

**Texas Prior Authorization Program
Clinical Criteria**

Drug/Drug Class**Drug Regimen Optimization****Clinical Criteria Information Included in this Document****Excluding Valsartan / Ramipril**

- **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

Valsartan / Ramipril

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

Revision Notes

- Added GCNs for Juxtapid to drug tables



**Drug Regimen Optimization
Excluding Valsartan / Ramipril
Clinical Criteria Logic**

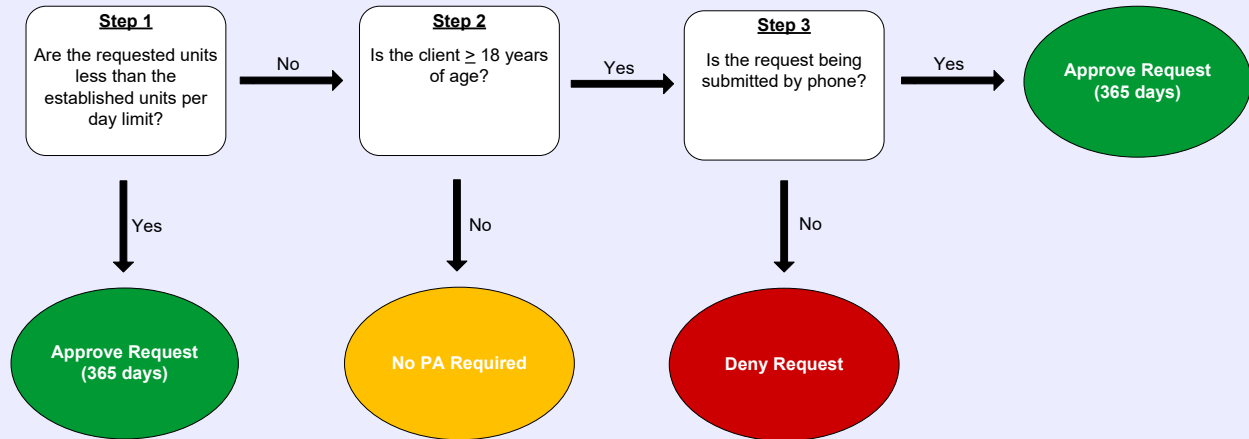
1. Are the requested units less than the established units per day limit?
 Yes (Approve – 365 days)
 No (Go to #2)

2. Is the client greater than or equal to (\geq) 18 years of age?
 Yes (Go to #3)
 No (No PA Required)

3. Is the request being submitted by phone?
 Yes (Approve – 365 days)
 No (Deny)



Drug Regimen Optimization Excluding Valsartan/Ramipril Clinical Criteria Logic Diagram





Drug Regimen Optimization Excluding Valsartan/Ramipril

Clinical Criteria Supporting Tables

Drug	Strength	Units per Day
Alpha Blockers		
Doxazosin	1mg, 2mg, 4mg	2
Terazosin	1mg, 5mg	2
Angiotensin Converting Enzyme Inhibitors		
Fosinopril	10mg, 20mg	2
Perindopril	2mg, 4mg	2
Trandolapril	1mg, 2mg	2
Angiotensin II Receptor Blockers		
Candesartan	4mg, 8mg, 16mg	2
Irbesartan	75mg, 150mg	2
Losartan	25mg, 50mg	2
Losartan/HCTZ	50/12.5mg	2
Olmesartan	20mg	2
Telmisartan	20mg, 40mg	2
Antipsychotics		
Aripiprazole	5mg, 10mg, 15mg	2
Abilify MyCite	5mg, 10mg, 15mg	2
Olanzapine	2.5mg, 5mg, 7.5mg, 10mg	2
Olanzapine ODT	5mg, 10mg	2
Risperidone	0.25mg, 0.5mg, 1mg, 2mg	2
Risperidone microsphere injection	25mg	0.072
Risperidone ODT	0.5mg, 1mg, 2mg	2
GU Anticholinergics		
Darifenacin	7.5mg	2
Oxybutynin (includes generic and Ditropan XL®)	5mg	2
Solifenacin	5mg	2
Tolterodine LA	2mg	2
Miscellaneous Agents		
Carvedilol CR	10mg, 20mg, 40mg	2
Cetirizine	5mg	2
Divalproex (Depakote ER®)	250mg	2
Donepezil	5mg	2
Donepezil ODT	5mg	2
Galantamine	8mg	2

Drug	Strength	Units per Day
Glipizide XL (includes generic, Glucotrol XL®)	2.5mg, 5mg	2
Meloxicam (includes generic and Mobic®)	7.5mg	2
Niacin SA	500mg	2
Miscellaneous Antidepressants		
Bupropion XL	150mg	2
Mirtazapine (includes generic and Remeron®)	7.5mg, 15mg	2
Mirtazapine ODT (includes generic and Remeron® soltabs)	15mg	2
Venlafaxine XR	37.5mg, 75mg	2
HMG CoA Reductase Inhibitors		
Atorvastatin	10mg, 20mg, 40mg	2
Fluvastatin	20mg, 40mg	2
Lovastatin IR/SR (includes generic, Mevacor®, and Altoprev®)	10mg, 20mg	2
Pravastatin	10mg, 20mg, 40mg	2
Rosuvastatin	5mg, 10mg, 20mg	2
Simvastatin	5mg, 10mg, 20mg, 40mg	2
Lipotropics, Other		
Juxtapid	5mg, 10mg, 20mg, 30mg	2
Calcium Channel Blockers		
Amlodipine	2.5mg, 5mg	2
Felodipine	2.5mg, 5mg	2
Nifedipine SR (includes Procardia XL® and Adalat CC®)	30mg	2
Nisoldipine	10mg, 20mg	2
Verapamil 24hr SR	100mg	2
Proton Pump Inhibitors		
Esomeprazole	20mg	2
Lansoprazole	15mg	2
Omeprazole	10mg, 20mg	2
Pantoprazole	20mg	2
SSRI Agents		
Citalopram	10mg, 20mg	2
Escitalopram	5mg, 10mg	2
Paroxetine	10mg, 12.5mg, 20mg	2
Sertraline	25mg, 50mg	2
Stimulants		
Amphetamine/ Dextroamphetamine XL	5mg, 10mg, 15mg	2
Dexmethylphenidate XR	5mg, 10mg	2
Dextroamphetamine SR	5mg	2

Drug	Strength	Units per Day
Methylphenidate ER capsules	10mg, 20mg	2
Methylphenidate ER tablets	10mg, 18mg, 27mg	2
Methylphenidate patch	10mg, 15mg	2
Jornay PM capsules	20mg, 40mg	2



Drug Regimen Optimization
Valsartan / Ramipril
Clinical Criteria Logic

1. Are the requested units less than the established units per day limit?
 Yes (Approve – 365 days)
 No (Go to #2)

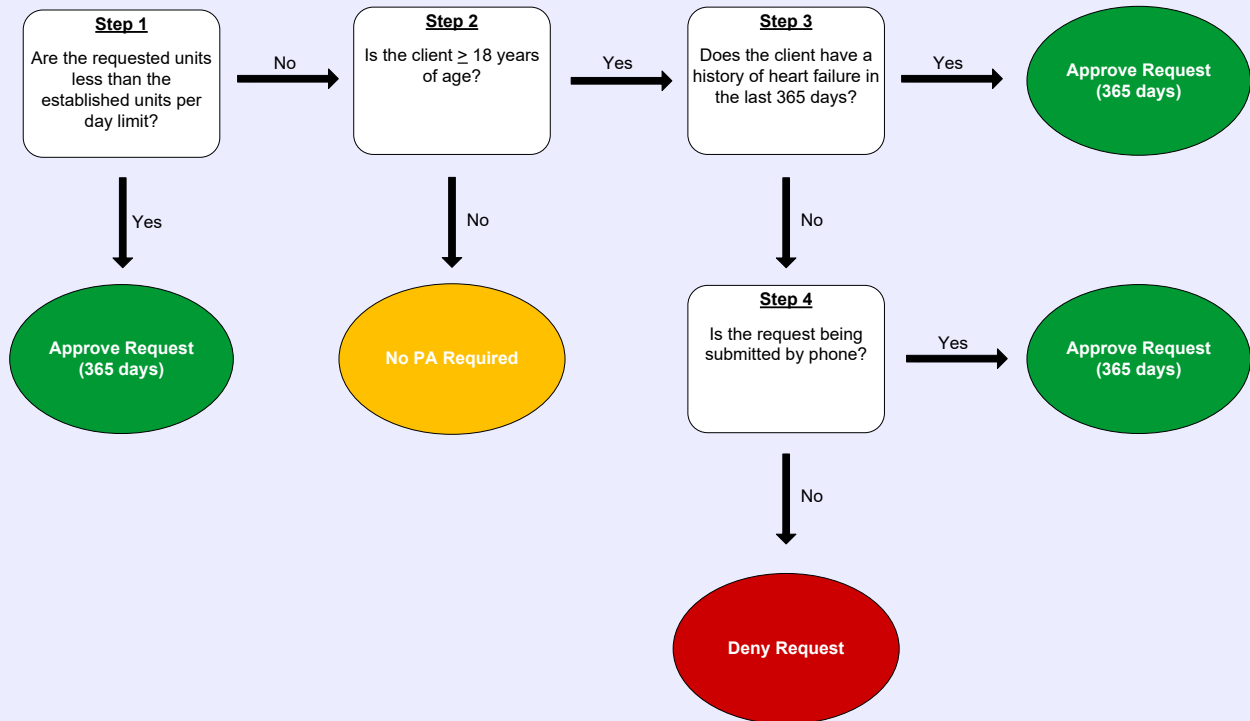
2. Is the client greater than or equal to (\geq) 18 years of age?
 Yes (Go to #3)
 No (No PA Required)

3. Does the client have a history of heart failure in the last 365 days?
 Yes (Approve – 365 days)
 No (Go to #4)

4. Is the request being submitted by phone?
 Yes (Approve – 365 days)
 No (Deny)



Drug Regimen Optimization Valsartan/Ramipril Clinical Criteria Logic Diagram





Drug Regimen Optimization Valsartan/Ramipril Clinical Criteria Supporting Tables

Drug	Strength	Units per Day
Angiotensin Converting Enzyme Inhibitors		
Ramipril	1.25mg, 2.5mg, 5mg	2
Angiotensin II Receptor Blockers		
Valsartan	80mg, 160mg	2

Step 3 (diagnosis of heart failure) Required diagnosis: 1 Look back timeframe: 365 days	
ICD-10 Code	Description
I501	LEFT VENTRICULAR FAILURE
I5020	UNSPECIFIED SYSTOLIC (CONGESTIVE) HEART FAILURE
I5021	ACUTE SYSTOLIC (CONGESTIVE) HEART FAILURE
I5022	CHRONIC SYSTOLIC (CONGESTIVE) HEART FAILURE
I5023	ACUTE ON CHRONIC SYSTOLIC (CONGESTIVE) HEART FAILURE
I5030	UNSPECIFIED DIASTOLIC (CONGESTIVE) HEART FAILURE
I5031	ACUTE DIASTOLIC (CONGESTIVE) HEART FAILURE
I5032	CHRONIC DIASTOLIC (CONGESTIVE) HEART FAILURE
I5033	ACUTE ON CHRONIC DIASTOLIC (CONGESTIVE) HEART FAILURE
I5040	UNSPECIFIED COMBINED SYSTOLIC (CONGESTIVE) AND DIASTOLIC (CONGESTIVE) HEART FAILURE
I5041	ACUTE COMBINED SYSTOLIC (CONGESTIVE) AND DIASTOLIC (CONGESTIVE) HEART FAILURE
I5042	CHRONIC COMBINED SYSTOLIC (CONGESTIVE) AND DIASTOLIC (CONGESTIVE) HEART FAILURE
I5043	ACUTE ON CHRONIC COMBINED SYSTOLIC (CONGESTIVE) AND DIASTOLIC (CONGESTIVE) HEART FAILURE
I509	HEART FAILURE, UNSPECIFIED



Drug Regimen Optimization

Clinical Criteria References

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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
01/31/2011	Initial publication and posting to website
07/18/2012	Removed sitagliptin from DRO edit, per client request
04/03/2015	Updated to include ICD-10s
09/04/2019	Added GCNs for Abilify MyCite to drug tables
09/16/2019	Added GCNs for Jornay PM to drug tables
11/22/2019	Added GCNs for Juxtapid to drug tables