Texas Prior Authorization Program
Clinical Criteria

Drug/Drug Class

Hemady (Dexamethasone)

This criteria was recommended for review by the Vendor Drug Program to ensure appropriate and safe utilization.

Clinical Criteria 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

Annual review by staff

Added GNCs for Cyclophosphamide (38360, 38361), Xpovio (48265, 48271, 48266, 49538), Crixivan (26823), Invirase (26760), Norvir (26812), Phenytoin (17161), Prezista (14569, 27226), Reyataz (19949), Tegretol (17460), Viekira (41932), and Xtandi (48452) to the supporting tables section

Updated references

PAXPRESS™

Hemady (Dexamethasone)

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/formulary/formulary-search.

Drugs Requiring Prior Authorization	
Label Name	**GCN**
HEMADY 20 MG TABLET	47022

PAXPRESS™

Hemady (Dexamethasone)

Clinical Criteria Logic

1. Is the client greater than or equal to (≥) 18 years of age?

   [ ] Yes – Go to #2

   [ ] No – Deny

2. Is the client currently taking an antimyeloma agent for the treatment of multiple myeloma?

   [ ] Yes – Go to #3

   [ ] No – Deny

3. Has the client had at least 2 claims for dexamethasone in the last 90 days?

   [ ] Yes – Go to #4

   [ ] No – Deny

4. Does the client currently have a serious systemic fungal infection (diagnosis found in the last 60 days)?

   [ ] Yes – Deny

   [ ] No – Go to #5

5. Does the client have a claim for a strong CYP3A4 inhibitor or inducer in the last 60 days?

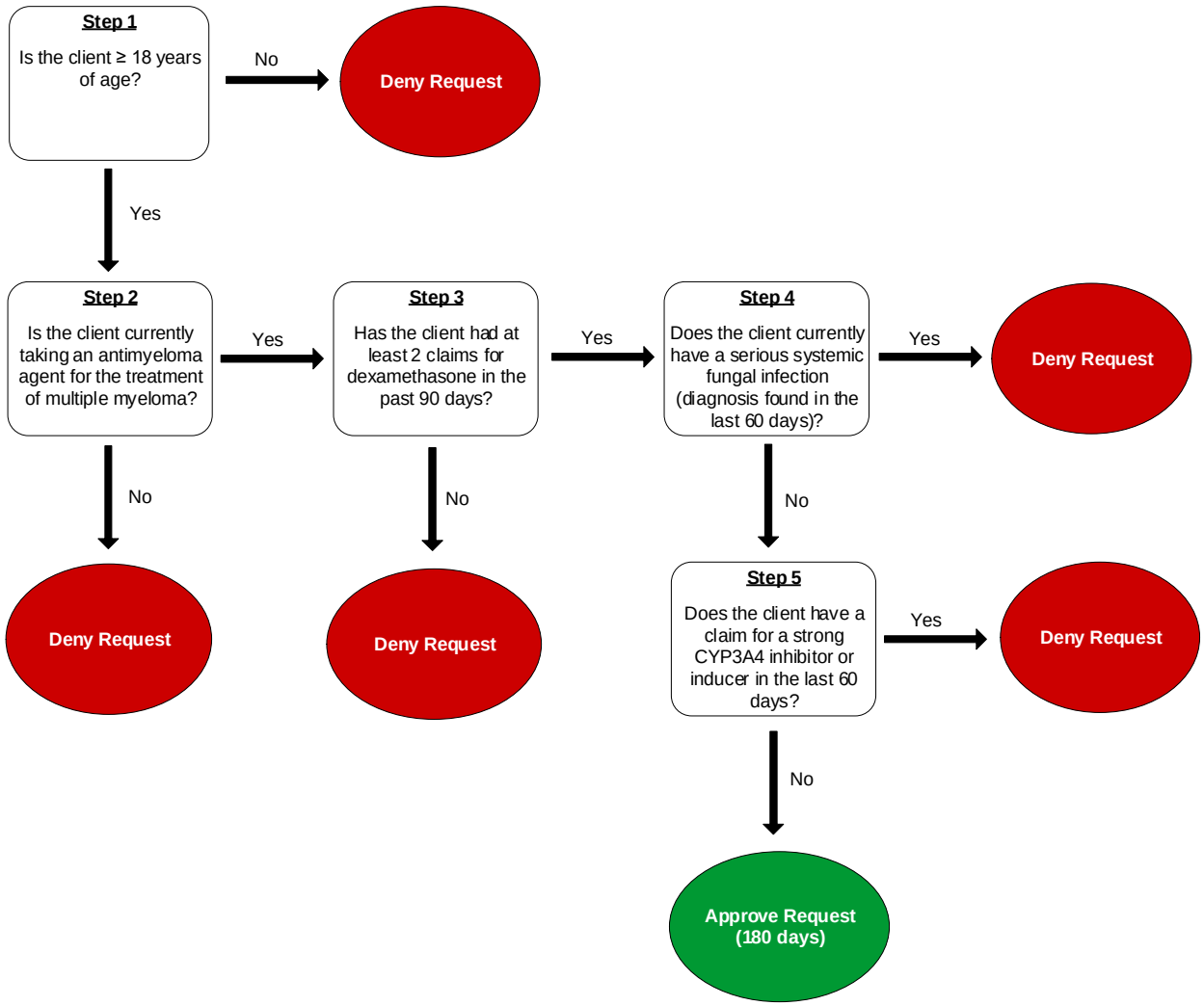
   [ ] Yes – Deny

   [ ] No – Approve (180 days)

PAXPRESS™

Hemady (Dexamethasone)

Clinical Criteria Logic Diagram



PAXPRESS™

Hemady (Dexamethasone)

Clinical Criteria Supporting Tables

Table 2 (antimyeloma agent) Required claims: *1* Look back timeframe: *current therapy*	
GCN	**Label Name**
38380	ALKERAN 2 MG TABLET
35317	CYCLOPHOSPHAMIDE 25 MG CAPSULE
35318	CYCLOPHOSPHAMIDE 50 MG CAPSULE
38360	CYCLOPHOSPHAMIDE 25 MG CAPSULE
38361	CYCLOPHOSPHAMIDE 50 MG CAPSULE
07481	ETOPOSIDE 100 MG/5 ML VIAL
07560	ETOPOSIDE 50 MG CAPSULE
38008	FARYDAK 10 MG CAPSULE
38009	FARYDAK 15 MG CAPSULE
38011	FARYDAK 20 MG CAPSULE
38380	MELPHALAN 2 MG TABLET
40189	NINLARO 2.3 MG CAPSULE
40193	NINLARO 3 MG CAPSULE
40194	NINLARO 4 MG CAPSULE
34147	POMALYST 1 MG CAPSULE
34148	POMALYST 2 MG CAPSULE
34149	POMALYST 3 MG CAPSULE
34150	POMALYST 4 MG CAPSULE
26315	REVLIMID 10 MG CAPSULE
27276	REVLIMID 15 MG CAPSULE

Table 2 (antimyeloma agent) **Required claims: *1*** **Look back timeframe: *current therapy***	
GCN	**Label Name**
31911	REVLIMID 2.5 MG CAPSULE
34743	REVLIMID 20 MG CAPSULE
27277	REVLIMID 25 MG CAPSULE
26314	REVLIMID 5 MG CAPSULE
95392	THALOMID 100 MG CAPSULE
98220	THALOMID 150 MG CAPSULE
19321	THALOMID 200 MG CAPSULE
28301	THALOMID 50 MG CAPSULE
46635	XPOVIO 100 MG ONCE WEEKLY DOSE
48265	XPOVIO 40 MG ONCE WEEKLY DOSE
48271	XPOVIO 40MG TWICE WEEKLY DOSE
46637	XPOVIO 60 MG ONCE WEEKLY DOSE
48266	XPOVIO 60 MG TWICE WEEKLY DOSE
46636	XPOVIO 80 MG ONCE WEEKLY DOSE
49538	XPOVIO 80 MG ONCE WEEKLY DOSE
46634	XPOVIO 80 MG TWICE WEEKLY DOSE

Table 3 (claim for dexamethasone) **Required quantity: *2*** **Look back timeframe: *90* days**	
GCN	**Label Name**
27412	DEXAMETHASONE INTENSOL 1 MG/ML
27411	DEXAMETHASONE 0.5 MG/5 ML LIQ

Table 3 (claim for dexamethasone) Required quantity: *2* Look back timeframe: *90* days	
GCN	**Label Name**
27422	DEXAMETHASONE 0.5 MG TABLET
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
27400	DEXAMETHASONE 0.5 MG/5 ML ELX

Table 4 (diagnosis of serious systemic fungal infection) Required quantity: *1* Look back timeframe: *60* days	
ICD-10 Code	**Description**
B440	INVASIVE PULMONARY ASPERGILLOSIS
B441	OTHER PULMONARY ASPERGILLOSIS
B447	DISSEMINATED ASPERGILLOSIS
B449	ASPERGILLOSIS, UNSPECIFIED
B59	PNEUMOCYSTOSIS

Table 5 (claim for strong CYP3A4 inducer or inhibitor) Required quantity: *1* Look back timeframe: *60* days	
GCN	**Label Name**
19952	ATAZANAVIR SULFATE 150MG CAP

Table 5 (claim for strong CYP3A4 inducer or inhibitor) **Required quantity: *1*** **Look back timeframe: *60* days**	
GCN	**Label Name**
19953	ATAZANAVIR SULFATE 200MG CAP
97430	ATAZANAVIR SULFATE 300MG CAP
92373	BEXAROTENE 75 MG 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
27820	CARBAMAZEPINE ER 100 MG TAB
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
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
26823	CRIXIVAN 100 MG CAPSULE
26820	CRIXIVAN 200 MG CAPSULE
26822	CRIXIVAN 400 MG CAPSULE

Table 5 (claim for strong CYP3A4 inducer or inhibitor) **Required quantity: *1*** **Look back timeframe: *60* days**	
GCN	**Label Name**
17700	DILANTIN 100 MG CAPSULE
17241	DILANTIN 125 MG/5 ML SUSP
17701	DILANTIN 30 MG CAPSULE
17250	DILANTIN 50 MG INFATAB
17450	EPITOL 200 MG TABLET
13781	EQUETRO 100 MG CAPSULE
13805	EQUETRO 200 MG CAPSULE
13818	EQUETRO 300 MG CAPSULE
37797	EVOTAZ 300-150MG TABLET
40092	GENVOYA TABLET
23952	INVIRASE 500 MG TABLET
26760	INVIRASE 200 MG CAPSULE
49100	ITRACONAZOLE 10 MG/ML SOLUTION
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
42590	KETOCONAZOLE 200 MG TABLET
31485	KORLYM 300 MG TABLET
64269	LANSOPRAZOL-AMOXICIL-CLARITHRO
38710	LYSODREN 500 MG TABLET
17321	MYSOLINE 250 MG TABLET
17322	MYSOLINE 50 MG TABLET

Table 5 (claim for strong CYP3A4 inducer or inhibitor) **Required quantity: *1*** **Look back timeframe: *60* days**	
GCN	**Label Name**
16406	NEFAZODONE 100MG TABLET
16407	NEFAZODONE 150MG TABLET
16408	NEFAZODONE 200MG TABLET
16409	NEFAZODONE 250MG TABLET
16404	NEFAZODONE 50MG TABLET
40309	NORVIR 100 MG POWDER PACKET
28224	NORVIR 100 MG TABLET
26812	NORVIR 100 MG SOFTGEL CAP
26810	NORVIR 80 MG/ML SOLUTION
26502	NOXAFIL 40 MG/ML SUSPENSION
35649	NOXAFIL DR 100 MG TABLET
32137	OMECLAMOX-PAK COMBO PACK
36937	ORKAMBI 100-125 MG GRANULE PKT
42366	ORKAMBI 100-125 MG TABLET
42848	ORKAMBI 150-188 MG GRANULE PKT
39008	ORKAMBI 200-125 MG TABLET
12975	PHENOBARBITAL 100 MG TABLET
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

Table 5 (claim for strong CYP3A4 inducer or inhibitor) **Required quantity: *1*** **Look back timeframe: *60* days**	
GCN	**Label Name**
97966	PHENOBARBITAL 64.8 MG TABLET
97967	PHENOBARBITAL 97.2 MG TABLET
12892	PHENOBARBITAL 130 MG/ML VIAL
12894	PHENOBARBITAL 65 MG/ML VIAL
15038	PHENYTEK 200 MG CAPSULE
15037	PHENYTEK 300 MG CAPSULE
17241	PHENYTOIN 125 MG/5 ML SUSP
17250	PHENYTOIN 50 MG TABLET CHEW
17161	PHENYTOIN SOD 100 MG CAPSULE
17700	PHENYTOIN SOD EXT 100 MG CAP
15038	PHENYTOIN SOD EXT 200 MG CAP
15037	PHENYTOIN SOD EXT 300 MG CAP
17200	PHENYTOIN 50 MG/ML VIAL
37367	PREZCOBIX 800-150MG TABLET
31201	PREZISTA 100MG/ML SUSPENSION
14569	PREZISTA 400 MG TABLET
27226	PREZISTA 300 MG TABLET
23489	PREZISTA 150MG TABLET
99434	PREZISTA 600MG TABLET
16759	PREZISTA 75MG TABLET
33723	PREZISTA 800MG TABLET
17321	PRIMIDONE 250 MG TABLET
17322	PRIMIDONE 50 MG TABLET

Table 5 (claim for strong CYP3A4 inducer or inhibitor) Required quantity: *1* Look back timeframe: *60* days	
GCN	**Label Name**
19949	REYATAZ 100MG CAPSULE
19952	REYATAZ 150MG CAPSULE
19953	REYATAZ 200MG CAPSULE
37430	REYATAZ 300MG CAPSULE
36647	REYATAZ 50MG POWDER PACK
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
28224	RITONAVIR 100 MG TABLET
49100	SPORANOX 10 MG/ML SOLUTION
49101	SPORANOX 100 MG CAPSULE
33130	STRIBILD TABLET
43968	SYMTUZA 800-150-200-10 MG TAB
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

Table 5 (claim for strong CYP3A4 inducer or inhibitor) Required quantity: *1* Look back timeframe: *60* days	
GCN	**Label Name**
17460	TEGRETOL 100MG TABLET CHEW
45848	TOLSURA 65 MG 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
41932	VIEKIRA XR TABLET
37614	VIEKIRA PAK
40312	VIRACEPT 250 MG TABLET
19717	VIRACEPT 625 MG TABLET
17498	VORICONAZOLE 200 MG TABLET
21513	VORICONAZOLE 40 MG/ML SUSP
17497	VORICONAZOLE 50 MG TABLET
17499	VORICONAZOLE 200 MG VIAL
33183	XTANDI 40 MG CAPSULE
48452	XTANDI 80 MG TABLET
36884	ZYDELIG 100MG TABLET
36885	ZYDELIG 150MG TABLET

PAXPRESS™

Hemady (Dexamethasone)

Clinical Criteria References

1. 2025 ICD-10-CM Diagnosis Codes. 2025. Available at www.icd10data.com. Accessed on April 10, 2025.

2. Clinical Pharmacology [online database]. Tampa, FL: Elsevier/Gold Standard, Inc.; 2025. Available at www.clinicalpharmacology.com. Accessed on April 10, 2025.

3. Micromedex [online database]. Available at www.micromedexsolutions.com. Accessed on February 5, 2025.

4. Hemady Prescribing Information. Parsippany, NJ. Edenbridge Pharmaceuticals LLC. June 2024.

5. Jacob P Laubach. Multiple myeloma: Initial treatment. In: UpToDate, S Vincent Rajkumar (Ed), UpToDate, Waltham, MA. Accessed on February 5, 2025.

PAXPRESS™

Hemady (Dexamethasone)

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
01/22/2021	• Initial publication and presentation to the DUR Board
01/27/2021	• Updated with recommendations from the DUR Board
03/29/2021	• Updated GCN for Lysodren 500mg tablet (38710) in the strong CYP3A4 inducer/inhibitor table (table 5)
08/05/2022	• Annual review by staff • Updated references
10/30/2023	• Annual review by staff • Updated references
06/30/2024	• Annual review by staff • Updated references
02/28/2025	• Annual review by staff • Added GNCs for Cyclophosphamide (38360, 38361), Xpovio (48265, 48271, 48266, 49538), Crixivan (26823), Invirase (26760), Norvir (26812), Phenytoin (17161), Prezista (14569, 27226), Reyataz (19949), Tegretol (17460), Viekira (41932), and Xtandi (48452) to the supporting tables section • Updated references