MG/ML SYRINGE
22533	SIMPONI 50MG/0.5ML PEN INJECTOR
22536	SIMPONI 50MG/0.5ML SYRINGE
34983	SIMPONI ARIA 50MG/4ML VIAL
49617	SKYRIZI 150 MG/ML SYRINGE
49591	SKYRIZI 150 MG/ML PEN
53397	SKYRIZI 180 MG/1.2 ML ON-BODY
52475	SKYRIZI 360 MG/2.4 ML ON-BODY
28158	STELARA 45 MG/0.5 ML SYRINGE
40848	TALTZ 80 MG/ML AUTOINJ
40848	TALTZ 80 MG/ML SYRINGE
55341	TALTZ 20 MG/0.25 ML SYRINGE
55342	TALTZ 40 MG/ 0.5 ML SYRINGE
40849	TALTZ 80 MG/ML SYRINGE
43612	TREMFYA 100 MG/ML SYRINGE

Biologic DMARDs	
GCN	Label Name
55373	TYENNE 162MG/0.9ML AUTOINJECT
55374	TYENNE 162MG/0.9ML SYRINGE

Potent Immunosuppressants	
GCN	Label Name
98662	ASTAGRAF XL 0.5 MG CAPSULE
98663	ASTAGRAF XL 1 MG CAPSULE
98664	ASTAGRAF XL 5 MG CAPSULE
46771	AZATHIOPRINE 50 MG TABLET
47563	CELLCEPT 200 MG/ML ORAL SUSP
13910	CYCLOSPORINE 100 MG CAPSULE
13917	CYCLOSPORINE 100 MG/ML
13911	CYCLOSPORINE 25 MG CAPSULE
13919	CYCLOSPORINE MODIFIED 100 MG
13918	CYCLOSPORINE MODIFIED 25 MG
13916	CYCLOSPORINE MODIFIED 50 MG
13919	GENGRAF 100 MG CAPSULE
13917	GENGRAF 100 MG/ML SOLN
13918	GENGRAF 25 MG CAPSULE
13916	GENGRAF 50 MG CAPSULE
46771	IMURAN 50 MG TABLET
47560	MYCOPHENOLATE 250 MG CAPSULE
47561	MYCOPHENOLATE 500 MG TABLET
19646	MYCOPHENOLIC ACID DR 180 MG TAB
19647	MYCOPHENOLIC ACID DR 360 MG TAB

Potent Immunosuppressants	
GCN	Label Name
13919	NEORAL 100 MG CAPSULE
13917	NEORAL 100 MG/ML SOLN
13918	NEORAL 25 MG CAPSULE
13910	SANDIMMUNE 100 MG CAPSULE
08220	SANDIMMUNE 100 MG/ML SOLN
13911	SANDIMMUNE 25 MG CAPSULE
28495	TACROLIMUS 0.5 MG CAPSULE
28491	TACROLIMUS 1 MG CAPSULE
28492	TACROLIMUS 5 MG CAPSULE
*Potent immunosuppressants also include clients who have \geq 14 days therapy with doses \geq 80 mg per day of prednisone. Equivalent doses include \geq 400mg/day cortisone, 320mg/day hydrocortisone, 80mg/day prednisolone, 64mg/day methylprednisolone and 12mg/day dexamethasone.	

Strong CYP3A4 Inducer	
ICD-10 Code	Label Name
25445	ACTOPLUS MED 15-850MG TABLET
25444	ACTOPLUS MET 15-500MG TABLET
28620	ACTOPLUS MET XR 15-1000MG TABLET
28622	ACTOPLUS MET XR 30-1000MG TABLET
92991	ACTOS 15MG TABLET
93001	ACTOS 30MG TABLET
93011	ACTOS 45MG TABLET
36098	APTOM 200MG TABLET
36099	APTOM 400MG TABLET
36106	APTOM 600MG TABLET

Strong CYP3A4 Inducer	
ICD-10 Code	Label Name
27409	APTIOM 800MG TABLET
27346	ATRIPLA TABLET
92373	BEXAROTENE 75MG CAPSULE
17460	CARBAMAZEPINE 100 MG TAB CHEW
47500	CARBAMAZEPINE 100 MG/5 ML SUSP
17450	CARBAMAZEPINE 200 MG TABLET
23934	CARBAMAZEPINE ER 100 MG CAP
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
17700	DILANTIN 100 MG CAPSULE
17241	DILANTIN 125 MG/5 ML SUSP
17701	DILANTIN 30 MG CAPSULE
17250	DILANTIN 50 MG INFATAB
97181	DUETACT 30-2MG TABLET
97180	DUETACT 30-4MG TABLET
17450	EPITOL 200 MG TABLET
13781	EQUETRO 100 MG CAPSULE
13805	EQUETRO 200 MG CAPSULE
13818	EQUETRO 300 MG CAPSULE
99318	INTELENCE 100MG TABLET

Strong CYP3A4 Inducer	
ICD-10 Code	Label Name
29424	INTELENCE 200MG TABLET
32035	INTELENCE 25MG TABLET
37810	LYSODREN 500MG TABLET
26101	MODAFINIL 100MG TABLET
26102	MODAFINIL 200MG TABLET
29810	MYCOBUTIN 150 MG CAPSULE
17321	MYSOLINE 250MG TABLET
17322	MYSOLINE 50MG TABLET
31420	NEVIRAPINE 200MG TABLET
31421	NEVIRAPINE 50MG/5ML SUSPENSION
29767	NEVIRAPINE ER 400MG TABLET
42366	ORKAMBI 100-125MG TABLET
39008	ORKAMBI 200-125MG TABLET
34080	OSENI 12.5-15MG TABLET
34083	OSENI 12.5-30MG TABLET
34084	OSENI 12.5-45MG TABLET
34077	OSENI 25-15MG TABLET
34078	OSENI 25-30MG TABLET
34079	OSENI 25-45MG TABLET
12975	PHENOBARBITAL 100 MG TABLET
12892	PHENOBARBITAL 130 MG/ML VIAL
12971	PHENOBARBITAL 15 MG TABLET
97706	PHENOBARBITAL 16.2 MG TABLET
12956	PHENOBARBITAL 20 MG/5 ML ELIX
12973	PHENOBARBITAL 30 MG TABLET

Strong CYP3A4 Inducer	
ICD-10 Code	Label Name
97965	PHENOBARBITAL 32.4 MG TABLET
12972	PHENOBARBITAL 60 MG TABLET
97966	PHENOBARBITAL 64.8 MG TABLET
12894	PHENOBARBITAL 65 MG/ML VIAL
97967	PHENOBARBITAL 97.2 MG TABLET
15038	PHENYTEK 200 MG CAPSULE
15037	PHENYTEK 300 MG CAPSULE
17241	PHENYTOIN 125 MG/5 ML SUSP
17250	PHENYTOIN 50 MG TABLET CHEW
17200	PHENYTOIN 50 MG/ML VIAL
17700	PHENYTOIN SOD EXT 100 MG CAP
15038	PHENYTOIN SOD EXT 200 MG CAP
15037	PHENYTOIN SOD EXT 300 MG CAP
92991	PIOGLITAZONE HCL 15 MG TABLET
93001	PIOGLITAZONE HCL 30 MG TABLET
93011	PIOGLITAZONE HCL 45 MG TABLET
97181	PIOGLITAZONE-GLIMEPIRIDE 30-2
97180	PIOGLITAZONE-GLIMEPIRIDE 30-4
25444	PIOGLITAZONE-METFORMIN 15-500
25445	PIOGLITAZONE-METFORMIN 15-850
45911	PRIFTIN 150MG TABLET
17321	PRIMIDONE 250MG TABLET
17322	PRIMIDONE 50MG TABLET
26101	PROVIGIL 100MG TABLET
26102	PROVIGIL 200MG TABLET

Strong CYP3A4 Inducer	
ICD-10 Code	Label Name
29810	RIFABUTIN 150 MG CAPSULE
41260	RIFADIN 150 MG CAPSULE
41261	RIFADIN 300 MG CAPSULE
41470	RIFADIN IV 600 MG VIAL
89800	RIFAMATE CAPSULE
41260	RIFAMPIN 150 MG CAPSULE
41261	RIFAMPIN 300 MG CAPSULE
41470	RIFAMPIN IV 600 MG VIAL
14142	RIFATER TABLET
43303	SUSTIVA 200MG CAPSULE
43301	SUSTIVA 50MG CAPSULE
15555	SUSTIVA 600MG TABLET
34723	TAFINLAR 50MG CAPSULE
34724	TAFINLAR 75MG CAPSULE
92373	TARGRETIN 75MG 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
14979	TRACLEER 125MG TABLET
14978	TRACLEER 62.5MG TABLET
31420	VIRAMUNE 200MG TABLET
31421	VIRAMUNE 50MG/5ML SUSPENSION
30935	VIRAMUNE XR 100MG TABLET

Strong CYP3A4 Inducer	
ICD-10 Code	Label Name
29767	VIRAMUNE XR 400MG TABLET
33183	XTANDI 40MG CAPSULE

JAK Inhibitor	
GCN	Label Name
51827	CIBINQO 100 MG TABLET
51828	CIBINQO 200 MG TABLET
51825	CIBINQO 50 MG TABLET
30893	JAKAFI 10 MG TABLET
30894	JAKAFI 15 MG TABLET
30895	JAKAFI 20 MG TABLET
30896	JAKAFI 25 MG TABLET
30892	JAKAFI 5 MG TABLET
47205	OLUMIANT 1 MG TABLET
43468	OLUMIANT 2 MG TABLET
48684	XELJANZ 1 MG/ML SOLUTION
44882	XELJANZ 10 MG TABLET
33617	XELJANZ 5 MG TABLET
38086	XELJANZ XR 11 MG TABLET

TNF Blockers	
GCN	Label Name
56164	ADALIMUMAB-AACF (CF) SYR 40 MG
53875	ADALIMUMAB-ADAZ (CF) PEN 40 MG
53884	ADALIMUMAB-ADAZ(CF) 40 MG SYRNG

TNF Blockers	
GCN	Label Name
48318	ADALIMUMAB-FKJP (CF) 20 MG SYRG
48336	ADALIMUMAB-FKJP (CF) 40 MG SYRG
48317	ADALIMUMAB-FKJP (CF) PEN 40 MG
55665	ADALIMUMAB-ADB (CF) 40 MG SYRNG
55668	ADALIMUMAB-ADB (CF) CRHN 40 MG
55668	ADALIMUMAB-ADB (CF) PEN 40 MG
55668	ADALIMUMAB-ADB (CF) PEN PSORIA-UV 40 MG
55332	ADALIMUMAB-RYVK (CF) AI 40 MG
56016	ADALIMUMAB-RYVK (CF) 40 MG SYRG
53884	ADALIMUMAB-ADAZ (CF) 40 MG SYRNG
54007	AMJEVITA 10 MG/0.2 ML SYRINGE
42592	AMJEVITA 20 MG/0.4 ML SYRINGE
42639	AMJEVITA 40 MG/0.8 ML AUTOINJ
42637	AMJEVITA 40 MG/0.8 ML SYRINGE
23471	CIMZIA 200MG/ML SYRINGE KIT
23471	CIMZIA 200MG/ML STARTER KIT
53841	CYLTEZO (CF) 10 MG/0.2 ML SYRNG
53842	CYLTEZO (CF) 20 MG/0.4 ML SYRNG
43789	CYLTEZO (CF) 40 MG/0.8 ML SYRNG
54205	CYLTEZO (CF) PEN 40 MG/0.8 ML
54205	CYLTEZO (CF) PEN CRH-UC-HS 40 MG
54205	CYLTEZO (CF) PEN PSORIA-UV 40 MG
55665	CYLTEZO (CF) 40 MG/0.4 ML SYRNG
55668	CYLTEZO (CF) PEN 40 MG/0.4 ML
55668	CYLTEZO (CF) PEN CRH-UC-HS 40 MG

TNF Blockers	
GCN	Label Name
55668	CYLTEZO (CF) PEN PSORIA-UV 40 MG
23574	ENBREL 50 MG/ML SYRINGE
97724	ENBREL 50 MG/ML SURECLICK SYR
98398	ENBREL 25 MG/0.5 ML SYRINGE
43924	ENBREL 50 MG/ML MINI CARTRIDGE
48417	ENBREL 25 MG/0.5 ML VIAL
53846	HADLIMA (CF) 40 MG/0.4 ML SYRNG
53848	HADLIMA (CF) PUSHTOUCH 40MG/0.4
46718	HADLIMA 40 MG/0.8 ML SYRINGE
46717	HADLIMA PUSHTOUCH 40 MG/0.8 ML
48318	HULIO (CF) 20 MG/0.4 ML SYRINGE
48336	HULIO (CF) 40MG/0.8 ML SYRINGE
48317	HULIO (CF) PEN 40 MG/0.8 ML
55235	HULIO (CF) 20 MG/0.4 ML SYRINGE
55694	HULIO (CF) 40MG/0.8 ML SYRINGE
55693	HULIO (CF) PEN 40 MG/0.8 ML
44659	HUMIRA (CF) 10 MG/0.1 ML SYRINGE
44664	HUMIRA (CF) 20 MG/0.2 ML SYRINGE
43505	HUMIRA (CF) 40 MG/0.4 ML SYRINGE
43506	HUMIRA PEN 40 MG/0.4 ML
43904	HUMIRA (CF) PEDI CROHN 80 MG/0.8
44677	HUMIRA (CF) PEDI CROHN 80-40MG
44014	HUMIRA (CF) PEN CRHN-UC-HS 80 MG
44014	HUMIRA (CF) PEN PEDI UC 80 MG
44954	HUMIRA (CF) PEN PS-UV-AHS 80-40 MG

TNF Blockers	
GCN	Label Name
37262	HUMIRA 10 MG/0.2 ML SYRINGE
99439	HUMIRA 20 MG/0.4 ML SYRINGE
18924	HUMIRA 40 MG/0.8 ML SYRINGE
97005	HUMIRA PEN 40 MG/0.8 ML
97005	HUMIRA PEN CROHN-UC-HS 40 MG
97005	HUMIRA PEN PS-UV-ADOL HS 40 MG
18924	HUMIRA PEDI CROHN 40 MG/0.8 ML
53885	HYRIMOZ (CF) 10 MG/0.1 ML SYRNG
53883	HYRIMOZ (CF) 20 MG/0.2 ML SYRNG
53884	HYRIMOZ (CF) 40 MG/0.4 ML SYRNG
53899	HYRIMOZ (CF) PEDI CROHN 80 MG
53891	HYRIMOZ (CF) PEDI CROHN 80-40 MG
53875	HYRIMOZ (CF) PEN 40 MG/0.4 ML
53887	HYRIMOZ (CF) PEN 80 MG/0.8 ML
53887	HYRIMOZ (CF) PEN CROHN-UC 80 MG
53878	HYRIMOZ (CF) PEN PSORIA 80-40 MG
53387	IDACIO (CF) PEN 40 MG/0.8 ML
53387	IDACIO (CF) PEN PSORIASIS 40 MG
53387	IDACIO (CF) PEN CROHNS-UC 40 MG
53386	IDACIO (CF) 40 MG/0.8 ML SYRINGE
56152	IDACIO (CF) PEN 40 MG/0.8 ML
55332	SIMLANDI (CF) AI 40 MG/0.4 ML
35001	SIMPONI 100MG/ML PEN INJECTOR
34697	SIMPONI 100MG/ML SYRINGE
22533	SIMPONI 50MG/0.5ML PEN INJECTOR

TNF Blockers	
GCN	Label Name
22536	SIMPONI 50MG/0.5ML SYRINGE
34983	SIMPONI ARIA 50MG/4ML VIAL



Cytokine and CAM Antagonists

Clinical Criteria References

1. Clinical Pharmacology [online database]. Tampa, FL: Elsevier/Gold Standard, Inc.; 2024. Available at www.clinicalpharmacology.com. Accessed on October 25, 2024.
2. Micromedex [online database]. Available at www.micromedexsolutions.com. Accessed on October 25, 2024.
3. Bimzelx Prescribing Information. Smyrna, GA. UCB, Inc. October 2023.
4. Omvoh Prescribing Information. Indianapolis, IN. Eli Lilly and Company. April 2024.
5. Rinvoq Prescribing Information. North Chicago, IL. AbbVie Inc. April 2024.



Cytokine and CAM Antagonists

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
10/25/2024	<ul style="list-style-type: none">Initial Publication and Presentation to the DUR Board