

## Texas Prior Authorization Program Clinical Criteria

---

### Drug/Drug Class

## Vesicular Monoamine Transporter 2 (VMAT2) Inhibitors

### Clinical Edit Information Included in this Document

#### **Austedo (Deutetrabenazine) / Xenazine (Tetrabenazine)**

- **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

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

#### **Ingrezza (Valbenazine)**

- **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

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

## **Revision Notes**

Removed requirement for specialist for clients with a diagnosis of tardive dyskinesia



## Austedo / Xenazine

### 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](http://TxVendorDrug.com/formulary/formulary-search).*

<b>Label Name</b>	<b>GCN</b>
AUSTEDO 12 MG TABLET	43237
AUSTEDO 6 MG TABLET	43228
AUSTEDO 9 MG TABLET	43236
TETRABENAZINE 12.5 MG TABLET	15508
TETRABENAZINE 25 MG TABLET	49900
XENAZINE 12.5 MG TABLET	15508
XENAZINE 25 MG TABLET	49900



## Austedo / Xenazine

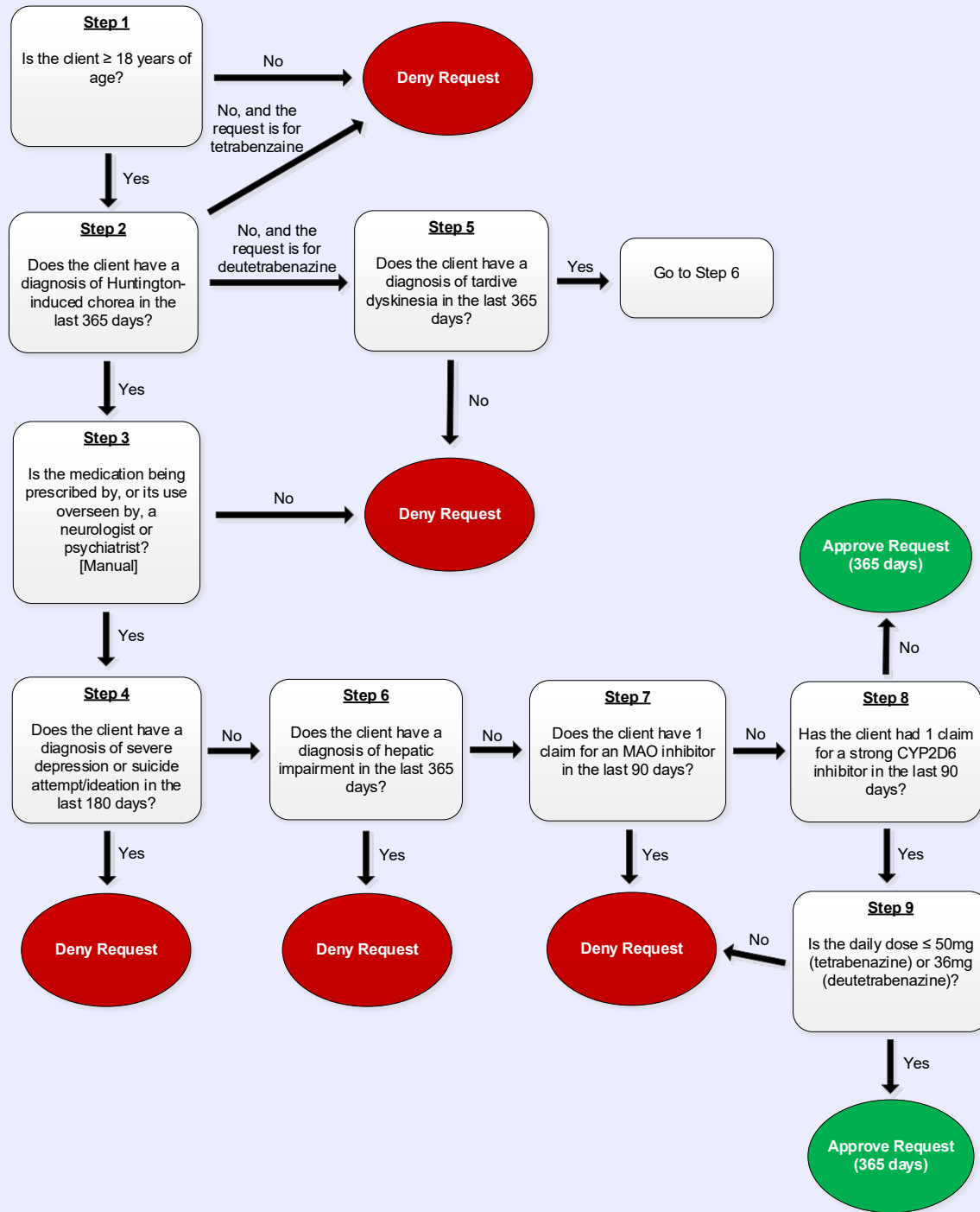
### Clinical Criteria Logic

1. Is the client greater than or equal to ( $\geq$ ) 18 years of age?  
 Yes – Go to #2  
 No – Deny
2. Does the client have a **diagnosis of Huntington-induced chorea** in the last 365 days?  
 Yes – Go to #3  
 No – And the request is for deutetrabenazine, go to #5  
 No – And the request is for tetrabenazine, deny
3. Is the medication being prescribed by, or its use overseen by, a neurologist or a psychiatrist? [Manual]  
 Yes – Go to #4  
 No – Deny
4. Does the client have a **diagnosis of severe depression or suicide attempt/ideation** in the last 180 days?  
 Yes – Deny  
 No – Go to #6
5. Does the client have a **diagnosis of tardive dyskinesia** in the last 365 days?  
 Yes – Go to #6  
 No – Deny
6. Does the client have a **diagnosis of hepatic impairment** in the last 365 days?  
 Yes – Deny  
 No – Go to #7
7. Does the client have 1 claim for an **MAO inhibitor** in the last 90 days?  
 Yes – Deny  
 No – Go to #8
8. Has the client had 1 claim for a **strong CYP2D6 inhibitor** in the last 90 days?  
 Yes – Go to #9  
 No – Approve (365 days)
9. Is the daily dose less than or equal ( $\leq$ ) to 50mg (tetrabenazine) or 36mg (deutetrabenazine)?  
 Yes – Approve (365 days)  
 No – Deny



# Austedo / Xenazine

## Clinical Criteria Logic Diagram





## Austedo / Xenazine

### Clinical Edit Criteria Supporting Tables

<b>Step 3 (diagnosis of Huntington-induced chorea)</b> <b>Required quantity: 1</b> <b>Look back timeframe: 365 days</b>	
ICD-10 Code	Description
G10	HUNTINGTON'S DISEASE

<b>Step 4 (diagnosis of severe depression or suicide attempt/ideation)</b> <b>Required quantity: 1</b> <b>Look back timeframe: 180 days</b>	
ICD-10 Code	Description
F322	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, SEVERE WITHOUT PSYCHOTIC FEATURES
F323	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, SEVERE WITH PSYCHOTIC FEATURES
F332	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES
F333	MAJOR DEPRESSIVE DISORDER, RECURRENT, SEVERE WITH PSYCHOTIC SYMPTOMS
R45851	SUICIDAL IDEATIONS
T1491XA	SUICIDE ATTEMPT INITIAL ENCOUNTER
T1491XD	SUICIDE ATTEMPT SUBSEQUENT ENCOUNTER
T1491XS	SUICIDE ATTEMPT SEQUELA
X710XXA	INTENTIONAL SELF-HARM BY DROWNING AND SUBMERSION WHILE IN BATHTUB INITIAL ENCOUNTER
X710XXD	INTENTIONAL SELF-HARM BY DROWNING AND SUBMERSION WHILE IN BATHTUB SUBSEQUENT ENCOUNTER
X710XXS	INTENTIONAL SELF-HARM BY DROWNING AND SUBMERSION WHILE IN BATHTUB SEQUELA
X711XXA	INTENTIONAL SELF-HARM BY DROWNING AND SUBMERSION WHILE IN SWIMMING POOL INITIAL ENCOUNTER
X711XXD	INTENTIONAL SELF-HARM BY DROWNING AND SUBMERSION WHILE IN SWIMMING POOL SUBSEQUENT ENCOUNTER
X711XXS	INTENTIONAL SELF-HARM BY DROWNING AND SUBMERSION WHILE IN SWIMMING POOL SEQUELA
X712XXA	INTENTIONAL SELF-HARM BY DROWNING AND SUBMERSION AFTER JUMP INTO SWIMMING POOL INITIAL ENCOUNTER

<b>Step 4 (diagnosis of severe depression or suicide attempt/ideation)</b>	
<b>Required quantity: 1</b>	
<b>Look back timeframe: 180 days</b>	
X712XXD	INTENTIONAL SELF-HARM BY DROWNING AND SUBMERSION AFTER JUMP INTO SWIMMING POOL SUBSEQUENT ENCOUNTER
X712XXS	INTENTIONAL SELF-HARM BY DROWNING AND SUBMERSION AFTER JUMP INTO SWIMMING POOL SEQUELA
X713XXA	INTENTIONAL SELF-HARM BY DROWNING AND SUBMERSION IN NATURAL WATER INITIAL ENCOUNTER
X713XXD	INTENTIONAL SELF-HARM BY DROWNING AND SUBMERSION IN NATURAL WATER SUBSEQUENT ENCOUNTER
X713XXS	INTENTIONAL SELF-HARM BY DROWNING AND SUBMERSION IN NATURAL WATER SEQUELA
X718XXA	OTHER INTENTIONAL SELF-HARM BY DROWNING AND SUBMERSION INITIAL ENCOUNTER
X718XXD	OTHER INTENTIONAL SELF-HARM BY DROWNING AND SUBMERSION SUBSEQUENT ENCOUNTER
X718XXS	OTHER INTENTIONAL SELF-HARM BY DROWNING AND SUBMERSION SEQUELA
X719XXA	INTENTIONAL SELF-HARM BY DROWNING AND SUBMERSION, UNSPECIFIED INITIAL ENCOUNTER
X719XXD	INTENTIONAL SELF-HARM BY DROWNING AND SUBMERSION, UNSPECIFIED SUBSEQUENT ENCOUNTER
X719XXS	INTENTIONAL SELF-HARM BY DROWNING AND SUBMERSION, UNSPECIFIED SEQUELA
X72XXXA	INTENTIONAL SELF-HARM BY HANDGUN DISCHARGE, INITIAL ENCOUNTER
X72XXXD	INTENTIONAL SELF-HARM BY HANDGUN DISCHARGE, SUBSEQUENT ENCOUNTER
X72XXXS	INTENTIONAL SELF-HARM BY HANDGUN DISCHARGE, SEQUELA
X730XXA	INTENTIONAL SELF-HARM BY SHOTGUN DISCHARGE INITIAL ENCOUNTER
X730XXD	INTENTIONAL SELF-HARM BY SHOTGUN DISCHARGE SUBSEQUENT ENCOUNTER
X730XXS	INTENTIONAL SELF-HARM BY SHOTGUN DISCHARGE SEQUELA
X731XXA	INTENTIONAL SELF-HARM BY HUNTING RIFLE DISCHARGE INITIAL ENCOUNTER
X731XXD	INTENTIONAL SELF-HARM BY HUNTING RIFLE DISCHARGE SUBSEQUENT ENCOUNTER
X731XXS	INTENTIONAL SELF-HARM BY HUNTING RIFLE DISCHARGE SEQUELA
X732XXA	INTENTIONAL SELF-HARM BY MACHINE GUN DISCHARGE INITIAL ENCOUNTER
X732XXD	INTENTIONAL SELF-HARM BY MACHINE GUN DISCHARGE SUBSEQUENT ENCOUNTER
X732XXS	INTENTIONAL SELF-HARM BY MACHINE GUN DISCHARGE SEQUELA
X738XXA	INTENTIONAL SELF-HARM BY OTHER LARGER FIREARM DISCHARGE INITIAL ENCOUNTER

<b>Step 4 (diagnosis of severe depression or suicide attempt/ideation)</b>	
<b>Required quantity: 1</b>	
<b>Look back timeframe: 180 days</b>	
X738XXD	INTENTIONAL SELF-HARM BY OTHER LARGER FIREARM DISCHARGE SUBSEQUENT ENCOUNTER
X738XXS	INTENTIONAL SELF-HARM BY OTHER LARGER FIREARM DISCHARGE SEQUELA
X739XXA	INTENTIONAL SELF-HARM BY UNSPECIFIED LARGER FIREARM DISCHARGE INITIAL ENCOUNTER
X739XXD	INTENTIONAL SELF-HARM BY UNSPECIFIED LARGER FIREARM DISCHARGE SUBSEQUENT ENCOUNTER
X739XXS	INTENTIONAL SELF-HARM BY UNSPECIFIED LARGER FIREARM DISCHARGE SEQUELA
X7401XA	INTENTIONAL SELF-HARM BY AIRGUN INITIAL ENCOUNTER
X7401XD	INTENTIONAL SELF-HARM BY AIRGUN SUBSEQUENT ENCOUNTER
X7401XS	INTENTIONAL SELF-HARM BY AIRGUN SEQUELA
X7402XA	INTENTIONAL SELF-HARM BY PAINTBALL GUN INITIAL ENCOUNTER
X7402XD	INTENTIONAL SELF-HARM BY PAINTBALL GUN SUBSEQUENT ENCOUNTER
X7402XS	INTENTIONAL SELF-HARM BY PAINTBALL GUN SEQUELA
X7409XA	INTENTIONAL SELF-HARM BY OTHER GAS, AIR OR SPRING-OPERATED GUN INITIAL ENCOUNTER
X7409XD	INTENTIONAL SELF-HARM BY OTHER GAS, AIR OR SPRING-OPERATED GUN SUBSEQUENT ENCOUNTER
X7409XS	INTENTIONAL SELF-HARM BY OTHER GAS, AIR OR SPRING-OPERATED GUN SEQUELA
X748XXA	INTENTIONAL SELF-HARM BY OTHER FIREARM DISCHARGE INITIAL ENCOUNTER
X748XXD	INTENTIONAL SELF-HARM BY OTHER FIREARM DISCHARGE SUBSEQUENT ENCOUNTER
X748XXS	INTENTIONAL SELF-HARM BY OTHER FIREARM DISCHARGE SEQUELA
X749XXA	INTENTIONAL SELF-HARM BY UNSPECIFIED FIREARM DISCHARGE INITIAL ENCOUNTER
X749XXD	INTENTIONAL SELF-HARM BY UNSPECIFIED FIREARM DISCHARGE SUBSEQUENT ENCOUNTER
X749XXS	INTENTIONAL SELF-HARM BY UNSPECIFIED FIREARM DISCHARGE SEQUELA
X75XXXA	INTENTIONAL SELF-HARM BY EXPLOSIVE MATERIAL INITIAL ENCOUNTER
X75XXXD	INTENTIONAL SELF-HARM BY EXPLOSIVE MATERIAL SUBSEQUENT ENCOUNTER
X75XXXS	INTENTIONAL SELF-HARM BY EXPLOSIVE MATERIAL SEQUELA
X76XXXA	INTENTIONAL SELF-HARM BY SMOKE, FIRE AND FLAMES, INITIAL ENCOUNTER
X76XXXD	INTENTIONAL SELF-HARM BY SMOKE, FIRE AND FLAMES, SUBSEQUENT ENCOUNTER



<b>Step 4 (diagnosis of severe depression or suicide attempt/ideation)</b>	
<b>Required quantity: 1</b>	
<b>Look back timeframe: 180 days</b>	
X76XXS	INTENTIONAL SELF-HARM BY SMOKE, FIRE AND FLAMES, SEQUELA
X780XXA	INTENTIONAL SELF-HARM BY SHARP GLASS INITIAL ENCOUNTER
X780XXD	INTENTIONAL SELF-HARM BY SHARP GLASS SUBSEQUENT ENCOUNTER
X780XXS	INTENTIONAL SELF-HARM BY SHARP GLASS SEQUELA
X781XXA	INTENTIONAL SELF-HARM BY KNIFE INITIAL ENCOUNTER
X781XXD	INTENTIONAL SELF-HARM BY KNIFE SUBSEQUENT ENCOUNTER
X781XXS	INTENTIONAL SELF-HARM BY KNIFE SEQUELA
X782XXA	INTENTIONAL SELF-HARM BY SWORD OR DAGGER INITIAL ENCOUNTER
X782XXD	INTENTIONAL SELF-HARM BY SWORD OR DAGGER SUBSEQUENT ENCOUNTER
X782XXS	INTENTIONAL SELF-HARM BY SWORD OR DAGGER SEQUELA
X788XXA	INTENTIONAL SELF-HARM BY OTHER SHARP OBJECT INITIAL ENCOUNTER
X788XXD	INTENTIONAL SELF-HARM BY OTHER SHARP OBJECT SUBSEQUENT ENCOUNTER
X788XXS	INTENTIONAL SELF-HARM BY OTHER SHARP OBJECT SEQUELA
X789XXA	INTENTIONAL SELF-HARM BY UNSPECIFIED SHARP OBJECT INITIAL ENCOUNTER
X789XXD	INTENTIONAL SELF-HARM BY UNSPECIFIED SHARP OBJECT SUBSEQUENT ENCOUNTER
X789XXS	INTENTIONAL SELF-HARM BY UNSPECIFIED SHARP OBJECT SEQUELA
X79XXXA	INTENTIONAL SELF-HARM BY BLUNT OBJECT, INITIAL ENCOUNTER
X79XXXD	INTENTIONAL SELF-HARM BY BLUNT OBJECT, SUBSEQUENT ENCOUNTER
X79XXXS	INTENTIONAL SELF-HARM BY BLUNT OBJECT, SEQUELA
X80XXXA	INTENTIONAL SELF-HARM BY JUMPING FROM A HIGH PLACE, INITIAL ENCOUNTER
X80XXXD	INTENTIONAL SELF-HARM BY JUMPING FROM A HIGH PLACE, SUBSEQUENT ENCOUNTER
X80XXXS	INTENTIONAL SELF-HARM BY JUMPING FROM A HIGH PLACE, SEQUELA
X810XXA	INTENTIONAL SELF-HARM BY JUMPING OR LYING IN FRONT OF MOTOR VEHICLE INITIAL ENCOUNTER
X810XXD	INTENTIONAL SELF-HARM BY JUMPING OR LYING IN FRONT OF MOTOR VEHICLE SUBSEQUENT ENCOUNTER
X810XXS	INTENTIONAL SELF-HARM BY JUMPING OR LYING IN FRONT OF MOTOR VEHICLE SEQUELA
X811XXA	INTENTIONAL SELF-HARM BY JUMPING OR LYING IN FRONT OF (SUBWAY) TRAIN INITIAL ENCOUNTER
X811XXD	INTENTIONAL SELF-HARM BY JUMPING OR LYING IN FRONT OF (SUBWAY) TRAIN SUBSEQUENT ENCOUNTER
X811XXS	INTENTIONAL SELF-HARM BY JUMPING OR LYING IN FRONT OF (SUBWAY) TRAIN SEQUELA

<b>Step 4 (diagnosis of severe depression or suicide attempt/ideation)</b>	
<b>Required quantity: 1</b>	
<b>Look back timeframe: 180 days</b>	
X818XXA	INTENTIONAL SELF-HARM BY JUMPING OR LYING IN FRONT OF OTHER MOVING OBJECT INITIAL ENCOUNTER
X818XXD	INTENTIONAL SELF-HARM BY JUMPING OR LYING IN FRONT OF OTHER MOVING OBJECT SUBSEQUENT ENCOUNTER
X818XXS	INTENTIONAL SELF-HARM BY JUMPING OR LYING IN FRONT OF OTHER MOVING OBJECT SEQUELA
X820XXA	INTENTIONAL COLLISION OF MOTOR VEHICLE WITH OTHER MOTOR VEHICLE INITIAL ENCOUNTER
X820XXD	INTENTIONAL COLLISION OF MOTOR VEHICLE WITH OTHER MOTOR VEHICLE SUBSEQUENT ENCOUNTER
X820XXS	INTENTIONAL COLLISION OF MOTOR VEHICLE WITH OTHER MOTOR VEHICLE SEQUELA
X821XXA	INTENTIONAL COLLISION OF MOTOR VEHICLE WITH TRAIN INITIAL ENCOUNTER
X821XXD	INTENTIONAL COLLISION OF MOTOR VEHICLE WITH TRAIN SUBSEQUENT ENCOUNTER
X821XXS	INTENTIONAL COLLISION OF MOTOR VEHICLE WITH TRAIN SEQUELA
X822XXA	INTENTIONAL COLLISION OF MOTOR VEHICLE WITH TREE INITIAL ENCOUNTER
X822XXD	INTENTIONAL COLLISION OF MOTOR VEHICLE WITH TREE SUBSEQUENT ENCOUNTER
X822XXS	INTENTIONAL COLLISION OF MOTOR VEHICLE WITH TREE SEQUELA
X828XXA	OTHER INTENTIONAL SELF-HARM BY CRASHING OF MOTOR VEHICLE INITIAL ENCOUNTER
X828XXD	OTHER INTENTIONAL SELF-HARM BY CRASHING OF MOTOR VEHICLE SUBSEQUENT ENCOUNTER
X828XXS	OTHER INTENTIONAL SELF-HARM BY CRASHING OF MOTOR VEHICLE SEQUELA
X830XXA	INTENTIONAL SELF-HARM BY CRASHING OF AIRCRAFT INITIAL ENCOUNTER
X830XXD	INTENTIONAL SELF-HARM BY CRASHING OF AIRCRAFT SUBSEQUENT ENCOUNTER
X830XXS	INTENTIONAL SELF-HARM BY CRASHING OF AIRCRAFT SEQUELA
X831XXA	INTENTIONAL SELF-HARM BY ELECTROCUTION INITIAL ENCOUNTER
X831XXD	INTENTIONAL SELF-HARM BY ELECTROCUTION SUBSEQUENT ENCOUNTER
X831XXS	INTENTIONAL SELF-HARM BY ELECTROCUTION SEQUELA
X832XXA	INTENTIONAL SELF-HARM BY EXPOSURE TO EXTREMES OF COLD INITIAL ENCOUNTER
X832XXD	INTENTIONAL SELF-HARM BY EXPOSURE TO EXTREMES OF COLD SUBSEQUENT ENCOUNTER
X832XXS	INTENTIONAL SELF-HARM BY EXPOSURE TO EXTREMES OF COLD SEQUELA

<b>Step 4 (diagnosis of severe depression or suicide attempt/ideation)</b>	
<b>Required quantity: 1</b>	
<b>Look back timeframe: 180 days</b>	
X838XXA	INTENTIONAL SELF-HARM BY OTHER SPECIFIED MEANS INITIAL ENCOUNTER
X838XXD	INTENTIONAL SELF-HARM BY OTHER SPECIFIED MEANS SUBSEQUENT ENCOUNTER
X838XXS	INTENTIONAL SELF-HARM BY OTHER SPECIFIED MEANS SEQUELA

<b>Step 5 (diagnosis of tardive dyskinesia)</b>	
<b>Required quantity: 1</b>	
<b>Look back timeframe: 365 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
G2401	DRUG INDUCED SUBACUTE DYSKINESIA
G2402	DRUG INDUCED ACUTE DYSTONIA
G2409	OTHER DRUG INDUCED DYSTONIA

<b>Step 6 (diagnosis of hepatic impairment)</b>	
<b>Required diagnoses: 1</b>	
<b>Look back timeframe: 365 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
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

<b>Step 6 (diagnosis of hepatic impairment)</b>	
<b>Required diagnoses: 1</b>	
<b>Look back timeframe: 365 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
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
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

<b>Step 6 (diagnosis of hepatic impairment)</b>	
<b>Required diagnoses: 1</b>	
<b>Look back timeframe: 365 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
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

<b>Step 7 (MAO inhibitor)</b>	
<b>Required number of claims: 1</b>	
<b>Look back timeframe: 90 days</b>	
<b>GCN</b>	<b>Label Name</b>
27081	AZILECT 0.5MG TABLET
24654	AZILECT 1MG TABLET
26614	EMSAM 12MG/24 HOURS PATCH
26612	EMSAM 6MG/24 HOURS PATCH
26613	EMSAM 9MG/24 HOURS PATCH
26870	LINEZOLID 600MG TABLET
26873	LINEZOLID 600MG/300ML IV SOLN

<b>Step 7 (MAO inhibitor)</b> <b>Required number of claims: 1</b> <b>Look back timeframe: 90 days</b>	
<b>GCN</b>	<b>Label Name</b>
16416	MARPLAN 10MG TABLET
16417	NARDIL 15MG TABLET
16418	PARNATE 10MG TABLET
16417	PHENELZINE SULFATE 15MG TABLET
15603	SELEGILINE HCL 5MG CAPSULE
15600	SELEGILINE HCL 5MG TABLET
16418	TRANLYCYPROMINE 10MG TABLET
22783	ZELAPAR 1.25 MG ODT TABLET
26871	ZYVOX 100MG/5ML SUSPENSION
26870	ZYVOX 600MG TABLET
26873	ZYVOX 600MG/300ML IV SOLN

<b>Step 8 (strong CYP2D6 inhibitor)</b> <b>Required number of claims: 1</b> <b>Look back timeframe: 90 days</b>	
<b>GCN</b>	<b>Label Name</b>
26198	APLENZIN ER 174 MG TABLET
16996	APLENZIN ER 348 MG TABLET
17050	APLENZIN ER 522 MG TABLET
34876	BRISDELLE 7.5 MG CAPSULE
16385	BUPROPION HCL 100 MG TABLET
16384	BUPROPION HCL 75 MG TABLET
16387	BUPROPION HCL SR 100 MG TABLET
16386	BUPROPION HCL SR 150 MG TABLET
27901	BUPROPION HCL SR 150 MG TABLET
17573	BUPROPION HCL SR 200 MG TABLET
20317	BUPROPION HCL XL 150 MG TABLET
20318	BUPROPION HCL XL 300 MG TABLET
16357	FLUOXETINE 20 MG/5 ML SOLUTION
12929	FLUOXETINE DR 90 MG CAPSULE
16353	FLUOXETINE HCL 10 MG CAPSULE
16356	FLUOXETINE HCL 10 MG TABLET
16354	FLUOXETINE HCL 20 MG CAPSULE
16359	FLUOXETINE HCL 20 MG TABLET
16355	FLUOXETINE HCL 40 MG CAPSULE
30817	FLUOXETINE HCL 60 MG TABLET

<b>Step 8 (strong CYP2D6 inhibitor)</b>	
<b>Required number of claims: 1</b>	
<b>Look back timeframe: 90 days</b>	
<b>GCN</b>	<b>Label Name</b>
33081	FORFIVO XL 450 MG 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
17078	PAROXETINE ER 12.5 MG TABLET
17077	PAROXETINE ER 25 MG TABLET
17079	PAROXETINE ER 37.5 MG TABLET
16364	PAROXETINE HCL 10 MG TABLET
16366	PAROXETINE HCL 20 MG TABLET
16367	PAROXETINE HCL 30 MG TABLET
16368	PAROXETINE HCL 40 MG TABLET
34876	PAROXETINE MESYLATE 7.5 MG CAP
16364	PAXIL 10 MG TABLET
16369	PAXIL 10 MG/5 ML SUSPENSION
16366	PAXIL 20 MG TABLET
16367	PAXIL 30 MG TABLET
16368	PAXIL 40 MG TABLET
17078	PAXIL CR 12.5 MG TABLET
17077	PAXIL CR 25 MG TABLET
17079	PAXIL CR 37.5 MG TABLET
20854	PEXEVA 10 MG TABLET
20855	PEXEVA 20 MG TABLET
20856	PEXEVA 30 MG TABLET
20857	PEXEVA 40 MG TABLET
16353	PROZAC 10 MG PULVULE
16354	PROZAC 20 MG PULVULE
16355	PROZAC 40 MG PULVULE
01011	QUINIDINE GLUC ER 324 MG TAB
01053	QUINIDINE SULFATE 200 MG TAB
01055	QUINIDINE SULFATE 300 MG TAB
21497	SENSIPAR 30 MG TABLET
21498	SENSIPAR 60 MG TABLET
21499	SENSIPAR 90 MG TABLET
20870	SYMBYAX 12-25 MG CAPSULE
20872	SYMBYAX 12-50 MG CAPSULE
98648	SYMBYAX 3-25 MG CAPSULE

<b>Step 8 (strong CYP2D6 inhibitor)</b> <b>Required number of claims: 1</b> <b>Look back timeframe: 90 days</b>	
<b>GCN</b>	<b>Label Name</b>
20868	SYMBYAX 6-25 MG CAPSULE
20869	SYMBYAX 6-50 MG CAPSULE
16387	WELLBUTRIN SR 100 MG TABLET
16386	WELLBUTRIN SR 150 MG TABLET
17573	WELLBUTRIN SR 200 MG TABLET
20317	WELLBUTRIN XL 150 MG TABLET
20318	WELLBUTRIN XL 300 MG TABLET
27901	ZYBAN SR 150 MG TABLET





## Ingrezza

### 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](http://TxVendorDrug.com/formulary/formulary-search).

Drugs Requiring Prior Authorization	
Label Name	GCN
INGREZZA 40 MG CAPSULE	43266
INGREZZA 80 MG CAPSULE	43934
INGREZZA INITIATION PACK	46216



## Ingrezza

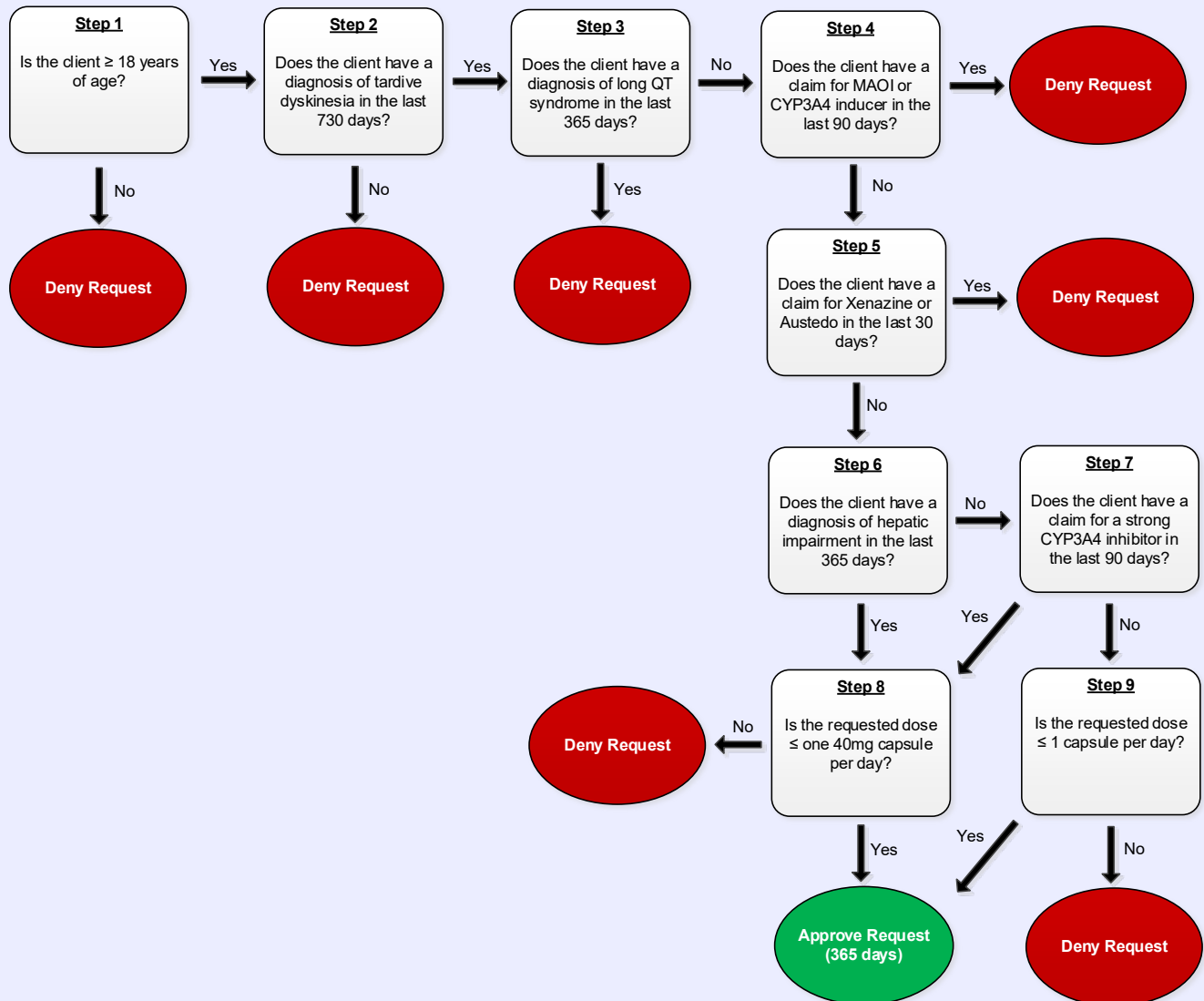
### Clinical Criteria Logic

1. Is the client greater than or equal to ( $\geq$ ) 18 years of age?  
 Yes (Go to #2)  
 No (Deny)
2. Does the client have a **diagnosis of tardive dyskinesia** in the last 730 days?  
 Yes (Go to #3)  
 No (Deny)
3. Does the client have a **diagnosis of long QT syndrome** in the last 365 days?  
 Yes (Deny)  
 No (Go to #4)
4. Does the client have a claim for a **monoamine oxidase inhibitor (MAOI) or a strong CYP3A4 inducer** in the last 90 days?  
 Yes (Deny)  
 No (Go to #5)
5. Does the client have a claim for **Xenazine (tetrabenazine) or Austedo (deutetrabenazine)** in the last 30 days?  
 Yes (Deny)  
 No (Go to #6)
6. Does the client have a **diagnosis of moderate to severe hepatic impairment** in the last 365 days?  
 Yes (Go to #8)  
 No (Go to #7)
7. Does the client have a claim for a **strong CYP3A4 inhibitor** in the last 90 days?  
 Yes (Go to #8)  
 No (Go to #9)
8. Is the requested dose less than or equal to ( $\leq$ ) one 40mg capsule per day?  
 Yes (Approve – 365 days)  
 No (Deny)
9. Is the requested dose less than or equal to ( $\leq$ ) 1 capsule per day?  
 Yes (Approve – 365 days)  
 No (Deny)



# Ingrezza

## Clinical Criteria Logic Diagram




**Ingrezza**
**Clinical Criteria Supporting Tables**
**Step 2 (diagnosis of tardive dyskinesia)**
**Required quantity: 1**
**Look back timeframe: 730 days**

For the list of tardive dyskinesia diagnosis codes that pertain to this step, see the **Tardive Dyskinesia Diagnoses** table in the previous "Supporting Tables" section.

**Note:** Click the hyperlink to navigate directly to the table.

**Step 3 (diagnosis of long QT syndrome)**
**Required diagnoses: 1**
**Look back timeframe: 365 days**

ICD-10 Code	Description
I4581	LONG QT SYNDROME

**Step 4 (MAOI or CYP3A4 inducer)**
**Required number of claims: 1**
**Look back timeframe: 90 days**

GCN	Label Name
25445	ACTOPLUS MED 15-850MG TABLET
25444	ACTOPLUS MET 15-500MG TABLET
28620	ACTOPLUS MET XR 15-1000MG TABLET
28622	ACTOPLUS MET XR 30-1000MG TABLET
92991	ACTOS 15MG TABLET
93001	ACTOS 30MG TABLET
93011	ACTOS 45MG TABLET
36098	APTIOM 200MG TABLET
36099	APTIOM 400MG TABLET
36106	APTIOM 600MG TABLET
27409	APTIOM 800MG TABLET
27346	ATRIPLA TABLET
27081	AZILECT 0.5MG TABLET

<b>Step 4 (MAOI or CYP3A4 inducer)</b>	
<b>Required number of claims: 1</b>	
<b>Look back timeframe: 90 days</b>	
<b>GCN</b>	<b>Label Name</b>
24654	AZILECT 1MG TABLET
92373	BEXAROTENE 75MG CAPSULE
17460	CARBAMAZEPINE 100 MG TAB CHEW
47500	CARBAMAZEPINE 100 MG/5 ML SUSP
17450	CARBAMAZEPINE 200 MG TABLET
23934	CARBAMAZEPINE ER 100 MG CAP
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
17700	DILANTIN 100 MG CAPSULE
17241	DILANTIN 125 MG/5 ML SUSP
17701	DILANTIN 30 MG CAPSULE
17250	DILANTIN 50 MG INFATAB
97181	DUETACT 30-2MG TABLET
97180	DUETACT 30-4MG TABLET
26614	EMSAM 12MG/24 HOURS PATCH
26612	EMSAM 6MG/24 HOURS PATCH
26613	EMSAM 9MG/24 HOURS PATCH
17450	EPITOL 200 MG TABLET
13781	EQUETRO 100 MG CAPSULE
13805	EQUETRO 200 MG CAPSULE
13818	EQUETRO 300 MG CAPSULE
99318	INTELENCE 100MG TABLET
29424	INTELENCE 200MG TABLET
32035	INTELENCE 25MG TABLET
26870	LINEZOLID 600MG TABLET
26873	LINEZOLID 600MG/300ML IV SOLN
37810	LYSODREN 500MG TABLET
16416	MARPLAN 10MG TABLET
26101	MODAFINIL 100MG TABLET
26102	MODAFINIL 200MG TABLET
29810	MYCOBUTIN 150 MG CAPSULE
17321	MYSOLINE 250MG TABLET

<b>Step 4 (MAOI or CYP3A4 inducer)</b>	
<b>Required number of claims: 1</b>	
<b>Look back timeframe: 90 days</b>	
<b>GCN</b>	<b>Label Name</b>
17322	MYSOLINE 50MG TABLET
16417	NARDIL 15MG TABLET
31420	NEVIRAPINE 200MG TABLET
31421	NEVIRAPINE 50MG/5ML SUSPENSION
29767	NEVIRAPINE ER 400MG TABLET
42366	ORKAMBI 100-125MG TABLET
39008	ORKAMBI 200-125MG TABLET
34080	OSENI 12.5-15MG TABLET
34083	OSENI 12.5-30MG TABLET
34084	OSENI 12.5-45MG TABLET
34077	OSENI 25-15MG TABLET
34078	OSENI 25-30MG TABLET
34079	OSENI 25-45MG TABLET
16418	PARNATE 10MG TABLET
16417	PHENELZINE SULFATE 15MG TABLET
12975	PHENOBARBITAL 100 MG TABLET
12892	PHENOBARBITAL 130 MG/ML VIAL
12971	PHENOBARBITAL 15 MG TABLET
97706	PHENOBARBITAL 16.2 MG TABLET
12956	PHENOBARBITAL 20 MG/5 ML ELIX
12973	PHENOBARBITAL 30 MG TABLET
97965	PHENOBARBITAL 32.4 MG TABLET
12972	PHENOBARBITAL 60 MG TABLET
97966	PHENOBARBITAL 64.8 MG TABLET
12894	PHENOBARBITAL 65 MG/ML VIAL
97967	PHENOBARBITAL 97.2 MG TABLET
15038	PHENYTEK 200 MG CAPSULE
15037	PHENYTEK 300 MG CAPSULE
17241	PHENYTOIN 125 MG/5 ML SUSP
17250	PHENYTOIN 50 MG TABLET CHEW
17200	PHENYTOIN 50 MG/ML VIAL
17700	PHENYTOIN SOD EXT 100 MG CAP
15038	PHENYTOIN SOD EXT 200 MG CAP
15037	PHENYTOIN SOD EXT 300 MG CAP
92991	PIOGLITAZONE HCL 15 MG TABLET
93001	PIOGLITAZONE HCL 30 MG TABLET
93011	PIOGLITAZONE HCL 45 MG TABLET
97181	PIOGLITAZONE-GLIMEPIRIDE 30-2

<b>Step 4 (MAOI or CYP3A4 inducer)</b>	
<b>Required number of claims: 1</b>	
<b>Look back timeframe: 90 days</b>	
<b>GCN</b>	<b>Label Name</b>
97180	PIOGLITAZONE-GLIMEPIRIDE 30-4
25444	PIOGLITAZONE-METFORMIN 15-500
25445	PIOGLITAZONE-METFORMIN 15-850
45911	PRIFTIN 150MG TABLET
17321	PRIMIDONE 250MG TABLET
17322	PRIMIDONE 50MG TABLET
26101	PROVIGIL 100MG TABLET
26102	PROVIGIL 200MG TABLET
29810	RIFABUTIN 150 MG CAPSULE
41260	RIFADIN 150 MG CAPSULE
41261	RIFADIN 300 MG CAPSULE
41470	RIFADIN IV 600 MG VIAL
89800	RIFAMATE CAPSULE
41260	RIFAMPIN 150 MG CAPSULE
41261	RIFAMPIN 300 MG CAPSULE
41470	RIFAMPIN IV 600 MG VIAL
14142	RIFATER TABLET
15603	SELEGILINE HCL 5MG CAPSULE
15600	SELEGILINE HCL 5MG TABLET
43303	SUSTIVA 200MG CAPSULE
43301	SUSTIVA 50MG CAPSULE
15555	SUSTIVA 600MG TABLET
34723	TAFINLAR 50MG CAPSULE
34724	TAFINLAR 75MG CAPSULE
92373	TARGRETIN 75MG 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
14979	TRACLEER 125MG TABLET
14978	TRACLEER 62.5MG TABLET
16418	TRANLYCYPROMINE 10MG TABLET
31420	VIRAMUNE 200MG TABLET
31421	VIRAMUNE 50MG/5ML SUSPENSION
30935	VIRAMUNE XR 100MG TABLET
29767	VIRAMUNE XR 400MG TABLET
33183	XTANDI 40MG CAPSULE

<b>Step 4 (MAOI or CYP3A4 inducer)</b>	
<b>Required number of claims: 1</b>	
<b>Look back timeframe: 90 days</b>	
<b>GCN</b>	<b>Label Name</b>
22783	ZELAPAR 1.25 MG ODT TABLET
26871	ZYVOX 100MG/5ML SUSPENSION
26870	ZYVOX 600MG TABLET
26873	ZYVOX 600MG/300ML IV SOLN

<b>Step 5 (Xenazine or Austedo)</b>	
<b>Required number of claims: 1</b>	
<b>Look back timeframe: 30 days</b>	
<b>GCN</b>	<b>Label Name</b>
43228	AUSTEDO 6 MG TABLET
43236	AUSTEDO 9 MG TABLET
43237	AUSTEDO 12 MG TABLET
15508	XENAZINE 12.5 MG TABLET
49900	XENAZINE 25 MG TABLET

<b>Step 6 (diagnosis of hepatic impairment)</b>	
<b>Required quantity: 1</b>	
<b>Look back timeframe: 365 days</b>	

For the list of hepatic impairment diagnosis codes that pertain to this step, see the [Hepatic Impairment Diagnoses](#) table in the previous "Supporting Tables" section.

**Note:** Click the hyperlink to navigate directly to the table.

<b>Step 7 (strong CYP3A4 inhibitor)</b>	
<b>Required number of claims: 1</b>	
<b>Look back timeframe: 90 days</b>	
<b>GCN</b>	<b>Label Name</b>
48852	BIAXIN 250 MG TABLET
11671	BIAXIN 250 MG/5 ML SUSPENSION
48851	BIAXIN 500 MG TABLET
02363	CARDIZEM 120 MG TABLET
02360	CARDIZEM 30 MG TABLET
02361	CARDIZEM 60 MG TABLET
02326	CARDIZEM CD 120 MG CAPSULE



<b>Step 7 (strong CYP3A4 inhibitor)</b>	
<b>Required number of claims: 1</b>	
<b>Look back timeframe: 90 days</b>	
<b>GCN</b>	<b>Label Name</b>
02323	CARDIZEM CD 180 MG CAPSULE
02324	CARDIZEM CD 240 MG CAPSULE
02325	CARDIZEM CD 300 MG CAPSULE
07460	CARDIZEM CD 360 MG CAPSULE
19180	CARDIZEM LA 120 MG TABLET
19183	CARDIZEM LA 180 MG TABLET
19186	CARDIZEM LA 360 MG TABLET
19187	CARDIZEM LA 420 MG TABLET
02326	CARTIA XT 120MG CAPSULE
02323	CARTIA XT 180MG CAPSULE
02324	CARTIA XT 240MG CAPSULE
02325	CARTIA XT 300MG CAPSULE
11670	CLARITHROMYCIN 125 MG/5 ML SUS
48852	CLARITHROMYCIN 250 MG TABLET
11671	CLARITHROMYCIN 250 MG/5 ML SUS
48851	CLARITHROMYCIN 500 MG TABLET
48850	CLARITHROMYCIN ER 500 MG TAB
26820	CRIXIVAN 200 MG CAPSULE
26822	CRIXIVAN 400 MG CAPSULE
02363	DILTIAZEM 120 MG TABLET
02321	DILTIAZEM 12HR ER 120 MG CAP
02322	DILTIAZEM 12HR ER 60 MG CAP
02320	DILTIAZEM 12HR ER 90 MG CAP
02326	DILTIAZEM 24HR ER 120 MG CAP
02323	DILTIAZEM 24HR ER 180 MG CAP
02324	DILTIAZEM 24HR ER 240 MG CAP
02325	DILTIAZEM 24HR ER 300 MG CAP
07460	DILTIAZEM 24HR ER 360 MG CAP
02360	DILTIAZEM 30 MG TABLET
02361	DILTIAZEM 60 MG TABLET
02362	DILTIAZEM 90 MG TABLET
02330	DILTIAZEM ER 120 MG CAPSULE
07463	DILTIAZEM ER 120 MG CAPSULE
02329	DILTIAZEM ER 180 MG CAPSULE
07461	DILTIAZEM ER 180 MG CAPSULE
07462	DILTIAZEM ER 240 MG CAPSULE
02332	DILTIAZEM HCL ER 240 MG CAP
02333	DILTIAZEM HCL ER 300 MG CAP

<b>Step 7 (strong CYP3A4 inhibitor)</b>	
<b>Required number of claims: 1</b>	
<b>Look back timeframe: 90 days</b>	
<b>GCN</b>	<b>Label Name</b>
02328	DILTIAZEM HCL ER 360 MG CAP
94691	DILTIAZEM HCL ER 420 MG CAP
37797	EVOTAZ 300-150MG TABLET
40092	GENVOYA TABLET
26760	INVIRASE 200 MG CAPSULE
23952	INVIRASE 500 MG TABLET
49101	ITRACONAZOLE 100 MG CAPSULE
99101	KALETRA 100-25 MG TABLET
25919	KALETRA 200-50 MG TABLET
31782	KALETRA 400-100/5 ML ORAL SOLU
25905	KETEK 300 MG TABLET
15175	KETEK 400 MG TABLET
42590	KETOCONAZOLE 200 MG TABLET
64269	LANSOPRAZOL-AMOXICIL-CLARITHRO
19183	MATZIM LA 180MG TABLET
19184	MATZIM LA 240MG TABLET
19185	MATZIM LA 300MG TABLET
19186	MATZIM LA 360MG TABLET
19187	MATZIM LA 420MG TABLET
16406	NEFAZODONE 100MG TABLET
16407	NEFAZODONE 150MG TABLET
16408	NEFAZODONE 200MG TABLET
16409	NEFAZODONE 250MG TABLET
16404	NEFAZODONE 50MG TABLET
26812	NORVIR 100 MG SOFTGEL CAP
28224	NORVIR 100 MG TABLET
26810	NORVIR 80 MG/ML SOLUTION
26502	NOXAFIL 40 MG/ML SUSPENSION
35649	NOXAFIL DR 100 MG TABLET
32137	OMECLAMOX-PAK COMBO PACK
64269	PREVPAC PATIENT PACK
37367	PREZCOBIX 800-150MG TABLET
49100	SPORANOX 10 MG/ML SOLUTION
49101	SPORANOX 100 MG CAPSULE
33130	STRIBILD TABLET
02330	TAZTIA XT 120MG CAPSULE
02329	TAZTIA XT 180MG CAPSULE
02332	TAZTIA XT 240MG CAPSULE

<b>Step 7 (strong CYP3A4 inhibitor)</b>	
<b>Required number of claims: 1</b>	
<b>Look back timeframe: 90 days</b>	
<b>GCN</b>	<b>Label Name</b>
02333	TAZTIA XT 300MG CAPSULE
02328	TAZTIA XT 360MG CAPSULE
37844	TECHNIVIE DOSE PACK
02330	TIAZAC ER 120MG CAPSULE
02329	TIAZAC ER 180MG CAPSULE
02332	TIAZAC ER 240MG CAPSULE
02333	TIAZAC ER 300MG CAPSULE
02328	TIAZAC ER 360MG CAPSULE
94961	TIAZAC ER 420MG CAPSULE
36468	TYBOST 150MG TABLET
17498	VFEND 200 MG TABLET
21513	VFEND 40 MG/ML SUSPENSION
17497	VFEND 50 MG TABLET
17499	VFEND IV 200 MG VIAL
29941	VICTRELIS 200 MG CAPSULE
37614	VIEKIRA PAK
41932	VIEKIRA XR TABLET
40312	VIRACEPT 250 MG TABLET
19717	VIRACEPT 625 MG TABLET
17498	VORICONAZOLE 200 MG TABLET
17499	VORICONAZOLE 200 MG VIAL
21513	VORICONAZOLE 40 MG/ML SUSP
17497	VORICONAZOLE 50 MG TABLET
36884	ZYDELIG 100MG TABLET
36885	ZYDELIG 150MG TABLET



## VMAT2 Inhibitors

### Clinical Criteria References

1. Clinical Pharmacology [online database]. Tampa, FL: Elsevier / Gold Standard, Inc. 2018. Available at [www.clinicalpharmacology.com](http://www.clinicalpharmacology.com). Accessed on April 10, 2018.
2. Micromedex [online database]. 2018. Available at [www.micromedexsolutions.com](http://www.micromedexsolutions.com). Accessed on April 10, 2018.
3. 2015 ICD-9-CM Diagnosis Codes. 2015. Available at [www.icd9data.com](http://www.icd9data.com). Accessed on April 3, 2015.
4. 2015 ICD-10-CM Diagnosis Codes. 2015. Available at [www.icd10data.com](http://www.icd10data.com). Accessed on April 3, 2015.
5. American Medical Association data files. 2015 ICD-9-CM Diagnosis Codes. Available at [www.commerce.ama-assn.org](http://www.commerce.ama-assn.org).
6. American Medical Association data files. 2015 ICD-10-CM Diagnosis Codes. Available at [www.commerce.ama-assn.org](http://www.commerce.ama-assn.org).
7. Austedo Prescribing Information. North Wales, PA. Teva Pharmaceuticals. August 2017.
8. Ingrezza Prescribing Information. Neurocrine Biosciences, Inc. San Diego, CA. October 2017.
9. Xenazine Prescribing Information. Deerfield, IL. Lundbeck. September 2017.

## 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
01/30/2014	Presented to the DUR Board
03/03/2014	Initial publication and posting to website
04/03/2015	Updated to include ICD-10s
04/10/2018	Annual review by staff Removed ICD-9 codes Added GCNs for Austedo to 'Drugs Requiring PA', page 3 Added questions 4, 5, 6 and 7 to logic and logic diagram, pages 4-5 Added Table 4, 5, 6 and 7 to supporting tables, pages 6-16 Added Ingrezza criteria to guide, pages 17-27 Updated references, page 28
07/23/2018	Added psychiatrists to question 2 in criteria logic and logic diagram, pages 4-5.
03/29/2019	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 <a href="http://TxVendorDrug.com/formulary/formulary-search">TxVendorDrug.com/formulary/formulary-search</a> .) on each 'Drug Requiring PA' table
11/22/2019	Removed the depression / suicidal ideation check for those clients requesting Austedo for tardive dyskinesia
01/30/2020	Added GCNs for Ingrezza initiation pack to drug table, page 17
06/24/2020	Removed requirement for specialist for clients with tardive dyskinesia