

Texas Prior Authorization Program  
Clinical Criteria

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## Drug/Drug Class

# Duchenne Muscular Dystrophy (DMD) Agents

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 Criteria Information included in this Document

### Agamree (Vamorolone) and Emflaza (Deflazacort)

- [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

### Duvyzat (Givinostat)

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

## Revision Notes

Removed step-therapy check for prior use of prednisone as approved by the DUR Board

Updated the check for a moderate or strong CYP3A4 inducer to say “concurrent therapy”

Updated criteria lookback language to say, “in past medical and/or pharmacy claims history?”

Added ICD-10 code G7100 to the Diagnosis of Duchenne Muscular Dystrophy supporting table

Added GCN for Carbamazepine 200 mg tab chew (17461) to the Moderate or Strong CYP3A4 Inducer supporting table

Removed GCNs for Actoplus Met 15-500 mg tablet (25444), Actoplus Met XR 15-1,000 mg tablet (28620), Actoplus Met XR 30-1,000 mg tablet (28622), Atripla tablet (27346), Nevirapine ER 100 mg tablet (30935), Oseni 12.5-15 mg tablet (34080), Oseni 12.5-45 mg tablet (34084), Phenytoin sod EXT 100 mg cap (17700), Phenytoin sod EXT 200 mg cap (15038), Phenytoin sod EXT 300 mg cap (15037), Rifadin 150 mg capsule (41260), Rifadin 300 mg capsule (41261), Rifamate capsule (89800), Rifater tablet (14142), Sustiva 100 mg capsule (43302), Sustiva 200 mg capsule (43303), Sustiva 50 mg capsule (43301), Sustiva 600 mg tablet (15555), Symfi Lo 400-300-300 mg tablet (44425), Tegretol 100 mg tablet chew (17460), Viramune XR 100 mg tablet (30935), and Viramune XR 400 mg tablet (29767) from the Moderate or Strong CYP3A4 Inducer supporting table – products discontinued

Updated references



**Agamree (Vamorolone)  
and Emflaza (Deflazacort)  
Drugs Requiring Prior Authorization**

The listed GCNs may not be an indication of Texas Medicaid Formulary coverage. To learn the current formulary coverage, visit [txvendordrug.com/searches/formulary-drug-search](https://txvendordrug.com/searches/formulary-drug-search).

Drugs Requiring Prior Authorization	
Label Name	GCN
AGAMREE 40 MG/ML SUSPENSION	54925
EMFLAZA 22.75 MG/ML ORAL SUSP	43016
EMFLAZA 6 MG TABLET	23761
EMFLAZA 18 MG TABLET	43012
EMFLAZA 30 MG TABLET	23762
EMFLAZA 36 MG TABLET	43015



## Agamree (Vamorolone) and Emflaza (Deflazacort)

### Clinical Criteria Logic

#### Initial Requests:

1. Is the client greater than or equal to ( $\geq$ ) 2 years of age?
  - Yes – Go to #2
  - No – Deny
2. Does the client have a [diagnosis of Duchenne muscular dystrophy \(DMD\)](#) in past medical and/or pharmacy claims history?
  - Yes (And the request is for Agamree) – Approve (365 days)
  - Yes (And the request is for Emflaza) – Go to #3
  - No – Deny
3. Will the client have concurrent therapy with a [moderate or strong CYP3A4 inducer](#)?
  - Yes – Deny
  - No – Approve (365 days)

#### Renewal Requests:

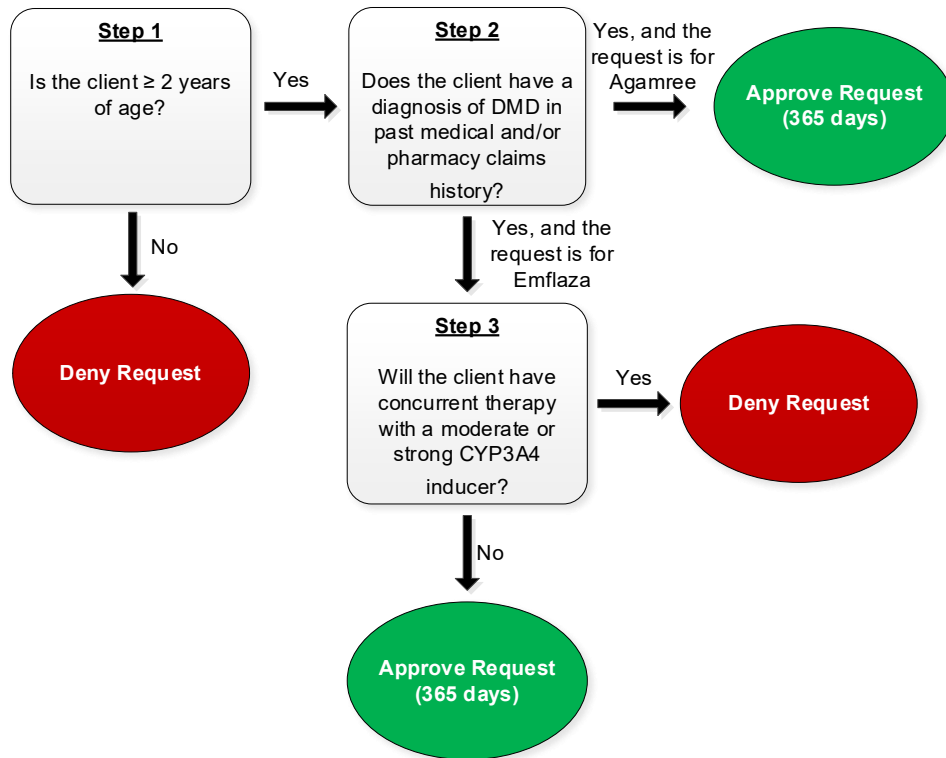
1. Does the physician state that the client continues to have a positive response to therapy?
  - Yes (And the request is for Agamree) – Approve (365 days)
  - Yes (And the request is for Emflaza) – Go to #2
  - No – Deny
2. Will the client have concurrent therapy with a [moderate or strong CYP3A4 inducer](#)?
  - Yes – Deny
  - No – Approve (365 days)



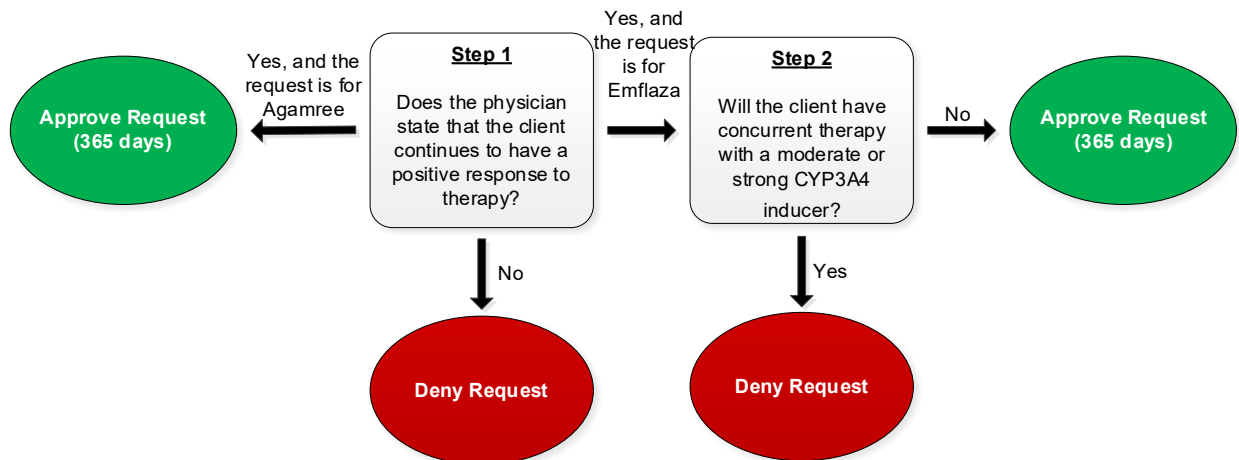
## Agamree (Vamorolone) and Emflaza (Deflazacort)

### Clinical Criteria Logic Diagram

Initial Requests:



Renewal Requests:





**Agamree (Vamorolone)  
and Emflaza (Deflazacort)**  
Clinical Criteria Supporting Tables

**Table 2 (diagnosis of Duchenne muscular dystrophy)**

ICD-10 Code	Description
G710	MUSCULAR DYSTROPHY
G7100	MUSCULAR DYSTROPHY, UNSPECIFIED
G7101	DUCHENNE OR BECKER MUSCULAR DYSTROPHY

**Table 3/2 (moderate or strong CYP3A4 inducer)**

GCN	Label Name
25445	ACTOPLUS MET 15-850MG TABLET
92991	ACTOS 15MG TABLET
93001	ACTOS 30MG TABLET
93011	ACTOS 45MG TABLET
34080	ALOGLIPTIN-PIOGLIT 12.5-15 MG
34083	ALOGLIPTIN-PIOGLIT 12.5-30 MG
34084	ALOGLIPTIN-PIOGLIT 12.5-45 MG
34077	ALOGLIPTIN-PIOGLIT 25-15 MG TB
34078	ALOGLIPTIN-PIOGLIT 25-30 MG TB
34079	ALOGLIPTIN-PIOGLIT 25-45 MG TB
36098	APTiom 200MG TABLET
36099	APTiom 400MG TABLET
36106	APTiom 600MG TABLET
27409	APTiom 800MG TABLET

Table 3/2 (moderate or strong CYP3A4 inducer)	
GCN	Label Name
92373	BEXAROTENE 75MG CAPSULE
14978	BOSENTAN 125 MG TABLET
14979	BOSENTAN 62.5 MG TABLET
17460	CARBAMAZEPINE 100 MG TAB CHEW
17461	CARBAMAZEPINE 200 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
27820	CARBAMAZEPINE ER 100 MG TABLET
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
15555	EFAVIRENZ 600 MG TABLET
27346	EFAVIR-EMTRI-TENOF 600-200-300

Table 3/2 (moderate or strong CYP3A4 inducer)	
GCN	Label Name
44425	EFAVIR-LAMIV-TENOF 400-300-300
44548	EFAVIR-LAMIV-TENOF 600-300-300
17450	EPITOL 200 MG TABLET
13781	EQUETRO 100 MG CAPSULE
13805	EQUETRO 200 MG CAPSULE
13818	EQUETRO 300 MG CAPSULE
53749	ERLEADA 240 MG TABLET
44446	ERLEADA 60 MG TABLET
99318	ETRAVIRINE 100 MG TABLET
29424	ETRAVIRINE 200 MG TABLET
99318	INTELENCE 100MG TABLET
29424	INTELENCE 200MG TABLET
32035	INTELENCE 25MG TABLET
45688	LORBRENA 100 MG TABLET
45687	LORBRENA 25 MG TABLET
38710	LYSODREN 500MG TABLET
26101	MODAFINIL 100MG TABLET
26102	MODAFINIL 200MG TABLET
29810	MYCOBUTIN 150 MG CAPSULE
17310	MYSOLINE 250 MG/5 ML SUSP
17321	MYSOLINE 250MG TABLET
17322	MYSOLINE 50MG TABLET
31420	NEVIRAPINE 200MG TABLET
31421	NEVIRAPINE 50MG/5ML SUSPENSION

Table 3/2 (moderate or strong CYP3A4 inducer)	
GCN	Label Name
29767	NEVIRAPINE ER 400MG TABLET
42366	ORKAMBI 100-125MG TABLET
39008	ORKAMBI 200-125MG TABLET
36937	ORKAMBI 100-125 MG GRANULE PKT
42848	ORKAMBI 150-188 MG GRANULE PKT
52865	ORKAMBI 75-94 MG GRANULE PKT
34083	OSENI 12.5-30MG TABLET
34077	OSENI 25-15MG TABLET
34078	OSENI 25-30MG TABLET
34079	OSENI 25-45MG 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

Table 3/2 (moderate or strong CYP3A4 inducer)	
GCN	Label Name
17250	PHENYTOIN 50 MG TABLET CHEW
17200	PHENYTOIN 50 MG/ML VIAL
92991	PIOGLITAZONE HCL 15 MG TABLET
93001	PIOGLITAZONE HCL 30 MG TABLET
93011	PIOGLITAZONE HCL 45 MG TABLET
97181	PIOGLITAZONE-GLIMEPIRIDE 30-2
97180	PIOGLITAZONE-GLIMEPIRIDE 30-4
25444	PIOGLITAZONE-METFORMIN 15-500
25445	PIOGLITAZONE-METFORMIN 15-850
45911	PRIFTIN 150MG TABLET
21726	PRIMIDONE 125 MG TABLET
17321	PRIMIDONE 250MG TABLET
17322	PRIMIDONE 50MG TABLET
26101	PROVIGIL 100MG TABLET
26102	PROVIGIL 200MG TABLET
29810	RIFABUTIN 150 MG CAPSULE
41470	RIFADIN IV 600 MG VIAL
41260	RIFAMPIN 150 MG CAPSULE
41261	RIFAMPIN 300 MG CAPSULE
41470	RIFAMPIN IV 600 MG VIAL
14142	RIFATER TABLET
44548	SYMFI 600-300-300 MG TABLET
53863	TAFINLAR 10 MG TABLET FOR SUSP
34723	TAFINLAR 50MG CAPSULE

Table 3/2 (moderate or strong CYP3A4 inducer)	
GCN	Label Name
34724	TAFINLAR 75MG CAPSULE
92373	TARGRETIN 75 MG SOFTGEL
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
45016	TIBSOVO 250 MG TABLET
14978	TRACLEER 125MG TABLET
14979	TRACLEER 62.5MG TABLET
43819	TRACLEER 32 MG TABLET FOR SUSP
31420	VIRAMUNE 200MG TABLET
31421	VIRAMUNE 50MG/5ML SUSPENSION
47395	XCOPRI 100 MG TABLET
47409	XCOPRI 12.5-25 MG TITRATION PK
47396	XCOPRI 150 MG TABLET
47414	XCOPRI 150-200 MG TITRATION PK
47397	XCOPRI 200 MG TABLET
55041	XCOPRI 25 MG TABLET
49574	XCOPRI 250 MG DAILY DOSE PACK
47416	XCOPRI 350 MG DAILY DOSE PACK
47394	XCOPRI 50 MG TABLET
47413	XCOPRI 50-100 MG TITRATION PAK

Table 3/2 (moderate or strong CYP3A4 inducer)	
GCN	Label Name
33183	XTANDI 40MG CAPSULE
46626	XTANDI 40 MG TABLET
48452	XTANDI 80 MG TABLET

**Duvyzat (Givinostat)****Drugs Requiring Prior Authorization**

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Drugs Requiring Prior Authorization	
Label Name	GCN
DUVYZAT 8.86 MG/ML ORAL SUSP	55857

**Duvyzat (Givinostat)****Clinical Criteria Logic**

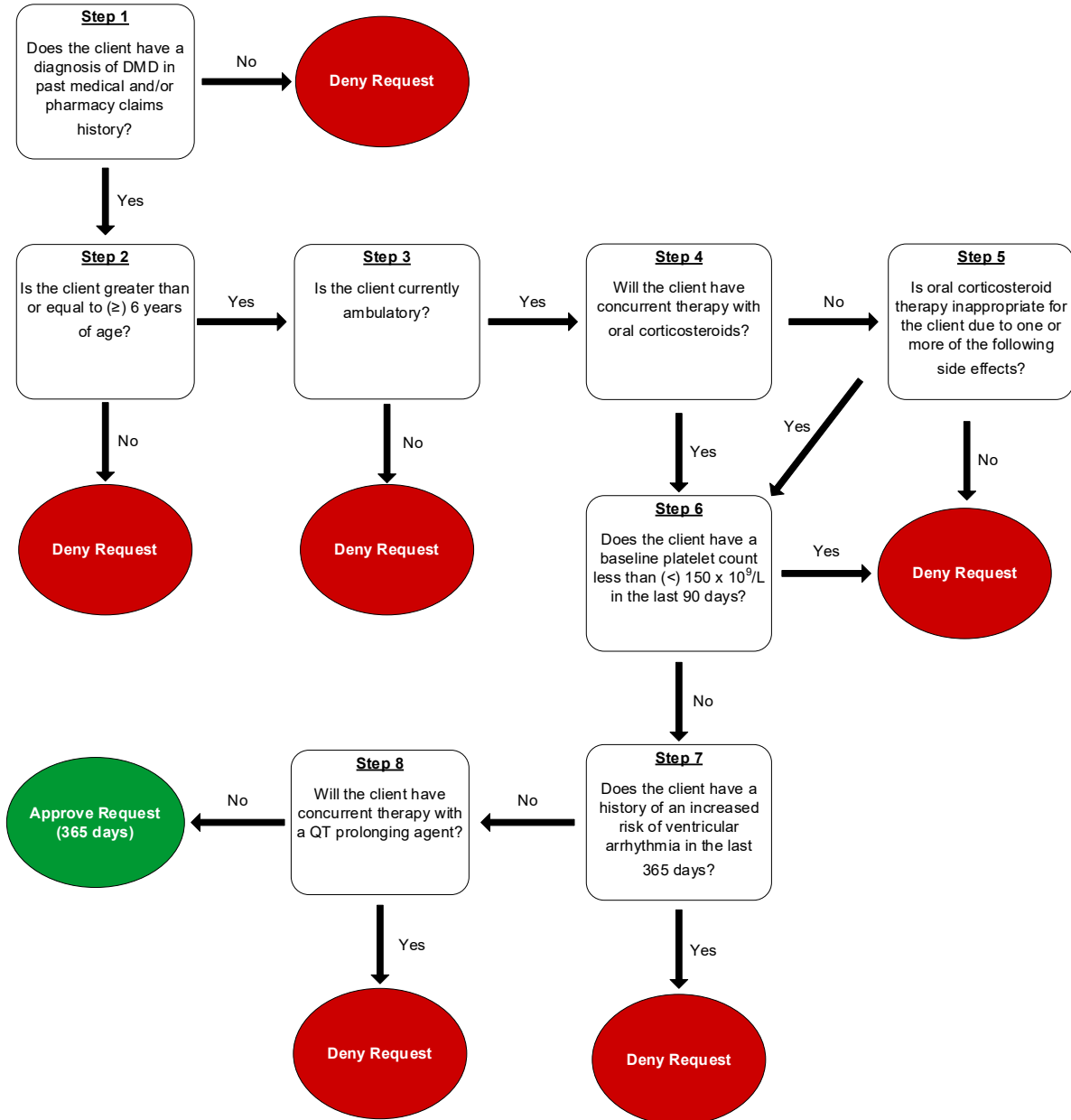
1. Does the client have a [diagnosis of Duchenne muscular dystrophy \(DMD\)](#) in past medical and/or pharmacy claims history?
  - Yes – Go to #2
  - No – Deny
2. Is the client greater than or equal to ( $\geq$ ) 6 years of age?
  - Yes – Go to #3
  - No – Deny
3. Is the client currently ambulatory?
  - Yes – Go to #4
  - No – Deny
4. Will the client have concurrent therapy with [oral corticosteroids](#)?
  - Yes – Go to #6
  - No – Go to #5
5. Is oral corticosteroid therapy inappropriate for the client due to one or more of the following side effects?
  - a. Cushingoid appearance
  - b. Central (truncal) obesity
  - c. Undesirable weight gain (defined as greater than or equal to [ $\geq$ ] 10% body weight gain over a 6-month period)
  - d. Diabetes and/or hypertension that is difficult to manage according to the prescribing physician
  - e. Inhibition of growth and/or concerning osteoporosis markers, or a severe behavioral adverse event while on corticosteroid therapy?
  - Yes – Go to #6
  - No – Deny
6. Does the client have a baseline platelet count less than ( $<$ )  $150 \times 10^9/L$  in the last 90 days?
  - Yes – Deny
  - No – Go to #7
7. Does the client have a history of an increased [risk of ventricular arrhythmia](#) in the last 365 days?
  - Yes – Deny
  - No – Go to #8

8. Will the client have concurrent therapy with a [QT prolonging agent](#)?
- Yes – Deny
- No – Approve (365 days)



# Duvyzat (Givinostat)

## Clinical Criteria Logic Diagram





## Duvyzat (Givinostat)

### Clinical Criteria Supporting Tables

Table 1 (diagnosis of Duchenne muscular dystrophy (DMD))	
ICD-10 Code	Description
G710	MUSCULAR DYSTROPHY
G7100	MUSCULAR DYSTROPHY, UNSPECIFIED
G7101	DUCHENNE OR BECKER MUSCULAR DYSTROPHY

Table 4 (oral corticosteroids)	
GCN	Label Name
27421	DEXAMETHASONE 0.25 MG TABLET
27422	DEXAMETHASONE 0.5 MG TABLET
27400	DEXAMETHASONE 0.5 MG/5 ML ELX
27411	DEXAMETHASONE 0.5 MG/5 ML LIQ
27400	DEXAMETHASONE 0.5 MG/ML ELIX
27425	DEXAMETHASONE 0.75 MG TABLET
27424	DEXAMETHASONE 1 MG TABLET
27427	DEXAMETHASONE 1.5 MG TABLET
27426	DEXAMETHASONE 2 MG TABLET
27428	DEXAMETHASONE 4 MG TABLET
27429	DEXAMETHASONE 6 MG TABLET
26782	HYDROCORTISONE 20MG TABLET
26783	HYDROCORTISONE 5MG TABLET
26781	HYDROCORTONE 10MG TABLET
27051	MEDROL 16MG TABLET
27052	MEDROL 2 MG TABLET

Table 4 (oral corticosteroids)	
GCN	Label Name
27054	MEDROL 24 MG TABLET
27055	MEDROL 32MG TABLET
27056	MEDROL 4MG TABLET
27058	MEDROL 8MG TABLET
27051	METHYLPREDNISOLONE 16MG TABLET
27055	METHYLPREDNISOLONE 32MG TABLET
27056	METHYLPREDNISOLONE 4MG TABLET
27058	METHYLPREDNISOLONE 8MG TABLET
99610	MILLIPRED 10 MG/5 ML SOLUTION
26963	MILLIPRED 5MG TABLET
99610	PREDNISOLONE 10MG/5ML SOLN
26800	PREDNISOLONE 15MG/5ML SOLN
33806	PREDNISOLONE 15MG/5ML SOLN
14565	PREDNISOLONE 20MG/5ML SOLN
26963	PREDNISOLONE 5 MG TABLET
9115	PREDNISOLONE 5MG/5ML SOLUTION
27108	PREDNISOLONE ODT 10MG TABLET
27109	PREDNISOLONE ODT 15MG TABLET
27114	PREDNISOLONE ODT 30MG TABLET
27172	PREDNISONONE 10MG TABLET
27171	PREDNISONONE 1MG TABLET
27173	PREDNISONONE 2.5MG TABLET
27174	PREDNISONONE 20MG TABLET
27176	PREDNISONONE 5 MG TABLET

Table 4 (oral corticosteroids)	
GCN	Label Name
27177	PREDNISONE 50MG TABLET
27160	PREDNISONE 5MG/5ML SOLUTION
27422	SK-DEXAMETHASONE 0.5 MG TAB
27425	SK-DEXAMETHASONE 0.75 MG TAB
27427	SK-DEXAMETHASONE 1.5 MG TAB
27176	SK-PREDNISONE 5 MG TABLET

Table 7 (risk of ventricular arrhythmia)	
ICD-10 Code	Description
E878	OTHER DISORDERS OF ELECTROLYTE AND FLUID BALANCE, NOT ELSEWHERE CLASSIFIED
I4581	LONG QT SYNDROME
I470	RE-ENTRY VENTRICULAR ARRHYTHMIA
I471	SUPRAVENTRICULAR TACHYCARDIA
I472	VENTRICULAR TACHYCARDIA
I4721	TORSADES DE POINTES
I479	PAROXYSMAL TACHYCARDIA, UNSPECIFIED
I4901	VENTRICULAR FIBRILLATION

Table 8 (QT prolonging agents)	
GCN	Label Name
24062	ABILIFY 1 MG/ML SOLUTION
18537	ABILIFY 10 MG TABLET
18538	ABILIFY 15 MG TABLET
26305	ABILIFY 2 MG TABLET

Table 8 (QT prolonging agents)	
GCN	Label Name
18539	ABILIFY 20 MG TABLET
18541	ABILIFY 30 MG TABLET
20173	ABILIFY 5 MG TABLET
26445	ABILIFY DISCMELT 10 MG TABLET
26448	ABILIFY DISCMELT 15 MG TABLET
37681	ABILIFY MAINTENA ER 300MG SYR
34284	ABILIFY MAINTENA ER 300MG VL
37682	ABILIFY MAINTENA ER 400MG SYR
34285	ABILIFY MAINTENA ER 400MG VL
44437	ABILIFY MYCITE 2 MG KIT
44438	ABILIFY MYCITE 5 MG KIT
44439	ABILIFY MYCITE 10 MG KIT
44441	ABILIFY MYCITE 15 MG KIT
44442	ABILIFY MYCITE 20 MG KIT
44443	ABILIFY MYCITE 30 MG KIT
22391	AGRYLIN 0.5 MG CAPSULE
22392	AGRYLIN 1 MG CAPSULE
92024	ALFUZOSIN HCL ER 10 MG TABLET
10921	AMIODARONE HCL 100 MG TABLET
10920	AMIODARONE HCL 200 MG TABLET
12465	AMIODARONE HCL 400 MG TABLET
16512	AMITRIPTYLINE HCL 10 MG TAB
16513	AMITRIPTYLINE HCL 100 MG TAB
16514	AMITRIPTYLINE HCL 150 MG TAB

Table 8 (QT prolonging agents)	
GCN	Label Name
16515	AMITRIPTYLINE HCL 25 MG TAB
16516	AMITRIPTYLINE HCL 50 MG TAB
16517	AMITRIPTYLINE HCL 75 MG TAB
97959	AMRIX ER 15 MG CAPSULE
97960	AMRIX ER 30 MG CAPSULE
16602	ANAFRANIL 25 MG CAPSULE
16603	ANAFRANIL 50 MG CAPSULE
16604	ANAFRANIL 75 MG CAPSULE
22391	ANAGRELIDE HCL 0.5 MG CAPSULE
22392	ANAGRELIDE HCL 1 MG CAPSULE
33533	ANZEMET 100 MG TABLET
33532	ANZEMET 50 MG TABLET
04300	ARICEPT 10 MG TABLET
28828	ARICEPT 23 MG TABLET
04302	ARICEPT 5 MG TABLET
24594	ARICEPT ODT 5 MG TABLET
24595	ARICEPT ODT 10 MG TABLET
18537	ARIPIRAZOLE 10MG TABLET
18538	ARIPIRAZOLE 15MG TABLET
24062	ARIPIRAZOLE 1MG/ML SOLUTION
18539	ARIPIRAZOLE 20MG TABLET
26305	ARIPIRAZOLE 2MG TABLET
18541	ARIPIRAZOLE 30MG TABLET
20173	ARIPIRAZOLE 5MG TABLET

Table 8 (QT prolonging agents)	
GCN	Label Name
26445	ARIPIRAZOLE ODT 10MG TABLET
26448	ARIPIRAZOLE ODT 15MG TABLET
39726	ARISTADA ER 441MG/1.6ML SYRINGE
39727	ARISTADA ER 662MG/2.4ML SYRINGE
39728	ARISTADA ER 882MG/3.2ML SYRINGE
43488	ARISTADA ER 1064 MG/3.9 ML SYRINGE
44941	ARISTADA INITIO ER 675 MG/2.4 ML
27346	ATRIPLA TABLET
50767	AVELOX 400 MG TABLET
48790	AZITHROMYCIN 1 GM PWD PACKET
48792	AZITHROMYCIN 100 MG/5 ML SUSP
61199	AZITHROMYCIN 200 MG/5 ML SUSP
48793	AZITHROMYCIN 250 MG TABLET
61198	AZITHROMYCIN 500 MG TABLET
48794	AZITHROMYCIN 600 MG TABLET
48795	AZITHROMYCIN I.V. 500 MG VIAL
39516	BETAPACE 120 MG TABLET
39511	BETAPACE 160 MG TABLET
39512	BETAPACE 80 MG TABLET
39513	BETAPACE 240 MG TABLET
48852	BIAXIN 250 MG TABLET
11671	BIAXIN 250 MG/5 ML SUSPENSION
11670	BIAXIN 125 MG/5 ML SUSPENSION
92594	BIAXIN 187.5 MG/5 ML SUSP

Table 8 (QT prolonging agents)	
GCN	Label Name
48850	BIAXIN XL 500 MG TABLET
48851	BIAXIN 500 MG TABLET
44924	BRAFTOVI 50 MG CAPSULE
44925	BRAFTOVI 75 MG CAPSULE
34876	BRISDELLE 7.5MG CAPSULE
31611	CAPECITABINE 150 MG TABLET
31612	CAPECITABINE 500 MG TABLET
29817	CAPRELSA 100 MG TABLET
29818	CAPRELSA 300 MG TABLET
16345	CELEXA 10 MG TABLET
16342	CELEXA 20MG TABLET
16343	CELEXA 40 MG TABLET
16344	CELEXA 10 MG/5 ML SOLUTION
16683	CHLORDIAZEPO-AMITRIPTYL 5-12.5
16684	CHLORDIAZEPOX-AMITRIPTYL 10-25
42890	CHLOROQUINE PH 250 MG TABLET
42891	CHLOROQUINE PH 500 MG TABLET
14331	CHLORPROMAZINE 25 MG/ML AMP
14431	CHLORPROMAZINE 10 MG TABLET
14434	CHLORPROMAZINE 100 MG TABLET
14390	CHLORPROMAZINE 100MG/ML CONC
14435	CHLORPROMAZINE 200 MG TABLET
14432	CHLORPROMAZINE 25 MG TABLET
14391	CHLORPROMAZINE 30MG/ML CONC

Table 8 (QT prolonging agents)	
GCN	Label Name
14433	CHLORPROMAZINE 50 MG TABLET
47053	CIPRO 100 MG TABLET
47052	CIPRO 750 MG TABLET
18898	CIPRO XR 500 MG TABLET
20315	CIPRO XR 1,000 MG TABLET
47057	CIPRO 10% SUSPENSION
47050	CIPRO 250MG TABLET
47056	CIPRO 5% SUSPENSION
47051	CIPRO 500MG TABLET
23076	CIPROFLOXACIN 200MG/20ML VIAL
23075	CIPROFLOXACIN 400MG/40ML VIAL
20315	CIPROFLOXACIN ER 1000MG TAB
18898	CIPROFLOXACIN ER 500MG TAB
47056	CIPROFLOXACIN 250MG/5ML SUSP
47057	CIPROFLOXACIN 500MG/5ML SUSP
47053	CIPROFLOXACIN HCL 100MG TABLET
47050	CIPROFLOXACIN HCL 250MG TAB
47051	CIPROFLOXACIN HCL 500MG TAB
47052	CIPROFLOXACIN HCL 750MG TAB
52121	CIPROFLOXACIN-D5W 200MG/100ML
52122	CIPROFLOXACIN-D5W 400MG/200ML
16345	CITALOPRAM 10MG TABLET
16344	CITALOPRAM 10MG/5ML SOLUTION
16342	CITALOPRAM 20MG TABLET

Table 8 (QT prolonging agents)	
GCN	Label Name
34671	CITALOPRAM 20MG/10ML SOLUTION
16343	CITALOPRAM 40MG TABLET
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
16602	CLOMIPRAMINE 25 MG CAPSULE
16603	CLOMIPRAMINE 50 MG CAPSULE
16604	CLOMIPRAMINE 75 MG CAPSULE
18142	CLOZAPINE 100 MG TABLET
20334	CLOZAPINE 12.5MG TABLET
31672	CLOZAPINE 200 MG TABLET
18141	CLOZAPINE 25 MG TABLET
18143	CLOZAPINE 50 MG TABLET
28873	CLOZAPINE ODT 150 MG TABLET
28874	CLOZAPINE ODT 200 MG TABLET
21785	CLOZAPINE ODT 100MG TABLET
98791	CLOZAPINE ODT 12.5MG TABLET
21784	CLOZAPINE ODT 25MG TABLET
18142	CLOZARIL 100 MG TABLET
18141	CLOZARIL 25 MG TABLET
18143	CLOZARIL 50 MG TABLET
31672	CLOZARIL 200 MG TABLET

Table 8 (QT prolonging agents)	
GCN	Label Name
10920	CORDARONE 200 MG TABLET
18020	CYCLOBENZAPRINE 10 MG TABLET
12805	CYCLOBENZAPRINE 5 MG TABLET
98299	CYCLOBENZAPRINE 7.5 MG TABLET
97959	CYCLOBENZAPRINE ER 15 MG CAP
97960	CYCLOBENZAPRINE ER 30 MG CAP
27257	DASATINIB 20 MG TABLET
27258	DASATINIB 50 MG TABLET
27259	DASATINIB 70 MG TABLET
29405	DASATINIB 80 MG TABLET
99867	DASATINIB 100 MG TABLET
29406	DASATINIB 140 MG TABLET
16583	DESIPRAMINE 10 MG TABLET
16584	DESIPRAMINE 100 MG TABLET
16585	DESIPRAMINE 150 MG TABLET
16586	DESIPRAMINE 25 MG TABLET
16587	DESIPRAMINE 50 MG TABLET
16588	DESIPRAMINE 75 MG TABLET
37061	DETROL 1 MG TABLET
37062	DETROL 2 MG TABLET
12264	DETROL LA 2 MG CAPSULE
12263	DETROL LA 4 MG CAPSULE
60822	DIFLUCAN 10 MG/ML SUSPENSION
42190	DIFLUCAN 100 MG TABLET

Table 8 (QT prolonging agents)	
GCN	Label Name
42193	DIFLUCAN 150 MG TABLET
42191	DIFLUCAN 200 MG TABLET
60821	DIFLUCAN 40 MG/ML SUSPENSION
42192	DIFLUCAN 50 MG TABLET
01130	DISOPYRAMIDE PHOS 100 MG CAP
01131	DISOPYRAMIDE PHOS 150 MG CAP
01140	DISOPYRAMIDE 100 MG CAPSULE
01141	DISOPYRAMIDE 150 MG CAPSULE
92287	DOFETILIDE 125 MCG CAPSULE
92297	DOFETILIDE 250MCG CAPSULE
92307	DOFETILIDE 500MCG CAPSULE
16422	DOLOPHINE HCL 5 MG TABLET
16420	DOLOPHINE HCL 10 MG TABLET
04300	DONEPEZIL HCL 10 MG TABLET
28828	DONEPEZIL HCL 23 MG TABLET
04302	DONEPEZIL HCL 5 MG TABLET
24595	DONEPEZIL HCL ODT 10 MG TABLET
24594	DONEPEZIL HCL ODT 5 MG TABLET
28914	DOXEPIN 3 MG TABLET
28915	DOXEPIN 6 MG TABLET
16563	DOXEPIN 10 MG CAPSULE
16571	DOXEPIN 10 MG/ML ORAL CONC
16564	DOXEPIN 100 MG CAPSULE
16565	DOXEPIN 150 MG CAPSULE

Table 8 (QT prolonging agents)	
GCN	Label Name
16566	DOXEPIN 25 MG CAPSULE
16567	DOXEPIN 50 MG CAPSULE
16568	DOXEPIN 75 MG CAPSULE
30547	DUEXIS 800-26.6 MG TABLET
40523	E.E.S. 200 MG/5 ML GRANULES
40560	E.E.S. 400 FILMTAB
16811	EFFEXOR 25 MG TABLET
16812	EFFEXOR 37.5 MG TABLET
16813	EFFEXOR 50 MG TABLET
16814	EFFEXOR 75 MG TABLET
16815	EFFEXOR 100 MG TABLET
16818	EFFEXOR XR 150MG CAPSULE
16816	EFFEXOR XR 37.5MG CAPSULE
16817	EFFEXOR XR 75MG CAPSULE
39120	ENVARUSUS XR 0.75 MG TABLET
39123	ENVARUSUS XR 1 MG TABLET
39124	ENVARUSUS XR 4 MG TABLET
40523	ERYPED 200 MG/5 ML SUSPENSION
40524	ERYPED 400 MG/5 ML SUSPENSION
40730	ERY-TAB EC 250 MG TABLET
40731	ERY-TAB EC 333 MG TABLET
40732	ERY-TAB EC 500 MG TABLET
40642	ERYTHROCIN 250 MG FILMTAB
25529	ERYTHROCIN 500 MG ADDVNT VL

Table 8 (QT prolonging agents)	
GCN	Label Name
40601	ERYTHROCIN 500 MG VIAL
40720	ERYTHROMYCIN 250 MG FILMTAB
40721	ERYTHROMYCIN 500 MG FILMTAB
40660	ERYTHROMYCIN EC 250 MG CAP
40730	ERYTHROMYCIN DR 250 MG TABLET
40731	ERYTHROMYCIN DR 333 MG TABLET
40732	ERYTHROMYCIN DR 500 MG TABLET
40523	ERYTHROMYCIN 200 MG/5 ML SUSP
40524	ERYTHROMYCIN 400 MG/5 ML SUSP
40560	ERYTHROMYCIN ES 400 MG TAB
17851	ESCITALOPRAM 10MG TABLET
17987	ESCITALOPRAM 20MG TABLET
18975	ESCITALOPRAM 5MG TABLET
19035	ESCITALOPRAM 5MG/5ML SOLUTION
37797	EVOTAZ 300-150 MG TABLET
46432	FAMOTIDINE 10 MG TABLET
46430	FAMOTIDINE 20 MG TABLET
46431	FAMOTIDINE 40 MG TABLET
45960	FAMOTIDINE 40 MG/5 ML SUSP
28025	FANAPT 1 MG TABLET
28030	FANAPT 10 MG TABLET
28033	FANAPT 12 MG TABLET
28026	FANAPT 2 MG TABLET
28027	FANAPT 4 MG TABLET

Table 8 (QT prolonging agents)	
GCN	Label Name
28028	FANAPT 6 MG TABLET
28029	FANAPT 8 MG TABLET
28034	FANAPT TITRATION PACK
21785	FAZACLO 100 MG ODT
98791	FAZACLO 12.5 MG ODT
28873	FAZACLO 150 MG ODT
28874	FAZACLO 200 MG ODT
21784	FAZACLO 25 MG ODT
38021	FELBAMATE 400 MG TABLET
38022	FELBAMATE 600 MG TABLET
38020	FELBAMATE 600 MG/5 ML SUSP
38021	FELBATOL 400 MG TABLET
38022	FELBATOL 600 MG TABLET
38020	FELBATOL 600 MG/5 ML SUSP
98299	FEXMID 7.5 MG TABLET
43031	FLAGYL 250 MG TABLET
43035	FLAGYL 375 MG CAPSULE
43032	FLAGYL 500 MG TABLET
43029	FLAGYL ER 750 MG TABLET
01580	FLECAINIDE ACETATE 100 MG TAB
01582	FLECAINIDE ACETATE 150 MG TAB
01581	FLECAINIDE ACETATE 50 MG TAB
60822	FLUCONAZOLE 10 MG/ML SUSP
42190	FLUCONAZOLE 100 MG TABLET

Table 8 (QT prolonging agents)	
GCN	Label Name
42193	FLUCONAZOLE 150 MG TABLET
42191	FLUCONAZOLE 200 MG TABLET
60821	FLUCONAZOLE 40 MG/ML SUSP
42192	FLUCONAZOLE 50 MG TABLET
55590	FLUCONAZOLE-DEXT 200 MG/100 ML
69790	FLUCONAZOLE-NACL 200 MG/100 ML
69791	FLUCONAZOLE-NACL 400 MG/200 ML
25303	FLUCONAZOLE-NS 200 MG/100 ML
16353	FLUOXETINE 10MG CAPSULE
16356	FLUOXETINE 10MG TABLET
16354	FLUOXETINE 20MG CAPSULE
16359	FLUOXETINE 20MG TABLET
16357	FLUOXETINE 20MG/5ML SOLUTION
16355	FLUOXETINE 40MG CAPSULE
30817	FLUOXETINE 60MG TABLET
12929	FLUOXETINE DR 90MG CAPSULE
13898	GALANTAMINE 4 MG/ML ORAL SOLN
23606	GALANTAMINE ER 16 MG CAPSULE
23607	GALANTAMINE ER 24 MG CAPSULE
23605	GALANTAMINE ER 8 MG CAPSULE
84853	GALANTAMINE HBR 12 MG TABLET
84854	GALANTAMINE HBR 4 MG TABLET
84855	GALANTAMINE HBR 8 MG TABLET
13331	GEODON 20 MG CAPSULE

Table 8 (QT prolonging agents)	
GCN	Label Name
17037	GEODON 20 MG VIAL
13332	GEODON 40 MG CAPSULE
13333	GEODON 60 MG CAPSULE
13334	GEODON 80 MG CAPSULE
29073	GILENYA 0.5 MG CAPSULE
06019	GRANISETRON HCL 1 MG TABLET
99267	GRANISETRON HCL 1 MG/ML VIAL
60548	GRANISETRON HCL 4 MG/4 ML VIAL
15520	HALOPERIDOL LAC 2 MG/ML CONC
15530	HALOPERIDOL 0.5 MG TABLET
15531	HALOPERIDOL 1 MG TABLET
15533	HALOPERIDOL 2 MG TABLET
15535	HALOPERIDOL 5 MG TABLET
15532	HALOPERIDOL 10 MG TABLET
42940	HYDROXYCHLOROQUINE 200 MG TAB
13932	HYDROXYZINE 10 MG/5 ML SYRUP
13881	HYDROXYZINE 25 MG/ML VIAL
13941	HYDROXYZINE HCL 10 MG TABLET
13943	HYDROXYZINE HCL 25 MG TABLET
13944	HYDROXYZINE HCL 50 MG TABLET
13951	HYDROXYZINE PAM 100 MG CAP
13952	HYDROXYZINE PAM 25 MG CAP
13953	HYDROXYZINE PAM 50 MG CAP
16541	IMIPRAMINE HCL 10 MG TABLET

Table 8 (QT prolonging agents)	
GCN	Label Name
16542	IMIPRAMINE HCL 25 MG TABLET
16543	IMIPRAMINE HCL 50 MG TABLET
16554	IMIPRAMINE PAMOATE 75 MG CAP
16548	IMIPRAMINE PAMOATE 100 MG CAP
16549	IMIPRAMINE PAMOATE 125 MG CAP
16553	IMIPRAMINE PAMOATE 150 MG CAP
27685	INVEGA ER 1.5 MG TABLET
97769	INVEGA ER 3 MG TABLET
97770	INVEGA ER 6 MG TABLET
97771	INVEGA ER 9 MG TABLET
27416	INVEGA SUSTENNA 117 MG PREF SYR
27417	INVEGA SUSTENNA 156 MG PREF SYR
27418	INVEGA SUSTENNA 234 MG PREF SYR
27414	INVEGA SUSTENNA 39 MG PREF SYR
27415	INVEGA SUSTENNA 78 MG PREF SYR
38697	INVEGA TRINZA 273MG/0.875ML
38698	INVEGA TRINZA 410MG/1.315ML
38699	INVEGA TRINZA 546MG/1.75ML
38702	INVEGA TRINZA 819MG/2.625ML
26760	INVIRASE 200MG CAPSULE
23952	INVIRASE 500MG TABLET
49101	ITRACONAZOLE 100 MG CAPSULE
49100	ITRACONAZOLE 10 MG/ML SOLUTION
99101	KALETRA 100-25 MG TABLET

Table 8 (QT prolonging agents)	
GCN	Label Name
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
43162	KISQALI 200 MG DAILY DOSE
43166	KISQALI 400 MG DAILY DOSE
43167	KISQALI 600 MG DAILY DOSE
43366	KISQALI FEMARA 200 MG CO-PACK
43368	KISQALI FEMARA 400 MG CO-PACK
43369	KISQALI FEMARA 600 MG CO-PACK
53379	KRAZATI 200 MG TABLET
31485	KORLYM 300 MG TABLET
64269	LANSOPRAZOL-AMOXICIL-CLARITHRO
38885	LENVIMA 4 MG CAPSULE
41403	LENVIMA 8 MG DAILY DOSE
37888	LENVIMA 10 MG DAILY DOSE
45161	LENVIMA 12 MG DAILY DOSE
37887	LENVIMA 14 MG DAILY DOSE
41404	LENVIMA 18 MG DAILY DOSE
37889	LENVIMA 20 MG DAILY DOSE
37886	LENVIMA 24 MG DAILY DOSE
84597	LEUPROLIDE 2WK 1 MG/0.2 ML KIT
84597	LEUPROLIDE 2WK 14 MG/2.8 ML KIT

Table 8 (QT prolonging agents)	
GCN	Label Name
47073	LEVAQUIN 250 MG TABLET
47074	LEVAQUIN 500 MG TABLET
89597	LEVAQUIN 750 MG TABLET
23725	LEVOFLOXACIN 25 MG/ML SOLUTION
47073	LEVOFLOXACIN 250 MG TABLET
47072	LEVOFLOXACIN 250 MG/50 ML-D5W
47074	LEVOFLOXACIN 500 MG TABLET
47075	LEVOFLOXACIN 500 MG/100 ML-D5W
47071	LEVOFLOXACIN 500 MG/20 ML VIAL
89597	LEVOFLOXACIN 750 MG TABLET
89596	LEVOFLOXACIN 750 MG/150 ML-D5W
17851	LEXAPRO 10MG TABLET
17987	LEXAPRO 20MG TABLET
18975	LEXAPRO 5 MG TABLET
19035	LEXAPRO 5MG/5ML SOLUTION
52540	LOFEXIDINE 0.18 MG TABLET
84350	LUPRON DEPOT 11.25 MG 3MO KIT
84593	LUPRON DEPOT 22.5 MG 3MO KIT
80254	LUPRON DEPOT 3.75 MG KIT
30083	LUPRON DEPOT 45 MG 6MO KIT
29894	LUPRON DEPOT 7.5 MG KIT
84598	LUPRON DEPOT-4MO KIT
13172	LUPRON DEPOT-PED 11.25 KIT
30357	LUPRON DEPOT-PED 11.25 MG 3MO

Table 8 (QT prolonging agents)	
GCN	Label Name
13174	LUPRON DEPOT-PED 15 MG KIT
30356	LUPRON DEPOT-PED 30 MG 3MO KIT
13173	LUPRON DEPOT-PED 7.5 MG KIT
42900	MEFLOQUINE HCL 250 MG TABLET
16410	METHADONE 10 MG/5 ML SOLUTION
16415	METHADONE 10 MG/ML ORAL CONC
16423	METHADONE 40 MG TABLET DISPR
16400	METHADONE 5 MG/5 ML SOLUTION
16420	METHADONE HCL 10 MG TABLET
16422	METHADONE HCL 5 MG TABLET
16415	METHADOSE 10 MG/ML ORAL CONC
16423	METHADOSE 40 MG TABLET DISPR
43031	METRONIDAZOLE 250 MG TABLET
43035	METRONIDAZOLE 375 MG CAPSULE
43032	METRONIDAZOLE 500 MG TABLET
43025	METRONIDAZOLE 500 MG/100 ML
50767	MOXIFLOXACIN HCL 400 MG TABLET
26586	MULTAQ 400 MG TABLET
38257	NAMZARIC 14-10 MG CAPSULE
42127	NAMZARIC 21-10 MG CAPSULE
38258	NAMZARIC 28-10 MG CAPSULE
42126	NAMZARIC 7-10 MG CAPSULE
42546	NAMZARIC TITRATION PACK
26263	NEXAVAR 200 MG TABLET

Table 8 (QT prolonging agents)	
GCN	Label Name
16583	NORPRAMIN 10 MG TABLET
16586	NORPRAMIN 25 MG TABLET
16587	NORPRAMIN 50 MG TABLET
16588	NORPRAMIN 75 MG TABLET
16584	NORPRAMIN 100 MG TABLET
16585	NORPRAMIN 150 MG TABLET
40309	NORVIR 100 MG POWDER PACKET
28224	NORVIR 100 MG TABLET
26810	NORVIR 80 MG/ML SOLUTION
43693	OFLOXACIN 400 MG TABLET
43692	OFLOXACIN 300 MG TABLET
43691	OFLOXACIN 200 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

Table 8 (QT prolonging agents)	
GCN	Label Name
20872	OLANZAPINE/FLUOXETINE 12-50 MG
98648	OLANZAPINE/FLUOXETINE 3-25 MG
20868	OLANZAPINE/FLUOXETINE 6-25 MG
20869	OLANZAPINE/FLUOXETINE 6-50 MG
28715	OLEPTRO ER 150MG TABLET
28719	OLEPTRO ER 300MG TABLET
32137	OMECLAMOX-PAK COMBO PACK
20040	ONDANSETRON 4 MG/5 ML SOLUTION
20011	ONDANSETRON 40 MG/20 ML VIAL
20041	ONDANSETRON HCL 4 MG TABLET
97502	ONDANSETRON HCL 4 MG/2 ML VIAL
20042	ONDANSETRON HCL 8 MG TABLET
20045	ONDANSETRON ODT 4 MG TABLET
20046	ONDANSETRON ODT 8 MG TABLET
11153	ORAP 1 MG TABLET
11150	ORAP 2 MG TABLET
10921	PACERONE 100 MG TABLET
10920	PACERONE 200 MG TABLET
23573	PACERONE 300 MG TABLET
12465	PACERONE 400 MG TABLET
27685	PALIPERIDONE ER 1.5 MG TABLET
97769	PALIPERIDONE ER 3 MG TABLET
97770	PALIPERIDONE ER 6 MG TABLET
97771	PALIPERIDONE ER 9 MG TABLET

Table 8 (QT prolonging agents)	
GCN	Label Name
16364	PAROXETINE 10MG TABLET
16369	PAROXETINE 10MG/5ML SUSPENSION
16366	PAROXETINE 20MG TABLET
16367	PAROXETINE 30MG TABLET
16368	PAROXETINE 40MG TABLET
17078	PAROXETINE CR 12.5MG TABLET
17077	PAROXETINE CR 25MG TABLET
17079	PAROXETINE CR 37.5MG TABLET
34876	PAROXETINE MESYLATE 7.5 MG CAP
16369	PAXIL 10 MG/5 ML SUSPENSION
16364	PAXIL 10 MG TABLET
33780	PAXIL 20MG TABLET
33781	PAXIL 30MG 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
27829	PAZOPANIB HCL 200 MG TABLET
40741	PCE 333 MG TABLET
40742	PCE 500 MG TABLET
45960	PEPCID 40 MG/5 ML ORAL SUSP
46430	PEPCID 20 MG TABLET
46431	PEPCID 40 MG TABLET
16674	PERPHEN-AMITRIP 2 MG-10 MG TAB

Table 8 (QT prolonging agents)	
GCN	Label Name
16676	PERPHEN-AMITRIP 2 MG-25 MG TAB
16675	PERPHEN-AMITRIP 4 MG-10 MG TAB
16677	PERPHEN-AMITRIP 4 MG-25 MG TAB
16678	PERPHEN-AMITRIP 4 MG-50 MG TAB
14650	PERPHENAZINE 16 MG TABLET
14651	PERPHENAZINE 2 MG TABLET
14652	PERPHENAZINE 4 MG TABLET
14653	PERPHENAZINE 8 MG TABLET
20854	PEXEVA 10MG TABLET
20855	PEXEVA 20MG TABLET
20856	PEXEVA 30MG TABLET
20857	PEXEVA 40MG TABLET
15001	PHENADOZ 25 MG SUPP
15003	PHENADOZ 12.5 MG SUPPOSITORY
14981	PHENERGAN 25 MG/ML VIAL
11153	PIMOZIDE 1 MG TABLET
11150	PIMOZIDE 2 MG TABLET
42940	PLAQUENIL 200 MG TAB
64269	PREVPAC PATIENT PACK
14771	PROCHLORPERAZINE 10 MG TAB
14761	PROCHLORPERAZINE 25 MG SUPP
14773	PROCHLORPERAZINE 5 MG TABLET
28495	PROGRAF 0.5 MG CAPSULE
28491	PROGRAF 1 MG CAPSULE

Table 8 (QT prolonging agents)	
GCN	Label Name
28492	PROGRAF 5 MG CAPSULE
28251	PROGRAF 0.2 MG GRANULE PACKET
28249	PROGRAF 1 MG GRANULE PACKET
15042	PROMETHAZINE 12.5 MG TABLET
15003	PROMETHAZINE 12.5MG SUPP
15001	PROMETHAZINE 25 MG SUPP
15043	PROMETHAZINE 25 MG TABLET
14970	PROMETHAZINE 25 MG/ML AMPUL
14981	PROMETHAZINE 25 MG/ML VIAL
15002	PROMETHAZINE 50 MG SUPP
15044	PROMETHAZINE 50 MG TABLET
14971	PROMETHAZINE 50 MG/ML AMPUL
14983	PROMETHAZINE 50 MG/ML VIAL
15035	PROMETHAZINE 6.25 MG/5 ML SYR
13977	PROMETHAZINE VC SYRUP
13978	PROMETHAZINE VC-CODEINE SYRUP
13971	PROMETHAZINE-CODEINE SYRUP
13975	PROMETHAZINE-DM SYRUP
15003	PROMETHEGAN 12.5 MG SUPP
15001	PROMETHEGAN 25 MG SUPP
15002	PROMETHEGAN 50 MG SUPP
12431	PROPRAFENONE HCL 150 MG TABLET
12433	PROPRAFENONE HCL 225 MG TAB
12432	PROPRAFENONE HCL 300 MG TAB

Table 8 (QT prolonging agents)	
GCN	Label Name
21056	PROPAFENONE HCL ER 225 MG CAP
21058	PROPAFENONE HCL ER 325 MG CAP
21059	PROPAFENONE HCL ER 425 MG CAP
16555	PROTRIPTYLINE HCL 10 MG TABLET
16556	PROTRIPTYLINE HCL 5 MG TABLET
47251	PROZAC 10MG PULVULE
47250	PROZAC 20MG PULVULE
48551	PROZAC 20MG/5ML SOLUTION
16355	PROZAC 40 MG PULVULE
98238	PYLERA CAPSULE
67662	QUETIAPINE 100 MG TABLET
67663	QUETIAPINE 200 MG TABLET
67661	QUETIAPINE 25 MG TABLET
67665	QUETIAPINE 300 MG TABLET
26411	QUETIAPINE 400 MG TABLET
26409	QUETIAPINE 50 MG TABLET
01011	QUINIDINE GLUC ER 324 MG TABLET
01053	QUINIDINE SULFATE 200 MG TABLET
01055	QUINIDINE SULFATE 300 MG TABLET
42773	QUININE SULFATE 200 MG CAPS
42776	QUININE SULFATE 300 MG CAPS
25092	QUININE SULFATE 324 MG CAPSULE
98733	RANEXA ER 1,000 MG TABLET
26459	RANEXA ER 500 MG TABLET

Table 8 (QT prolonging agents)	
GCN	Label Name
84853	RAZADYNE 12 MG TABLET
84854	RAZADYNE 4 MG TABLET
84855	RAZADYNE 8 MG TABLET
23606	RAZADYNE ER 16 MG CAPSULE
23607	RAZADYNE ER 24 MG CAPSULE
23605	RAZADYNE ER 8 MG CAPSULE
51757	RECORLEV 150 MG TABLET
48026	RETEVMO 80 MG CAPSULE
48025	RETEVMO 40 MG CAPSULE
55549	RETEVMO 40 MG TABLET
55552	RETEVMO 80 MG TABLET
55553	RETEVMO 120 MG TABLET
55554	RETEVMO 160 MG TABLET
19952	REYATAZ 150 MG CAPSULE
19953	REYATAZ 200 MG CAPSULE
97430	REYATAZ 300 MG CAPSULE
36647	REYATAZ 50 MG POWDER PACKET
92872	RISPERDAL 0.25 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

Table 8 (QT prolonging agents)	
GCN	Label Name
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
19541	RISPERDAL M-TAB 0.5 MG ODT
19178	RISPERDAL M-TAB 1 MG ODT
19179	RISPERDAL M-TAB 2 MG ODT
25024	RISPERDAL M-TAB 3 MG ODT
25025	RISPERDAL M-TAB 4 MG ODT
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
46815	ROZLYTREK 100 MG CAPSULE
46816	ROZLYTREK 200 MG CAPSULE

Table 8 (QT prolonging agents)	
GCN	Label Name
54899	ROZLYTREK 50 MG PELLETT PACKET
43327	RYDAPT 25 MG CAPSULE
14348	SANCUSO 3.1 MG/24 HR PATCH
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
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
48316	SIRTURO 20 MG TABLET
33934	SIRTURO 100 MG TABLET
50377	SOLTAMOX 10 MG/5 ML SOLN
39516	SORINE 120 MG TABLET
39511	SORINE 160 MG TABLET
39513	SORINE 240 MG TABLET
39512	SORINE 80 MG TABLET

Table 8 (QT prolonging agents)	
GCN	Label Name
39516	SOTALOL 120 MG TABLET
39511	SOTALOL 160 MG TABLET
39513	SOTALOL 240 MG TABLET
39512	SOTALOL 80 MG TABLET
49100	SPORANOX 10 MG/ML SOLUTION
49101	SPORANOX 100 MG CAPSULE
99867	SPRYCEL 100 MG TABLET
29406	SPRYCEL 140MG TABLET
27257	SPRYCEL 20 MG TABLET
27258	SPRYCEL 50 MG TABLET
27259	SPRYCEL 70 MG TABLET
29405	SPRYCEL 80 MG TABLET
26452	SUNITINIB MALATE 12.5 MG CAP
26453	SUNITINIB MALATE 25 MG CAPSULE
35596	SUNITINIB MALATE 37.5 MG CAP
26454	SUNITINIB MALATE 50 MG CAPSULE
43303	SUSTIVA 200MG CAPSULE
43301	SUSTIVA 50MG CAPSULE
15555	SUSTIVA 600MG TABLET
26452	SUTENT 12.5 MG CAPSULE
26453	SUTENT 25 MG CAPSULE
35596	SUTENT 37.5 MG CAPSULE
26454	SUTENT 50 MG CAPSULE
20870	SYMBYAX 12-25 MG CAPSULE

Table 8 (QT prolonging agents)	
GCN	Label Name
20872	SYMBYAX 12-50 MG CAPSULE
98648	SYMBYAX 3-25 MG CAPSULE
20868	SYMBYAX 6-25 MG CAPSULE
20869	SYMBYAX 6-50 MG CAPSULE
28495	TACROLIMUS 0.5 MG CAPSULE
28491	TACROLIMUS 1 MG CAPSULE
28492	TACROLIMUS 5 MG CAPSULE
40132	TAGRISSE 40 MG TABLET
40133	TAGRISSE 80 MG TABLET
38720	TAMOXIFEN 10 MG TABLET
38721	TAMOXIFEN 20 MG TABLET
44546	TASIGNA 50 MG CAPSULE
28737	TASIGNA 150 MG CAPSULE
99070	TASIGNA 200 MG CAPSULE
37844	TECHNIVIE DOSE PACK
20072	TERBUTALINE SULFATE 2.5 MG TAB
20071	TERBUTALINE SULFATE 5 MG TAB
21815	TERBUTALINE SULF 1 MG/ML VIAL
14882	THIORIDAZINE 10 MG TABLET
14883	THIORIDAZINE 100 MG TABLET
14880	THIORIDAZINE 25 MG TABLET
14881	THIORIDAZINE 50 MG TABLET
45016	TIBSOVO 250 MG TABLET
92287	TIKOSYN 125 MCG CAPSULE

Table 8 (QT prolonging agents)	
GCN	Label Name
92297	TIKOSYN 250 MCG CAPSULE
92307	TIKOSYN 500 MCG CAPSULE
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
12264	TOLTERODINE TART ER 2 MG CAP
12263	TOLTERODINE TART ER 4 MG CAP
37061	TOLTERODINE TARTRATE 1 MG TAB
37062	TOLTERODINE TARTRATE 2 MG TAB
58247	TONMYA 2.8 MG TABLET SL
42721	TOREMIFENE CITRATE 60 MG TAB
16392	TRAZODONE 100MG TABLET
15400	TRAZODONE 100MG TABLET
16393	TRAZODONE 150MG TABLET
15402	TRAZODONE 150MG TABLET
16394	TRAZODONE 300MG TABLET
16391	TRAZODONE 50MG TABLET
15401	TRAZODONE 50MG TABLET
16592	TRIMIPRAMINE MALEATE 100 MG CAP
16593	TRIMIPRAMINE MALEATE 25 MG CAP
16594	TRIMIPRAMINE MALEATE 50 MG CAP
98140	TYKERB 250 MG TABLET

Table 8 (QT prolonging agents)	
GCN	Label Name
16815	VENLAFAXINE 100MG TABLET
16811	VENLAFAXINE 25MG TABLET
16812	VENLAFAXINE 37.5MG TABLET
16813	VENLAFAXINE 50MG TABLET
16814	VENLAFAXINE 75MG TABLET
16818	VENLAFAXINE ER 150MG CAPSULE
14353	VENLAFAXINE ER 150MG TABLET
14354	VENLAFAXINE ER 225MG TABLET
16816	VENLAFAXINE ER 37.5MG CAPSULE
14349	VENLAFAXINE ER 37.5MG TABLET
16817	VENLAFAXINE ER 75MG CAPSULE
14352	VENLAFAXINE ER 75MG TABLET
23276	VESICARE 10 MG TABLET
23276	VESICARE 5 MG TABLET
17498	VFEND 200 MG TABLET
21513	VFEND 40 MG/ML SUSPENSION
17497	VFEND 50 MG TABLET
17499	VFEND IV 200 MG VIAL
37614	VIEKIRA PAK
41932	VIEKIRA XR TABLET
40312	VIRACEPT 250 MG TABLET
19717	VIRACEPT 625 MG TABLET
13952	VISTARIL 25 MG CAPSULE
13953	VISTARIL 50 MG CAPSULE

Table 8 (QT prolonging agents)	
GCN	Label Name
13951	VISTARIL 100 MG CAPSULE
13970	VISTARIL 25 MG/5 ML ORAL SUSP
17498	VORICONAZOLE 200 MG TABLET
17499	VORICONAZOLE 200 MG VIAL
21513	VORICONAZOLE 40 MG/ML SUSP
17497	VORICONAZOLE 50 MG TABLET
27829	VOTRIENT 200 MG TABLET
30458	XALKORI 200 MG CAPSULE
30457	XALKORI 250 MG CAPSULE
55027	XALKORI 20 MG PELLETT
55028	XALKORI 50 MG PELLETT
55029	XALKORI 150 MG PELLETT
45803	XOSPATA 40 MG TABLET
14690	ZANAFLEX 2 MG TABLET
24433	ZANAFLEX 2 MG CAPSULE
24434	ZANAFLEX 4 MG CAPSULE
14693	ZANAFLEX 4MG TABLET
24435	ZANAFLEX 6 MG CAPSULE
30332	ZELBORAF 240 MG TABLET
13331	ZIPRASIDONE 20 MG CAPSULE
13332	ZIPRASIDONE 40 MG CAPSULE
13333	ZIPRASIDONE 60 MG CAPSULE
13334	ZIPRASIDONE 80 MG CAPSULE
48790	ZITHROMAX 1 GM POWDER PACKET

Table 8 (QT prolonging agents)	
GCN	Label Name
48792	ZITHROMAX 100 MG/5 ML SUSP
61199	ZITHROMAX 200 MG/5 ML SUSP
48793	ZITHROMAX 250 MG TABLET
61198	ZITHROMAX 500 MG TABLET
48794	ZITHROMAX 600 MG TABLET
48795	ZITHROMAX I.V. 500 MG VIAL
24866	ZMAX 2 G/60 ML ORAL SUSPENSION
20011	ZOFRAN 2 MG/ML VIAL
20041	ZOFRAN 4 MG TABLET
20040	ZOFRAN 4 MG/5 ML ORAL SOLN
20042	ZOFRAN 8 MG TABLET
20045	ZOFRAN ODT 4 MG TABLET
20046	ZOFRAN ODT 8 MG TABLET
48901	ZOKINVY 50 MG CAPSULE
48902	ZOKINVY 75 MG CAPSULE
36447	ZYKADIA 150 MG CAPSULE
46119	ZYKADIA 150 MG TABLET
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

Table 8 (QT prolonging agents)	
GCN	Label Name
27855	ZYPREXA RELPREVV 210 MG VIAL
27849	ZYPREXA RELPREVV 300 MG VIAL
27848	ZYPREXA RELPREVV 405 MG VIAL
92008	ZYPREXA ZYDIS 10 MG TABLET
34022	ZYPREXA ZYDIS 15 MG TABLET
34023	ZYPREXA ZYDIS 20 MG TABLET
92007	ZYPREXA ZYDIS 5 MG TABLET



## Duchenne Muscular Dystrophy Agents

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## Duchenne Muscular Dystrophy Agents

### 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	<ul style="list-style-type: none"> <li>Initial publication and presentation to the DUR Board</li> </ul>
03/28/2019	<ul style="list-style-type: none"> <li>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</li> </ul>
07/03/2019	<ul style="list-style-type: none"> <li>Updated age to 2 years and older on criteria logic and logic diagram</li> <li>Updated references</li> </ul>
04/30/2021	<ul style="list-style-type: none"> <li>Annual review by staff</li> <li>Added GCNs for alogliptin-pioglitazone (34080, 34083, 34084, 34077, 34078, 34079); carbamazepine ER (27820); Orkambi granules (36937, 42848); Tracleer suspension (43819) to Table 5</li> <li>Updated references</li> </ul>
10/07/2021	<ul style="list-style-type: none"> <li>Removed specialist requirement from criteria</li> </ul>
12/05/2023	<ul style="list-style-type: none"> <li>Annual review by staff</li> <li>Updated references</li> </ul>
09/18/2024	<ul style="list-style-type: none"> <li>Annual review by staff</li> <li>Added GCNs for Mysoline (17310), Nevirapine (30935), Orkambi (52865), Sustiva (43302), Targretin (92373), Tegretol (17460), and Xtandi (46626, 48452) to the Supporting Tables section.</li> <li>Updated references</li> </ul>
10/25/2024	<ul style="list-style-type: none"> <li>Added criteria for Agamree as approved by the DUR Board</li> </ul>
04/30/2025	<ul style="list-style-type: none"> <li>Annual review by staff</li> <li>Added ICD-10 code G7101 to Table 2 for Agamree / Emflaza</li> <li>Updated the Strong/Moderate CYP3A4 Inducers supporting table</li> <li>Updated references</li> </ul>

Publication Date	Notes
07/25/2025	<ul style="list-style-type: none"> <li>Changed the guide's name from "Systemic Corticosteroids" to "Duchenne Muscular Dystrophy Agents"</li> <li>Added criteria for Duvyzat as approved by the DUR Board</li> <li>Updated references</li> </ul>
11/06/2025	<ul style="list-style-type: none"> <li>Added GCN for Tonmya (58247) to the QT Prolonging Agents supporting table</li> </ul>
04/24/2026	<ul style="list-style-type: none"> <li>Removed step-therapy check for prior use of prednisone as approved by the DUR Board</li> <li>Updated the check for a moderate or strong CYP3A4 inducer to say "concurrent therapy"</li> <li>Updated criteria lookback language to say, "in past medical and/or pharmacy claims history?"</li> <li>Added ICD-10 code G7100 to the Diagnosis of Duchenne Muscular Dystrophy supporting table</li> <li>Added GCN for Carbamazepine 200 mg tab chew (17461) to the Moderate or Strong CYP3A4 Inducer supporting table</li> <li>Removed GCNs for Actoplus Met 15-500 mg tablet (25444), Actoplus Met XR 15-1,000 mg tablet (28620), Actoplus Met XR 30-1,000 mg tablet (28622), Atripla tablet (27346), Nevirapine ER 100 mg tablet (30935), Oseni 12.5-15 mg tablet (34080), Oseni 12.5-45 mg tablet (34084), Phenytoin sod EXT 100 mg cap (17700), Phenytoin sod EXT 200 mg cap (15038), Phenytoin sod EXT 300 mg cap (15037), Rifadin 150 mg capsule (41260), Rifadin 300 mg capsule (41261), Rifamate capsule (89800), Rifater tablet (14142), Sustiva 100 mg capsule (43302), Sustiva 200 mg capsule (43303), Sustiva 50 mg capsule (43301), Sustiva 600 mg tablet (15555), Symfi Lo 400-300-300 mg tablet (44425), Tegretol 100 mg tablet chew (17460), Viramune XR 100 mg tablet (30935), and Viramune XR 400 mg tablet (29767) from the Moderate or Strong CYP3A4 Inducer supporting table – products discontinued</li> <li>Updated references</li> </ul>