

Texas Prior Authorization Program Clinical Criteria

Drug/Drug Class

Diabetic Test Strips

This edit was recommended for review by an MCO to ensure appropriate prescribing of diabetic test strips.

Clinical Criteria Information Included in this Document

Diabetic Test Strips

- **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

Updated to include formulary statement (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.) on each 'Drug Requiring PA' table



Diabetic Test Strips

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
DIABETIC TEST STRIPS	25200



Diabetic Test Strips

Clinical Criteria Logic

1. Does the client have one claim for diabetic test strips more than 90 days ago?
 Yes (Go to #2)
 No (Approve – 90 days)

2. Does the client have a **diagnosis of Type 1, 2 or pre-diabetes** in the last 730 days?
 Yes (Approve – 365 days)
 No (Go to #3)

3. Does the client have a **diagnosis of gestational diabetes** in the last 365 days?
 Yes (Approve – 365 days)
 No (Go to #4)

4. Does the client have 1 claim for an **agent used to treat diabetes** in the last 730 days?
 Yes (Approve – 365 days)
 No (Go to #5)

5. Does the client have one claim for a **medication that can affect blood sugar levels** (antipsychotic agents, oral glucocorticoid agents, etc.) or infers pregnancy in the last 365 days?
 Yes (Approve – 365 days)
 No (Deny)



Diabetic Test Strips

Clinical Criteria Logic Diagram





Diabetic Test Strips

Clinical Criteria Supporting Tables

Step 1 (diagnosis of type 1, 2 or pre-diabetes)	
Required diagnosis: 1	
Look back timeframe: 730 days	
ICD-10 Code	Description
E1010	TYPE 1 DIABETES MELLITUS WITH KETOACIDOSIS WITHOUT COMA
E1011	TYPE 1 DIABETES MELLITUS WITH KETOACIDOSIS WITH COMA
E1021	TYPE 1 DIABETES MELLITUS WITH DIABETIC NEPHROPATHY
E1022	TYPE 1 DIABETES MELLITUS WITH DIABETIC CHRONIC KIDNEY DISEASE
E1029	TYPE 1 DIABETES MELLITUS WITH OTHER DIABETIC KIDNEY COMPLICATION
E10311	TYPE 1 DIABETES MELLITUS WITH UNSPECIFIED DIABETIC RETINOPATHY WITH MACULAR EDEMA
E10319	TYPE 1 DIABETES MELLITUS WITH UNSPECIFIED DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA
E103211	TYPE 1 DIABETES MELLITUS WITH MILD NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, RIGHT EYE
E103212	TYPE 1 DIABETES MELLITUS WITH MILD NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, LEFT EYE
E103213	TYPE 1 DIABETES MELLITUS WITH MILD NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, BILATERAL
E103219	TYPE 1 DIABETES MELLITUS WITH MILD NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, UNSPECIFIED EYE
E103291	TYPE 1 DIABETES MELLITUS WITH MILD NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, RIGHT EYE
E103292	TYPE 1 DIABETES MELLITUS WITH MILD NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, LEFT EYE
E103293	TYPE 1 DIABETES MELLITUS WITH MILD NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, BILATERAL
E103299	TYPE 1 DIABETES MELLITUS WITH MILD NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, UNSPECIFIED EYE
E103311	TYPE 1 DIABETES MELLITUS WITH MODERATE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, RIGHT EYE
E103312	TYPE 1 DIABETES MELLITUS WITH MODERATE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, LEFT EYE
E103313	TYPE 1 DIABETES MELLITUS WITH MODERATE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, BILATERAL
E103319	TYPE 1 DIABETES MELLITUS WITH MODERATE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, UNSPECIFIED EYE
E103391	TYPE 1 DIABETES MELLITUS WITH MODERATE NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, RIGHT EYE

Step 1 (diagnosis of type 1, 2 or pre-diabetes)	
Required diagnosis: 1	
Look back timeframe: 730 days	
ICD-10 Code	Description
E103392	TYPE 1 DIABETES MELLITUS WITH MODERATE NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, LEFT EYE
E103393	TYPE 1 DIABETES MELLITUS WITH MODERATE NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, BILATERAL
E103399	TYPE 1 DIABETES MELLITUS WITH MODERATE NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, UNSPECIFIED EYE
E103411	TYPE 1 DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, RIGHT EYE
E103412	TYPE 1 DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, LEFT EYE
E103413	TYPE 1 DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, BILATERAL
E103419	TYPE 1 DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, UNSPECIFIED EYE
E103491	TYPE 1 DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, RIGHT EYE
E103492	TYPE 1 DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, LEFT EYE
E103493	TYPE 1 DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, BILATERAL
E103499	TYPE 1 DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, UNSPECIFIED EYE
E103511	TYPE 1 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, RIGHT EYE
E103512	TYPE 1 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, LEFT EYE
E103513	TYPE 1 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, BILATERAL
E103519	TYPE 1 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, UNSPECIFIED EYE
E103521	TYPE 1 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH TRACTION RETINAL DETACHMENT INVOLVING THE MACULA, RIGHT EYE
E103522	TYPE 1 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH TRACTION RETINAL DETACHMENT INVOLVING THE MACULA, LEFT EYE
E103523	TYPE 1 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH TRACTION RETINAL DETACHMENT INVOLVING THE MACULA, BILATERAL
E103529	TYPE 1 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH TRACTION RETINAL DETACHMENT INVOLVING THE MACULA, UNSPECIFIED EYE
E103531	TYPE 1 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH TRACTION RETINAL DETACHMENT NOT INVOLVING THE MACULA, RIGHT EYE
E103532	TYPE 1 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH TRACTION RETINAL DETACHMENT NOT INVOLVING THE MACULA, LEFT EYE

Step 1 (diagnosis of type 1, 2 or pre-diabetes)	
Required diagnosis: 1	
Look back timeframe: 730 days	
ICD-10 Code	Description
E103533	TYPE 1 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH TRACTION RETINAL DETACHMENT NOT INVOLVING THE MACULA, BILATERAL
E103539	TYPE 1 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH TRACTION RETINAL DETACHMENT NOT INVOLVING THE MACULA, UNSPECIFIED EYE
E103541	TYPE 1 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH COMBINED TRACTION RETINAL DETACHMENT AND RHEGMATOGENOUS RETINAL DETACHMENT, RIGHT EYE
E103542	TYPE 1 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH COMBINED TRACTION RETINAL DETACHMENT AND RHEGMATOGENOUS RETINAL DETACHMENT, LEFT EYE
E103543	TYPE 1 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH COMBINED TRACTION RETINAL DETACHMENT AND RHEGMATOGENOUS RETINAL DETACHMENT, BILATERAL
E103549	TYPE 1 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH COMBINED TRACTION RETINAL DETACHMENT AND RHEGMATOGENOUS RETINAL DETACHMENT, UNSPECIFIED EYE
E103551	TYPE 1 DIABETES MELLITUS WITH STABLE PROLIFERATIVE DIABETIC RETINOPATHY, RIGHT EYE
E103552	TYPE 1 DIABETES MELLITUS WITH STABLE PROLIFERATIVE DIABETIC RETINOPATHY, LEFT EYE
E103553	TYPE 1 DIABETES MELLITUS WITH STABLE PROLIFERATIVE DIABETIC RETINOPATHY, BILATERAL
E103559	TYPE 1 DIABETES MELLITUS WITH STABLE PROLIFERATIVE DIABETIC RETINOPATHY, UNSPECIFIED EYE
E103591	TYPE 1 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, RIGHT EYE
E103592	TYPE 1 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, LEFT EYE
E103593	TYPE 1 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, BILATERAL
E103599	TYPE 1 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, UNSPECIFIED EYE
E1036	TYPE 1 DIABETES MELLITUS WITH DIABETIC CATARACT
E1037X1	TYPE 1 DIABETES MELLITUS WITH DIABETIC MACULAR EDEMA, RESOLVED FOLLOWING TREATMENT, RIGHT EYE
E1037X2	TYPE 1 DIABETES MELLITUS WITH DIABETIC MACULAR EDEMA, RESOLVED FOLLOWING TREATMENT, LEFT EYE
E1037X3	TYPE 1 DIABETES MELLITUS WITH DIABETIC MACULAR EDEMA, RESOLVED FOLLOWING TREATMENT, BILATERAL
E1037X9	TYPE 1 DIABETES MELLITUS WITH DIABETIC MACULAR EDEMA, RESOLVED FOLLOWING TREATMENT, UNSPECIFIED EYE
E1039	TYPE 1 DIABETES MELLITUS WITH OTHER DIABETIC OPHTHALMIC COMPLICATION
E1040	TYPE 1 DIABETES MELLITUS WITH DIABETIC NEUROPATHY, UNSPECIFIED

Step 1 (diagnosis of type 1, 2 or pre-diabetes)	
Required diagnosis: 1	
Look back timeframe: 730 days	
ICD-10 Code	Description
E1042	TYPE 1 DIABETES MELLITUS WITH DIABETIC POLYNEUROPATHY
E1043	TYPE 1 DIABETES MELLITUS WITH DIABETIC AUTONOMIC (POLY)NEUROPATHY
E1049	TYPE 1 DIABETES MELLITUS WITH OTHER DIABETIC NEUROLOGICAL COMPLICATION
E1051	TYPE 1 DIABETES MELLITUS WITH DIABETIC PERIPHERAL ANGIOPATHY WITHOUT GANGRENE
E1052	TYPE 1 DIABETES MELLITUS WITH DIABETIC PERIPHERAL ANGIOPATHY WITH GANGRENE
E1059	TYPE 1 DIABETES MELLITUS WITH OTHER CIRCULATORY COMPLICATIONS
E10610	TYPE 1 DIABETES MELLITUS WITH DIABETIC NEUROPATHIC ARTHROPATHY
E10618	TYPE 1 DIABETES MELLITUS WITH OTHER DIABETIC ARTHROPATHY
E10620	TYPE 1 DIABETES MELLITUS WITH DIABETIC DERMATITIS
E10621	TYPE 1 DIABETES MELLITUS WITH FOOT ULCER
E10622	TYPE 1 DIABETES MELLITUS WITH OTHER SKIN ULCER
E10628	TYPE 1 DIABETES MELLITUS WITH OTHER SKIN COMPLICATIONS
E10630	TYPE 1 DIABETES MELLITUS WITH PERIODONTAL DISEASE
E10638	TYPE 1 DIABETES MELLITUS WITH OTHER ORAL COMPLICATIONS
E10641	TYPE 1 DIABETES MELLITUS WITH HYPOGLYCEMIA WITH COMA
E10649	TYPE 1 DIABETES MELLITUS WITH HYPOGLYCEMIA WITHOUT COMA
E1065	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA
E1069	TYPE 1 DIABETES MELLITUS WITH OTHER SPECIFIED COMPLICATION
E108	TYPE 1 DIABETES MELLITUS WITH UNSPECIFIED COMPLICATIONS
E109	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS
E1100	TYPE 2 DIABETES MELLITUS WITH HYPEROSMOLARITY WITHOUT NONKETOTIC HYPERGLYCEMIC-HYPEROSMOLAR COMA (NKHHC)
E1101	TYPE 2 DIABETES MELLITUS WITH HYPEROSMOLARITY WITH COMA
E1121	TYPE 2 DIABETES MELLITUS WITH DIABETIC NEPHROPATHY
E1122	TYPE 2 DIABETES MELLITUS WITH DIABETIC CHRONIC KIDNEY DISEASE
E1129	TYPE 2 DIABETES MELLITUS WITH OTHER DIABETIC KIDNEY COMPLICATION
E11311	TYPE 2 DIABETES MELLITUS WITH UNSPECIFIED DIABETIC RETINOPATHY WITH MACULAR EDEMA
E11319	TYPE 2 DIABETES MELLITUS WITH UNSPECIFIED DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA
E113211	TYPE 2 DIABETES MELLITUS WITH MILD NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, RIGHT EYE
E113212	TYPE 2 DIABETES MELLITUS WITH MILD NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, LEFT EYE

Step 1 (diagnosis of type 1, 2 or pre-diabetes)	
Required diagnosis: 1	
Look back timeframe: 730 days	
ICD-10 Code	Description
E113213	TYPE 2 DIABETES MELLITUS WITH MILD NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, BILATERAL
E113219	TYPE 2 DIABETES MELLITUS WITH MILD NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, UNSPECIFIED EYE
E113291	TYPE 2 DIABETES MELLITUS WITH MILD NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, RIGHT EYE
E113292	TYPE 2 DIABETES MELLITUS WITH MILD NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, LEFT EYE
E113293	TYPE 2 DIABETES MELLITUS WITH MILD NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, BILATERAL
E113299	TYPE 2 DIABETES MELLITUS WITH MILD NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, UNSPECIFIED EYE
E113311	TYPE 2 DIABETES MELLITUS WITH MODERATE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, RIGHT EYE
E113312	TYPE 2 DIABETES MELLITUS WITH MODERATE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, LEFT EYE
E113313	TYPE 2 DIABETES MELLITUS WITH MODERATE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, BILATERAL
E113319	TYPE 2 DIABETES MELLITUS WITH MODERATE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, UNSPECIFIED EYE
E113391	TYPE 2 DIABETES MELLITUS WITH MODERATE NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, RIGHT EYE
E113392	TYPE 2 DIABETES MELLITUS WITH MODERATE NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, LEFT EYE
E113393	TYPE 2 DIABETES MELLITUS WITH MODERATE NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, BILATERAL
E113393	TYPE 2 DIABETES MELLITUS WITH MODERATE NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, UNSPECIFIED EYE
E113411	TYPE 2 DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, RIGHT EYE
E113412	TYPE 2 DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, LEFT EYE
E113413	TYPE 2 DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, BILATERAL
E113419	TYPE 2 DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, UNSPECIFIED EYE
E113491	TYPE 2 DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, RIGHT EYE
E113492	TYPE 2 DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, LEFT EYE
E113493	TYPE 2 DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, BILATERAL
E113499	TYPE 2 DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, UNSPECIFIED EYE
E113511	TYPE 2 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, RIGHT EYE

Step 1 (diagnosis of type 1, 2 or pre-diabetes)	
Required diagnosis: 1	
Look back timeframe: 730 days	
ICD-10 Code	Description
E113512	TYPE 2 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, LEFT EYE
E113513	TYPE 2 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, BILATERAL
E113519	TYPE 2 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, UNSPECIFIED EYE
E113521	TYPE 2 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, RIGHT EYE
E113522	TYPE 2 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, LEFT EYE
E113523	TYPE 2 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, BILATERAL
E113529	TYPE 2 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, UNSPECIFIED EYE
E113531	TYPE 2 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH TRACTION RETINAL DETACHMENT NOT INVOLVING THE MACULA, RIGHT EYE
E113532	TYPE 2 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH TRACTION RETINAL DETACHMENT NOT INVOLVING THE MACULA, LEFT EYE
E113533	TYPE 2 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH TRACTION RETINAL DETACHMENT NOT INVOLVING THE MACULA, BILATERAL
E113539	TYPE 2 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH TRACTION RETINAL DETACHMENT NOT INVOLVING THE MACULA, UNSPECIFIED EYE
E113541	TYPE 2 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH COMBINED TRACTION RETINAL DETACHMENT AND RHEGMATOGENOUS RETINAL DETACHMENT, RIGHT EYE
E113542	TYPE 2 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH COMBINED TRACTION RETINAL DETACHMENT AND RHEGMATOGENOUS RETINAL DETACHMENT, LEFT EYE
E113543	TYPE 2 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH COMBINED TRACTION RETINAL DETACHMENT AND RHEGMATOGENOUS RETINAL DETACHMENT, BILATERAL
E113549	TYPE 2 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH COMBINED TRACTION RETINAL DETACHMENT AND RHEGMATOGENOUS RETINAL DETACHMENT, UNSPECIFIED EYE
E113551	TYPE 2 DIABETES MELLITUS WITH STABLE PROLIFERATIVE DIABETIC RETINOPATHY, RIGHT EYE
E113552	TYPE 2 DIABETES MELLITUS WITH STABLE PROLIFERATIVE DIABETIC RETINOPATHY, LEFT EYE
E113553	TYPE 2 DIABETES MELLITUS WITH STABLE PROLIFERATIVE DIABETIC RETINOPATHY, BILATERAL
E113559	TYPE 2 DIABETES MELLITUS WITH STABLE PROLIFERATIVE DIABETIC RETINOPATHY, UNSPECIFIED EYE
E113591	TYPE 2 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, RIGHT EYE

Step 1 (diagnosis of type 1, 2 or pre-diabetes)	
Required diagnosis: 1	
Look back timeframe: 730 days	
ICD-10 Code	Description
E113592	TYPE 2 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, LEFT EYE
E113593	TYPE 2 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, BILATERAL
E113599	TYPE 2 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, UNSPECIFIED EYE
E1136	TYPE 2 DIABETES MELLITUS WITH DIABETIC CATARACT
E1137X1	TYPE 2 DIABETES MELLITUS WITH DIABETIC MACULAR EDEMA, RESOLVED FOLLOWING TREATMENT, RIGHT EYE
E1137X2	TYPE 2 DIABETES MELLITUS WITH DIABETIC MACULAR EDEMA, RESOLVED FOLLOWING TREATMENT, LEFT EYE
E1137X3	TYPE 2 DIABETES MELLITUS WITH DIABETIC MACULAR EDEMA, RESOLVED FOLLOWING TREATMENT, BILATERAL
E1137X9	TYPE 2 DIABETES MELLITUS WITH DIABETIC MACULAR EDEMA, RESOLVED FOLLOWING TREATMENT, UNSPECIFIED EYE
E1139	TYPE 2 DIABETES MELLITUS WITH OTHER DIABETIC OPHTHALMIC COMPLICATION
E1140	TYPE 2 DIABETES MELLITUS WITH DIABETIC MACULAR EDEMA, RESOLVED FOLLOWING TREATMENT
E1141	TYPE 2 DIABETES MELLITUS WITH DIABETIC MONONEUROPATHY
E1142	TYPE 2 DIABETES MELLITUS WITH DIABETIC POLYNEUROPATHY
E1143	TYPE 2 DIABETES MELLITUS WITH DIABETIC AUTONOMIC (POLY)NEUROPATHY
E1144	TYPE 2 DIABETES MELLITUS WITH DIABETIC AMYOTROPHY
E1149	TYPE 2 DIABETES MELLITUS WITH OTHER DIABETIC NEUROLOGICAL COMPLICATION
E1151	TYPE 2 DIABETES MELLITUS WITH DIABETIC PERIPHERAL ANGIOPATHY WITHOUT GANGRENE
E1152	TYPE 2 DIABETES MELLITUS WITH DIABETIC PERIPHERAL ANGIOPATHY WITH GANGRENE
E1159	TYPE 2 DIABETES MELLITUS WITH OTHER CIRCULATORY COMPLICATIONS
E11610	TYPE 2 DIABETES MELLITUS WITH DIABETIC NEUROPATHIC ARTHROPATHY
E11618	TYPE 2 DIABETES MELLITUS WITH OTHER DIABETIC ARTHROPATHY
E11620	TYPE 2 DIABETES MELLITUS WITH DIABETIC DERMATITIS
E11621	TYPE 2 DIABETES MELLITUS WITH FOOT ULCER
E11622	TYPE 2 DIABETES MELLITUS WITH OTHER SKIN ULCER
E11628	TYPE 2 DIABETES MELLITUS WITH OTHER SKIN COMPLICATIONS
E11630	TYPE 2 DIABETES MELLITUS WITH PERIODONTAL DISEASE
E11638	TYPE 2 DIABETES MELLITUS WITH OTHER ORAL COMPLICATIONS
E11641	TYPE 2 DIABETES MELLITUS WITH HYPOGLYCEMIA WITH COMA
E11649	TYPE 2 DIABETES MELLITUS WITH HYPOGLYCEMIA WITHOUT COMA

Step 1 (diagnosis of type 1, 2 or pre-diabetes)	
Required diagnosis: 1	
Look back timeframe: 730 days	
ICD-10 Code	Description
E1165	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA
E1169	TYPE 2 DIABETES MELLITUS WITH OTHER SPECIFIED COMPLICATION
E118	TYPE 2 DIABETES MELLITUS WITH UNSPECIFIED COMPLICATIONS
E119	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS
E1300	OTHER SPECIFIED DIABETES MELLITUS WITH HYPEROSMOLARITY WITHOUT NONKETOTIC HYPERGLYCEMIC-HYPEROSMOLAR COMA (NKHHC)
E1301	OTHER SPECIFIED DIABETES MELLITUS WITH HYPEROSMOLARITY WITH COMA
E1310	OTHER SPECIFIED DIABETES MELLITUS WITH KETOACIDOSIS WITHOUT COMA
E1311	OTHER SPECIFIED DIABETES MELLITUS WITH KETOACIDOSIS WITH COMA
E1321	OTHER SPECIFIED DIABETES MELLITUS WITH DIABETIC NEPHROPATHY
E1322	OTHER SPECIFIED DIABETES MELLITUS WITH DIABETIC CHRONIC KIDNEY DISEASE
E1329	OTHER SPECIFIED DIABETES MELLITUS WITH OTHER DIABETIC KIDNEY COMPLICATION
E13311	OTHER SPECIFIED DIABETES MELLITUS WITH UNSPECIFIED DIABETIC RETINOPATHY WITH MACULAR EDEMA
E13319	OTHER SPECIFIED DIABETES MELLITUS WITH UNSPECIFIED DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA
E133211	OTHER SPECIFIED DIABETES MELLITUS WITH MILD NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, RIGHT EYE
E133212	OTHER SPECIFIED DIABETES MELLITUS WITH MILD NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, LEFT EYE
E133213	OTHER SPECIFIED DIABETES MELLITUS WITH MILD NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, BILATERAL
E133219	OTHER SPECIFIED DIABETES MELLITUS WITH MILD NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, UNSPECIFIED EYE
E133291	OTHER SPECIFIED DIABETES MELLITUS WITH MILD NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, RIGHT EYE
E133292	OTHER SPECIFIED DIABETES MELLITUS WITH MILD NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, LEFT EYE
E133293	OTHER SPECIFIED DIABETES MELLITUS WITH MILD NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, BILATERAL
E133299	OTHER SPECIFIED DIABETES MELLITUS WITH MILD NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, UNSPECIFIED EYE
E133311	OTHER SPECIFIED DIABETES MELLITUS WITH MODERATE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, RIGHT EYE
E133312	OTHER SPECIFIED DIABETES MELLITUS WITH MODERATE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, LEFT EYE

Step 1 (diagnosis of type 1, 2 or pre-diabetes)	
Required diagnosis: 1	
Look back timeframe: 730 days	
ICD-10 Code	Description
E133313	OTHER SPECIFIED DIABETES MELLITUS WITH MODERATE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, BILATERAL
E133319	OTHER SPECIFIED DIABETES MELLITUS WITH MODERATE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, UNSPECIFIED EYE
E133391	OTHER SPECIFIED DIABETES MELLITUS WITH MODERATE NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, RIGHT EYE
E133392	OTHER SPECIFIED DIABETES MELLITUS WITH MODERATE NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, LEFT EYE
E133393	OTHER SPECIFIED DIABETES MELLITUS WITH MODERATE NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, BILATERAL
E133399	OTHER SPECIFIED DIABETES MELLITUS WITH MODERATE NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, UNSPECIFIED EYE
E133411	OTHER SPECIFIED DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, RIGHT EYE
E133412	OTHER SPECIFIED DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, LEFT EYE
E133413	OTHER SPECIFIED DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, BILATERAL
E133419	OTHER SPECIFIED DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, UNSPECIFIED EYE
E133491	OTHER SPECIFIED DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, RIGHT EYE
E133492	OTHER SPECIFIED DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, LEFT EYE
E133493	OTHER SPECIFIED DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, BILATERAL
E133499	OTHER SPECIFIED DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, UNSPECIFIED EYE
E133511	OTHER SPECIFIED DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, RIGHT EYE
E133512	OTHER SPECIFIED DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, LEFT EYE
E133513	OTHER SPECIFIED DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, BILATERAL

Step 1 (diagnosis of type 1, 2 or pre-diabetes)	
Required diagnosis: 1	
Look back timeframe: 730 days	
ICD-10 Code	Description
E133519	OTHER SPECIFIED DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA, UNSPECIFIED EYE
E133521	OTHER SPECIFIED DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH TRACTION RETINAL DETACHMENT INVOLVING THE MACULA, RIGHT EYE
E133522	OTHER SPECIFIED DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH TRACTION RETINAL DETACHMENT INVOLVING THE MACULA, LEFT EYE
E133523	OTHER SPECIFIED DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH TRACTION RETINAL DETACHMENT INVOLVING THE MACULA, BILATERAL
E133529	OTHER SPECIFIED DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH TRACTION RETINAL DETACHMENT INVOLVING THE MACULA, UNSPECIFIED EYE
E133531	OTHER SPECIFIED DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH TRACTION RETINAL DETACHMENT NOT INVOLVING THE MACULA, RIGHT EYE
E133532	OTHER SPECIFIED DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH TRACTION RETINAL DETACHMENT NOT INVOLVING THE MACULA, LEFT EYE
E133533	OTHER SPECIFIED DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH TRACTION RETINAL DETACHMENT NOT INVOLVING THE MACULA, BILATERAL
E133539	OTHER SPECIFIED DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH TRACTION RETINAL DETACHMENT NOT INVOLVING THE MACULA, UNSPECIFIED EYE
E133541	OTHER SPECIFIED DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH COMBINED TRACTION RETINAL DETACHMENT AND RHEGMATOGENOUS RETINAL DETACHMENT, RIGHT EYE
E133542	OTHER SPECIFIED DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH COMBINED TRACTION RETINAL DETACHMENT AND RHEGMATOGENOUS RETINAL DETACHMENT, LEFT EYE
E133543	OTHER SPECIFIED DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH COMBINED TRACTION RETINAL DETACHMENT AND RHEGMATOGENOUS RETINAL DETACHMENT, BILATERAL
E133549	OTHER SPECIFIED DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH COMBINED TRACTION RETINAL DETACHMENT AND RHEGMATOGENOUS RETINAL DETACHMENT, UNSPECIFIED EYE
E133551	OTHER SPECIFIED DIABETES MELLITUS WITH STABLE PROLIFERATIVE DIABETIC RETINOPATHY, RIGHT EYE
E133552	OTHER SPECIFIED DIABETES MELLITUS WITH STABLE PROLIFERATIVE DIABETIC RETINOPATHY, LEFT EYE
E133553	OTHER SPECIFIED DIABETES MELLITUS WITH STABLE PROLIFERATIVE DIABETIC RETINOPATHY, BILATERAL
E133559	OTHER SPECIFIED DIABETES MELLITUS WITH STABLE PROLIFERATIVE DIABETIC RETINOPATHY, UNSPECIFIED EYE
E133591	OTHER SPECIFIED DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, RIGHT EYE

Step 1 (diagnosis of type 1, 2 or pre-diabetes)	
Required diagnosis: 1	
Look back timeframe: 730 days	
ICD-10 Code	Description
E133592	OTHER SPECIFIED DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, LEFT EYE
E133593	OTHER SPECIFIED DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, BILATERAL
E133599	OTHER SPECIFIED DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA, UNSPECIFIED EYE
E13359	OTHER SPECIFIED DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA
E1336	OTHER SPECIFIED DIABETES MELLITUS WITH DIABETIC CATARACT
E1337X1	OTHER SPECIFIED DIABETES MELLITUS WITH DIABETIC MACULAR EDEMA, RESOLVED FOLLOWING TREATMENT, RIGHT EYE
E1337X2	OTHER SPECIFIED DIABETES MELLITUS WITH DIABETIC MACULAR EDEMA, RESOLVED FOLLOWING TREATMENT, LEFT EYE
E1337X3	OTHER SPECIFIED DIABETES MELLITUS WITH DIABETIC MACULAR EDEMA, RESOLVED FOLLOWING TREATMENT, BILATERAL
E1337X9	OTHER SPECIFIED DIABETES MELLITUS WITH DIABETIC MACULAR EDEMA, RESOLVED FOLLOWING TREATMENT, UNSPECIFIED EYE
E1339	OTHER SPECIFIED DIABETES MELLITUS WITH OTHER DIABETIC OPHTHALMIC COMPLICATION
E1340	OTHER SPECIFIED DIABETES MELLITUS WITH DIABETIC NEUROPATHY, UNSPECIFIED
E1341	OTHER SPECIFIED DIABETES MELLITUS WITH DIABETIC MONONEUROPATHY
E1342	OTHER SPECIFIED DIABETES MELLITUS WITH DIABETIC POLYNEUROPATHY
E1343	OTHER SPECIFIED DIABETES MELLITUS WITH DIABETIC AUTONOMIC (POLY)NEUROPATHY
E1344	OTHER SPECIFIED DIABETES MELLITUS WITH DIABETIC AMYOTROPHY
E1349	OTHER SPECIFIED DIABETES MELLITUS WITH OTHER DIABETIC NEUROLOGICAL COMPLICATION
E1351	OTHER SPECIFIED DIABETES MELLITUS WITH DIABETIC PERIPHERAL ANGIOPATHY WITHOUT GANGRENE
E1352	OTHER SPECIFIED DIABETES MELLITUS WITH DIABETIC PERIPHERAL ANGIOPATHY WITH GANGRENE
E1359	OTHER SPECIFIED DIABETES MELLITUS WITH OTHER CIRCULATORY COMPLICATIONS
E13610	OTHER SPECIFIED DIABETES MELLITUS WITH DIABETIC NEUROPATHIC ARTHROPATHY
E13618	OTHER SPECIFIED DIABETES MELLITUS WITH OTHER DIABETIC ARTHROPATHY
E13620	OTHER SPECIFIED DIABETES MELLITUS WITH DIABETIC DERMATITIS
E13621	OTHER SPECIFIED DIABETES MELLITUS WITH FOOT ULCER
E13622	OTHER SPECIFIED DIABETES MELLITUS WITH OTHER SKIN ULCER
E13628	OTHER SPECIFIED DIABETES MELLITUS WITH OTHER SKIN COMPLICATIONS
E13630	OTHER SPECIFIED DIABETES MELLITUS WITH PERIODONTAL DISEASE

Step 1 (diagnosis of type 1, 2 or pre-diabetes)	
Required diagnosis: 1	
Look back timeframe: 730 days	
ICD-10 Code	Description
E13638	OTHER SPECIFIED DIABETES MELLITUS WITH OTHER ORAL COMPLICATIONS
E13641	OTHER SPECIFIED DIABETES MELLITUS WITH HYPOGLYCEMIA WITH COMA
E13649	OTHER SPECIFIED DIABETES MELLITUS WITH HYPOGLYCEMIA WITHOUT COMA
E1365	OTHER SPECIFIED DIABETES MELLITUS WITH HYPERGLYCEMIA
E1369	OTHER SPECIFIED DIABETES MELLITUS WITH OTHER SPECIFIED COMPLICATION
E138	OTHER SPECIFIED DIABETES MELLITUS WITH UNSPECIFIED COMPLICATIONS
E139	OTHER SPECIFIED DIABETES MELLITUS WITHOUT COMPLICATIONS
E15	NONDIABETIC HYPOGLYCEMIC COMA
E160	DRUG-INDUCED HYPOGLYCEMIA WITHOUT COMA
E161	OTHER HYPOGLYCEMIA
E162	HYPOGLYCEMIA, UNSPECIFIED
E163	INCREASED SECRETION OF GLUCAGON
R7301	IMPAIRED FASTING GLUCOSE
R7302	IMPAIRED GLUCOSE TOLERANCE (ORAL)
R7303	PREDIABETES
R7309	OTHER ABNORMAL GLUCOSE
R739	HYPERGLYCEMIA, UNSPECIFIED

Step 2 (diagnosis of gestational diabetes)	
Required diagnosis: 1	
Look back timeframe: 365 days	
ICD-10 Code	Description
O24011	PRE-EXISTING TYPE 1 DIABETES MELLITUS, IN PREGNANCY, FIRST TRIMESTER
O24012	PRE-EXISTING TYPE 1 DIABETES MELLITUS, IN PREGNANCY, SECOND TRIMESTER
O24013	PRE-EXISTING TYPE 1 DIABETES MELLITUS, IN PREGNANCY, THIRD TRIMESTER
O24019	PRE-EXISTING TYPE 1 DIABETES MELLITUS, IN PREGNANCY, UNSPECIFIED TRIMESTER
O2402	PRE-EXISTING TYPE 1 DIABETES MELLITUS, IN CHILDBIRTH
O2403	PRE-EXISTING TYPE 1 DIABETES MELLITUS, IN THE PUERPERIUM
O24111	PRE-EXISTING TYPE 2 DIABETES MELLITUS, IN PREGNANCY, FIRST TRIMESTER

Step 2 (diagnosis of gestational diabetes)	
Required diagnosis: 1	
Look back timeframe: 365 days	
ICD-10 Code	Description
O24112	PRE-EXISTING TYPE 2 DIABETES MELLITUS, IN PREGNANCY, SECOND TRIMESTER
O24113	PRE-EXISTING TYPE 2 DIABETES MELLITUS, IN PREGNANCY, THIRD TRIMESTER
O24119	PRE-EXISTING TYPE 2 DIABETES MELLITUS, IN PREGNANCY, UNSPECIFIED TRIMESTER
O2412	PRE-EXISTING TYPE 2 DIABETES MELLITUS, IN CHILDBIRTH
O2413	PRE-EXISTING TYPE 2 DIABETES MELLITUS, IN THE PUERPERIUM
O24311	UNSPECIFIED PRE-EXISTING DIABETES MELLITUS IN PREGNANCY, FIRST TRIMESTER
O24312	UNSPECIFIED PRE-EXISTING DIABETES MELLITUS IN PREGNANCY, SECOND TRIMESTER
O24313	UNSPECIFIED PRE-EXISTING DIABETES MELLITUS IN PREGNANCY, THIRD TRIMESTER
O24319	UNSPECIFIED PRE-EXISTING DIABETES MELLITUS IN PREGNANCY, UNSPECIFIED TRIMESTER
O2432	UNSPECIFIED PRE-EXISTING DIABETES MELLITUS IN CHILDBIRTH
O2433	UNSPECIFIED PRE-EXISTING DIABETES MELLITUS IN THE PUERPERIUM
O24410	GESTATIONAL DIABETES MELLITUS IN PREGNANCY, DIET CONTROLLED
O24414	GESTATIONAL DIABETES MELLITUS IN PREGNANCY, INSULIN CONTROLLED
O24415	GESTATIONAL DIABETES MELLITUS IN PREGNANCY, CONTROLLED BY ORAL HYPOGLYCEMIC DRUGS
O24419	GESTATIONAL DIABETES MELLITUS IN PREGNANCY, UNSPECIFIED CONTROL
O24420	GESTATIONAL DIABETES MELLITUS IN CHILDBIRTH, DIET CONTROLLED
O24424	GESTATIONAL DIABETES MELLITUS IN CHILDBIRTH, INSULIN CONTROLLED
O24425	GESTATIONAL DIABETES MELLITUS IN CHILDBIRTH, CONTROLLED BY ORAL HYPOGLYCEMIC DRUGS
O24429	GESTATIONAL DIABETES MELLITUS IN CHILDBIRTH, UNSPECIFIED CONTROL
O24430	GESTATIONAL DIABETES MELLITUS IN THE PUERPERIUM, DIET CONTROLLED
O24434	GESTATIONAL DIABETES MELLITUS IN THE PUERPERIUM, INSULIN CONTROLLED
O24435	GESTATIONAL DIABETES MELLITUS IN THE PUERPERIUM, CONTROLLED BY ORAL HYPOGLYCEMIC DRUGS
O24439	GESTATIONAL DIABETES MELLITUS IN THE PUERPERIUM, UNSPECIFIED CONTROL
O24811	OTHER PRE-EXISTING DIABETES MELLITUS IN PREGNANCY, FIRST TRIMESTER
O24812	OTHER PRE-EXISTING DIABETES MELLITUS IN PREGNANCY, SECOND TRIMESTER
O24813	OTHER PRE-EXISTING DIABETES MELLITUS IN PREGNANCY, THIRD TRIMESTER

Step 2 (diagnosis of gestational diabetes)	
Required diagnosis: 1	
Look back timeframe: 365 days	
ICD-10 Code	Description
O24819	OTHER PRE-EXISTING DIABETES MELLITUS IN PREGNANCY, UNSPECIFIED TRIMESTER
O2482	OTHER PRE-EXISTING DIABETES MELLITUS IN CHILDBIRTH
O2483	OTHER PRE-EXISTING DIABETES MELLITUS IN THE PUERPERIUM
O24911	UNSPECIFIED DIABETES MELLITUS IN PREGNANCY, FIRST TRIMESTER
O24912	UNSPECIFIED DIABETES MELLITUS IN PREGNANCY, SECOND TRIMESTER
O24913	UNSPECIFIED DIABETES MELLITUS IN PREGNANCY, THIRD TRIMESTER
O24919	UNSPECIFIED DIABETES MELLITUS IN PREGNANCY, UNSPECIFIED TRIMESTER
O2492	UNSPECIFIED DIABETES MELLITUS IN CHILDBIRTH
O2493	UNSPECIFIED DIABETES MELLITUS IN THE PUERPERIUM

Step 3 (claim for an antidiabetic agent)	
Required claims: 1	
Look back timeframe: 90 days	
Label Name	GCN
ACARBOSE 100 MG TABLET	02318
ACARBOSE 25 MG TABLET	08070
ACARBOSE 50 MG TABLET	02319
ACTOPLUS MET 15 MG-500 MG TAB	25444
ACTOPLUS MET 15 MG-850 MG TAB	25445
ACTOPLUS MET XR 15-1,000 MG TB	28620
ACTOPLUS MET XR 30-1,000 MG TB	28622
ACTOS 15 MG TABLET	92991
ACTOS 30 MG TABLET	93001
ACTOS 45 MG TABLET	93011
AFREZZA 30-4 UNIT/60-8 UNIT	37623
AFREZZA 4 UNIT CARTRIDGE	37619
AFREZZA 60-4 UNIT/30-8 UNIT	37622
AFREZZA 60-8 UNIT/30-12 UNIT	38923
ALOGLIPTIN-PIOGLIT 12.5-15 MG	34080
ALOGLIPTIN-PIOGLIT 12.5-30 MG	34083
ALOGLIPTIN-PIOGLIT 12.5-45 MG	34084
ALOGLIPTIN-PIOGLIT 25-15 MG	34077
ALOGLIPTIN-PIOGLIT 25-30 MG	34078

Step 3 (claim for an antidiabetic agent)	
Required claims: 1	
Look back timeframe: 90 days	
Label Name	GCN
ALOGLIPTIN-PIOGLIT 25-45 MG	34079
AMARYL 1 MG TABLET	05830
AMARYL 2 MG TABLET	05832
AMARYL 4 MG TABLET	05833
APIDRA 100 UNITS/ML VIAL	25936
APIDRA SOLOSTAR 100 UNITS/ML	26508
AVANDIA 2 MG TABLET	93193
AVANDIA 4 MG TABLET	93203
BYDUREON 2 MG PEN INJECT	36352
BYDUREON 2 MG VIAL	31304
BYETTA 10 MCG DOSE PEN INJ	24614
BYETTA 5 MCG DOSE PEN INJ	24613
CHLORPROPAMIDE 100 MG TABLET	05731
CHLORPROPAMIDE 250 MG TABLET	05732
DIABETA 1.25 MG TABLET	05710
DIABETA 2.5 MG TABLET	05711
DIABETA 5 MG TABLET	05712
DUETACT 30-2 MG TABLET	97181
DUETACT 30-4 MG TABLET	97180
FARXIGA 10 MG TABLET	34394
FARXIGA 5 MG TABLET	35698
FORTAMET ER 1,000 MG TABLET	21831
FORTAMET ER 500 MG TABLET	21832
GLIMEPIRIDE 1 MG TABLET	05830
GLIMEPIRIDE 2 MG TABLET	05832
GLIMEPIRIDE 4 MG TABLET	05833
GLIPIZIDE 10 MG TABLET	10841
GLIPIZIDE 5 MG TABLET	10840
GLIPIZIDE ER 10 MG TABLET	10843
GLIPIZIDE ER 2.5 MG TABLET	50638
GLIPIZIDE ER 5 MG TABLET	10844
GLIPIZIDE XL 10 MG TABLET	10843
GLIPIZIDE XL 2.5 MG TABLET	50638
GLIPIZIDE XL 5 MG TABLET	10844
GLIPIZIDE-METFORMIN 2.5-250 MG	18366
GLIPIZIDE-METFORMIN 2.5-500 MG	18367

Step 3 (claim for an antidiabetic agent)	
Required claims: 1	
Look back timeframe: 90 days	
Label Name	GCN
GLIPIZIDE-METFORMIN 5-500 MG	18368
GLUCOPHAGE 1,000 MG TABLET	10857
GLUCOPHAGE 500 MG TABLET	10810
GLUCOPHAGE 850 MG TABLET	10811
GLUCOPHAGE XR 500 MG TAB	89863
GLUCOPHAGE XR 750 MG TAB	19578
GLUCOTROL 10 MG TABLET	10841
GLUCOTROL 5 MG TABLET	10840
GLUCOTROL XL 10 MG TABLET	10843
GLUCOTROL XL 2.5 MG TABLET	50638
GLUCOVANCE 2.5-500 MG TABLET	92889
GLUCOVANCE 5-500 MG TABLET	89879
GLUMETZA ER 1,000 MG TABLET	97067
GLUMETZA ER 500 MG TABLET	97061
GLYBURIDE 1.25 MG TABLET	05710
GLYBURIDE 2.5 MG TABLET	05711
GLYBURIDE 5 MG TABLET	05712
GLYBURIDE MICRO 1.5 MG TAB	05713
GLYBURIDE MICRO 3 MG TABLET	05714
GLYBURIDE MICRO 6 MG TABLET	05715
GLYBURIDE-METFORMIN 2.5-500 MG	92889
GLYBURIDE-METFORMIN 5-500 MG	89879
GLYBURID-METFORMIN 1.25-250 MG	89878
GLYNASE 1.5 MG PRESTAB	05713
GLYNASE 3 MG PRESTAB	05714
GLYNASE 6 MG PRESTAB	05715
GLYSET 100 MG TABLET	95254
GLYSET 25 MG TABLET	95252
GLYSET 50 MG TABLET	95253
GLYXAMBI 10-5 MG TABLET	37832
GLYXAMBI 25-5 MG TABLET	37833
HUMALOG 100 UNITS/ML CARTRIDGE	05678
HUMALOG 100 UNITS/ML KWIKPEN	96719
HUMALOG 100 UNITS/ML VIAL	05679
HUMALOG 200 UNITS/ML KWIKPEN	37798
HUMALOG MIX 50-50 KWIKPEN	50461

Step 3 (claim for an antidiabetic agent)	
Required claims: 1	
Look back timeframe: 90 days	
Label Name	GCN
HUMALOG MIX 50-50 VIAL	97507
HUMALOG MIX 75-25 KWIKPEN	93717
HUMALOG MIX 75-25 VIAL	22681
HUMULIN 70/30 KWIKPEN	24486
HUMULIN 70-30 VIAL	50001
HUMULIN N 100 UNITS/ML KWIKPEN	18488
HUMULIN N 100 UNITS/ML VIAL	11660
HUMULIN R 100 UNITS/ML VIAL	11642
HUMULIN R 500 UNITS/ML VIAL	09633
INVOKAMET 150-1,000 MG TABLET	36859
INVOKAMET 150-500 MG TABLET	36953
INVOKAMET 50-1,000 MG TABLET	36857
INVOKAMET 50-500 MG TABLET	36954
INVOKANA 100 MG TABLET	34439
INVOKANA 300 MG TABLET	34441
JANUMET 50-1,000 MG TABLET	98307
JANUMET 50-500 MG TABLET	98306
JANUMET XR 100-1,000 MG TABLET	31348
JANUMET XR 50-1,000 MG TABLET	31340
JANUMET XR 50-500 MG TABLET	31339
JANUVIA 100 MG TABLET	97400
JANUVIA 25 MG TABLET	97398
JANUVIA 50 MG TABLET	97399
JARDIANCE 10 MG TABLET	36716
JARDIANCE 25 MG TABLET	36723
JENTADUETO 2.5-1000 MG TAB	31317
JENTADUETO 2.5-500 MG TAB	31315
JENTADUETO 2.5-850 MG TAB	31316
KAZANO 12.5-1,000 MG TABLET	34088
KAZANO 12.5-500 MG TABLET	34087
KOMBIGLYZE XR 2.5-1,000 MG TAB	29225
KOMBIGLYZE XR 5-1,000 MG TAB	29224
KOMBIGLYZE XR 5-500 MG TABLET	29118
LANTUS 100 UNITS/ML VIAL	13072
LANTUS SOLOSTAR 100 UNITS/ML	98637
LEVEMIR 100 UNITS/ML VIAL	25305

Step 3 (claim for an antidiabetic agent)	
Required claims: 1	
Look back timeframe: 90 days	
Label Name	GCN
LEVEMIR FLEXTOUCH 100 UNITS/ML	22836
METFORMIN HCL 1,000 MG TABLET	10857
METFORMIN HCL 500 MG TABLET	10810
METFORMIN HCL 850 MG TABLET	10811
METFORMIN HCL ER 1,000 MG TAB	21831
METFORMIN HCL ER 500 MG TABLET	21832
METFORMIN HCL ER 500 MG TABLET	89863
METFORMIN HCL ER 750 MG TABLET	19578
NATEGLINIDE 120 MG TABLET	34027
NATEGLINIDE 60 MG TABLET	12277
NESINA 12.5 MG TABLET	34085
NESINA 25 MG TABLET	34076
NESINA 6.25 MG TABLET	34086
NOVOLIN 70-30 100 UNITS/ML VIAL	50001
NOVOLIN N 100 UNITS/ML VIAL	11660
NOVOLIN R 100 UNITS/ML VIAL	11642
NOVOLOG 100 UNIT/ML CARTRIDGE	92886
NOVOLOG 100 UNIT/ML VIAL	92326
NOVOLOG 100 UNITS/ML FLEXPEN	92336
NOVOLOG MIX 70-30 FLEXPEN SYRN	17075
NOVOLOG MIX 70-30 VIAL	19057
ONGLYZA 2.5 MG TABLET	27393
ONGLYZA 5 MG TABLET	27394
OSENI 12.5-15 MG TABLET	34080
OSENI 12.5-30 MG TABLET	34083
OSENI 12.5-45 MG TABLET	34084
OSENI 25-15 MG TABLET	34077
OSENI 25-30 MG TABLET	34079
OSENI 25-45 MG TABLET	34079
PIOGLITAZONE HCL 15 MG TABLET	92991
PIOGLITAZONE HCL 30 MG TABLET	93001
PIOGLITAZONE HCL 45 MG TABLET	93011
PIOGLITAZONE-GLIMEPIRIDE 30-2	97181
PIOGLITAZONE-GLIMEPIRIDE 304	97180
PIOGLITAZONE-METFORMIN 15-500	25444
PIOGLITAZONE-METFORMIN 15-850	25445

Step 3 (claim for an antidiabetic agent)	
Required claims: 1	
Look back timeframe: 90 days	
Label Name	GCN
PRANDIMET 1 MG-500 MG TABLET	16084
PRANDIMET 2 MG-500 MG TABLET	16085
PRANDIN 0.5 MG TABLET	26311
PRANDIN 1 MG TABLET	26312
PRANDIN 2 MG TABLET	26313
PRECOSE 100 MG TABLET	02318
PRECOSE 25 MG TABLET	08070
PRECOSE 50 MG TABLET	02319
REPAGLINIDE 0.5 MG TABLET	26311
REPAGLINIDE 1 MG TABLET	26312
REPAGLINIDE 2 MG TABLET	26313
REPAGLINIDE-METFORMIN 1-500 MG	16084
REPAGLINIDE-METFORMIN 2-500 MG	16085
RIOMET 500 MG/5 ML SOLUTION	20808
STARLIX 120 MG TABLET	34027
STARLIX 60 MG TABLET	12277
SYMLINPEN 120	99450
SYMLINPEN 60	99514
SYNJARDY 12.5-1,000 MG TABLET	38932
SYNJARDY 12.5-500 MG TABLET	39378
SYNJARDY 5-1,000 MG TABLET	38929
TANZEUM 30 MG PEN INJECT	36615
TANZEUM 50 MG PEN INJECT	36616
TOLAZAMIDE 250 MG TABLET	05741
TOLAZAMIDE 500 MG TABLET	05742
TOLBUTAMIDE 500 MG TABLET	05724
TOUJEO SOLOSTAR 300 UNITS/ML	37988
TRADJENTA 5 MG TABLET	29890
TRESIBA FLEXTOUCH 100 UNITS/ML	35836
TRESIBA FLEXTOUCH 200 UNITS/ML	35837
TRULICITY 0.75 MG/0.5 ML PEN	37169
TRULICITY 1.5 MG/0.5 ML PEN	37171
VICTOZA 2-PAK 18 MG/3 ML PEN	26189
XIGDUO XR 10-1,000 MG TABLET	37344
XIGDUO XR 10-500 MG TABLET	37342
XIGDUO XR 5-1,000 MG TABLET	37343

Step 3 (claim for an antidiabetic agent)	
Required claims: 1	
Look back timeframe: 90 days	
Label Name	GCN
XIGDUO XR 5-500 MG TABLET	37339

Step 4 (claim for an agent that interferes with blood sugar levels)	
Required claims: 3	
Look back timeframe: 90 days	
Label Name	GCN
ABILIFY 1 MG/ML SOLUTION	24062
ABILIFY 10 MG TABLET	18537
ABILIFY 15 MG TABLET	18538
ABILIFY 2 MG TABLET	26305
ABILIFY 20 MG TABLET	18539
ABILIFY 30 MG TABLET	18541
ABILIFY 5 MG TABLET	20173
ABILIFY DISCMELT 10 MG TABLET	26445
ABILIFY DISCMELT 15 MG TABLET	26448
ABILIFY MAINTENA ER 300MG SYR	37681
ABILIFY MAINTENA ER 300MG VL	34284
ABILIFY MAINTENA ER 400MG SYR	37682
ABILIFY MAINTENA ER 400MG VL	34285
ACTIVE OB SOFTGEL	34808
AFINITOR 10 MG TABLET	20844
AFINITOR 2.5 MG TABLET	28783
AFINITOR 5 MG TABLET	20784
AFINITOR 7.5 MG TABLET	31396
AFINITOR DISPERZ 2 MG TABLET	34589
AFINITOR DISPERZ 3 MG TABLET	34590
AFINITOR DISPERZ 5 MG TABLET	34592
ARIPIRAZOLE 10MG TABLET	18537
ARIPIRAZOLE 15MG TABLET	18538
ARIPIRAZOLE 1MG/ML SOLUTION	24062
ARIPIRAZOLE 20MG TABLET	18539
ARIPIRAZOLE 2MG TABLET	26305
ARIPIRAZOLE 30MG TABLET	18541
ARIPIRAZOLE 5MG TABLET	20173
ARIPIRAZOLE ODT 10MG TABLET	26445

Step 4 (claim for an agent that interferes with blood sugar levels)	
Required claims: 3	
Look back timeframe: 90 days	
Label Name	GCN
ARIPIRAZOLE ODT 15MG TABLET	26448
ARISTADA ER 441MG/1.6ML SYRINGE	39726
ARISTADA ER 662MG/2.4ML SYRINGE	39727
ARISTADA ER 882MG/3.2ML SYRINGE	39728
ARMOUR THYROID 120 MG TABLET	27386
ARMOUR THYROID 15 MG TABLET	27382
ARMOUR THYROID 180 MG TABLET	27387
ARMOUR THYROID 240 MG TABLET	27388
ARMOUR THYROID 30 MG TABLET	27383
ARMOUR THYROID 300 MG TABLET	27389
ARMOUR THYROID 60 MG TABLET	27384
ARMOUR THYROID 90 MG TABLET	27385
BICALUTAMIDE 50 MG TABLET	00450
BUDESONIDE EC 3 MG CAPSULE	28680
CABOMETYX 20 MG TABLET	41146
CABOMETYX 40 MG TABLET	41147
CABOMETYX 60 MG TABLET	41148
CASODEX 50 MG TABLET	00450
CITRANATAL 90 DHA COMBO PACK	36358
CITRANATAL ASSURE COMBO PACK	36296
CITRANATAL B-CALM COMBO PACK	32206
CITRANATAL HARMONY CAPSULE	36052
CLOZAPINE 100 MG TABLET	18142
CLOZAPINE 200 MG TABLET	31672
CLOZAPINE 25 MG TABLET	18141
CLOZAPINE 50 MG TABLET	18143
CLOZAPINE ODT 100MG TABLET	21785
CLOZAPINE ODT 12.5MG TABLET	98791
CLOZAPINE ODT 150MG TABLET	28873
CLOZAPINE ODT 200MG TABLET	28874
CLOZAPINE ODT 25MG TABLET	21784
CLOZARIL 100 MG TABLET	18142
CLOZARIL 25 MG TABLET	18141
COMETRIQ 100 MG DAILY-DOSE PK	33904
COMETRIQ 140 MG DAILY-DOSE PK	33903
COMETRIQ 60 MG DAILY-DOSE PK	33905

Step 4 (claim for an agent that interferes with blood sugar levels)	
Required claims: 3	
Look back timeframe: 90 days	
Label Name	GCN
COMPLETE NATAL DHA	24967
COMPLETENATE TABLET CHEW	25593
CONCEPT DHA CAPSULE	21574
CONCEPT OB CAPSULE	21573
CORTEF 10 MG TABLET	26781
CORTEF 20 MG TABLET	26782
CORTEF 5 MG TABLET	26783
CORTISONE 25 MG TABLET	26482
CYCLOPHOSPHAMIDE 25 MG CAPSULE	35317
CYCLOPHOSPHAMIDE 50 MG CAPSULE	35318
CYTOMEL 25 MCG TABLET	26340
CYTOMEL 5 MCG TABLET	26341
CYTOMEL 50 MCG TABLET	26342
DEXAMETHASONE 0.5 MG TABLET	27422
DEXAMETHASONE 0.5 MG/5 ML ELX	24700
DEXAMETHASONE 0.5 MG/5 ML LIQ	27411
DEXAMETHASONE 0.75 MG TABLET	27425
DEXAMETHASONE 1 MG TABLET	27424
DEXAMETHASONE 1.5 MG TABLET	27427
DEXAMETHASONE 2 MG TABLET	27426
DEXAMETHASONE 4 MG TABLET	27428
DEXAMETHASONE 4 MG/ML VIAL	27354
DEXAMETHASONE 6 MG TABLET	27429
DEXAMETHASONE INTENSOL 1 MG/1 ML	27412
DEXPAK 10 DAY 1.5 MG TABLET	97184
DEXPAK 13 DAY 1.5 MG TABLET	22691
DEXPAK 6 DAY 1.5 MG TABLET	16987
ELITE-OB CAPLET	24847
ENTOCORT EC 3 MG CAPSULE	28680
EXTRA-VIRT PLUS DHA SOFTGEL	33776
FANAPT 1 MG TABLET	28025
FANAPT 10 MG TABLET	28030
FANAPT 12 MG TABLET	28033
FANAPT 2 MG TABLET	28026
FANAPT 4 MG TABLET	28027
FANAPT 6 MG TABLET	28028

Step 4 (claim for an agent that interferes with blood sugar levels)	
Required claims: 3	
Look back timeframe: 90 days	
Label Name	GCN
FANAPT 8 MG TABLET	28029
FANAPT TITRATION PACK	28034
FARYDAK 10 MG CAPSULE	38008
FARYDAK 15 MG CAPSULE	38009
FARYDAK 20 MG CAPSULE	38011
FAZACLO 100 MG ODT	21785
FAZACLO 12.5 MG ODT	98791
FAZACLO 150 MG ODT	28873
FAZACLO 200 MG ODT	28874
FAZACLO 25 MG ODT	21784
FLUDRICORTISONE 0.1 MG TABLET	27680
FOCALGIN 90 DHA COMBO PACK	36358
FOCALGIN CA COMBO PACK	36296
FOCALGIN DSS TABLET	28505
FOLIVANE-OB CAPSULE	21573
GEODON 20 MG CAPSULE	13331
GEODON 20 MG VIAL	17037
GEODON 40 MG CAPSULE	13332
GEODON 60 MG CAPSULE	13333
GEODON 80 MG CAPSULE	13334
GLEEVEC 100 MG TABLET	19908
GLEEVEC 400 MG TABLET	19907
HYDROCORTISONE 10 MG TABLET	26781
HYDROCORTISONE 20 MG TABLET	26782
HYDROCORTISONE 5 MG TABLET	26783
ICLUSIG 15 MG TABLET	33873
ICLUSIG 45 MG TABLET	33874
IMATINIB MESYLATE 100 MG TAB	19908
IMATINIB MESYLATE 400 MG TAB	19907
INLYTA 1 MG TABLET	31294
INLYTA 5 MG TABLET	31295
INVEGA ER 1.5 MG TABLET	27685
INVEGA ER 3 MG TABLET	97769
INVEGA ER 6 MG TABLET	97770
INVEGA ER 9 MG TABLET	97771
INVEGA SUSTENNA 117 MG PREF SYR	27416

Step 4 (claim for an agent that interferes with blood sugar levels)**Required claims: 3****Look back timeframe: 90 days**

Label Name	GCN
INVEGA SUSTENNA 156 MG PREF SYR	27417
INVEGA SUSTENNA 234 MG PREF SYR	27418
INVEGA SUSTENNA 39 MG PREF SYR	27414
INVEGA SUSTENNA 78 MG PREF SYR	27415
INVEGA TRINZA 273MG/0.875ML	38697
INVEGA TRINZA 410MG/1.315ML	38698
INVEGA TRINZA 546MG/1.75ML	38699
INVEGA TRINZA 819MG/2.625ML	38702
LATUDA 120 MG TABLET	33147
LATUDA 20 MG TABLET	31226
LATUDA 40 MG TABLET	29366
LATUDA 60 MG TABLET	35192
LATUDA 80 MG TABLET	29367
LENVIMA 10 MG DAILY DOSE	37888
LENVIMA 14 MG DAILY DOSE	37887
LENVIMA 20 MG DAILY DOSE	37889
LENVIMA 24 MG DAILY DOSE	37886
LEVOTHYROXINE 100 MCG TABLET	26323
LEVOTHYROXINE 112 MCG TABLET	26320
LEVOTHYROXINE 125 MCG TABLET	26326
LEVOTHYROXINE 137 MCG TABLET	47632
LEVOTHYROXINE 150 MCG TABLET	26327
LEVOTHYROXINE 175 MCG TABLET	26328
LEVOTHYROXINE 200 MCG TABLET	26325
LEVOTHYROXINE 25 MCG TABLET	26321
LEVOTHYROXINE 300 MCG TABLET	26329
LEVOTHYROXINE 50 MCG TABLET	26322
LEVOTHYROXINE 75 MCG TABLET	26324
LEVOTHYROXINE 88 MCG TABLET	47631
LEVOXYL 100 MCG TABLET	26323
LEVOXYL 112 MCG TABLET	26320
LEVOXYL 125 MCG TABLET	26326
LEVOXYL 137 MCG TABLET	47632
LEVOXYL 150 MCG TABLET	26327
LEVOXYL 175 MCG TABLET	26328
LEVOXYL 200 MCG TABLET	26325

Step 4 (claim for an agent that interferes with blood sugar levels)	
Required claims: 3	
Look back timeframe: 90 days	
Label Name	GCN
LEVOXYL 25 MCG TABLET	26321
LEVOXYL 50 MCG TABLET	26322
LEVOXYL 75 MCG TABLET	26324
LEVOXYL 88 MCG TABLET	47631
LIOTHYRONINE SOD 25 MCG TAB	26340
LIOTHYRONINE SOD 5 MCG TAB	26341
LIOTHYRONINE SOLD 50 MCG TAB	26342
MEDROL 16 MG TABLET	27051
MEDROL 32 MG TABLET	27055
MEDROL 4 MG DOSEPAK	37499
MEDROL 4 MG TABLET	27056
MEDROL 8 MG TABLET	27058
MEKINIST 0.5 MG TABLET	34726
MEKINIST 2 MG TABLET	34727
METHYLPREDNISOLONE 16 MG TABLET	27051
METHYLPREDNISOLONE 32 MG TABLET	27055
METHYLPREDNISOLONE 4 MG DOSEPK	37499
METHYLPREDNISOLONE 4 MG TABLET	27056
METHYLPREDNISOLONE 40 MG/ML VIAL	27003
METHYLPREDNISOLONE 8 MG TABLET	27058
METHYLPREDNISOLONE 80 MG/ML VIAL	27006
METHYLPREDNISOLONE SS 1 GM VL	27030
MILLIPRED 10 MG/5 ML SOLUTION	99610
MILLIPRED 5 MG TABLET	26963
MILLIPRED DP 5 MG 12-DAY PACK	28879
MILLIPRED DP 5 MG 6-DAY PACK	28878
MYLERAN 2 MG TABLET	38420
NATALVIRT 90 DHA COMBO PACK	28098
NATALVIRT CA COMBO PACK	14759
NATALVIRT FLT TABLET	28505
NESTABS ABC PRENATAL COMBO PK	34785
NESTABS DHA COMBO PACK	29457
NESTABS TABLET	29455
NEXA PLUS SOFTGEL	33005
NILANDRON 150 MG TABLET	22645
OB COMPLETE CAPLET	24847

Step 4 (claim for an agent that interferes with blood sugar levels)	
Required claims: 3	
Look back timeframe: 90 days	
Label Name	GCN
OB COMPLETE GOLD SOFTGEL	40377
OB COMPLETE ONE SOFTGEL	29299
OB COMPLETE PETITE SOFTGEL	33527
OB COMPLETE PREMIER TABLET	29296
OLANZAPINE 10 MG TABLET	15082
OLANZAPINE 10 MG VIAL	17407
OLANZAPINE 15 MG TABLET	15085
OLANZAPINE 2.5 MG TABLET	15084
OLANZAPINE 20MG TABLET	15086
OLANZAPINE 5 MG TABLET	15083
OLANZAPINE 7.5 MG TABLET	15081
OLANZAPINE ODT 10 MG TABLET	92008
OLANZAPINE ODT 15 MG TABLET	34022
OLANZAPINE ODT 20MG TABLET	34023
OLANZAPINE ODT 5MG TABLET	92007
OLANZAPINE/FLUOXETINE 12-25 MG	20870
OLANZAPINE/FLUOXETINE 12-50 MG	20872
OLANZAPINE/FLUOXETINE 3-25 MG	98648
OLANZAPINE/FLUOXETINE 6-25 MG	20868
OLANZAPINE/FLUOXETINE 6-50 MG	20869
PAIRE OB PLUS DHA COMBO PACK	28435
PEFERA-OB PLUS DHA COMBO PACK	29209
PNV-SELECT TABLET	16153
POMALYST 1 MG CAPSULE	34147
POMALYST 2 MG CAPSULE	34148
POMALYST 3 MG CAPSULE	34149
POMALYST 4 MG CAPSULE	34150
PR NATAL 400 COMBO PACK	98929
PR NATAL 400 EC COMBO PACK	98933
PR NATAL 430 EC COMBO PACK	14485
PREDNISOLONE 15 MG/5 ML SOLN	26800
PREDNISOLONE 15 MG/5 ML SOLN	33806
PREDNISOLONE 5 MG/5 ML SOLN	09115
PREDNISOLONE ODT 10 MG TABLET	27108
PREDNISOLONE ODT 15 MG TABLET	27109
PREDNISOLONE ODT 30 MG TABLET	27114

Step 4 (claim for an agent that interferes with blood sugar levels)	
Required claims: 3	
Look back timeframe: 90 days	
Label Name	GCN
PREDNISOLONE SOD PH 25MG 5 ML	93945
PREDNISON 1 MG TABLET	27171
PREDNISON 10 MG TABLET	27172
PREDNISON 2.5 MG TABLET	27173
PREDNISON 20 MG TABLET	27174
PREDNISON 5 MG TABLET	27176
PREDNISON 5 MG/5 ML SOLUTION	27161
PREDNISON 5 MG/5 ML SOLUTION	27160
PREDNISON 50 MG TABLET	27177
PREFERA OB TABLET	29097
PREFERA-OB ONE SOFTGEL	28319
PRENATE AM TABLET	34822
PRENATE CHEWABLE TABLET	33993
PRENATE DHA SOFTGEL	36696
PRENATE ELITE TABLET	36698
PRENATE ENHANCE SOFTGEL	35262
PRENATE ESSENTIAL SOFTGEL	37203
PRENATE MINI SOFTGEL	37468
PRENATE PIXIE SOFTGEL	37274
PRENATE RESTORE SOFTGEL	35265
PRENATE STAR TABLET	36691
PROVIDA DHA CAPSULE	38282
PROVIDA OB CAPSULE	34796
QUETIAPINE 100 MG TABLET	67662
QUETIAPINE 200 MG TABLET	67663
QUETIAPINE 25 MG TABLET	67661
QUETIAPINE 300 MG TABLET	67665
QUETIAPINE 400 MG TABLET	26411
QUETIAPINE 50 MG TABLET	26409
RELNATE DHA PRENATAL SOFTGEL	14158
REVLIMID 10 MG CAPSULE	26315
REVLIMID 15 MG CAPSULE	27276
REVLIMID 2.5 MG CAPSULE	31911
REVLIMID 20 MG CAPSULE	34743
REVLIMID 25 MG CAPSULE	27277
REVLIMID 5 MG CAPSULE	26314

Step 4 (claim for an agent that interferes with blood sugar levels)	
Required claims: 3	
Look back timeframe: 90 days	
Label Name	GCN
REXULTI 0.25MG TABLET	38278
REXULTI 0.5MG TABLET	38476
REXULTI 1MG TABLET	38589
REXULTI 2MG TABLET	38609
REXULTI 3MG TABLET	38618
REXULTI 4MG TABLET	38619
RISPERDAL 0.25 MG TABLET	92872
RISPERDAL 0.5 MG TABLET	92892
RISPERDAL 1 MG TABLET	16136
RISPERDAL 1 MG/ML SOLUTION	16135
RISPERDAL 2 MG TABLET	16137
RISPERDAL 3 MG TABLET	16138
RISPERDAL 4 MG TABLET	16139
RISPERDAL CONSTA 12.5 MG SYR	98414
RISPERDAL CONSTA 25 MG SYR	20217
RISPERDAL CONSTA 37.5 MG SYR	20218
RISPERDAL CONSTA 50 MG SYR	20219
RISPERDAL M-TAB 0.5 MG ODT	19541
RISPERDAL M-TAB 1 MG ODT	19178
RISPERDAL M-TAB 2 MG ODT	19179
RISPERDAL M-TAB 3 MG ODT	25024
RISPERDAL M-TAB 4 MG ODT	25025
RISPERIDONE 0.25 MG ODT	24448
RISPERIDONE 0.25 MG TABLET	92872
RISPERIDONE 0.5 MG ODT	19541
RISPERIDONE 0.5 MG TABLET	92892
RISPERIDONE 1 MG ODT	19178
RISPERIDONE 1 MG TABLET	16136
RISPERIDONE 1 MG/ML SOLUTION	16135
RISPERIDONE 2 MG ODT	19179
RISPERIDONE 2 MG TABLET	16137
RISPERIDONE 3 MG ODT	25024
RISPERIDONE 3 MG TABLET	16138
RISPERIDONE 4 MG ODT	25025
RISPERIDONE 4 MG TABLET	16139
SAPHRIS 10 MG TAB SUBLINGUAL	27528

Step 4 (claim for an agent that interferes with blood sugar levels)	
Required claims: 3	
Look back timeframe: 90 days	
Label Name	GCN
SAPHRIS 2.5 MG TABLET SUBLINGUAL	38479
SAPHRIS 5 MG TABLET SUBLINGUAL	21636
SELECT-OB + DHA PACK	30684
SELECT-OB CHEWABLE CAPLET	25604
SE-NATAL 19 CHEWABLE TABLET	35266
SE-NATAL 19 TABLET	35297
SEROQUEL 100 MG TABLET	67662
SEROQUEL 200 MG TABLET	67663
SEROQUEL 25 MG TABLET	67661
SEROQUEL 300 MG TABLET	67665
SEROQUEL 400 MG TABLET	26411
SEROQUEL 50 MG TABLET	26409
SEROQUEL XR 150 MG TABLET	16193
SEROQUEL XR 200 MG TABLET	98522
SEROQUEL XR 300 MG TABLET	98523
SEROQUEL XR 400 MG TABLET	98524
SEROQUEL XR 50 MG TABLET	98994
SOLU-CORTEF 100 MG VIAL	28302
SOLU-CORTEF 100 MG VIAL	26650
SOLU-CORTEF 250 MG VIAL	28303
SOLU-MEDROL 1 GM VIAL	27030
SOLU-MEDROL 500 MG VIAL	27033
SUTENT 12.5 MG CAPSULE	26452
SUTENT 25 MG CAPSULE	26453
SUTENT 37.5 MG CAPSULE	35596
SUTENT 50 MG CAPSULE	26454
SYMBYAX 12-25 MG CAPSULE	20870
SYMBYAX 12-50 MG CAPSULE	20872
SYMBYAX 3-25 MG CAPSULE	98648
SYMBYAX 6-25 MG CAPSULE	20868
SYMBYAX 6-50 MG CAPSULE	20869
SYNTHROID 100 MCG TABLET	26323
SYNTHROID 112 MCG TABLET	26320
SYNTHROID 125 MCG TABLET	26326
SYNTHROID 137 MCG TABLET	47632
SYNTHROID 150 MCG TABLET	26327

Step 4 (claim for an agent that interferes with blood sugar levels)	
Required claims: 3	
Look back timeframe: 90 days	
Label Name	GCN
SYNTHROID 175 MCG TABLET	26328
SYNTHROID 200 MCG TABLET	26325
SYNTHROID 25 MCG TABLET	26321
SYNTHROID 300 MCG TABLET	26329
SYNTHROID 50 MCG TABLET	26322
SYNTHROID 75 MCG TABLET	26324
SYNTHROID 88 MCG TABLET	47631
TAFINLAR 50 MG CAPSULE	34723
TAFINLAR 75 MG CAPSULE	34724
TARCEVA 100 MG TABLET	23794
TARCEVA 150 MG TABLET	23793
TARCEVA 25 MG TABLET	23795
TARON FORTE CAPSULE	99421
TARON-C DHA CAPSULE	21574
TASIGNA 150 MG CAPSULE	28737
TASIGNA 200 MG CAPSULE	99070
THYROLAR-1 STRENGTH TAB	26366
THYROLAR-1/2 STRENGTH TAB	26364
THYROLAR-1/4 STRENGTH TAB	26362
THYROLAR-2 STRENGTH TAB	26361
THYROLAR-3 STRENGTH TAB	26363
TIROSINT 100 MCG CAPSULE	28328
TIROSINT 112 MCG CAPSULE	28327
TIROSINT 125 MCG CAPSULE	28326
TIROSINT 13 MCG CAPSULE	28336
TIROSINT 137 MCG CAPSULE	28325
TIROSINT 150 MCG CAPSULE	28324
TIROSINT 25 MCG CAPSULE	28335
TIROSINT 50 MCG CAPSULE	28334
TIROSINT 75 MCG CAPSULE	28333
TIROSINT 88 MCG CAPSULE	28329
TRICARE PRENATAL DHA ONE SFTGL	28634
TRICARE PRENATAL DHA ONE SFTGL	28634
TRICARE PRENATAL TABLET	32229
TRICARE PRENATAL TABLET	32229
TRINATAL GT TABLET	98907

Step 4 (claim for an agent that interferes with blood sugar levels)	
Required claims: 3	
Look back timeframe: 90 days	
Label Name	GCN
TRINATAL RX 1 TABLET	99629
TRIVEEN-DUO DHA COMBO PACK	98929
ULTIMATECARE ONE CAPSULE	14405
UNITHROID 100 MCG TABLET	26323
UNITHROID 112 MCG TABLET	26320
UNITHROID 125 MCG TABLET	26326
UNITHROID 137 MCG TABLET	47632
UNITHROID 150 MCG TABLET	26327
UNITHROID 175 MCG TABLET	26328
UNITHROID 200 MCG TABLET	26325
UNITHROID 25 MCG TABLET	26321
UNITHROID 300 MCG TABLET	26329
UNITHROID 50 MCG TABLET	26322
UNITHROID 75 MCG TABLET	26324
UNITHROID 88 MCG TABLET	47631
VERIPRED 20 20 MG/5 ML SOLN	14565
VERSACLOZ 50MG/ML SUSPENSION	14336
VIRT-SELECT CAPSULE	29438
VITAFOL NANO TABLET	36546
VITAFOL ULTRA SOFTGEL	35169
VITAFOL-OB CAPLET	97624
VITAFOL-OB+DHA COMBO PACK	98019
VITAFOL-ONE CAPSULE	30046
VOL-NATE TABLET	28883
VOL-PLUS TABLET	28723
VOL-TAB RX TABLET	28796
VOTRIENT 200 MG TABLET	27829
VP-CH-PNV PRENATAL SOFTGEL	31116
VP-GGR-B6 TABLET	31071
VP-HEME OB + DHA COMBO PACK	29209
VP-HEME OB TABLET	29097
VP-HEME ONE SOFTGEL	28319
VP-PNV-DHA CAPSULE	32889
VP-PNV-DHA SOFTGEL	32889
VRAYLAR 1.5 MG CAPSULE	39579
VRAYLAR 1.5-3 MG PACK	40683

Step 4 (claim for an agent that interferes with blood sugar levels)	
Required claims: 3	
Look back timeframe: 90 days	
Label Name	GCN
VRAYLAR 3 MG CAPSULE	39582
VRAYLAR 4.5 MG CAPSULE	39583
VRAYLAR 6 MG CAPSULE	39584
ZATEAN-CH CAPSULE	28394
ZATEAN-PN DHA CAPSULE	23495
ZATEAN-PN PLUS SOFTGEL	28345
ZIPRASIDONE 20 MG CAPSULE	13331
ZIPRASIDONE 40 MG CAPSULE	13332
ZIPRASIDONE 60 MG CAPSULE	13333
ZIPRASIDONE 80 MG CAPSULE	13334
ZOLINZA 100 MG CAPSULE	97345
ZYKADIA 150 MG CAPSULE	36447
ZYPREXA 10 MG TABLET	15082
ZYPREXA 10 MG VIAL	17407
ZYPREXA 15 MG TABLET	15085
ZYPREXA 2.5 MG TABLET	15084
ZYPREXA 20 MG TABLET	15086
ZYPREXA 5 MG TABLET	15083
ZYPREXA 7.5 MG TABLET	15081
ZYPREXA RELPREVV 210 MG VIAL	27855
ZYPREXA RELPREVV 300 MG VIAL	27849
ZYPREXA RELPREVV 405 MG VIAL	27848
ZYPREXA ZYDIS 10 MG TABLET	92008
ZYPREXA ZYDIS 15 MG TABLET	34022
ZYPREXA ZYDIS 20 MG TABLET	34023
ZYPREXA ZYDIS 5 MG TABLET	92007
ZYTIGA 250 MG TABLET	29886



Diabetic Test Strips

Clinical Criteria References

1. 2016 ICD-9-CM Diagnosis Codes. 2016. Available at www.icd9data.com. Accessed on November 28, 2016.
2. 2016 ICD-10-CM Diagnosis Codes. 2016. Available at www.icd10data.com. Accessed on November 28, 2016.
3. Clinical Pharmacology [online database]. Tampa, FL: Elsevier/Gold Standard, Inc.; 2016. Available at www.clinicalpharmacology.com. Accessed on November 28, 2016.
4. Micromedex [online database]. Available at www.micromedexsolutions.com. Accessed on November 28, 2016.

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
01/27/2016	Initial publication and presentation to the DUR Board
02/03/2017	Updated with DUR Board recommendations Updated criteria logic and diagram Added ICD-9/10s for diagnosis of hypoglycemia to Table 1, page 6
03/27/2019	Updated to include formulary statement (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 .) on each 'Drug Requiring PA' table