

**Texas Prior Authorization Program
Clinical Criteria**

Drug/Drug Class**Qelbree (Viloxazine)****Clinical Criteria Information Included in this Document****Qelbree (Viloxazine)**

- **Drugs requiring prior authorization:** the list of drugs requiring prior authorization for this clinical criteria
- **Prior authorization criteria logic:** a description of how the prior authorization request will be evaluated against the clinical criteria rules
- **Logic diagram:** a visual depiction of the clinical criteria logic
- **Supporting tables:** a collection of information associated with the steps within the criteria (diagnosis codes, procedure codes, and therapy codes)
- **References:** clinical publications and sources relevant to this clinical criteria

Revision Notes

Initial publication

Updated with DUR Board recommendations

**Qelbree (Viloxazine)****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
QELBREE ER 100 MG CAPSULE	49447
QELBREE ER 150 MG CAPSULE	49449
QELBREE ER 200 MG CAPSULE	49452



Qelbree (Viloxazine)

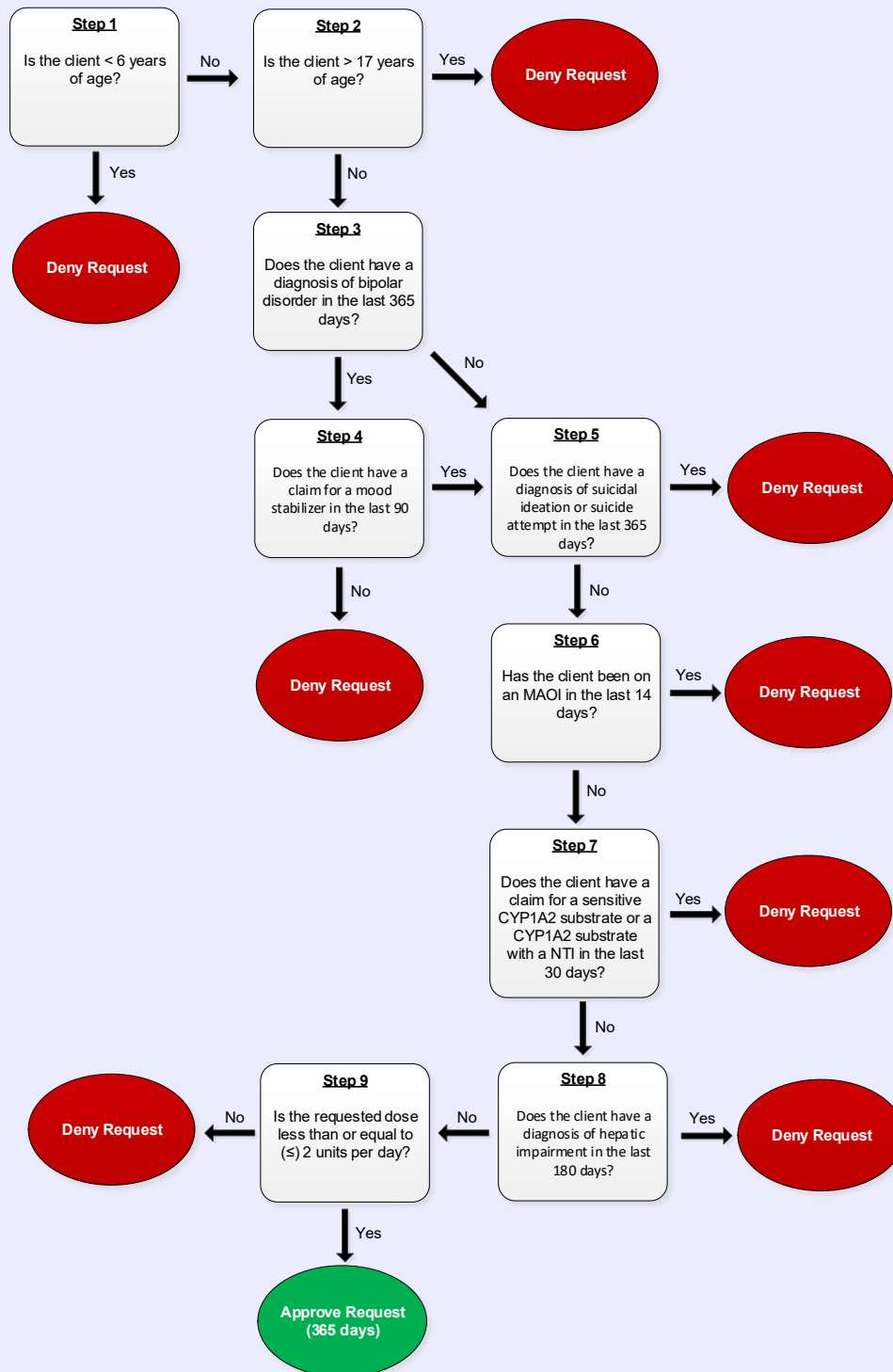
Clinical Criteria Logic

1. Is the client less than (<) 6 years of age?
 Yes – Deny
 No – Go to #2
2. Is the client greater than (>) 17 years of age?
 Yes – Deny
 No – Go to #3
3. Does the client have a **diagnosis of bipolar disorder** in the last 365 days?
 Yes – Go to #4
 No – Go to #5
4. Does the client have a claim for a **mood stabilizer** in the last 90 days?
 Yes – Go to #5
 No – Deny
5. Does the client have a **diagnosis of suicidal ideation or suicide attempt** in the last 180 days?
 Yes – Deny
 No – Go to #6
6. Has the client been on an **MAO inhibitor** in the last 14 days?
 Yes – Deny
 No – Go to #7
7. Does the client have a claim for a **sensitive CYP1A2 substrate or a CYP1A2 substrate with a narrow therapeutic index** in the last 30 days?
 Yes – Deny
 No – Go to #8
8. Does the client have a diagnosis of **hepatic impairment** in the last 180 days?
 Yes – Deny
 No – Go to #9
9. Is the requested dose less than or equal to (\leq) 2 units per day?
 Yes – Approve (365 days)
 No – Deny



Qelbree (Viloxazine)

Clinical Criteria Logic Diagram





Qelbree (Viloxazine)

Clinical Criteria Supporting Tables

Step 3 (diagnosis of bipolar disorder) Required quantity: 1 Look back timeframe: 365 days	
ICD-10 Code	Description
F310	BIPOLAR DISORDER, CURRENT EPISODE HYPOMANIC
F3110	BIPOLAR DISORDER, CURRENT EPISODE MANIC WITHOUT PSYCHOTIC FEATURES UNSPECIFIED
F3111	BIPOLAR DISORDER, CURRENT EPISODE MANIC WITHOUT PSYCHOTIC FEATURES MILD
F3112	BIPOLAR DISORDER, CURRENT EPISODE MANIC WITHOUT PSYCHOTIC FEATURES MODERATE
F3113	BIPOLAR DISORDER, CURRENT EPISODE MANIC WITHOUT PSYCHOTIC FEATURES SEVERE
F312	BIPOLAR DISORDER, CURRENT EPISODE MANIC SEVERE WITH PSYCHOTIC FEATURES
F3130	BIPOLAR DISORDER, CURRENT EPISODE DEPRESSED, MILD OR MODERATE SEVERITY UNSPECIFIED
F3131	BIPOLAR DISORDER, CURRENT EPISODE DEPRESSED, MILD
F3132	BIPOLAR DISORDER, CURRENT EPISODE DEPRESSED, MODERATE
F314	BIPOLAR DISORDER, CURRENT EPISODE DEPRESSED, SEVERE, WITHOUT PSYCHOTIC FEATURES
F315	BIPOLAR DISORDER, CURRENT EPISODE DEPRESSED, SEVERE, WITH PSYCHOTIC FEATURES
F3160	BIPOLAR DISORDER, CURRENT EPISODE MIXED UNSPECIFIED
F3161	BIPOLAR DISORDER, CURRENT EPISODE MIXED MILD
F3162	BIPOLAR DISORDER, CURRENT EPISODE MIXED MODERATE
F3163	BIPOLAR DISORDER, CURRENT EPISODE MIXED SEVERE, WITHOUT PSYCHOTIC FEATURES
F3164	BIPOLAR DISORDER, CURRENT EPISODE MIXED SEVERE, WITH PSYCHOTIC FEATURES
F3170	BIPOLAR DISORDER, CURRENTLY IN REMISSION MOST RECENT EPISODE UNSPECIFIED
F3171	BIPOLAR DISORDER, IN PARTIAL REMISSION, MOST RECENT EPISODE HYPOMANIC
F3172	BIPOLAR DISORDER, IN FULL REMISSION, MOST RECENT EPISODE HYPOMANIC
F3173	BIPOLAR DISORDER, IN PARTIAL REMISSION, MOST RECENT EPISODE MANIC
F3174	BIPOLAR DISORDER, IN FULL REMISSION, MOST RECENT EPISODE MANIC
F3175	BIPOLAR DISORDER, IN PARTIAL REMISSION, MOST RECENT EPISODE DEPRESSED

Step 3 (diagnosis of bipolar disorder)	
Required quantity: 1	
Look back timeframe: 365 days	
ICD-10 Code	Description
F3176	BIPOLAR DISORDER, IN FULL REMISSION, MOST RECENT EPISODE DEPRESSED
F3177	BIPOLAR DISORDER, IN PARTIAL REMISSION, MOST RECENT EPISODE MIXED
F3178	BIPOLAR DISORDER, IN FULL REMISSION, MOST RECENT EPISODE MIXED
F3181	BIPOLAR II DISORDER
F3189	OTHER BIPOLAR DISORDER
F319	BIPOLAR DISORDER, UNSPECIFIED

Step 4 (claim for a mood stabilizer)	
Required days supply: 1	
Look back timeframe: 90 days	
GCN	Label Name
18537	ABILIFY 10 MG TABLET
18538	ABILIFY 15 MG TABLET
26305	ABILIFY 2 MG TABLET
18539	ABILIFY 20 MG TABLET
18541	ABILIFY 30 MG TABLET
20173	ABILIFY 5 MG TABLET
37681	ABILIFY MAINTENA ER 300 MG SYR
34284	ABILIFY MAINTENA ER 300 MG VL
37682	ABILIFY MAINTENA ER 400 MG SYR
34285	ABILIFY MAINTENA ER 400 MG VL
44439	ABILIFY MYCITE 10 MG KIT
44441	ABILIFY MYCITE 15 MG KIT
44437	ABILIFY MYCITE 2 MG KIT
44442	ABILIFY MYCITE 20 MG KIT
44443	ABILIFY MYCITE 30 MG KIT
44438	ABILIFY MYCITE 5 MG KIT
24062	ARIPIPRAZOLE 1 MG/ML SOLUTION
18537	ARIPIPRAZOLE 10 MG TABLET
18538	ARIPIPRAZOLE 15 MG TABLET
26305	ARIPIPRAZOLE 2 MG TABLET
18539	ARIPIPRAZOLE 20 MG TABLET
18541	ARIPIPRAZOLE 30 MG TABLET
20173	ARIPIPRAZOLE 5 MG TABLET

Step 4 (claim for a mood stabilizer)	
Required days supply: 1	
Look back timeframe: 90 days	
26445	ARIPIPRAZOLE ODT 10 MG TABLET
26448	ARIPIPRAZOLE ODT 15 MG TABLET
27528	ASENAPINE 10 MG TABLET SL
21636	ASENAPINE 5 MG TABLET SL
17460	CARBAMAZEPINE 100 MG TAB CHEW
47500	CARBAMAZEPINE 100 MG/5 ML SUSP
17450	CARBAMAZEPINE 200 MG TABLET
23934	CARBAMAZEPINE ER 100 MG CAP
27820	CARBAMAZEPINE ER 100 MG TABLET
23932	CARBAMAZEPINE ER 200 MG CAP
27821	CARBAMAZEPINE ER 200 MG TABLET
23933	CARBAMAZEPINE ER 300 MG CAP
27822	CARBAMAZEPINE ER 400 MG TABLET
23934	CARBATROL ER 100 MG CAPSULE
23932	CARBATROL ER 200 MG CAPSULE
23933	CARBATROL ER 300 MG CAPSULE
17400	DEPAKOTE DR 125 MG SPRINKLE
17292	DEPAKOTE DR 125 MG TABLET
17290	DEPAKOTE DR 250 MG TABLET
17291	DEPAKOTE DR 500 MG TABLET
18754	DEPAKOTE ER 250 MG TABLET
18040	DEPAKOTE ER 500 MG TABLET
17400	DIVALPROEX DR 125 MG SPRINKLE
17292	DIVALPROEX DR 125 MG TAB
17290	DIVALPROEX DR 250 MG TAB
17291	DIVALPROEX DR 500 MG TAB
18754	DIVALPROEX SOD ER 250 MG TAB
18040	DIVALPROEX SOD ER 500 MG TAB
17450	EPITOL 200 MG TABLET
13781	EQUETRO 100 MG CAPSULE
13805	EQUETRO 200 MG CAPSULE
13818	EQUETRO 300 MG CAPSULE
13331	GEODON 20 MG CAPSULE
17037	GEODON 20 MG VIAL
13332	GEODON 40 MG CAPSULE
13333	GEODON 60 MG CAPSULE
13334	GEODON 80 MG CAPSULE
64316	LAMICTAL 100 MG TABLET

Step 4 (claim for a mood stabilizer)	
Required days supply: 1	
Look back timeframe: 90 days	
64324	LAMICTAL 150 MG TABLET
64325	LAMICTAL 200 MG TABLET
64322	LAMICTAL 25 MG DISPER TABLET
64317	LAMICTAL 25 MG TABLET
64323	LAMICTAL 5 MG DISPER TABLET
23254	LAMICTAL ODT 100 MG TABLET
23274	LAMICTAL ODT 200 MG TABLET
23201	LAMICTAL ODT 25 MG TABLET
23096	LAMICTAL ODT 50 MG TABLET
23294	LAMICTAL ODT START KIT (BLUE)
23309	LAMICTAL ODT START KIT (GREEN)
23293	LAMICTAL ODT START KIT (ORANGE)
23969	LAMICTAL TAB START KIT (BLUE)
23972	LAMICTAL TAB START KIT (GREEN)
23973	LAMICTAL TB START KIT (ORANGE)
24703	LAMICTAL XR 100 MG TABLET
24739	LAMICTAL XR 200 MG TABLET
24693	LAMICTAL XR 25 MG TABLET
30787	LAMICTAL XR 250 MG TABLET
29725	LAMICTAL XR 300 MG TABLET
24697	LAMICTAL XR 50 MG TABLET
24851	LAMICTAL XR START KIT (BLUE)
24856	LAMICTAL XR START KIT (GREEN)
24869	LAMICTAL XR START KIT (ORANGE)
64316	LAMOTRIGINE 100 MG TABLET
64324	LAMOTRIGINE 150 MG TABLET
64325	LAMOTRIGINE 200 MG TABLET
64322	LAMOTRIGINE 25 MG DISPER TAB
64317	LAMOTRIGINE 25 MG TABLET
64323	LAMOTRIGINE 5 MG DISPER TABLET
24703	LAMOTRIGINE ER 100 MG TABLET
24739	LAMOTRIGINE ER 200 MG TABLET
24693	LAMOTRIGINE ER 25 MG TABLET
30787	LAMOTRIGINE ER 250 MG TABLET
29725	LAMOTRIGINE ER 300 MG TABLET
24697	LAMOTRIGINE ER 50 MG TABLET
23254	LAMOTRIGINE ODT 100 MG TABLET
23274	LAMOTRIGINE ODT 200 MG TABLET

Step 4 (claim for a mood stabilizer)	
Required days supply: 1	
Look back timeframe: 90 days	
23201	LAMOTRIGINE ODT 25 MG TABLET
23096	LAMOTRIGINE ODT 50 MG TABLET
23294	LAMOTRIGINE ODT KIT (BLUE)
23309	LAMOTRIGINE ODT KIT (GREEN)
23293	LAMOTRIGINE ODT KIT (ORANGE)
33147	LATUDA 120 MG TABLET
31226	LATUDA 20 MG TABLET
29366	LATUDA 40 MG TABLET
35192	LATUDA 60 MG TABLET
29367	LATUDA 80 MG TABLET
15741	LITHIUM 8 MEQ/5 ML SOLUTION
15711	LITHIUM CARBONATE 150 MG CAP
15710	LITHIUM CARBONATE 300 MG CAP
15721	LITHIUM CARBONATE 300 MG TAB
15712	LITHIUM CARBONATE 600 MG CAP
15731	LITHIUM CARBONATE ER 300 MG TB
15730	LITHIUM CARBONATE ER 450 MG TB
15731	LITHOBID ER 300 MG TABLET
15082	OLANZAPINE 10 MG TABLET
17407	OLANZAPINE 10 MG VIAL
15085	OLANZAPINE 15 MG TABLET
15084	OLANZAPINE 2.5 MG TABLET
15086	OLANZAPINE 20MG TABLET
15083	OLANZAPINE 5 MG TABLET
15081	OLANZAPINE 7.5 MG TABLET
92008	OLANZAPINE ODT 10 MG TABLET
34022	OLANZAPINE ODT 15 MG TABLET
34023	OLANZAPINE ODT 20MG TABLET
92007	OLANZAPINE ODT 5MG TABLET
20870	OLANZAPINE/FLUOXETINE 12-25 MG
20872	OLANZAPINE/FLUOXETINE 12-50 MG
98648	OLANZAPINE/FLUOXETINE 3-25 MG
20868	OLANZAPINE/FLUOXETINE 6-25 MG
20869	OLANZAPINE/FLUOXETINE 6-50 MG
67662	QUETIAPINE 100 MG TABLET
67663	QUETIAPINE 200 MG TABLET
67661	QUETIAPINE 25 MG TABLET
67665	QUETIAPINE 300 MG TABLET

Step 4 (claim for a mood stabilizer)	
Required days supply: 1	
Look back timeframe: 90 days	
26411	QUETIAPINE 400 MG TABLET
26409	QUETIAPINE 50 MG TABLET
16193	QUETIAPINE ER 150 MG TABLET
98522	QUETIAPINE ER 200 MG TABLET
98523	QUETIAPINE ER 300 MG TABLET
98524	QUETIAPINE ER 400 MG TABLET
98994	QUETIAPINE ER 50 MG TABLET
92892	RISPERDAL 0.5 MG TABLET
16136	RISPERDAL 1 MG TABLET
16135	RISPERDAL 1 MG/ML SOLUTION
16137	RISPERDAL 2 MG TABLET
16138	RISPERDAL 3 MG TABLET
16139	RISPERDAL 4 MG TABLET
98414	RISPERDAL CONSTA 12.5 MG SYR
20217	RISPERDAL CONSTA 25 MG SYR
20218	RISPERDAL CONSTA 37.5 MG SYR
20219	RISPERDAL CONSTA 50 MG SYR
24448	RISPERIDONE 0.25 MG ODT
92872	RISPERIDONE 0.25 MG TABLET
19541	RISPERIDONE 0.5 MG ODT
92892	RISPERIDONE 0.5 MG TABLET
19178	RISPERIDONE 1 MG ODT
16136	RISPERIDONE 1 MG TABLET
16135	RISPERIDONE 1 MG/ML SOLUTION
19179	RISPERIDONE 2 MG ODT
16137	RISPERIDONE 2 MG TABLET
25024	RISPERIDONE 3 MG ODT
16138	RISPERIDONE 3 MG TABLET
25025	RISPERIDONE 4 MG ODT
16139	RISPERIDONE 4 MG TABLET
27528	SAPHRIS 10 MG TAB SUBLINGUAL
38479	SAPHRIS 2.5 MG TABLET SUBLINGUAL
21636	SAPHRIS 5 MG TABLET SUBLINGUAL
67662	SEROQUEL 100 MG TABLET
67663	SEROQUEL 200 MG TABLET
67661	SEROQUEL 25 MG TABLET
67665	SEROQUEL 300 MG TABLET
26411	SEROQUEL 400 MG TABLET

Step 4 (claim for a mood stabilizer)	
Required days supply: 1	
Look back timeframe: 90 days	
26409	SEROQUEL 50 MG TABLET
16193	SEROQUEL XR 150 MG TABLET
98522	SEROQUEL XR 200 MG TABLET
98523	SEROQUEL XR 300 MG TABLET
98524	SEROQUEL XR 400 MG TABLET
98994	SEROQUEL XR 50 MG TABLET
64316	SUBVENITE 100 MG TABLET
64324	SUBVENITE 150 MG TABLET
64325	SUBVENITE 200 MG TABLET
64317	SUBVENITE 25 MG TABLET
23969	SUBVENITE TAB START KIT (BLUE)
23972	SUBVENITE TAB START KIT(GREEN)
23973	SUBVENITE TAB START KT(ORANGE)
98648	SYMBYAX 3-25 MG CAPSULE
20868	SYMBYAX 6-25 MG CAPSULE
47500	TEGRETOL 100 MG/5 ML SUSP
17450	TEGRETOL 200 MG TABLET
27820	TEGRETOL XR 100 MG TABLET
27821	TEGRETOL XR 200 MG TABLET
27822	TEGRETOL XR 400 MG TABLET
39579	VRAYLAR 1.5 MG CAPSULE
40683	VRAYLAR 1.5 MG-3 MG PACK
39582	VRAYLAR 3 MG CAPSULE
39583	VRAYLAR 4.5 MG CAPSULE
39584	VRAYLAR 6 MG CAPSULE
13331	ZIPRASIDONE 20 MG CAPSULE
17037	ZIPRASIDONE 20 MG/ML VIAL
13332	ZIPRASIDONE 40 MG CAPSULE
13333	ZIPRASIDONE 60 MG CAPSULE
13334	ZIPRASIDONE 80 MG CAPSULE
15082	ZYPREXA 10 MG TABLET
17407	ZYPREXA 10 MG VIAL
15085	ZYPREXA 15 MG TABLET
15084	ZYPREXA 2.5 MG TABLET
15086	ZYPREXA 20 MG TABLET
15083	ZYPREXA 5 MG TABLET
15081	ZYPREXA 7.5 MG TABLET
92008	ZYPREXA ZYDIS 10 MG TABLET

Step 4 (claim for a mood stabilizer)	
Required days supply: 1	
Look back timeframe: 90 days	
34022	ZYPREXA ZYDIS 15 MG TABLET
34023	ZYPREXA ZYDIS 20 MG TABLET
92007	ZYPREXA ZYDIS 5 MG TABLET

Step 5 (diagnosis of suicidal ideation or suicide attempt)	
Required quantity: 1	
Look back timeframe: 365 days	
ICD-10 Code	Description
R45851	SUICIDAL IDEATIONS
T1491XA	SUICIDE ATTEMPT INITIAL ENCOUNTER
T1491XD	SUICIDE ATTEMPT SUBSEQUENT ENCOUNTER
T1491XS	SUICIDE ATTEMPT SEQUELA

Step 6 (claim for an MAOI)	
Required days supply: 1	
Look back timeframe: 14 days	
GCN	Label Name
27081	AZILECT 0.5 MG TABLET
24654	AZILECT 1 MG TABLET
26614	EMSAM 12MG/24 HOURS PATCH
26612	EMSAM 6MG/24 HOURS PATCH
26871	LINEZOLID 100MG/5ML SUSP
26870	LINEZOLID 600MG TABLET
26873	LINEZOLID 600MG/300ML IV SOLN
16416	MARPLAN 10 MG TABLET
16417	NARDIL 15 MG TABLET
16418	PARNATE 10 MG TABLET
16417	PHENELZINE SULFATE 15 MG TAB
27081	RASAGILINE MESYLATE 0.5 MG TAB
24654	RASAGILINE MESYLATE 1 MG TAB
15603	SELEGILINE 5MG CAPSULE
15600	SELEGILINE 5MG TABLET
16418	TRANLYCYPROMINE 10MG TABLET
22783	ZELAPAR 1.25MG ODT TABLET
26871	ZYVOX 100 MG/5 ML SUSPENSION
26870	ZYVOX 600 MG TABLET

Step 6 (claim for an MAOI) Required days supply: 1 Look back timeframe: 14 days	
26873	ZYVOX 600 MG/300 ML IV SOLN

Step 7 (claim for a sensitive CYP1A2 substrate or a CYP1A2 substrate with an NTI) Required days supply: 1 Look back timeframe: 30 days	
GCN	Label Name
21422	ALOSETRON HCL 0.5 MG TABLET
41607	ALOSETRON HCL 1 MG TABLET
25792	COUMADIN 1 MG TABLET
25790	COUMADIN 10 MG TABLET
25791	COUMADIN 2 MG TABLET
25794	COUMADIN 2.5 MG TABLET
25796	COUMADIN 3 MG TABLET
25797	COUMADIN 4 MG TABLET
25793	COUMADIN 5 MG TABLET
25798	COUMADIN 6 MG TABLET
25795	COUMADIN 7.5 MG TABLET
23161	CYMBALTA 20 MG CAPSULE
23162	CYMBALTA 30 MG CAPSULE
23164	CYMBALTA 60 MG CAPSULE
23161	DULOXETINE HCL DR 20 MG CAP
23162	DULOXETINE HCL DR 30 MG CAP
23164	DULOXETINE HCL DR 60 MG CAP
00352	ELIXOPHYLLINE 80 MG/ 15 ML ELIX
36068	HETLIOZ 20 MG CAPSULE
25792	JANTOVEN 1 MG TABLET
25790	JANTOVEN 10 MG TABLET
25791	JANTOVEN 2 MG TABLET
25794	JANTOVEN 2.5 MG TABLET
25796	JANTOVEN 3 MG TABLET
25797	JANTOVEN 4 MG TABLET
25793	JANTOVEN 5 MG TABLET
25798	JANTOVEN 6 MG TABLET
25795	JANTOVEN 7.5 MG TABLET
21422	LOTRONEX 0.5 MG TABLET
41607	LOTRONEX 1 MG TABLET

**Step 7 (claim for a sensitive CYP1A2 substrate or
a CYP1A2 substrate with an NTI)**

Required days supply: 1

Look back timeframe: 30 days

25202	RAMELTEON 8 MG TABLET
25202	ROZEREM 8 MG TABLET
00324	THEO-24 ER 100 MG CAPSULE
00325	THEO-24 ER 200 MG CAPSULE
00326	THEO-24 ER 300 MG CAPSULE
00323	THEO-24 ER 400 MG CAPSULE
01080	THEOPHYLLINE 80 MG/15 ML SOLN
00410	THEOPHYLLINE ER 100 MG TABLET
00411	THEOPHYLLINE ER 200 MG TABLET
00413	THEOPHYLLINE ER 300 MG TAB
00415	THEOPHYLLINE ER 400 MG TABLET
00416	THEOPHYLLINE ER 450 MG TAB
00417	THEOPHYLLINE ER 600 MG TABLET
24433	TIZANIDINE HCL 2 MG CAPSULE
14690	TIZANIDINE HCL 2 MG TABLET
24434	TIZANIDINE HCL 4 MG CAPSULE
14693	TIZANIDINE HCL 4 MG TABLET
24435	TIZANIDINE HCL 6 MG CAPSULE
25792	WARFARIN SODIUM 1 MG TABLET
25790	WARFARIN SODIUM 10 MG TABLET
25791	WARFARIN SODIUM 2 MG TABLET
25794	WARFARIN SODIUM 2.5 MG TABLET
25796	WARFARIN SODIUM 3 MG TABLET
25797	WARFARIN SODIUM 4 MG TABLET
25793	WARFARIN SODIUM 5 MG TABLET
25798	WARFARIN SODIUM 6 MG TABLET
25795	WARFARIN SODIUM 7.5 MG TABLET

Step 8 (diagnosis of hepatic impairment)

Required quantity: 1

Look back timeframe: 180 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

Step 8 (diagnosis of hepatic impairment)	
Required quantity: 1	
Look back timeframe: 180 days	
ICD-10 Code	Description
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
K7010	ALCOHOLIC HEPATITIS WITHOUT ASCITES
K7011	ALCOHOLIC HEPATITIS WITH ASCITES
K702	ALCOHOLIC FIBROSIS AND SCLEROSIS OF LIVER
K7030	ALCOHOLIC CIRRHOSIS OF LIVER WITHOUT ASCITES
K7031	ALCOHOLIC CIRRHOSIS OF LIVER WITH ASCITES
K7040	ALCOHOLIC HEPATIC FAILURE WITHOUT COMA
K7041	ALCOHOLIC HEPATIC FAILURE WITH COMA
K709	ALCOHOLIC LIVER DISEASE, UNSPECIFIED
K710	TOXIC LIVER DISEASE WITH CHOLESTASIS
K7110	TOXIC LIVER DISEASE WITH HEPATIC NECROSIS WITHOUT COMA
K7111	TOXIC LIVER DISEASE WITH HEPATIC NECROSIS WITH COMA
K712	TOXIC LIVER DISEASE WITH ACUTE HEPATITIS
K713	TOXIC LIVER DISEASE WITH CHRONIC PERSISTENT HEPATITIS
K714	TOXIC LIVER DISEASE WITH CHRONIC LOBULAR HEPATITIS
K7150	TOXIC LIVER DISEASE WITH CHRONIC ACTIVE HEPATITIS WITHOUT ASCITES
K7151	TOXIC LIVER DISEASE WITH CHRONIC ACTIVE HEPATITIS WITH ASCITES
K716	TOXIC LIVER DISEASE WITH HEPATITIS, NOT ELSEWHERE CLASSIFIED

Step 8 (diagnosis of hepatic impairment)	
Required quantity: 1	
Look back timeframe: 180 days	
ICD-10 Code	Description
K717	TOXIC LIVER DISEASE WITH FIBROSIS AND CIRRHOSIS OF LIVER
K718	TOXIC LIVER DISEASE WITH OTHER DISORDERS OF LIVER
K719	TOXIC LIVER DISEASE, UNSPECIFIED
K7200	ACUTE AND SUBACUTE HEPATIC FAILURE WITHOUT COMA
K7201	ACUTE AND SUBACUTE HEPATIC FAILURE WITH COMA
K7210	CHRONIC HEPATIC FAILURE WITHOUT COMA
K7211	CHRONIC HEPATIC FAILURE WITH COMA
K7290	HEPATIC FAILURE, UNSPECIFIED WITHOUT COMA
K7291	HEPATIC FAILURE, UNSPECIFIED WITH COMA
K730	CHRONIC PERSISTENT HEPATITIS, NOT ELSEWHERE CLASSIFIED
K731	CHRONIC LOBULAR HEPATITIS, NOT ELSEWHERE CLASSIFIED
K732	CHRONIC ACTIVE HEPATITIS, NOT ELSEWHERE CLASSIFIED
K738	OTHER CHRONIC HEPATITIS, NOT ELSEWHERE CLASSIFIED
K739	CHRONIC HEPATITIS, UNSPECIFIED
K740	HEPATIC FIBROSIS
K741	HEPATIC SCLEROSIS
K742	HEPATIC FIBROSIS WITH HEPATIC SCLEROSIS
K743	PRIMARY BILIARY CIRRHOSIS
K744	SECONDARY BILIARY CIRRHOSIS
K745	BILIARY CIRRHOSIS, UNSPECIFIED
K7460	UNSPECIFIED CIRRHOSIS OF LIVER
K7469	OTHER CIRRHOSIS OF LIVER
K750	ABSCESS OF LIVER
K751	PHLEBITIS OF PORTAL VEIN
K752	NONSPECIFIC REACTIVE HEPATITIS
K753	GRANULOMATOUS HEPATITIS, NOT ELSEWHERE CLASSIFIED
K754	AUTOIMMUNE HEPATITIS
K7581	NONALCOHOLIC STEATOHEPATITIS (NASH)
K7589	OTHER SPECIFIED INFLAMMATORY LIVER DISEASES
K759	INFLAMMATORY LIVER DISEASE, UNSPECIFIED
K761	CHRONIC PASSIVE CONGESTION OF LIVER
K763	INFARCTION OF LIVER
K7689	OTHER SPECIFIED DISEASES OF LIVER
K769	LIVER DISEASE, UNSPECIFIED
K77	LIVER DISORDERS IN DISEASES CLASSIFIED ELSEWHERE



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

Clinical Criteria References

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The Publication History records the publication iterations and revisions to this document. Notes for the *most current revision* are also provided in the **Revision Notes** on the first page of this document.

Publication Date	Notes
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