

**Texas Prior Authorization Program
Clinical Criteria**

Drug/Drug Class**Nuplazid (pimavanserin)**

This criteria was recommended for review by the Texas Medicaid Vendor Drug Program to ensure appropriate and safe utilization. Additional MCO recommendations have been incorporated.

Clinical Information Included in this Document**Nuplazid Tablets**

- **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

Annual review by staff

Added GCNs for Darunavir (99434, 33723), Krazati (53379), lopinavir-ritonavir (31782, 25919, 99101), Noxafil (49744), Paxlovid (52199, 51742), posaconazole (35649, 26502), Recorlev (51757), Tolsura (45848), Tukysa (47931, 47929), Zokinvy (48901, 48902), and Zykadia (46119).

Removed GCNs for Biaxin (48852, 11671, 48821), Crixivan (26820, 26822), Invirase (26760, 23952), Ketek (25905, 15175), Prevpac (64269), Technivie (37844), Victrelis (29941), and Viekira (37614, 41932) – products have been discontinued.

Updated references



Nuplazid (pimavanserin)

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 |
| NUPLAZID 10 MG TABLET | 44959 |
| NUPLAZID 34 MG CAPSULE | 44963 |



Nuplazid (pimavanserin)

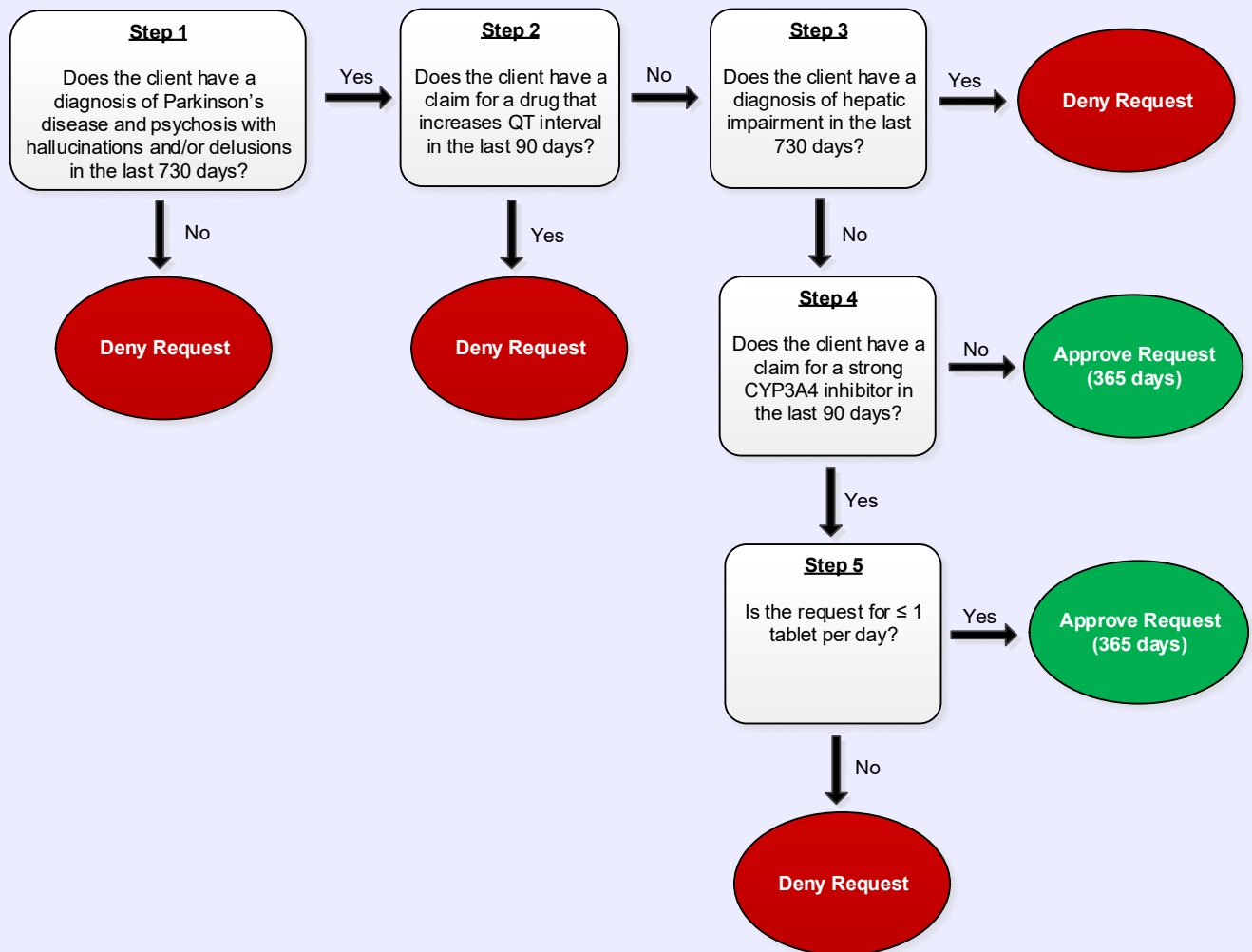
Clinical Criteria Logic

1. Does the client have a **diagnosis of Parkinson's disease** and **psychosis with hallucinations and/or delusions** in the last 730 days?
 Yes (Go to #2)
 No (Deny)
2. Does the client have a claim for a **drug that increases the QT interval** in the last 90 days?
 Yes (Deny)
 No (Go to #3)
3. Does the client have a **diagnosis of hepatic impairment** in the last 730 days?
 Yes (Deny)
 No (Go to #4)
4. Does the client have a claim for a **strong CYP3A4 inhibitor** in the last 90 days?
 Yes (Go to #5)
 No (Approve – 365 days)
5. Is the request for less than or equal to (\leq) 1 tablet per day?
 Yes (Approve – 365 days)
 No (Deny)



Nuplazid (pimavanserin)

Clinical Criteria Logic Diagram





Nuplazid (pimavanserin)

Clinical Criteria Supporting Tables

| Step 1a (diagnosis of Parkinson's disease) Required diagnosis: 1 Look back timeframe: 730 days | |
|---|---------------------|
| ICD-10 Code | Description |
| G20 | PARKINSON'S DISEASE |

| Step 1b (diagnosis of psychosis with hallucinations and/or delusions) Required diagnosis: 1 Look back timeframe: 730 days | |
|--|---|
| ICD-10 Code | Description |
| F060 | PSYCHOTIC DISORDER WITH HALLUCINATIONS DUE TO KNOWN PHYSIOLOGICAL CONDITION |
| F062 | PSYCHOTIC DISORDER WITH DELUSIONS DUE TO KNOWN PHYSIOLOGICAL CONDITION |
| R443 | HALLUCINATIONS, UNSPECIFIED |

| Step 2 (claim for a drug which prolongs the QT interval) Required claims: 1 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 |
| ABILIFY MYCITE 2 MG KIT | 44437 |

| Step 2 (claim for a drug which prolongs the QT interval) | |
|---|------------|
| Required claims: 1 | |
| Look back timeframe: 90 days | |
| Label Name | GCN |
| ABILIFY MYCITE 5 MG KIT | 44438 |
| ABILIFY MYCITE 10 MG KIT | 44439 |
| ABILIFY MYCITE 15 MG KIT | 44441 |
| ABILIFY MYCITE 20 MG KIT | 44442 |
| ABILIFY MYCITE 30 MG KIT | 44443 |
| AGRYLIN 0.5 MG CAPSULE | 22391 |
| ALFUZOSIN HCL ER 10 MG TABLET | 92024 |
| AMIODARONE HCL 100 MG TABLET | 10921 |
| AMIODARONE HCL 200 MG TABLET | 10920 |
| AMIODARONE HCL 400 MG TABLET | 12465 |
| AMITRIPTYLINE HCL 10 MG TAB | 16512 |
| AMITRIPTYLINE HCL 100 MG TAB | 16513 |
| AMITRIPTYLINE HCL 150 MG TAB | 16514 |
| AMITRIPTYLINE HCL 25 MG TAB | 16515 |
| AMITRIPTYLINE HCL 50 MG TAB | 16516 |
| AMITRIPTYLINE HCL 75 MG TAB | 16517 |
| AMRIX ER 15 MG CAPSULE | 97959 |
| AMRIX ER 30 MG CAPSULE | 97960 |
| ANAFRANIL 25 MG CAPSULE | 16602 |
| ANAFRANIL 50 MG CAPSULE | 16603 |
| ANAFRANIL 75 MG CAPSULE | 16604 |
| ANAGRELIDE HCL 0.5 MG CAPSULE | 22391 |
| ANAGRELIDE HCL 1 MG CAPSULE | 22392 |
| ANZEMET 100 MG TABLET | 33533 |
| ANZEMET 50 MG TABLET | 33532 |
| ARICEPT 10 MG TABLET | 04300 |
| ARICEPT 23 MG TABLET | 28828 |
| ARICEPT 5 MG TABLET | 04302 |
| 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 |
| ARIPIRAZOLE ODT 15MG TABLET | 26448 |
| ARISTADA ER 441MG/1.6ML SYRINGE | 39726 |

| Step 2 (claim for a drug which prolongs the QT interval) | |
|---|------------|
| Required claims: 1 | |
| Look back timeframe: 90 days | |
| Label Name | GCN |
| ARISTADA ER 441MG/1.6ML SYRINGE | 39726 |
| ARISTADA ER 662MG/2.4ML SYRINGE | 39727 |
| ARISTADA ER 882MG/3.2ML SYRINGE | 39728 |
| ARISTADA ER 1064 MG/3.9 ML SYRINGE | 43488 |
| ARISTADA INITIO ER 675 MG/2.4 ML | 44941 |
| ATRIPLA TABLET | 27346 |
| AVELOX 400 MG TABLET | 50767 |
| AZITHROMYCIN 1 GM PWD PACKET | 48790 |
| AZITHROMYCIN 100 MG/5 ML SUSP | 48792 |
| AZITHROMYCIN 200 MG/5 ML SUSP | 61199 |
| AZITHROMYCIN 250 MG TABLET | 48793 |
| AZITHROMYCIN 500 MG TABLET | 61198 |
| AZITHROMYCIN 600 MG TABLET | 48794 |
| AZITHROMYCIN I.V. 500 MG VIAL | 48795 |
| BETAPACE 120 MG TABLET | 39516 |
| BETAPACE 160 MG TABLET | 39511 |
| BETAPACE 80 MG TABLET | 39512 |
| BIAXIN 250 MG TABLET | 48852 |
| BIAXIN 250 MG/5 ML SUSPENSION | 11671 |
| BIAXIN 500 MG TABLET | 48851 |
| BRISDELLE 7.5MG CAPSULE | 34876 |
| CAPRELSA 100 MG TABLET | 29817 |
| CAPRELSA 300 MG TABLET | 29818 |
| CELEXA 10 MG TABLET | 16345 |
| CELEXA 20MG TABLET | 16342 |
| CELEXA 40 MG TABLET | 16343 |
| CHLORDIAZEPO-AMITRIPTYL 5-12.5 | 16683 |
| CHLORDIAZEPOX-AMITRIPTYL 10-25 | 16684 |
| CHLOROQUINE PH 250 MG TABLET | 42890 |
| CHLOROQUINE PH 500 MG TABLET | 42891 |
| CHLORPROMAZINE 25 MG/ML AMP | 14331 |
| CHLORPROMAZINE 10 MG TABLET | 14431 |
| CHLORPROMAZINE 100 MG TABLET | 14434 |
| CHLORPROMAZINE 100MG/ML CONC | 14390 |
| CHLORPROMAZINE 200 MG TABLET | 14435 |
| CHLORPROMAZINE 25 MG TABLET | 14432 |
| CHLORPROMAZINE 30MG/ML CONC | 14391 |
| CHLORPROMAZINE 50 MG TABLET | 14433 |

| Step 2 (claim for a drug which prolongs the QT interval) | |
|---|------------|
| Required claims: 1 | |
| Look back timeframe: 90 days | |
| Label Name | GCN |
| CIPRO 10% SUSPENSION | 47057 |
| CIPRO 250MG TABLET | 47050 |
| CIPRO 5% SUSPENSION | 47056 |
| CIPRO 500MG TABLET | 47051 |
| CIPROFLOXACIN 200MG/20ML VIAL | 23076 |
| CIPROFLOXACIN 400MG/40ML VIAL | 23075 |
| CIPROFLOXACIN ER 1000MG TAB | 20315 |
| CIPROFLOXACIN ER 500MG TAB | 18898 |
| CIPROFLOXACIN 250MG/5ML SUSP | 47056 |
| CIPROFLOXACIN 500MG/5ML SUSP | 47057 |
| CIPROFLOXACIN HCL 100MG TABLET | 47053 |
| CIPROFLOXACIN HCL 250MG TAB | 47050 |
| CIPROFLOXACIN HCL 500MG TAB | 47051 |
| CIPROFLOXACIN HCL 750MG TAB | 47052 |
| CIPROFLOXACIN-D5W 200MG/100ML | 52121 |
| CIPROFLOXACIN-D5W 400MG/200ML | 52122 |
| CITALOPRAM 10MG TABLET | 16345 |
| CITALOPRAM 10MG/5ML SOLUTION | 16344 |
| CITALOPRAM 20MG TABLET | 16342 |
| CITALOPRAM 20MG/10ML SOLUTION | 34671 |
| CITALOPRAM 40MG TABLET | 16343 |
| CLARITHROMYCIN 125 MG/5 ML SUS | 11670 |
| CLARITHROMYCIN 250 MG TABLET | 48852 |
| CLARITHROMYCIN 250 MG/5 ML SUS | 11671 |
| CLARITHROMYCIN 500 MG TABLET | 48851 |
| CLARITHROMYCIN ER 500 MG TAB | 48850 |
| CLOMIPRAMINE 25 MG CAPSULE | 16602 |
| CLOMIPRAMINE 50 MG CAPSULE | 16603 |
| CLOMIPRAMINE 75 MG CAPSULE | 16604 |
| CLOZAPINE 100 MG TABLET | 18142 |
| CLOZAPINE 12.5MG TABLET | 20334 |
| CLOZAPINE 200 MG TABLET | 31672 |
| CLOZAPINE 25 MG TABLET | 18141 |
| CLOZAPINE 50 MG TABLET | 18143 |
| CLOZAPINE ODT 150 MG TABLET | 28873 |
| CLOZAPINE ODT 200 MG TABLET | 28874 |
| CLOZAPINE ODT 100MG TABLET | 21785 |
| CLOZAPINE ODT 12.5MG TABLET | 98791 |

| Step 2 (claim for a drug which prolongs the QT interval) | |
|---|------------|
| Required claims: 1 | |
| Look back timeframe: 90 days | |
| Label Name | GCN |
| CLOZAPINE ODT 25MG TABLET | 21784 |
| CLOZARIL 100 MG TABLET | 18142 |
| CLOZARIL 25 MG TABLET | 18141 |
| CORDARONE 200 MG TABLET | 10920 |
| CYCLOBENZAPRINE 10 MG TABLET | 18020 |
| CYCLOBENZAPRINE 5 MG TABLET | 12805 |
| CYCLOBENZAPRINE 7.5 MG TABLET | 98299 |
| CYCLOBENZAPRINE ER 15 MG CAP | 97959 |
| CYCLOBENZAPRINE ER 30 MG CAP | 97960 |
| DESIPRAMINE 10 MG TABLET | 16583 |
| DESIPRAMINE 100 MG TABLET | 16584 |
| DESIPRAMINE 150 MG TABLET | 16585 |
| DESIPRAMINE 25 MG TABLET | 16586 |
| DESIPRAMINE 50 MG TABLET | 16587 |
| DESIPRAMINE 75 MG TABLET | 16588 |
| DETROL 1 MG TABLET | 37061 |
| DETROL 2 MG TABLET | 37062 |
| DETROL LA 2 MG CAPSULE | 12264 |
| DETROL LA 4 MG CAPSULE | 12263 |
| DIFLUCAN 10 MG/ML SUSPENSION | 60822 |
| DIFLUCAN 100 MG TABLET | 42190 |
| DIFLUCAN 150 MG TABLET | 42193 |
| DIFLUCAN 200 MG TABLET | 42191 |
| DIFLUCAN 40 MG/ML SUSPENSION | 60821 |
| DIFLUCAN 50 MG TABLET | 42192 |
| DOFETILIDE 125 MCG CAPSULE | 92287 |
| DOFETILIDE 250MCG CAPSULE | 92297 |
| DOFETILIDE 500MCG CAPSULE | 92307 |
| DOLOPHINE HCL 10 MG TABLET | 16420 |
| DONEPEZIL HCL 10 MG TABLET | 04300 |
| DONEPEZIL HCL 23 MG TABLET | 28828 |
| DONEPEZIL HCL 5 MG TABLET | 04302 |
| DONEPEZIL HCL ODT 10 MG TABLET | 24595 |
| DONEPEZIL HCL ODT 5 MG TABLET | 24594 |
| DOXEPIN 3 MG TABLET | 28914 |
| DOXEPIN 6 MG TABLET | 28915 |
| DOXEPIN 10 MG CAPSULE | 16563 |
| DOXEPIN 10 MG/ML ORAL CONC | 16571 |

| Step 2 (claim for a drug which prolongs the QT interval) | |
|---|------------|
| Required claims: 1 | |
| Look back timeframe: 90 days | |
| Label Name | GCN |
| DOXEPIN 100 MG CAPSULE | 16564 |
| DOXEPIN 150 MG CAPSULE | 16565 |
| DOXEPIN 25 MG CAPSULE | 16566 |
| DOXEPIN 50 MG CAPSULE | 16567 |
| DOXEPIN 75 MG CAPSULE | 16568 |
| DUEXIS 800-26.6 MG TABLET | 30547 |
| E.E.S. 200 MG/5 ML GRANULES | 40523 |
| E.E.S. 400 FILMTAB | 40560 |
| EFFEXOR XR 150MG CAPSULE | 16818 |
| EFFEXOR XR 37.5MG CAPSULE | 16816 |
| EFFEXOR XR 75MG CAPSULE | 16817 |
| ENVARUSUS XR 0.75 MG TABLET | 39120 |
| ENVARUSUS XR 1 MG TABLET | 39123 |
| ENVARUSUS XR 4 MG TABLET | 39124 |
| ERYPED 200 MG/5 ML SUSPENSION | 40523 |
| ERYPED 400 MG/5 ML SUSPENSION | 40524 |
| ERY-TAB EC 250 MG TABLET | 40730 |
| ERY-TAB EC 333 MG TABLET | 40731 |
| ERY-TAB EC 500 MG TABLET | 40732 |
| ERYTHROCIN 250 MG FILMTAB | 40642 |
| ERYTHROCIN 500 MG ADDVNT VL | 25529 |
| ERYTHROCIN 500 MG VIAL | 40601 |
| ERYTHROMYCIN 250 MG FILMTAB | 40720 |
| ERYTHROMYCIN 500 MG FILMTAB | 40721 |
| ERYTHROMYCIN EC 250 MG CAP | 40660 |
| ERYTHROMYCIN DR 250 MG TABLET | 40730 |
| ERYTHROMYCIN DR 333 MG TABLET | 40731 |
| ERYTHROMYCIN DR 500 MG TABLET | 40732 |
| ERYTHROMYCIN 200 MG/5 ML SUSP | 40523 |
| ERYTHROMYCIN 400 MG/5 ML SUSP | 40524 |
| ERYTHROMYCIN ES 400 MG TAB | 40560 |
| ESCITALOPRAM 10MG TABLET | 17851 |
| ESCITALOPRAM 20MG TABLET | 17987 |
| ESCITALOPRAM 5MG TABLET | 18975 |
| ESCITALOPRAM 5MG/5ML SOLUTION | 19035 |
| EVOTAZ 300-150 MG TABLET | 37797 |
| FAMOTIDINE 10 MG TABLET | 46432 |
| FAMOTIDINE 20 MG TABLET | 46430 |

| Step 2 (claim for a drug which prolongs the QT interval) | |
|---|------------|
| Required claims: 1 | |
| Look back timeframe: 90 days | |
| Label Name | GCN |
| FAMOTIDINE 40 MG TABLET | 46431 |
| FAMOTIDINE 40 MG/5 ML SUSP | 45960 |
| 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 |
| FANAPT 8 MG TABLET | 28029 |
| FANAPT TITRATION PACK | 28034 |
| 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 |
| FELBAMATE 400 MG TABLET | 38021 |
| FELBAMATE 600 MG TABLET | 38022 |
| FELBAMATE 600 MG/5 ML SUSP | 38020 |
| FELBATOL 400 MG TABLET | 38021 |
| FELBATOL 600 MG TABLET | 38022 |
| FELBATOL 600 MG/5 ML SUSP | 38020 |
| FEXMID 7.5 MG TABLET | 98299 |
| FLAGYL 250 MG TABLET | 43031 |
| FLAGYL 375 MG CAPSULE | 43035 |
| FLAGYL 500 MG TABLET | 43032 |
| FLAGYL ER 750 MG TABLET | 43029 |
| FLECAINIDE ACETATE 100 MG TAB | 01580 |
| FLECAINIDE ACETATE 150 MG TAB | 01582 |
| FLECAINIDE ACETATE 50 MG TAB | 01581 |
| FLUCONAZOLE 10 MG/ML SUSP | 60822 |
| FLUCONAZOLE 100 MG TABLET | 42190 |
| FLUCONAZOLE 150 MG TABLET | 42193 |
| FLUCONAZOLE 200 MG TABLET | 42191 |
| FLUCONAZOLE 40 MG/ML SUSP | 60821 |
| FLUCONAZOLE 50 MG TABLET | 42192 |
| FLUCONAZOLE-DEXT 200 MG/100 ML | 55590 |
| FLUCONAZOLE-NACL 200 MG/100 ML | 69790 |
| FLUCONAZOLE-NACL 400 MG/200 ML | 69791 |

| Step 2 (claim for a drug which prolongs the QT interval) | |
|---|------------|
| Required claims: 1 | |
| Look back timeframe: 90 days | |
| Label Name | GCN |
| FLUCONAZOLE-NS 200 MG/100 ML | 25303 |
| FLUOXETINE 10MG CAPSULE | 16353 |
| FLUOXETINE 10MG TABLET | 16356 |
| FLUOXETINE 20MG CAPSULE | 16354 |
| FLUOXETINE 20MG TABLET | 16359 |
| FLUOXETINE 20MG/5ML SOLUTION | 16357 |
| FLUOXETINE 40MG CAPSULE | 16355 |
| FLUOXETINE 60MG TABLET | 30817 |
| FLUOXETINE DR 90MG CAPSULE | 12929 |
| GALANTAMINE 4 MG/ML ORAL SOLN | 13898 |
| GALANTAMINE ER 16 MG CAPSULE | 23606 |
| GALANTAMINE ER 24 MG CAPSULE | 23607 |
| GALANTAMINE ER 8 MG CAPSULE | 23605 |
| GALANTAMINE HBR 12 MG TABLET | 84853 |
| GALANTAMINE HBR 4 MG TABLET | 84854 |
| GALANTAMINE HBR 8 MG TABLET | 84855 |
| 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 |
| GILENYA 0.5 MG CAPSULE | 29073 |
| GRANISETRON HCL 1 MG TABLET | 06019 |
| GRANISETRON HCL 1 MG/ML VIAL | 99267 |
| GRANISETRON HCL 4 MG/4 ML VIAL | 60548 |
| HYDROXYCHLOROQUINE 200 MG TAB | 42940 |
| HYDROXYZINE 10 MG/5 ML SYRUP | 13932 |
| HYDROXYZINE 25 MG/ML VIAL | 13881 |
| HYDROXYZINE HCL 10 MG TABLET | 13941 |
| HYDROXYZINE HCL 25 MG TABLET | 13943 |
| HYDROXYZINE HCL 50 MG TABLET | 13944 |
| HYDROXYZINE PAM 100 MG CAP | 13951 |
| HYDROXYZINE PAM 25 MG CAP | 13952 |
| HYDROXYZINE PAM 50 MG CAP | 13953 |
| 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 |

| Step 2 (claim for a drug which prolongs the QT interval) | |
|---|------------|
| Required claims: 1 | |
| Look back timeframe: 90 days | |
| Label Name | GCN |
| INVEGA SUSTENNA 117 MG PREF SYR | 27416 |
| 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 |
| INVIRASE 200MG CAPSULE | 26760 |
| INVIRASE 500MG TABLET | 23952 |
| ITRACONAZOLE 100 MG CAPSULE | 49101 |
| ITRACONAZOLE 10 MG/ML SOLUTION | 49100 |
| KALETRA 100-25 MG TABLET | 99101 |
| KALETRA 200-50 MG TABLET | 25919 |
| KALETRA 400-100/5 ML ORAL SOLU | 31782 |
| KETEK 300 MG TABLET | 25905 |
| KETEK 400 MG TABLET | 15175 |
| KETOCONAZOLE 200 MG TABLET | 42590 |
| KORLYM 300 MG TABLET | 31485 |
| LANSOPRAZOL-AMOXICIL-CLARITHRO | 64269 |
| LEUPROLIDE 2WK 1 MG/0.2 ML KIT | 84597 |
| LEUPROLIDE 2WK 14 MG/2.8 ML KIT | 84597 |
| LEVAQUIN 250 MG TABLET | 47073 |
| LEVAQUIN 500 MG TABLET | 47074 |
| LEVAQUIN 750 MG TABLET | 89597 |
| LEVOFLOXACIN 25 MG/ML SOLUTION | 23725 |
| LEVOFLOXACIN 250 MG TABLET | 47073 |
| LEVOFLOXACIN 250 MG/50 ML-D5W | 47072 |
| LEVOFLOXACIN 500 MG TABLET | 47074 |
| LEVOFLOXACIN 500 MG/100 ML-D5W | 47075 |
| LEVOFLOXACIN 500 MG/20 ML VIAL | 47071 |
| LEVOFLOXACIN 750 MG TABLET | 89597 |
| LEVOFLOXACIN 750 MG/150 ML-D5W | 89596 |
| LEXAPRO 10MG TABLET | 17851 |
| LEXAPRO 20MG TABLET | 17987 |
| LEXAPRO 5 MG TABLET | 18975 |
| LEXAPRO 5MG/5ML SOLUTION | 19035 |

| Step 2 (claim for a drug which prolongs the QT interval) | |
|---|------------|
| Required claims: 1 | |
| Look back timeframe: 90 days | |
| Label Name | GCN |
| LUPRON DEPOT 11.25 MG 3MO KIT | 84350 |
| LUPRON DEPOT 22.5 MG 3MO KIT | 84593 |
| LUPRON DEPOT 3.75 MG KIT | 80254 |
| LUPRON DEPOT 45 MG 6MO KIT | 30083 |
| LUPRON DEPOT 7.5 MG KIT | 29894 |
| LUPRON DEPOT-4MO KIT | 84598 |
| LUPRON DEPOT-PED 11.25 KIT | 13172 |
| LUPRON DEPOT-PED 11.25 MG 3MO | 30357 |
| LUPRON DEPOT-PED 15 MG KIT | 13174 |
| LUPRON DEPOT-PED 30 MG 3MO KIT | 30356 |
| LUPRON DEPOT-PED 7.5 MG KIT | 13173 |
| MEFLOQUINE HCL 250 MG TABLET | 42900 |
| METHADONE 10 MG/5 ML SOLUTION | 16410 |
| METHADONE 10 MG/ML ORAL CONC | 16415 |
| METHADONE 40 MG TABLET DISPR | 16423 |
| METHADONE 5 MG/5 ML SOLUTION | 16400 |
| METHADONE HCL 10 MG TABLET | 16420 |
| METHADONE HCL 5 MG TABLET | 16422 |
| METHADOSE 10 MG/ML ORAL CONC | 16415 |
| METHADOSE 40 MG TABLET DISPR | 16423 |
| METRONIDAZOLE 250 MG TABLET | 43031 |
| METRONIDAZOLE 375 MG CAPSULE | 43035 |
| METRONIDAZOLE 500 MG TABLET | 43032 |
| METRONIDAZOLE 500 MG/100 ML | 43025 |
| MOXIFLOXACIN HCL 400 MG TABLET | 50767 |
| MULTAQ 400 MG TABLET | 26586 |
| NAMZARIC 14-10 MG CAPSULE | 38257 |
| NAMZARIC 21-10 MG CAPSULE | 42127 |
| NAMZARIC 28-10 MG CAPSULE | 38258 |
| NAMZARIC 7-10 MG CAPSULE | 42126 |
| NAMZARIC TITRATION PACK | 42546 |
| NEXAVAR 200 MG TABLET | 26263 |
| NORPRAMIN 10 MG TABLET | 16583 |
| NORPRAMIN 25 MG TABLET | 16586 |
| NORVIR 100 MG POWDER PACKET | 40309 |
| NORVIR 100 MG TABLET | 28224 |
| NORVIR 80 MG/ML SOLUTION | 26810 |
| OFLOXACIN 400 MG TABLET | 43693 |

| Step 2 (claim for a drug which prolongs the QT interval) | |
|---|------------|
| Required claims: 1 | |
| Look back timeframe: 90 days | |
| Label Name | GCN |
| 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 |
| OLEPTRO ER 150MG TABLET | 28715 |
| OLEPTRO ER 300MG TABLET | 28719 |
| OMECLAMOX-PAK COMBO PACK | 32137 |
| ONDANSETRON 4 MG/5 ML SOLUTION | 20040 |
| ONDANSETRON 40 MG/20 ML VIAL | 20011 |
| ONDANSETRON HCL 4 MG TABLET | 20041 |
| ONDANSETRON HCL 4 MG/2 ML VIAL | 97502 |
| ONDANSETRON HCL 8 MG TABLET | 20042 |
| ONDANSETRON ODT 4 MG TABLET | 20045 |
| ONDANSETRON ODT 8 MG TABLET | 20046 |
| ORAP 1 MG TABLET | 11153 |
| ORAP 2 MG TABLET | 11150 |
| PACERONE 100 MG TABLET | 10921 |
| PACERONE 200 MG TABLET | 10920 |
| PACERONE 400 MG TABLET | 12465 |
| PALIPERIDONE ER 1.5 MG TABLET | 27685 |
| PALIPERIDONE ER 3 MG TABLET | 97769 |
| PALIPERIDONE ER 6 MG TABLET | 97770 |
| PALIPERIDONE ER 9 MG TABLET | 97771 |
| PAROXETINE 10MG TABLET | 16364 |
| PAROXETINE 10MG/5ML SUSPENSION | 16369 |
| PAROXETINE 20MG TABLET | 16366 |

| Step 2 (claim for a drug which prolongs the QT interval) | |
|---|------------|
| Required claims: 1 | |
| Look back timeframe: 90 days | |
| Label Name | GCN |
| PAROXETINE 30MG TABLET | 16367 |
| PAROXETINE 40MG TABLET | 16368 |
| PAROXETINE CR 12.5MG TABLET | 17078 |
| PAROXETINE CR 25MG TABLET | 17077 |
| PAROXETINE CR 37.5MG TABLET | 17079 |
| PAROXETINE MESYLATE 7.5 MG CAP | 34876 |
| PAXIL 10 MG/5 ML SUSPENSION | 16369 |
| PAXIL 10 MG TABLET | 16364 |
| PAXIL 20MG TABLET | 33780 |
| PAXIL 30MG TABLET | 33781 |
| PAXIL 40 MG TABLET | 16368 |
| PAXIL CR 12.5 MG TABLET | 17078 |
| PAXIL CR 25 MG TABLET | 17077 |
| PAXIL CR 37.5 MG TABLET | 17079 |
| PCE 333 MG TABLET | 40741 |
| PCE 500 MG TABLET | 40742 |
| PEPCID 40 MG/5 ML ORAL SUSP | 45960 |
| PERPHEN-AMITRIP 2 MG-10 MG TAB | 16674 |
| PERPHEN-AMITRIP 2 MG-25 MG TAB | 16676 |
| PERPHEN-AMITRIP 4 MG-10 MG TAB | 16675 |
| PERPHEN-AMITRIP 4 MG-25 MG TAB | 16677 |
| PERPHEN-AMITRIP 4 MG-50 MG TAB | 16678 |
| PERPHENAZINE 16 MG TABLET | 14650 |
| PERPHENAZINE 2 MG TABLET | 14651 |
| PERPHENAZINE 4 MG TABLET | 14652 |
| PERPHENAZINE 8 MG TABLET | 14653 |
| PEXEVA 10MG TABLET | 20854 |
| PEXEVA 20MG TABLET | 20855 |
| PEXEVA 30MG TABLET | 20856 |
| PEXEVA 40MG TABLET | 20857 |
| PHENADOZ 25 MG SUPP | 15001 |
| PHENERGAN 25 MG/ML VIAL | 14981 |
| PIMOZIDE 1 MG TABLET | 11153 |
| PIMOZIDE 2 MG TABLET | 11150 |
| PLAQUENIL 200 MG TAB | 42940 |
| PREVPAC PATIENT PACK | 64269 |
| PROCHLORPERAZINE 10 MG TAB | 14771 |
| PROCHLORPERAZINE 25 MG SUPP | 14761 |

| Step 2 (claim for a drug which prolongs the QT interval) | |
|---|------------|
| Required claims: 1 | |
| Look back timeframe: 90 days | |
| Label Name | GCN |
| PROCHLORPERAZINE 5 MG TABLET | 14773 |
| PROGRAF 0.5 MG CAPSULE | 28495 |
| PROGRAF 1 MG CAPSULE | 28491 |
| PROGRAF 5 MG CAPSULE | 28492 |
| PROGRAF 0.2 MG GRANULE PACKET | 28251 |
| PROGRAF 1 MG GRANULE PACKET | 28249 |
| PROMETHAZINE 12.5 MG TABLET | 15042 |
| PROMETHAZINE 12.5MG SUPP | 15003 |
| PROMETHAZINE 25 MG SUPP | 15001 |
| PROMETHAZINE 25 MG TABLET | 15043 |
| PROMETHAZINE 25 MG/ML AMPUL | 14970 |
| PROMETHAZINE 25 MG/ML VIAL | 14981 |
| PROMETHAZINE 50 MG SUPP | 15002 |
| PROMETHAZINE 50 MG TABLET | 15044 |
| PROMETHAZINE 50 MG/ML AMPUL | 14971 |
| PROMETHAZINE 50 MG/ML VIAL | 14983 |
| PROMETHAZINE 6.25 MG/5 ML SYR | 15035 |
| PROMETHAZINE VC SYRUP | 13977 |
| PROMETHAZINE VC-CODEINE SYRUP | 13978 |
| PROMETHAZINE-CODEINE SYRUP | 13971 |
| PROMETHAZINE-DM SYRUP | 13975 |
| PROMETHEGAN 12.5 MG SUPP | 15003 |
| PROMETHEGAN 25 MG SUPP | 15001 |
| PROMETHEGAN 50 MG SUPP | 15002 |
| PROPAFENONE HCL 150 MG TABLET | 12431 |
| PROPAFENONE HCL 225 MG TAB | 12433 |
| PROPAFENONE HCL 300 MG TAB | 12432 |
| PROPAFENONE HCL ER 225 MG CAP | 21056 |
| PROPAFENONE HCL ER 325 MG CAP | 21058 |
| PROPAFENONE HCL ER 425 MG CAP | 21059 |
| PROTRIPTYLINE HCL 10 MG TABLET | 16555 |
| PROTRIPTYLINE HCL 5 MG TABLET | 16556 |
| PROZAC 10MG PULVULE | 47251 |
| PROZAC 20MG PULVULE | 47250 |
| PROZAC 20MG/5ML SOLUTION | 48551 |
| PROZAC 40 MG PULVULE | 16355 |
| PYLERA CAPSULE | 98238 |
| QUETIAPINE 100 MG TABLET | 67662 |

| Step 2 (claim for a drug which prolongs the QT interval) | |
|---|------------|
| Required claims: 1 | |
| Look back timeframe: 90 days | |
| Label Name | GCN |
| 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 |
| QUINIDINE GLUC ER 324 MG TABLET | 01011 |
| QUINIDINE SULFATE 200 MG TABLET | 01053 |
| QUINIDINE SULFATE 300 MG TABLET | 01055 |
| QUININE SULFATE 324 MG CAPSULE | 25092 |
| RANEXA ER 1,000 MG TABLET | 98733 |
| RANEXA ER 500 MG TABLET | 26459 |
| RAZADYNE 12 MG TABLET | 84853 |
| RAZADYNE 4 MG TABLET | 84854 |
| RAZADYNE 8 MG TABLET | 84855 |
| RAZADYNE ER 16 MG CAPSULE | 23606 |
| RAZADYNE ER 24 MG CAPSULE | 23607 |
| RAZADYNE ER 8 MG CAPSULE | 23605 |
| REYATAZ 150 MG CAPSULE | 19952 |
| REYATAZ 200 MG CAPSULE | 19953 |
| REYATAZ 300 MG CAPSULE | 97430 |
| REYATAZ 50 MG POWDER PACKET | 36647 |
| 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 |

| Step 2 (claim for a drug which prolongs the QT interval) | |
|---|------------|
| Required claims: 1 | |
| Look back timeframe: 90 days | |
| Label Name | GCN |
| 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 |
| SANCUSO 3.1 MG/24 HR PATCH | 14348 |
| SAPHRIS 10 MG TAB SUBLINGUAL | 27528 |
| SAPHRIS 2.5 MG TABLET SUBLINGUAL | 38479 |
| SAPHRIS 5 MG TABLET SUBLINGUAL | 21636 |
| 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 |
| SOLTAMOX 10 MG/5 ML SOLN | 50377 |
| SORINE 120 MG TABLET | 39516 |
| SORINE 160 MG TABLET | 39511 |
| SORINE 240 MG TABLET | 39513 |
| SORINE 80 MG TABLET | 39512 |
| SOTALOL 120 MG TABLET | 39516 |
| SOTALOL 160 MG TABLET | 39511 |
| SOTALOL 240 MG TABLET | 39513 |
| SOTALOL 80 MG TABLET | 39512 |
| SPORANOX 10 MG/ML SOLUTION | 49100 |
| SPORANOX 100 MG CAPSULE | 49101 |

| Step 2 (claim for a drug which prolongs the QT interval) | |
|---|------------|
| Required claims: 1 | |
| Look back timeframe: 90 days | |
| Label Name | GCN |
| SPRYCEL 100 MG TABLET | 99867 |
| SPRYCEL 140MG TABLET | 29406 |
| SPRYCEL 20 MG TABLET | 27257 |
| SPRYCEL 50 MG TABLET | 27258 |
| SPRYCEL 70 MG TABLET | 27259 |
| SPRYCEL 80 MG TABLET | 29405 |
| SUSTIVA 200MG CAPSULE | 43303 |
| SUSTIVA 50MG CAPSULE | 43301 |
| SUSTIVA 600MG TABLET | 15555 |
| 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 |
| TACROLIMUS 0.5 MG CAPSULE | 28495 |
| TACROLIMUS 1 MG CAPSULE | 28491 |
| TACROLIMUS 5 MG CAPSULE | 28492 |
| TAMOXIFEN 10 MG TABLET | 38720 |
| TAMOXIFEN 20 MG TABLET | 38721 |
| TASIGNA 150 MG CAPSULE | 28737 |
| TASIGNA 200 MG CAPSULE | 99070 |
| TECHNIVIE DOSE PACK | 37844 |
| THIORIDAZINE 10 MG TABLET | 14882 |
| THIORIDAZINE 100 MG TABLET | 14883 |
| THIORIDAZINE 25 MG TABLET | 14880 |
| THIORIDAZINE 50 MG TABLET | 14881 |
| TIKOSYN 125 MCG CAPSULE | 92287 |
| TIKOSYN 250 MCG CAPSULE | 92297 |
| TIKOSYN 500 MCG CAPSULE | 92307 |
| TIZANIDINE HCL 2 MG CAPSULE | 24433 |
| TIZANIDINE HCL 2 MG TABLET | 14690 |
| TIZANIDINE HCL 4 MG CAPSULE | 24434 |
| TIZANIDINE HCL 4 MG TABLET | 14693 |
| TIZANIDINE HCL 6 MG CAPSULE | 24435 |

| Step 2 (claim for a drug which prolongs the QT interval) | |
|---|------------|
| Required claims: 1 | |
| Look back timeframe: 90 days | |
| Label Name | GCN |
| TOLTERODINE TART ER 2 MG CAP | 12264 |
| TOLTERODINE TART ER 4 MG CAP | 12263 |
| TOLTERODINE TARTRATE 1 MG TAB | 37061 |
| TOLTERODINE TARTRATE 2 MG TAB | 37062 |
| TRAZODONE 100MG TABLET | 16392 |
| TRAZODONE 100MG TABLET | 15400 |
| TRAZODONE 150MG TABLET | 16393 |
| TRAZODONE 150MG TABLET | 15402 |
| TRAZODONE 300MG TABLET | 16394 |
| TRAZODONE 50MG TABLET | 16391 |
| TRAZODONE 50MG TABLET | 15401 |
| TRIMIPRAMINE MALEATE 100 MG CAP | 16592 |
| TRIMIPRAMINE MALEATE 25 MG CAP | 16593 |
| TRIMIPRAMINE MALEATE 50 MG CAP | 16594 |
| TYKERB 250 MG TABLET | 98140 |
| VENLAFAXINE 100MG TABLET | 16815 |
| VENLAFAXINE 25MG TABLET | 16811 |
| VENLAFAXINE 37.5MG TABLET | 16812 |
| VENLAFAXINE 50MG TABLET | 16813 |
| VENLAFAXINE 75MG TABLET | 16814 |
| VENLAFAXINE ER 150MG CAPSULE | 16818 |
| VENLAFAXINE ER 150MG TABLET | 14353 |
| VENLAFAXINE ER 225MG TABLET | 14354 |
| VENLAFAXINE ER 37.5MG CAPSULE | 16816 |
| VENLAFAXINE ER 37.5MG TABLET | 14349 |
| VENLAFAXINE ER 75MG CAPSULE | 16817 |
| VENLAFAXINE ER 75MG TABLET | 14352 |
| VESICARE 10 MG TABLET | 23276 |
| VESICARE 5 MG TABLET | 23276 |
| VFEND 200 MG TABLET | 17498 |
| VFEND 40 MG/ML SUSPENSION | 21513 |
| VFEND 50 MG TABLET | 17497 |
| VFEND IV 200 MG VIAL | 17499 |
| VIEKIRA PAK | 37614 |
| VIEKIRA XR TABLET | 41932 |
| VIRACEPT 250 MG TABLET | 40312 |
| VIRACEPT 625 MG TABLET | 19717 |
| VISTARIL 25 MG CAPSULE | 13952 |

| Step 2 (claim for a drug which prolongs the QT interval) | |
|---|------------|
| Required claims: 1 | |
| Look back timeframe: 90 days | |
| Label Name | GCN |
| VISTARIL 50 MG CAPSULE | 13953 |
| VORICONAZOLE 200 MG TABLET | 17498 |
| VORICONAZOLE 200 MG VIAL | 17499 |
| VORICONAZOLE 40 MG/ML SUSP | 21513 |
| VORICONAZOLE 50 MG TABLET | 17497 |
| VOTRIENT 200 MG TABLET | 27829 |
| XALKORI 200 MG CAPSULE | 30458 |
| XALKORI 250 MG CAPSULE | 30457 |
| ZANAFLEX 2 MG CAPSULE | 24433 |
| ZANAFLEX 4 MG CAPSULE | 24434 |
| ZANAFLEX 4MG TABLET | 14693 |
| ZANAFLEX 6 MG CAPSULE | 24435 |
| ZELBORAF 240 MG TABLET | 30332 |
| ZIPRASIDONE 20 MG CAPSULE | 13331 |
| ZIPRASIDONE 40 MG CAPSULE | 13332 |
| ZIPRASIDONE 60 MG CAPSULE | 13333 |
| ZIPRASIDONE 80 MG CAPSULE | 13334 |
| ZITHROMAX 1 GM POWDER PACKET | 48790 |
| ZITHROMAX 100 MG/5 ML SUSP | 48792 |
| ZITHROMAX 200 MG/5 ML SUSP | 61199 |
| ZITHROMAX 250 MG TABLET | 48793 |
| ZITHROMAX 500 MG TABLET | 61198 |
| ZITHROMAX 600 MG TABLET | 48794 |
| ZITHROMAX I.V. 500 MG VIAL | 48795 |
| ZMAX 2 G/60 ML ORAL SUSPENSION | 24866 |
| ZOFRAN 2 MG/ML VIAL | 20011 |
| ZOFRAN 4 MG TABLET | 20041 |
| ZOFRAN 4 MG/5 ML ORAL SOLN | 20040 |
| ZOFRAN 8 MG TABLET | 20042 |
| ZOFRAN ODT 4 MG TABLET | 20045 |
| ZOFRAN ODT 8 MG TABLET | 20046 |
| 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 |

| Step 2 (claim for a drug which prolongs the QT interval) | |
|---|------------|
| Required claims: 1 | |
| Look back timeframe: 90 days | |
| Label Name | GCN |
| 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 |

| Step 3 (diagnosis of hepatic impairment) | |
|---|--|
| Required diagnosis: 1 | |
| Look back timeframe: 730 days | |
| ICD-10 Code | Description |
| B160 | ACUTE HEPATITIS B WITH DELTA-AGENT WITH HEPATIC COMA |
| B161 | ACUTE HEPATITIS B WITH DELTA-AGENT WITHOUT HEPATIC COMA |
| B162 | ACUTE HEPATITIS B WITHOUT DELTA-AGENT WITH HEPATIC COMA |
| B169 | ACUTE HEPATITIS B WITHOUT DELTA-AGENT AND WITHOUT HEPATIC COMA |
| B170 | ACUTE DELTA-(SUPER) INFECTION OF HEPATITIS B CARRIER |
| B1710 | ACUTE HEPATITIS C WITHOUT HEPATIC COMA |
| B1711 | ACUTE HEPATITIS C WITH HEPATIC COMA |
| B172 | ACUTE HEPATITIS E |
| B178 | OTHER SPECIFIED ACUTE VIRAL HEPATITIS |
| B179 | ACUTE VIRAL HEPATITIS, UNSPECIFIED |
| B180 | CHRONIC VIRAL HEPATITIS B WITH DELTA-AGENT |
| B181 | CHRONIC VIRAL HEPATITIS B WITHOUT DELTA-AGENT |
| B182 | CHRONIC VIRAL HEPATITIS C |
| B188 | OTHER CHRONIC VIRAL HEPATITIS |
| 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 |

| Step 3 (diagnosis of hepatic impairment) | |
|---|--|
| Required diagnosis: 1 | |
| Look back timeframe: 730 days | |
| ICD-10 Code | Description |
| 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 |
| 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 |
| 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 |

| Step 4 (claim for a strong CYP3A4 inhibitor) | |
|---|------------|
| Required claims: 1 | |
| Look back timeframe: 90 days | |
| Label Name | GCN |
| ATAZANAVIR SULFATE 150MG CAP | 19952 |
| ATAZANAVIR SULFATE 200MG CAP | 19953 |
| ATAZANAVIR SULFATE 300MG CAP | 97430 |
| CARDIZEM 120 MG TABLET | 02363 |
| CARDIZEM 30 MG TABLET | 02360 |
| CARDIZEM 60 MG TABLET | 02361 |
| CARDIZEM CD 120 MG CAPSULE | 02326 |
| CARDIZEM CD 180 MG CAPSULE | 02323 |
| CARDIZEM CD 240 MG CAPSULE | 02324 |
| CARDIZEM CD 300 MG CAPSULE | 02325 |
| CARDIZEM CD 360 MG CAPSULE | 07460 |
| CARDIZEM LA 120 MG TABLET | 19180 |
| CARDIZEM LA 180 MG TABLET | 19183 |
| CARDIZEM LA 360 MG TABLET | 19186 |
| CARDIZEM LA 420 MG TABLET | 19187 |
| CARTIA XT 120MG CAPSULE | 02326 |
| CARTIA XT 180MG CAPSULE | 02323 |
| CARTIA XT 240MG CAPSULE | 02324 |
| CARTIA XT 300MG CAPSULE | 02325 |
| CLARITHROMYCIN 125 MG/5 ML SUS | 11670 |
| CLARITHROMYCIN 250 MG TABLET | 48852 |
| CLARITHROMYCIN 250 MG/5 ML SUS | 11671 |
| CLARITHROMYCIN 500 MG TABLET | 48851 |
| CLARITHROMYCIN ER 500 MG TAB | 48850 |
| DARUNAVIR 600MG TABLET | 99434 |
| DARUNAVIR 800MG TABLET | 33723 |
| DILTIAZEM 120 MG TABLET | 02363 |
| DILTIAZEM 12HR ER 120 MG CAP | 02321 |
| DILTIAZEM 12HR ER 60 MG CAP | 02322 |
| DILTIAZEM 12HR ER 90 MG CAP | 02320 |
| DILTIAZEM 24HR ER 120 MG CAP | 02326 |
| DILTIAZEM 24HR ER 180 MG CAP | 02323 |
| DILTIAZEM 24HR ER 240 MG CAP | 02324 |
| DILTIAZEM 24HR ER 300 MG CAP | 02325 |
| DILTIAZEM 24HR ER 360 MG CAP | 07460 |
| DILTIAZEM 30 MG TABLET | 02360 |
| DILTIAZEM 60 MG TABLET | 02361 |
| DILTIAZEM 90 MG TABLET | 02362 |

| Step 4 (claim for a strong CYP3A4 inhibitor) | |
|---|------------|
| Required claims: 1 | |
| Look back timeframe: 90 days | |
| Label Name | GCN |
| DILTIAZEM ER 120 MG CAPSULE | 02330 |
| DILTIAZEM ER 120 MG CAPSULE | 07463 |
| DILTIAZEM ER 180 MG CAPSULE | 02329 |
| DILTIAZEM ER 180 MG CAPSULE | 07461 |
| DILTIAZEM ER 240 MG CAPSULE | 07462 |
| DILTIAZEM HCL ER 240 MG CAP | 02332 |
| DILTIAZEM HCL ER 300 MG CAP | 02333 |
| DILTIAZEM HCL ER 360 MG CAP | 02328 |
| DILTIAZEM HCL ER 420 MG CAP | 94691 |
| EVOTAZ 300-150MG TABLET | 37797 |
| GENVOYA TABLET | 40092 |
| ITRACONAZOLE 100 MG CAPSULE | 49101 |
| ITRACONAZOLE 10 MG/ML SOLUTION | 49100 |
| KALETRA 100-25 MG TABLET | 99101 |
| KALETRA 200-50 MG TABLET | 25919 |
| KALETRA 400-100/5 ML ORAL SOLU | 31782 |
| KETOCONAZOLE 200 MG TABLET | 42590 |
| KORLYM 300 MG TABLET | 31485 |
| KRAZATI 200 MG TABLET | 53379 |
| LANSOPRAZOL-AMOXICIL-CLARITHRO | 64269 |
| LOPINAVIR-RITONAVIR 80-20MG/ML | 31782 |
| LOPINAVIR-RITONAVIR 200-50MG TAB | 25919 |
| LOPINAVIR-RITONAVIR 100-25MG TAB | 99101 |
| MATZIM LA 180MG TABLET | 19183 |
| MATZIM LA 240MG TABLET | 19184 |
| MATZIM LA 300MG TABLET | 19185 |
| MATZIM LA 360MG TABLET | 19186 |
| MATZIM LA 420MG TABLET | 19187 |
| NEFAZODONE 100MG TABLET | 16406 |
| NEFAZODONE 150MG TABLET | 16407 |
| NEFAZODONE 200MG TABLET | 16408 |
| NEFAZODONE 250MG TABLET | 16409 |
| NEFAZODONE 50MG TABLET | 16404 |
| NORVIR 100 MG SOFTGEL CAP | 26812 |
| NORVIR 100 MG TABLET | 28224 |
| NORVIR 80 MG/ML SOLUTION | 26810 |
| NOXAFIL 40 MG/ML SUSPENSION | 26502 |
| NOXAFIL DR 100 MG TABLET | 35649 |

| Step 4 (claim for a strong CYP3A4 inhibitor) | |
|---|------------|
| Required claims: 1 | |
| Look back timeframe: 90 days | |
| Label Name | GCN |
| NOXAFIL 300MG POWDERMIX SUSP | 49744 |
| OMECLAMOX-PAK COMBO PACK | 32137 |
| PAXLOVID 150-100 MG PACK (EUA) | 52199 |
| PAXLOVID 300-100 MG PACK (EUA) | 51742 |
| POSACONAZOLE DR 100MG TABLET | 35649 |
| POSACONAZOLE 200MG/5ML SUSP | 26502 |
| PREZCOBIX 800-150MG TABLET | 37367 |
| PREZISTA 100MG/ML SUSPENSION | 31201 |
| PREZISTA 150MG TABLET | 23489 |
| PREZISTA 600MG TABLET | 99434 |
| PREZISTA 75MG TABLET | 16759 |
| PREZISTA 800MG TABLET | 33723 |
| RECORLEV 150MG TABLET | 51757 |
| REYATAZ 150MG CAPSULE | 19952 |
| REYATAZ 200MG CAPSULE | 19953 |
| REYATAZ 300MG CAPSULE | 37430 |
| REYATAZ 50MG POWDER PACK | 36647 |
| RITONAVIR 100 MG TABLET | 28224 |
| SPORANOX 10 MG/ML SOLUTION | 49100 |
| SPORANOX 100 MG CAPSULE | 49101 |
| STRIBILD TABLET | 33130 |
| SYM TUZA 800-150-200-10 MG TAB | 43968 |
| TAZTIA XT 120MG CAPSULE | 02330 |
| TAZTIA XT 180MG CAPSULE | 02329 |
| TAZTIA XT 240MG CAPSULE | 02332 |
| TAZTIA XT 300MG CAPSULE | 02333 |
| TAZTIA XT 360MG CAPSULE | 02328 |
| TIAZAC ER 120MG CAPSULE | 02330 |
| TIAZAC ER 180MG CAPSULE | 02329 |
| TIAZAC ER 240MG CAPSULE | 02332 |
| TIAZAC ER 300MG CAPSULE | 02333 |
| TIAZAC ER 360MG CAPSULE | 02328 |
| TIAZAC ER 420MG CAPSULE | 94961 |
| TOLSURA 65MG CAPSULE | 45848 |
| TUKYSA 150MG TABLET | 47931 |
| TUKYSA 50MG TABLET | 47929 |
| TYBOST 150MG TABLET | 36468 |
| VFEND 200 MG TABLET | 17498 |

| Step 4 (claim for a strong CYP3A4 inhibitor) | |
|---|------------|
| Required claims: 1 | |
| Look back timeframe: 90 days | |
| Label Name | GCN |
| VFEND 40 MG/ML SUSPENSION | 21513 |
| VFEND 50 MG TABLET | 17497 |
| VFEND IV 200 MG VIAL | 17499 |
| VIRACEPT 250 MG TABLET | 40312 |
| VIRACEPT 625 MG TABLET | 19717 |
| VORICONAZOLE 200 MG TABLET | 17498 |
| VORICONAZOLE 200 MG VIAL | 17499 |
| VORICONAZOLE 40 MG/ML SUSP | 21513 |
| VORICONAZOLE 50 MG TABLET | 17497 |
| ZOKINVY 50MG CAPSULE | 48901 |
| ZOKINVY 75MG CAPSULE | 48902 |
| ZYDELIG 100MG TABLET | 36884 |
| ZYDELIG 150MG TABLET | 36885 |
| ZYKADIA 150MG TABLET | 46119 |

**Nuplazid (pimavanserin)****Clinical Criteria References**

1. 2017 ICD-10-CM Diagnosis Codes. 2017. Available at www.icd10data.com. Accessed on July 28, 2017.
2. Clinical Pharmacology [online database]. Tampa, FL: Elsevier/Gold Standard, Inc.; 2023. Available at www.clinicalpharmacology.com . Accessed on November 15, 2023.
3. Micromedex [online database]. 2023. Available at www.micromedexsolutions.com. Accessed on November 15, 2023.
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5. Seppi K, Ray Chaudhuri K, et al. Update on treatments for nonmotor symptoms of Parkinson's disease-an evidence-based medicine review. *Mov Disord*. 2019 Feb;34(2):180-198.
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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 |
|------------------|---|
| 07/28/2017 | Initial publication and presentation to the DUR Board |
| 11/27/2018 | <ul style="list-style-type: none"> Added GCNs for 34mg capsule and 10mg table to 'Drugs Requiring PA' Removed ICD-9 codes Updated references |
| 03/29/2019 | <ul style="list-style-type: none"> 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 |
| 04/30/2021 | <ul style="list-style-type: none"> Annual review by staff Removed GCN for Nuplazid 17mg tablet (41264) from drug table Added GCNs for Abilify Mycite (44437, 44438, 44441, 44442, 44443); Aristada (43488, 44941); Caprelsa (29817, 29818); Celexa (16345, 16342, 16343); chlorpromazine (14331); clozapine (28873, 28874); cyclobenzaprine (97959, 97960); doxepin (28914, 28915); erythromycin (40730, 40731, 40732, 40523, 40524); itraconazole (49100); Norvir (40309); olanzapine (17407); paroxetine (34876); Paxil (16369, 16364, 16368, 17078, 17079); Prograf (28251, 28249); Prozac (16355) to Table 2 Added GCNs for atazanavir (19952, 19953, 97430); itraconazole (49100); Korlym (31485); Prezista (31201, 23489, 99434, 16759, 33723); Reyataz (19952, 19953, 37430, 36647); ritonavir (28224); Symtuza (43968) to Table 4 Updated references |
| 12/08/2023 | <ul style="list-style-type: none"> Annual review by staff Added GCNs for Darunavir (99434, 33723), Krazati (53379), lopinavir-ritonavir (31782, 25919, 99101), Noxafil (49744), Paxlovid (52199, 51742), posaconazole (35649, 26502), Recorlev (51757), Tolsura (45848), Tukysa (47931, 47929), Zokinvy (48901, 48902), and Zykadia (46119). Removed GCNs for Biaxin (48852, 11671, 48821), Crixivan (26820, 26822), Invirase (26760, 23952), Ketek (25905, 15175), Prevpac (64269), Technivie (37844), Victrelis (29941), and Viekira (37614, 41932) – products have been discontinued. Updated references |