

Texas Prior Authorization Program Clinical Criteria

Drug/Drug Class

Antimigraine Agents, Triptans

This criteria was recommended for review by an MCO and Kepro to ensure appropriate and safe utilization

Clinical Information Included in this Document

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

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

Revision Notes

Initial publication and presentation to the DUR Board



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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
ALMOTRIPTAN MALATE 12.5 MG TAB	12472
ALMOTRIPTAN MALATE 6.25 MG TAB	13587
AMERGE 1 MG TABLET	81112
AMERGE 2.5 MG TABLET	81111
ELETRIPTAN HBR 20 MG TABLET	15173
ELETRIPTAN HBR 40 MG TABLET	15174
FROVA 2.5 MG TABLET	14977
FROVATRIPTAN SUCC 2.5 MG TAB	14977
IMITREX 100 MG TABLET	05701
IMITREX 20 MG NASAL SPRAY	50744
IMITREX 25 MG TABLET	05702
IMITREX 4 MG/0.5 ML CARTRIDGES	26667
IMITREX 4 MG/0.5 ML PEN INJECT	26666
IMITREX 5 MG NASAL SPRAY	50740
IMITREX 50 MG TABLET	05700
IMITREX 6 MG/0.5 ML CARTRIDGES	24708
IMITREX 6 MG/0.5 ML PEN INJECT	50741
MAXALT 10 MG TABLET	19592
MAXALT MLT 10 MG TABLET	19594
NARATRIPTAN HCL 1 MG TABLET	81112
NARATRIPTAN HCL 2.5 MG TABLET	81111
RELPAX 20 MG TABLET	15173
RELPAX 40 MG TABLET	15174
RIZATRIPTAN 10 MG ODT	19594
RIZATRIPTAN 10 MG TABLET	19592
RIZATRIPTAN 5 MG ODT	19593
RIZATRIPTAN 5 MG TABLET	19591
SUMATRIPTAN 20 MG NASAL SPRAY	50744
SUMATRIPTAN 4 MG/0.5 ML CART	26667
SUMATRIPTAN 4 MG/0.5 ML INJECT	26666

Drugs Requiring Prior Authorization	
Label Name	GCN
SUMATRIPTAN 5 MG NASAL SPRAY	50740
SUMATRIPTAN 6 MG/0.5 ML CART	24708
SUMATRIPTAN 6 MG/0.5 ML INJECT	50741
SUMATRIPTAN 6 MG/0.5 ML VIAL	50742
SUMATRIPTAN SUCC 100 MG TABLET	05701
SUMATRIPTAN SUCC 25 MG TABLET	05702
SUMATRIPTAN SUCC 50 MG TABLET	05700
SUMATRIPTAN-NAPROXEN 85-500 MG	99597
TOSYMRA 10 MG NASAL SPRAY	50743
ZEMBRACE SYMTOUCH 3 MG/0.5 ML	40811
ZOLMITRIPTAN 2.5 MG NASAL SPRAY	24217
ZOLMITRIPTAN 2.5 MG ODT	42098
ZOLMITRIPTAN 2.5 MG TABLET	46131
ZOLMITRIPTAN 5 MG NASAL SPRAY	18972
ZOLMITRIPTAN 5 MG ODT	14324
ZOLMITRIPTAN 5 MG TABLET	46132
ZOMIG 2.5 MG NASAL SPRAY	24217
ZOMIG 2.5 MG TABLET	46131
ZOMIG 5 MG NASAL SPRAY	18972
ZOMIG 5 MG TABLET	46132
ZOMIG ZMT 2.5 MG TABLET	42098
ZOMIG ZMT 5 MG TABLET	14324



Antimigraine Agents, Triptans

Clinical Criteria Logic

1. Is the client greater than or equal to (\geq) 18 years of age?
 - Yes (Go to #4)
 - No (And the request is for eletriptan, frovatriptan, naratriptan, sumatriptan or zolmitriptan oral – Deny)
 - No (And the request is for almotriptan, rizatriptan, sumatriptan/naproxen or zolmitriptan nasal – Go to #2)

2. Is the client greater than or equal to (\geq) 12 years of age?
 - Yes (Go to #4)
 - No (And the request is for almotriptan, sumatriptan/naproxen or zolmitriptan nasal – Deny)
 - No (And the request is for rizatriptan – Go to #3)

3. Is the client greater than or equal to (\geq) 6 years of age?
 - Yes (Go to #4)
 - No (Deny)

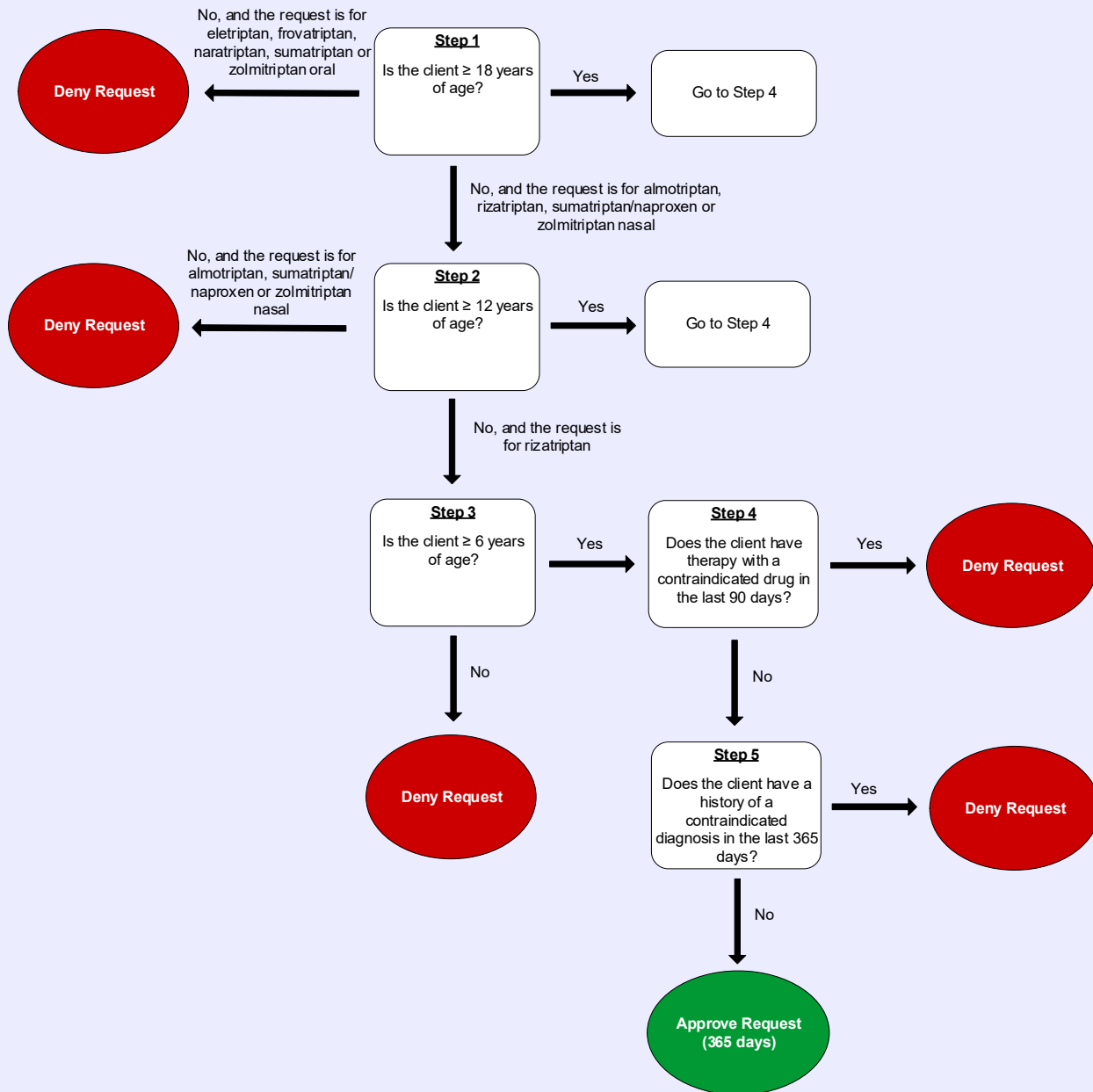
4. Does the client have a history of therapy with a **contraindicated drug** in the last 90 days?
 - Yes (Deny)
 - No (Go to #5)

5. Does the client have a history of a **contraindicated diagnosis** in the last 365 days?
 - Yes (Deny)
 - No (Approve – 365 days)



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Clinical Criteria Logic Diagram





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Clinical Criteria Supporting Tables

Step 4 (claim for a contraindicated drug)	
Required claims: 1	
Look back timeframe: 90 days	
Label Name	GCN
BROMOCRIPTINE 2.5 MG TABLET	26081
BROMOCRIPTINE 5 MG CAPSULE	26070
CYCLOSET 0.8 MG TABLET	29227
D.H.E.45 1 MG/ML AMPULE	01590
DIHYDROERGOTAMINE 1 MG/ML AMP	01590
DIHYDROERGOTAMINE 4 MG/ML SPRY	24732
EMSAM 12MG/24 HOURS PATCH	26614
EMSAM 6MG/24 HOURS PATCH	26612
ERGOLOID MESYLATES 1 MG TAB	02213
LINEZOLID 100MG/5ML SUSP	26871
LINEZOLID 600MG TABLET	26870
LINEZOLID 600MG/300ML IV SOLN	26873
MARPLAN 10 MG TABLET	16416
METHERGINE 0.2MG TABLET	11350
METHYLERGONOVINE 0.2MG TABLET	11350
MIGRANAL NASAL SPRAY	24732
NARDIL 15 MG TABLET	16417
PHENELZINE SULFATE 15 MG TAB	16417
TRANLYCYPROMINE 10MG TABLET	16418
ZYVOX 100 MG/5 ML SUSPENSION	26871
ZYVOX 600 MG TABLET	26870
ZYVOX 600 MG/300 ML IV SOLN	26873

Step 5 (history of a contraindicated diagnosis)	
Required diagnoses: 1	
Look back timeframe: 365 days	
ICD-10 Code	Description
G450	VERTEBRO-BASILAR ARTERY SYNDROME
G451	CAROTID ARTERY SYNDROME (HEMISPHERIC)

Step 5 (history of a contraindicated diagnosis)	
Required diagnoses: 1	
Look back timeframe: 365 days	
ICD-10 Code	Description
G452	MULTIPLE AND BILATERAL PRECEREBRAL ARTERY SYNDROMES
G453	AMAUROSIS FUGAX
G454	TRANSIENT GLOBAL AMNESIA
I200	UNSTABLE ANGINA
I2101	ST ELEVATION (STEMI) MYOCARDIAL INFARCTION INVOLVING LEFT MAIN CORONARY ARTERY
I2102	ST ELEVATION (STEMI) MYOCARDIAL INFARCTION INVOLVING LEFT ANTERIOR DESCENDING CORONARY ARTERY
I2109	ST ELEVATION (STEMI) MYOCARDIAL INFARCTION INVOLVING OTHER CORONARY ARTERY OF ANTERIOR WALL
I2111	ST ELEVATION (STEMI) MYOCARDIAL INFARCTION INVOLVING RIGHT CORONARY ARTERY
I2119	ST ELEVATION (STEMI) MYOCARDIAL INFARCTION INVOLVING OTHER CORONARY ARTERY OF INFERIOR WALL
I2121	ST ELEVATION (STEMI) MYOCARDIAL INFARCTION INVOLVING LEFT CIRCUMFLEX CORONARY ARTERY
I2129	ST ELEVATION (STEMI) MYOCARDIAL INFARCTION INVOLVING OTHER SITES
I213	ST ELEVATION (STEMI) MYOCARDIAL INFARCTION OF UNSPECIFIED SITE
I214	NON-ST ELEVATION (NSTEMI) MYOCARDIAL INFARCTION
I240	ACUTE CORONARY THROMBOSIS NOT RESULTING IN MYOCARDIAL INFARCTION
I248	OTHER FORMS OF ACUTE ISCHEMIC HEART DISEASE
I456	PRE-EXCITATION SYNDROME
I63011	CEREBRAL INFARCTION DUE TO THROMBOSIS OF RIGHT VERTEBRAL ARTERY
I63012	CEREBRAL INFARCTION DUE TO THROMBOSIS OF LEFT VERTEBRAL ARTERY
I63019	CEREBRAL INFARCTION DUE TO THROMBOSIS OF UNSPECIFIED VERTEBRAL ARTERY
I6302	CEREBRAL INFARCTION DUE TO THROMBOSIS OF BASILAR ARTERY
I63031	CEREBRAL INFARCTION DUE TO THROMBOSIS OF RIGHT CAROTID ARTERY
I63032	CEREBRAL INFARCTION DUE TO THROMBOSIS OF LEFT CAROTID ARTERY
I63039	CEREBRAL INFARCTION DUE TO THROMBOSIS OF UNSPECIFIED CAROTID ARTERY
I6309	CEREBRAL INFARCTION DUE TO THROMBOSIS OF OTHER PRECEREBRAL ARTERY

Step 5 (history of a contraindicated diagnosis)	
Required diagnoses: 1	
Look back timeframe: 365 days	
ICD-10 Code	Description
I6310	CEREBRAL INFARCTION DUE TO EMBOLISM OF UNSPECIFIED PRECEREBRAL ARTERY
I63111	CEREBRAL INFARCTION DUE TO EMBOLISM OF RIGHT VERTEBRAL ARTERY
I63112	CEREBRAL INFARCTION DUE TO EMBOLISM OF LEFT VERTEBRAL ARTERY
I63119	CEREBRAL INFARCTION DUE TO EMBOLISM OF UNSPECIFIED VERTEBRAL ARTERY
I6320	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF UNSPECIFIED PRECEREBRAL ARTERIES
I63211	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF RIGHT VERTEBRAL ARTERIES
I63212	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF LEFT VERTEBRAL ARTERIES
I63219	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF UNSPECIFIED VERTEBRAL ARTERIES
I6322	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF BASILAR ARTERIES
I63231	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF RIGHT CAROTID ARTERIES
I63232	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF LEFT CAROTID ARTERIES
I63239	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF UNSPECIFIED CAROTID ARTERIES
I6329	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF OTHER PRECEREBRAL ARTERIES
I6330	CEREBRAL INFARCTION DUE TO THROMBOSIS OF UNSPECIFIED CEREBRAL ARTERY
I63311	CEREBRAL INFARCTION DUE TO THROMBOSIS OF RIGHT MIDDLE CEREBRAL ARTERY
I63312	CEREBRAL INFARCTION DUE TO THROMBOSIS OF LEFT MIDDLE CEREBRAL ARTERY
I63319	CEREBRAL INFARCTION DUE TO THROMBOSIS OF UNSPECIFIED MIDDLE CEREBRAL ARTERY
I63321	CEREBRAL INFARCTION DUE TO THROMBOSIS OF RIGHT ANTERIOR CEREBRAL ARTERY
I63322	CEREBRAL INFARCTION DUE TO THROMBOSIS OF LEFT ANTERIOR CEREBRAL ARTERY
I63329	CEREBRAL INFARCTION DUE TO THROMBOSIS OF UNSPECIFIED ANTERIOR CEREBRAL ARTERY
I63331	CEREBRAL INFARCTION DUE TO THROMBOSIS OF RIGHT POSTERIOR CEREBRAL ARTERY
I63332	CEREBRAL INFARCTION DUE TO THROMBOSIS OF LEFT POSTERIOR CEREBRAL ARTERY

Step 5 (history of a contraindicated diagnosis)	
Required diagnoses: 1	
Look back timeframe: 365 days	
ICD-10 Code	Description
I63339	CEREBRAL INFARCTION DUE TO THROMBOSIS OF UNSPECIFIED POSTERIOR CEREBRAL ARTERY
I63341	CEREBRAL INFARCTION DUE TO THROMBOSIS OF RIGHT CEREBELLAR ARTERY
I63342	CEREBRAL INFARCTION DUE TO THROMBOSIS OF LEFT CEREBELLAR ARTERY
I63349	CEREBRAL INFARCTION DUE TO THROMBOSIS OF UNSPECIFIED CEREBELLAR ARTERY
I63339	CEREBRAL INFARCTION DUE TO THROMBOSIS OF OTHER CEREBRAL ARTERY
I6340	CEREBRAL INFARCTION DUE TO EMBOLISM OF UNSPECIFIED CEREBRAL ARTERY
I63411	CEREBRAL INFARCTION DUE TO EMBOLISM OF RIGHT MIDDLE CEREBRAL ARTERY
I63412	CEREBRAL INFARCTION DUE TO EMBOLISM OF LEFT MIDDLE CEREBRAL ARTERY
I63419	CEREBRAL INFARCTION DUE TO EMBOLISM OF UNSPECIFIED MIDDLE CEREBRAL ARTERY
I63421	CEREBRAL INFARCTION DUE TO EMBOLISM OF RIGHT ANTERIOR CEREBRAL ARTERY
I63422	CEREBRAL INFARCTION DUE TO EMBOLISM OF LEFT ANTERIOR CEREBRAL ARTERY
I63429	CEREBRAL INFARCTION DUE TO EMBOLISM OF UNSPECIFIED ANTERIOR CEREBRAL ARTERY
I63431	CEREBRAL INFARCTION DUE TO EMBOLISM OF RIGHT POSTERIOR CEREBRAL ARTERY
I63432	CEREBRAL INFARCTION DUE TO EMBOLISM OF LEFT POSTERIOR CEREBRAL ARTERY
I63439	CEREBRAL INFARCTION DUE TO EMBOLISM OF UNSPECIFIED POSTERIOR CEREBRAL ARTERY
I63441	CEREBRAL INFARCTION DUE TO EMBOLISM OF RIGHT CEREBELLAR ARTERY
I63442	CEREBRAL INFARCTION DUE TO EMBOLISM OF LEFT CEREBELLAR ARTERY
I63449	CEREBRAL INFARCTION DUE TO EMBOLISM OF UNSPECIFIED CEREBELLAR ARTERY
I6349	CEREBRAL INFARCTION DUE TO EMBOLISM OF OTHER CEREBRAL ARTERY
I6350	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF UNSPECIFIED CEREBRAL ARTERY
I63511	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF RIGHT MIDDLE CEREBRAL ARTERY

Step 5 (history of a contraindicated diagnosis)	
Required diagnoses: 1	
Look back timeframe: 365 days	
ICD-10 Code	Description
I63512	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF LEFT MIDDLE CEREBRAL ARTERY
I63519	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF UNSPECIFIED MIDDLE CEREBRAL ARTERY
I63521	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF RIGHT ANTERIOR CEREBRAL ARTERY
I63522	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF LEFT ANTERIOR CEREBRAL ARTERY
I63529	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF UNSPECIFIED ANTERIOR CEREBRAL ARTERY
I63531	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF RIGHT POSTERIOR CEREBRAL ARTERY
I63532	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF LEFT POSTERIOR CEREBRAL ARTERY
I63539	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF UNSPECIFIED POSTERIOR CEREBRAL ARTERY
I63541	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF RIGHT CEREBELLAR ARTERY
I63542	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF LEFT CEREBELLAR ARTERY
I63549	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF UNSPECIFIED CEREBELLAR ARTERY
I6359	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF OTHER CEREBRAL ARTERY
I636	CEREBRAL INFARCTION DUE TO CEREBRAL VENOUS THROMBOSIS, NONPYOGENIC
I638	OTHER CEREBRAL INFARCTION
I639	CEREBRAL INFARCTION, UNSPECIFIED
I658	OCCLUSION AND STENOSIS OF OTHER PRECEREBRAL ARTERIES
I659	OCCLUSION AND STENOSIS OF UNSPECIFIED PRECEREBRAL ARTERY
I6609	OCCLUSION AND STENOSIS OF UNSPECIFIED MIDDLE CEREBRAL ARTERY
I6619	OCCLUSION AND STENOSIS OF UNSPECIFIED ANTERIOR CEREBRAL ARTERY
I6629	OCCLUSION AND STENOSIS OF UNSPECIFIED POSTERIOR CEREBRAL ARTERY
I669	OCCLUSION AND STENOSIS OF UNSPECIFIED CEREBRAL ARTERY
I672	CEREBRAL ATHEROSCLEROSIS
I6781	ACUTE CEREBROVASCULAR INSUFFICIENCY
I6782	CEREBRAL ISCHEMIA

Step 5 (history of a contraindicated diagnosis)	
Required diagnoses: 1	
Look back timeframe: 365 days	
ICD-10 Code	Description
I6789	OTHER CEREBROVASCULAR DISEASE
I67848	OTHER CEREBROVASCULAR VASOSPASM AND VASOCONSTRICTION
I70201	UNSPECIFIED ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES, RIGHT LEG
I70202	UNSPECIFIED ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES, LEFT LEG
I70203	UNSPECIFIED ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES, BILATERAL LEGS
I70208	UNSPECIFIED ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES, OTHER EXTREMITY
I70209	UNSPECIFIED ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES, UNSPECIFIED EXTREMITY
I70211	ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES WITH INTERMITTENT CLAUDICATION, RIGHT LEG
I70212	ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES WITH INTERMITTENT CLAUDICATION, LEFT LEG
I70213	ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES WITH INTERMITTENT CLAUDICATION, BILATERAL LEGS
I70218	ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES WITH INTERMITTENT CLAUDICATION, OTHER EXTREMITY
I70219	ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES WITH INTERMITTENT CLAUDICATION, UNSPECIFIED EXTREMITY
I70221	ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES WITH REST PAIN, RIGHT LEG
I70222	ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES WITH REST PAIN, LEFT LEG
I70223	ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES WITH REST PAIN, BILATERAL LEGS
I70228	ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES WITH REST PAIN, OTHER EXTREMITY
I70229	ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES WITH REST PAIN, UNSPECIFIED EXTREMITY
I70231	ATHEROSCLEROSIS OF NATIVE ARTERIES OF RIGHT LEG WITH ULCERATION, OF THIGH
I70232	ATHEROSCLEROSIS OF NATIVE ARTERIES OF RIGHT LEG WITH ULCERATION, OF CALF
I70233	ATHEROSCLEROSIS OF NATIVE ARTERIES OF RIGHT LEG WITH ULCERATION, OF ANKLE
I70234	ATHEROSCLEROSIS OF NATIVE ARTERIES OF RIGHT LEG WITH ULCERATION, OF HEEL AND MIDFOOT
I70235	ATHEROSCLEROSIS OF NATIVE ARTERIES OF RIGHT LEG WITH ULCERATION, OF OTHER PART OF FOOT

Step 5 (history of a contraindicated diagnosis)	
Required diagnoses: 1	
Look back timeframe: 365 days	
ICD-10 Code	Description
I70238	ATHEROSCLEROSIS OF NATIVE ARTERIES OF RIGHT LEG WITH ULCERATION, OF OTHER PART OF LOWER RIGHT LEG
I70239	ATHEROSCLEROSIS OF NATIVE ARTERIES OF RIGHT LEG WITH ULCERATION, OF UNSPECIFIED SITE
I70241	ATHEROSCLEROSIS OF NATIVE ARTERIES OF LEFT LEG WITH ULCERATION, OF THIGH
I70242	ATHEROSCLEROSIS OF NATIVE ARTERIES OF LEFT LEG WITH ULCERATION, OF CALF
I70243	ATHEROSCLEROSIS OF NATIVE ARTERIES OF LEFT LEG WITH ULCERATION, OF ANKLE
I70244	ATHEROSCLEROSIS OF NATIVE ARTERIES OF LEFT LEG WITH ULCERATION, OF HEEL AND MIDFOOT
I70245	ATHEROSCLEROSIS OF NATIVE ARTERIES OF LEFT LEG WITH ULCERATION, OF OTHER PART OF FOOT
I70248	ATHEROSCLEROSIS OF NATIVE ARTERIES OF LEFT LEG WITH ULCERATION, OF OTHER PART OF LOWER LEFT LEG
I70249	ATHEROSCLEROSIS OF NATIVE ARTERIES OF LEFT LEG WITH ULCERATION, OF UNSPECIFIED SITE
I7025	ATHEROSCLEROSIS OF NATIVE ARTERIES OF OTHER EXTREMITIES WITH ULCERATION
I70261	ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES WITH GANGRENE, RIGHT LEG
I70262	ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES WITH GANGRENE, LEFT LEG
I70263	ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES WITH GANGRENE, BILATERAL LEGS
I70268	ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES WITH GANGRENE, OTHER EXTREMITY
I70269	ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES WITH GANGRENE, UNSPECIFIED EXTREMITY
I70291	OTHER ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES, RIGHT LEG
I70292	OTHER ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES, LEFT LEG
I70293	OTHER ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES, BILATERAL LEGS
I70298	OTHER ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES, OTHER EXTREMITY
I70299	OTHER ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES, UNSPECIFIED EXTREMITY
K55011	FOCAL (SEGMENTAL) ACUTE (REVERSIBLE) ISCHEMIA OF SMALL INTESTINE
K55012	DIFFUSE ACUTE (REVERSIBLE) ISCHEMIA OF SMALL INTESTINE

Step 5 (history of a contraindicated diagnosis)	
Required diagnoses: 1	
Look back timeframe: 365 days	
ICD-10 Code	Description
K55019	ACUTE (REVERSIBLE) ISCHEMIA OF SMALL INTESTINE EXTENT UNSPECIFIED
K55031	FOCAL (SEGMENTAL) ACUTE (REVERSIBLE) ISCHEMIA OF LARGE INTESTINE
K55032	DIFFUSE ACUTE (REVERSIBLE) ISCHEMIA OF LARGE INTESTINE
K55039	ACUTE (REVERSIBLE) ISCHEMIA OF LARGE INTESTINE EXTENT UNSPECIFIED
K55051	FOCAL (SEGMENTAL) ACUTE (REVERSIBLE) ISCHEMIA OF INTESTINE, PART UNSPECIFIED
K55052	DIFFUSE ACUTE (REVERSIBLE) ISCHEMIA OF INTESTINE, PART UNSPECIFIED
K55059	ACUTE (REVERSIBLE) ISCHEMIA OF INTESTINE, PART AND EXTENT UNSPECIFIED
K559	VASCULAR DISORDER OF INTESTINE, UNSPECIFIED



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Clinical Criteria References

1. 2022 ICD-10-CM Diagnosis Codes. 2022. Available at www.icd10data.com. Accessed on January 21, 2022.
2. Clinical Pharmacology [online database]. Tampa, FL: Elsevier/Gold Standard, Inc.; 2022. Available at www.clinicalpharmacology.com. Accessed on January 21, 2022.
3. Micromedex [online database]. Available at www.micromedexsolutions.com. Accessed on January 21, 2022.

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
01/21/2022	<ul style="list-style-type: none">• Initial publication and presentation to the DUR Board