Texas Prior Authorization Program
Clinical Criteria

## Drug/Drug Class

# Immunoglobulin A Nephropathy Agents

## Clinical Criteria Information Included in this Document

**Trutakna (Atacicept)**

- 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

**Vanrafia (Atrasentan)**

- 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

**Voyxact (Sibeprenlimab)**

- Drugs requiring prior authorization: the list of drugs requiring prior authorization for this clinical criteria


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- 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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# Trutakna (Atacicept)

## 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.*

| Drugs Requiring Prior Authorization | |
|---|---|
| **Label Name** | **GCN** |
| TRUTAKNA 150 MG/ML AUTOINJECT | 59389 |


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# Trutakna (Atacicept)

## Clinical Criteria Logic

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

   [ ] Yes – Go to #2

   [ ] No – Deny

2. Does the client have a diagnosis of primary immunoglobulin A nephropathy (IgAN) in past medical and/or pharmacy claims history?

   [ ] Yes – Go to #3

   [ ] No – Deny

3. Will the client have concurrent therapy with a renin-angiotensin system (RAS) inhibitor?

   [ ] Yes – Go to #5

   [ ] No – Go to #4

4. Does the client have an intolerance or contraindication to renin-angiotensin system (RAS) inhibitors?

   [ ] Yes – Go to #5

   [ ] No – Deny

5. Will the client have concurrent therapy with another agent used for IgAN?

   [ ] Yes – Deny

   [ ] No – Go to #6

6. Is the requested dose less than or equal to (≤) 150 mg per week?

   [ ] Yes – Approve (365 days)

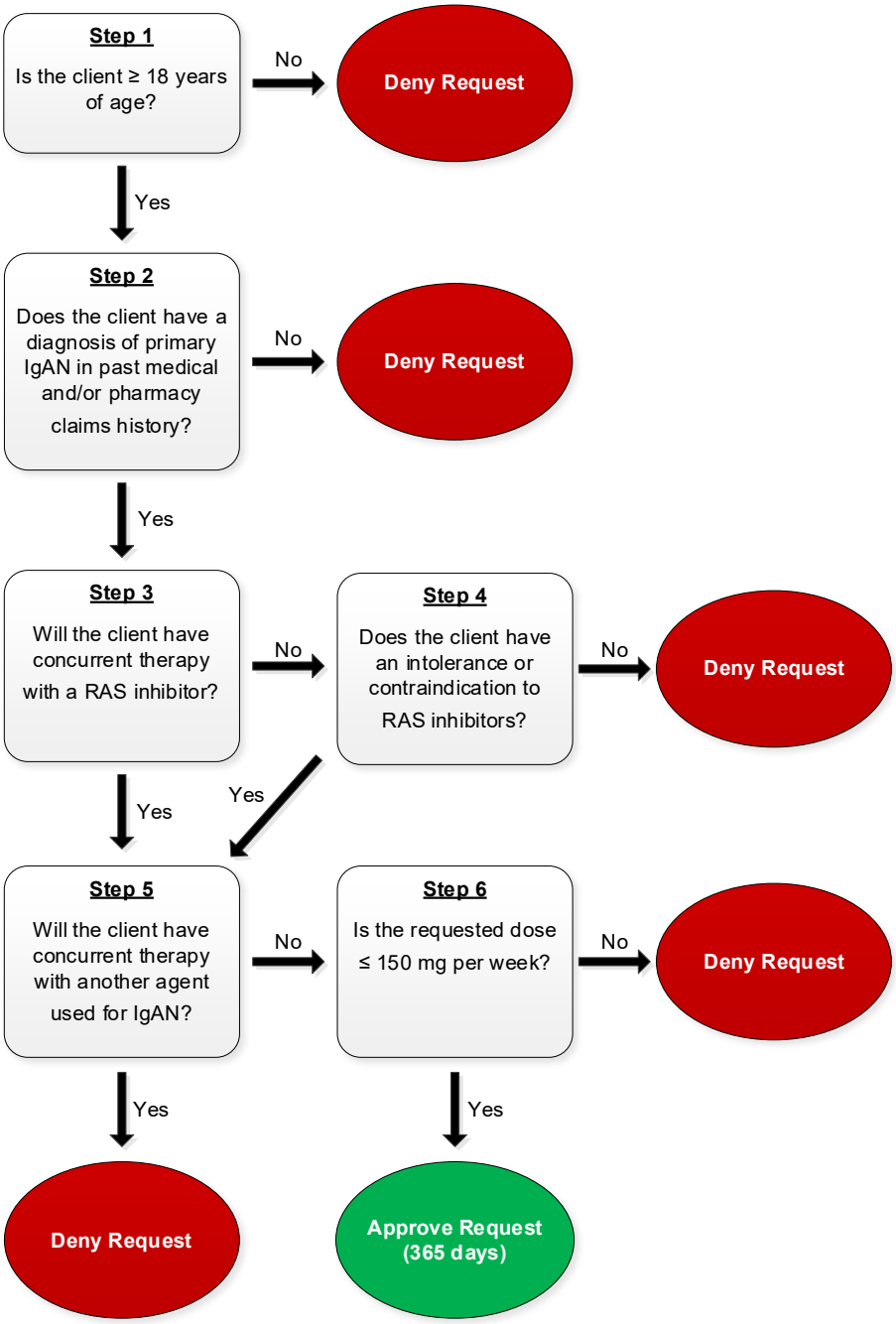
   [ ] No – Deny


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# Trutakna (Atacicept)

## Clinical Criteria Logic Diagram





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# Vanrafia (Atrasentan)

## 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.*

| Drugs Requiring Prior Authorization | |
|---|---|
| **Label Name** | **GCN** |
| VANRAFIA 0.75 MG TABLET | 57486 |


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# Vanrafia (Atrasentan)

## Clinical Criteria Logic

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

   [ ] Yes – Go to #2

   [ ] No – Deny

2. Does the client have a diagnosis of primary immunoglobulin A nephropathy (IgAN) in past medical and/or pharmacy claims history?

   [ ] Yes – Go to #3

   [ ] No – Deny

3. Is the client currently pregnant or planning to become pregnant?

   [ ] Yes – Deny

   [ ] No – Go to #4

4. Will the client have concurrent therapy with moderate to strong CYP3A inducers or OATP1B1/1B3 inhibitors?

   [ ] Yes – Deny

   [ ] No – Go to #5

5. Will the client have concurrent therapy with a renin-angiotensin system (RAS) inhibitor?

   [ ] Yes – Go to #7

   [ ] No – Go to #6

6. Does the client have an intolerance or contraindication to renin-angiotensin system (RAS) inhibitors?

   [ ] Yes – Go to #7

   [ ] No – Deny

7. Will the client have concurrent therapy with another agent used for IgAN?

   [ ] Yes – Deny

   [ ] No – Go to #8

8. Does the client have a diagnosis of severe hepatic impairment (Child-Pugh Class C) in the last 365 days?

   [ ] Yes – Deny

   [ ] No – Go to #9

9. Is the requested dose less than or equal to (≤) 0.75 mg per day?

   [ ] Yes – Approve (365 days)


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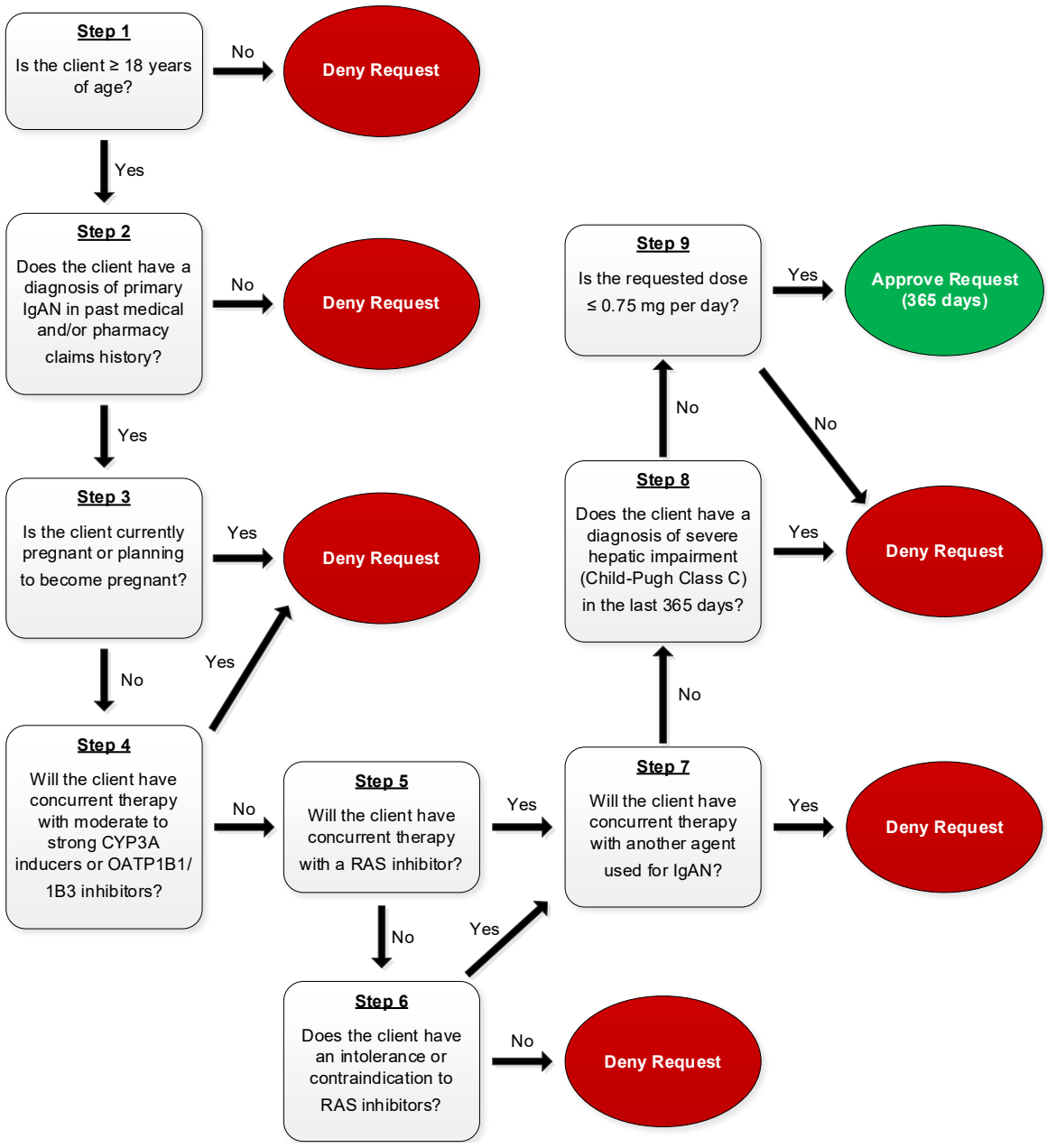
[ ] No – Deny


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# Vanrafia (Atrasentan)

## Clinical Criteria Logic Diagram





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# Voyxact (Sibeprenlimab)

## 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.*

| Drugs Requiring Prior Authorization | |
|---|---|
| **Label Name** | **GCN** |
| VOYXACT 400 MG/2 ML SYRINGE | 58582 |


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# Voyxact (Sibeprenlimab)

## Clinical Criteria Logic

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

   [ ] Yes – Go to #2

   [ ] No – Deny

2. Does the client have a diagnosis of primary immunoglobulin A nephropathy (IgAN) in past medical and/or pharmacy claims history?

   [ ] Yes – Go to #3

   [ ] No – Deny

3. Will the client have concurrent therapy with a renin-angiotensin system (RAS) inhibitor?

   [ ] Yes – Go to #5

   [ ] No – Go to #4

4. Does the client have an intolerance or contraindication to renin-angiotensin system (RAS) inhibitors?

   [ ] Yes – Go to #5

   [ ] No – Deny

5. Will the client have concurrent therapy with another agent used for IgAN?

   [ ] Yes – Deny

   [ ] No – Go to #6

6. Is the requested dose less than or equal to (≤) 400 mg every 4 weeks?

   [ ] Yes – Approve (365 days)

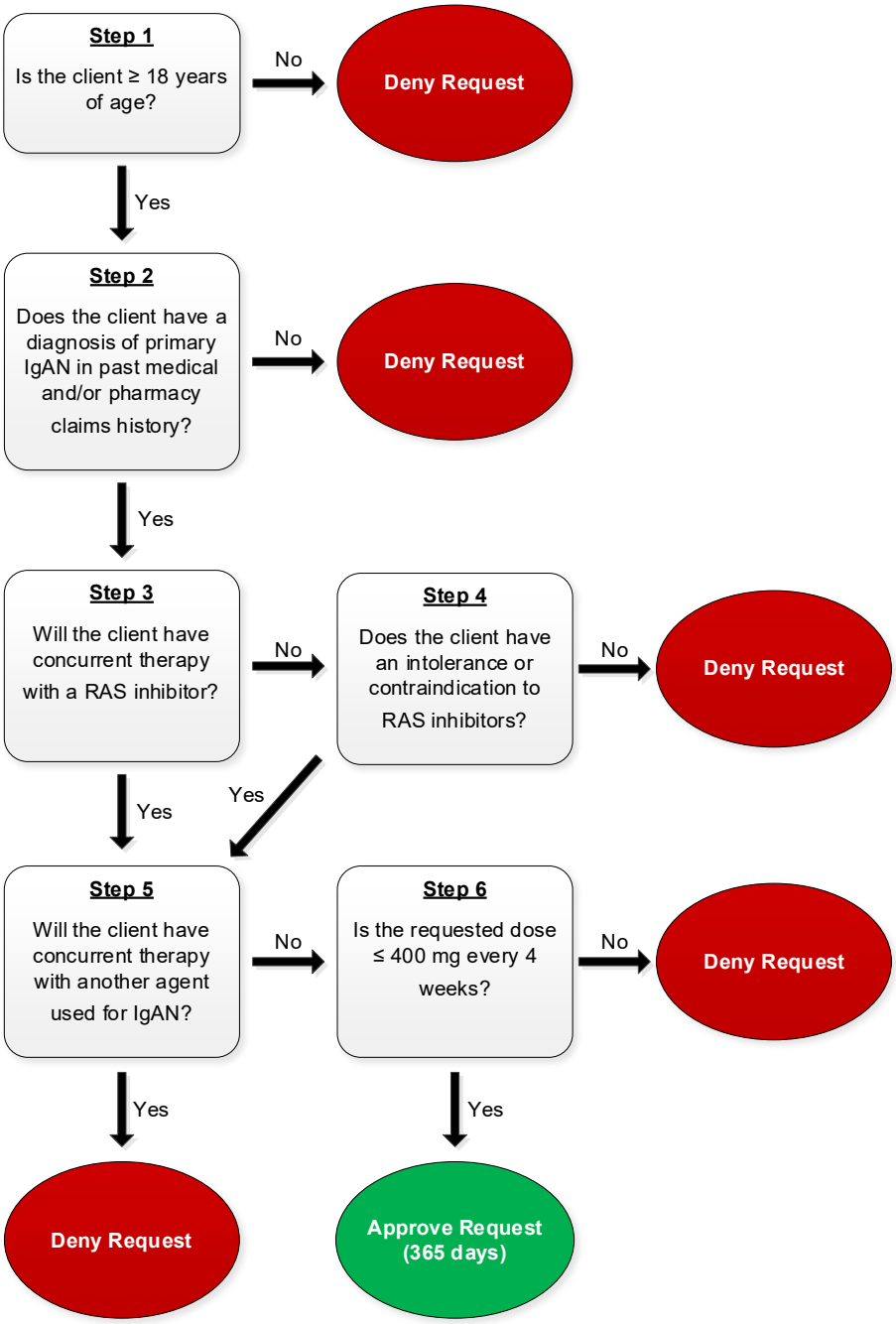
   [ ] No – Deny


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# Voyxact (Sibeprenlimab)

## Clinical Criteria Logic Diagram





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# Immunoglobulin A Nephropathy Agents

## Clinical Criteria Supporting Tables

| Diagnosis of IgAN | |
|---|---|
| **ICD-10 Code** | **Description** |
| D802 | SELECTIVE DEFICIENCY OF IMMUNOGLOBULIN A [IgA] |
| N028 | RECURRENT AND PERSISTENT HEMATURIA WITH OTHER MORPHOLOGIC CHANGES |

| Diagnosis of Hepatic Impairment | |
|---|---|
| **ICD-10 Code** | **Description** |
| B160 | ACUTE HEPATITIS B WITH DELTA-AGENT WITH HEPATIC COMA |
| B161 | ACUTE HEPATITIS B WITH DELTA-AGENT WITHOUT HEPATIC COMA |
| B162 | ACUTE HEPATITIS B WITHOUT DELTA-AGENT WITH HEPATIC COMA |
| B169 | ACUTE HEPATITIS B WITHOUT DELTA-AGENT AND WITHOUT HEPATIC COMA |
| 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 | UNSPECIFIFED VIRAL HEPATITIS WITH HEPATIC COMA |


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| Diagnosis of Hepatic Impairment | |
|---|---|
| **ICD-10 Code** | **Description** |
| B1910 | UNSPECIFIED VIRAL HEPATITIS B WITHOUT HEPATIC COMA |
| B1911 | UNSPECIFIED VIRAL HEPATITIS B WITH HEPATIC COMA |
| B1920 | UNSPECIFIED VIRAL HEPATITIS C WITHOUT HEPATIC COMA |
| B1921 | UNSPECIFIED VIRAL HEPATITIS C WITH HEPATIC COMA |
| B199 | UNSPECIFIED VIRAL HEPATITIS WITHOUT HEPATIC COMA |
| K700 | ALCOHOLIC FATTY LIVER |
| K7010 | ALCOHOLIC HEPATITIS WITHOUT ASCITES |
| K7011 | ALCOHOLIC HEPATITIS WITH ASCITES |
| K702 | ALCOHOLIC FIBROSIS AND SCLEROSIS OF LIVER |
| K7030 | ALCOHOLIC CIRRHOSIS OF LIVER WITHOUT ASCITES |
| K7031 | ALCOHOLIC CIRRHOSIS OF LIVER WITH ASCITES |
| K7040 | ALCOHOLIC HEPATIC FAILURE WITHOUT COMA |
| K7041 | ALCOHOLIC HEPATIC FAILURE WITH COMA |
| K709 | ALCOHOLIC LIVER DISEASE, UNSPECIFIED |
| K710 | TOXIC LIVER DISEASE WITH CHOLESTASIS |
| K7110 | TOXIC LIVER DISEASE WITH HEPATIC NECROSIS WITHOUT COMA |
| K7111 | TOXIC LIVER DISEASE WITH HEPATIC NECROSIS WITH COMA |
| K712 | TOXIC LIVER DISEASE WITH ACUTE HEPATITIS |
| K713 | TOXIC LIVER DISEASE WITH CHRONIC PERSISTENT HEPATITIS |
| K714 | TOXIC LIVER DISEASE WITH CHRONIC LOBULAR HEPATITIS |
| K7150 | TOXIC LIVER DISEASE WITH CHRONIC ACTIVE HEPATITIS WITHOUT ASCITES |
| K7151 | TOXIC LIVER DISEASE WITH CHRONIC ACTIVE HEPATITIS WITH ASCITES |
| K716 | TOXIC LIVER DISEASE WITH HEPATITIS, NOT ELSEWHERE CLASSIFIED |
| K717 | TOXIC LIVER DISEASE WITH FIBROSIS AND CIRRHOSIS OF LIVER |
| K718 | TOXIC LIVER DISEASE WITH OTHER DISORDERS OF LIVER |


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| Diagnosis of Hepatic Impairment | |
|---|---|
| **ICD-10 Code** | **Description** |
| K719 | TOXIC LIVER DISEASE, UNSPECIFIED |
| K7200 | ACUTE AND SUBACUTE HEPATIC FAILURE WITHOUT COMA |
| K7201 | ACUTE AND SUBACUTE HEPATIC FAILURE WITH COMA |
| K7210 | CHRONIC HEPATIC FAILURE WITHOUT COMA |
| K7211 | CHRONIC HEPATIC FAILURE WITH COMA |
| K7290 | HEPATIC FAILURE, UNSPECIFIED WITHOUT COMA |
| K7291 | HEPATIC FAILURE, UNSPECIFIED WITH COMA |
| K730 | CHRONIC PERSISTENT HEPATITIS, NOT ELSEWHERE CLASSIFIED |
| K731 | CHRONIC LOBULAR HEPATITIS, NOT ELSEWHERE CLASSIFIED |
| K732 | CHRONIC ACTIVE HEPATITIS, NOT ELSEWHERE CLASSIFIED |
| K738 | OTHER CHRONIC HEPATITIS, NOT ELSEWHERE CLASSIFIED |
| K739 | CHRONIC HEPATITIS, UNSPECIFIED |
| K740 | HEPATIC FIBROSIS |
| K741 | HEPATIC SCLEROSIS |
| K742 | HEPATIC FIBROSIS WITH HEPATIC SCLEROSIS |
| K743 | PRIMARY BILIARY CIRRHOSIS |
| K744 | SECONDARY BILIARY CIRRHOSIS |
| K745 | BILIARY CIRRHOSIS, UNSPECIFIED |
| K7460 | UNSPECIFIED CIRRHOSIS OF LIVER |
| K7469 | OTHER CIRRHOSIS OF LIVER |
| K750 | ABSCESS OF LIVER |
| K751 | PHLEBITIS OF PORTAL VEIN |
| K752 | NONSPECIFIC REACTIVE HEPATITIS |
| K753 | GRANULOMATOUS HEPATITIS, NOT ELSEWHERE CLASSIFIED |
| K754 | AUTOIMMUNE HEPATITIS |


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| Diagnosis of Hepatic Impairment | |
|---|---|
| **ICD-10 Code** | **Description** |
| 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 |

| IgAN Agents (except Trutakna) | |
|---|---|
| **GCN** | **Label Name** |
| 55094 | FABHALTA 200 MG CAPSULE |
| 53742 | FILSPARI 200 MG TABLET |
| 53743 | FILSPARI 400 MG TABLET |
| 57486 | VANRAFIA 0.75 MG TABLET |
| 58582 | VOYXACT 400 MG/2 ML SYRINGE |

| IgAN Agents (except Vanrafia) | |
|---|---|
| **GCN** | **Label Name** |
| 55094 | FABHALTA 200 MG CAPSULE |
| 53742 | FILSPARI 200 MG TABLET |
| 53743 | FILSPARI 400 MG TABLET |
| 59389 | TRUTAKNA 150 MG/ML AUTOINJECT |
| 58582 | VOYXACT 400 MG/2 ML SYRINGE |


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| IgAN Agents (except Voyxact) | |
|---|---|
| **GCN** | **Label Name** |
| 55094 | FABHALTA 200 MG CAPSULE |
| 53742 | FILSPARI 200 MG TABLET |
| 53743 | FILSPARI 400 MG TABLET |
| 59389 | TRUTAKNA 150 MG/ML AUTOINJECT |
| 57486 | VANRAFIA 0.75 MG TABLET |

| OATP1B1/1B3 Inhibitors | |
|---|---|
| **GCN** | **Label Name** |
| 55074 | ALVAIZ 54 MG TABLET |
| 55073 | ALVAIZ 36 MG TABLET |
| 55072 | ALVAIZ 9 MG TABLET |
| 55071 | ALVAIZ 18 MG TABLET |
| 67031 | ARAVA 10 MG TABLET |
| 67032 | ARAVA 20 MG TABLET |
| 19952 | ATAZANAVIR SULFATE 150 MG CAP |
| 19953 | ATAZANAVIR SULFATE 200 MG CAP |
| 97430 | ATAZANAVIR SULFATE 300 MG CAP |
| 33259 | AUBAGIO 7 MG TABLET |
| 33262 | AUBAGIO 14 MG TABLE |
| 44925 | BRAFTOVI 75 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 |


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| OATP1B1/1B3 Inhibitors | |
|---|---|
| **GCN** | **Label Name** |
| 48850 | CLARITHROMYCIN ER 500 MG TAB |
| 13910 | CYCLOSPORINE 100 MG CAPSULE |
| 13917 | CYCLOSPORINE 100 MG/ML |
| 13911 | CYCLOSPORINE 25 MG CAPSULE |
| 13919 | CYCLOSPORINE MODIFIED 100 MG |
| 13918 | CYCLOSPORINE MODIFIED 25 MG |
| 13916 | CYCLOSPORINE MODIFIED 50 MG |
| 12394 | CYCLOSPORINE POWDER |
| 15994 | ELTROMBOPAG 25 MG TABLET |
| 15995 | ELTROMBOPAG 50 MG TABLET |
| 28344 | ELTROMBOPAG 75 MG TABLET |
| 31176 | ELTROMBOPAG 12.5 MG TABLET |
| 39346 | ELTROMBOPAG 25 MG SUSP PACKET |
| 45875 | ELTROMBOPAG 12.5 MG SUSP PKT |
| 41729 | EPCLUSA 400 MG-100 MG TABLET |
| 37797 | EVOTAZ 300 MG-150 MG TABLET |
| 40092 | GENVOYA TABLET |
| 25540 | GEMFIBROZIL 600 MG TABLET |
| 90127 | GEMFIBROZIL POWDER |
| 13919 | GENGRAF 100 MG CAPSULE |
| 13918 | GENGRAF 25 MG CAPSULE |
| 37179 | HARVONI 90-400 MG TABLET |
| 46868 | HARVONI 45-200 MG TABLET |
| 46885 | HARVONI 45-200 MG PELLET PACKT |


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| OATP1B1/1B3 Inhibitors | |
|---|---|
| **GCN** | **Label Name** |
| 46886 | HARVONI 33.75-150 MG PELLET PK |
| 53895 | JOENJA 70 MG TABLET |
| 99101 | KALETRA 100-25 MG TABLET |
| 25919 | KALETRA 200-50 MG TABLET |
| 31782 | KALETRA 400-100/5 ML ORAL SOLU |
| 64269 | LANSOPRAZOL-AMOXICIL-CLARITHRO |
| 37179 | LEDIPASVIR-SOFOSBUVIR 90-400MG |
| 51675 | LEFLUNOMIDE POWDER |
| 67031 | LEFLUNOMIDE 10 MG TABLET |
| 67032 | LEFLUNOMIDE 20 MG TABLET |
| 25540 | LOPID 600 MG TABLET |
| 31782 | LOPINAVIR-RITONAVIR 80-20MG/ML |
| 25919 | LOPINAVIR-RITONAVIR 200-50MG TAB |
| 99101 | LOPINAVIR-RITONAVIR 100-25MG TAB |
| 49699 | MAVYRET 100-40 MG TABLET |
| 49863 | MAVYRET 50-20 MG PELLET PACKET |
| 13919 | NEORAL 100 MG GELATIN CAPSULE |
| 13917 | NEORAL 100 MG/ML SOLUTION |
| 13918 | NEORAL 25 MG GELATIN CAPSULE |
| 47755 | NEXLETOL 180 MG TABLET |
| 47765 | NEXLIZET 180-10 MG TABLET |
| 46746 | NUBEQA 300 MG TABLET |
| 15994 | PROMACTA 25 MG TABLET |
| 15995 | PROMACTA 50 MG TABLET |


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| OATP1B1/1B3 Inhibitors | |
|---|---|
| **GCN** | **Label Name** |
| 28344 | PROMACTA 75 MG TABLET |
| 31176 | PROMACTA 12.5 MG TABLET |
| 39346 | PROMACTA 25 MG SUSPENSION PCKT |
| 45875 | PROMACTA 12.5 MG SUSPEN PACKET |
| 58213 | PREZCOBIX 675 MG-150 MG TABLET |
| 37367 | PREZCOBIX 800-150MG TABLET |
| 55416 | REZDIFFRA 60 MG TABLET |
| 55417 | REZDIFFRA 80 MG TABLET |
| 55418 | REZDIFFRA 100 MG TABLET |
| 49982 | REZUROCK 200 MG TABLET |
| 42795 | RUBRACA 200 MG TABLET |
| 43453 | RUBRACA 250 MG TABLET |
| 42796 | RUBRACA 300 MG TABLET |
| 48315 | RUKOBIA ER 600 MG TABLET |
| 43327 | RYDAPT 25 MG CAPSULE |
| 13910 | SANDIMMUNE 100 MG CAPSULE |
| 13911 | SANDIMMUNE 25 MG CAPSULE |
| 41729 | SOFOSBUVIR-VELPATASVIR 400-100 |
| 33130 | STRIBILD TABLET |
| 43968 | SYMTUZA 800-150-200-10 MG TAB |
| 33259 | TERIFLUNOMIDE 7 MG TABLET |
| 33262 | TERIFLUNOMIDE 14 MG TABLET |
| 39354 | VIBERZI 75 MG TABLET |
| 39355 | VIBERZI 100 MG TABLET |


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| OATP1B1/1B3 Inhibitors | |
|---|---|
| **GCN** | **Label Name** |
| 43634 | VOSEVI 400-100-100 MG TABLET |
| 40615 | ZEPATIER 50-100 MG TABLET |

| RAS Inhibitors | |
|---|---|
| **GCN** | **Label Name** |
| 48541 | ALTACE 1.25 MG CAPSULE |
| 48542 | ALTACE 2.5 MG CAPSULE |
| 48543 | ALTACE 5 MG CAPSULE |
| 17604 | AMLODIPINE-BENAZEPRIL 10-20 MG |
| 26950 | AMLODIPINE-BENAZEPRIL 10-40 MG |
| 33093 | AMLODIPINE-BENAZEPRIL 2.5-10 |
| 33092 | AMLODIPINE-BENAZEPRIL 5-10 MG |
| 33090 | AMLODIPINE-BENAZEPRIL 5-20 MG |
| 26949 | AMLODIPINE-BENAZEPRIL 5-40 MG |
| 98937 | AMLODIPINE-OLMESARTAN 10-20MG |
| 98939 | AMLODIPINE-OLMESARTAN 10-40 MG |
| 98936 | AMLODIPINE-OLMESARTAN 5-20MG |
| 98938 | AMLODIPINE-OLMESARTAN 5-40 MG |
| 97963 | AMLODIPINE-VALSARTAN 10-160MG TABLET |
| 98580 | AMLODIPINE-VALSARTAN 10-320MG TABLET |
| 97962 | AMLODIPINE-VALSARTAN 5-160MG TABLET |
| 98579 | AMLODIPINE-VALSARTAN 5-320MG TABLET |
| 22631 | AMLOD-VALSA-HCTZ 10-160-12.5MG TABLET |
| 22649 | AMLOD-VALSA-HCTZ 10-160-25MG TABLET |
| 22705 | AMLOD-VALSA-HCTZ 10-320-25MG TABLET |


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| RAS Inhibitors | |
|---|---|
| **GCN** | **Label Name** |
| 22625 | AMLOD-VALSA-HCTZ 5-160-12.5MG TABLET |
| 22648 | AMLOD-VALSA-HCTZ 5-160-25MG TABLET |
| 73544 | ATACAND 16 MG TABLET |
| 73545 | ATACAND 32MG TABLET |
| 73542 | ATACAND 4 MG TABLET |
| 73543 | ATACAND 8 MG TABLET |
| 21559 | ATACAND HCT 16-12.5 MG TAB |
| 21569 | ATACAND HCT 32-12.5MG TAB |
| 13258 | ATACAND HCT 32-25 MG TAB |
| 11042 | AVALIDE 150-12.5 MG TABLET |
| 11295 | AVALIDE 300-12.5MG TABLET |
| 04749 | AVAPRO 150 MG TABLET |
| 04750 | AVAPRO 300 MG TABLET |
| 98937 | AZOR 10-20 MG TABLET |
| 98939 | AZOR 10-40 MG TABLET |
| 98936 | AZOR 5-20 MG TABLET |
| 98938 | AZOR 5-40 MG TABLET |
| 48612 | BENAZEPRIL HCL 10 MG TABLET |
| 48613 | BENAZEPRIL HCL 20 MG TABLET |
| 48614 | BENAZEPRIL HCL 40 MG TABLET |
| 48611 | BENAZEPRIL HCL 5 MG TABLET |
| 33192 | BENAZEPRIL-HCTZ 10-12.5 MG TAB |
| 33193 | BENAZEPRIL-HCTZ 20-12.5 MG TAB |
| 33194 | BENAZEPRIL-HCTZ 20-25 MG TAB |
| 33191 | BENAZEPRIL-HCTZ 5-6.25 MG TAB |


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| RAS Inhibitors | |
|---|---|
| **GCN** | **Label Name** |
| 17285 | BENICAR 20 MG TABLET |
| 17286 | BENICAR 40 MG TABLET |
| 17284 | BENICAR 5 MG TABLET |
| 20074 | BENICAR HCT 20-12.5 MG TABLET |
| 20075 | BENICAR HCT 40-12.5 MG TABLET |
| 20076 | BENICAR HCT 40-25 MG TABLET |
| 73544 | CANDESARTAN CILEXETIL 16MG TABLET |
| 73545 | CANDESARTAN CILEXETIL 32MG TABLET |
| 73542 | CANDESARTAN CILEXETIL 4MG TABLET |
| 73543 | CANDESARTAN CILEXETIL 8MG TABLET |
| 21559 | CANDESARTAN-HCTZ 16-12.5MG TABLET |
| 21569 | CANDESARTAN-HCTZ 32-12.5MG TABLET |
| 13258 | CANDESARTAN-HCTZ 32-25MG TABLET |
| 01480 | CAPTOPRIL 100 MG TABLET |
| 01483 | CAPTOPRIL 12.5 MG TABLET |
| 01481 | CAPTOPRIL 25 MG TABLET |
| 01482 | CAPTOPRIL 50 MG TABLET |
| 93496 | CAPTOPRIL POWDER |
| 54940 | CAPTOPRIL-HCTZ 25-15 MG TABLET |
| 54941 | CAPTOPRIL-HCTZ 25-25 MG TABLET |
| 54942 | CAPTOPRIL-HCTZ 50-15 MG TABLET |
| 54943 | CAPTOPRIL-HCTZ 50-25 MG TABLET |
| 14853 | COZAAR 100 MG TABLET |
| 14850 | COZAAR 25 MG TABLET |
| 14851 | COZAAR 50 MG TABLET |


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| RAS Inhibitors | |
|---|---|
| **GCN** | **Label Name** |
| 13844 | DIOVAN 160 MG TABLET |
| 13838 | DIOVAN 320 MG TABLET |
| 18092 | DIOVAN 40 MG TABLET |
| 13846 | DIOVAN 80 MG TABLET |
| 09760 | DIOVAN HCT 160-12.5 MG TAB |
| 17245 | DIOVAN HCT 160-25 MG TABLET |
| 27015 | DIOVAN HCT 320-12.5 MG TAB |
| 27014 | DIOVAN HCT 320-25 MG TABLET |
| 07833 | DIOVAN HCT 80-12.5 MG TABLET |
| 29595 | EDARBI 40 MG TABLET |
| 29597 | EDARBI 80 MG TABLET |
| 31163 | EDARBYCLOR 40-12.5 MG TABLET |
| 31164 | EDARBYCLOR 40-25 MG TABLET |
| 20958 | ENALAPRIL MALEATE POWDER |
| 42337 | ENALAPRIL 1 MG/ML ORAL SOLN |
| 00961 | ENALAPRIL MALEATE 10 MG TAB |
| 00963 | ENALAPRIL MALEATE 2.5 MG TAB |
| 00962 | ENALAPRIL MALEATE 20 MG TAB |
| 00960 | ENALAPRIL MALEATE 5 MG TABLET |
| 54860 | ENALAPRIL-HCTZ 10-25 MG TABLET |
| 54862 | ENALAPRIL-HCTZ 5-12.5 MG TAB |
| 55586 | ENTRESTO SPRINKLE 6-6MG PELLET |
| 55585 | ENTRESTO SPRINKLE 15-16 MG PLT |
| 39046 | ENTRESTO 24-26 MG TABLET |
| 39047 | ENTRESTO 49-51 MG TABLET |


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| RAS Inhibitors | |
|---|---|
| **GCN** | **Label Name** |
| 39048 | ENTRESTO 97-103 MG TABLET |
| 42337 | EPANED 1 MG/ML SOLUTION |
| 97963 | EXFORGE 10-160 MG TABLET |
| 98580 | EXFORGE 10-320 MG TABLET |
| 97962 | EXFORGE 5-160 MG TABLET |
| 98579 | EXFORGE 5-320 MG TABLET |
| 22625 | EXFORGE HCT 5-160-12.5 MG TAB |
| 22648 | EXFORGE HCT 5-160-25 MG TAB |
| 22631 | EXFORGE HCT 10-160-12.5 MG TAB |
| 22649 | EXFORGE HCT 10-160-25 MG TAB |
| 22705 | EXFORGE HCT 10-320-25MG TAB |
| 48581 | FOSINOPRIL SODIUM 10 MG TAB |
| 48582 | FOSINOPRIL SODIUM 20 MG TAB |
| 48580 | FOSINOPRIL SODIUM 40 MG TAB |
| 15621 | FOSINOPRIL-HCTZ 10-12.5 MG TAB |
| 10455 | FOSINOPRIL-HCTZ 20-12.5 MG TAB |
| 25851 | HYZAAR 100-12.5 TABLET |
| 14854 | HYZAAR 100-25 TABLET |
| 14852 | HYZAAR 50-12.5 TABLET |
| 04749 | IRBESARTAN 150MG TABLET |
| 04750 | IRBESARTAN 300MG TABLET |
| 04752 | IRBESARTAN 75MG TABLET |
| 11042 | IRBESARTAN-HCTZ 150-12.5MG TABLET |
| 11295 | IRBESARTAN-HCTZ 300-12.5MG TABLET |
| 99728 | LISINOPRIL 100% POWDER |


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| RAS Inhibitors | |
|---|---|
| **GCN** | **Label Name** |
| 47261 | LISINOPRIL 10 MG TABLET |
| 47264 | LISINOPRIL 2.5 MG TABLET |
| 47262 | LISINOPRIL 20 MG TABLET |
| 47265 | LISINOPRIL 30 MG TABLET |
| 47263 | LISINOPRIL 40 MG TABLET |
| 47260 | LISINOPRIL 5 MG TABLET |
| 88002 | LISINOPRIL-HCTZ 10-12.5 MG TAB |
| 88000 | LISINOPRIL-HCTZ 20-12.5 MG TAB |
| 88001 | LISINOPRIL-HCTZ 20-25 MG TAB |
| 49045 | LOSARTAN POTASSIUM POWDER |
| 14853 | LOSARTAN POTASSIUM 100 MG TAB |
| 14850 | LOSARTAN POTASSIUM 25 MG TAB |
| 14851 | LOSARTAN POTASSIUM 50 MG TAB |
| 25851 | LOSARTAN-HCTZ 100-12.5 MG TAB |
| 14854 | LOSARTAN-HCTZ 100-25 MG TAB |
| 14852 | LOSARTAN-HCTZ 50-12.5MG TABLET |
| 17604 | LOTREL 10-20 MG CAPSULE |
| 23831 | MICARDIS 40 MG TABLET |
| 23832 | MICARDIS 80 MG TABLET |
| 12257 | MICARDIS HCT 40-12.5 MG TABLET |
| 12259 | MICARDIS HCT 80-12.5 MG TABLET |
| 22866 | MICARDIS HCT 80-25 MG TABLET |
| 48562 | MOEXIPRIL HCL 15 MG TABLET |
| 48561 | MOEXIPRIL HCL 7.5 MG TABLET |
| 17285 | OLMESARTAN MEDOXOMIL 20 MG TAB |


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| RAS Inhibitors | |
|---|---|
| **GCN** | **Label Name** |
| 17286 | OLMESARTAN MEDOXOMIL 40 MG TAB |
| 17284 | OLMESARTAN MEDOXOMIL 5 MG TAB |
| 20074 | OLMESARTAN-HCTZ 20-12.5 MG TAB |
| 20075 | OLMESARTAN-HCTZ 40-12.5 MG TAB |
| 20076 | OLMESARTAN-HCTZ 40-25 MG TAB |
| 28837 | OLMSRTN-AMLDPN-HCTZ 20-5-12.5 |
| 28854 | OLMSRTN-AMLDPN-HCTZ 40-10-12.5 |
| 28855 | OLMSRTN-AMLDPN-HCTZ 40-10-25MG |
| 28838 | OLMSRTN-AMLDPN-HCTZ 40-5-12.5 |
| 28839 | OLMSRTN-AMLDPN-HCTZ 40-5-25 MG |
| 13758 | PERINDOPRIL ERBUMINE 2 MG TAB |
| 13759 | PERINDOPRIL ERBUMINE 4 MG TAB |
| 93207 | PERINDOPRIL ERBUMINE 8 MG TAB |
| 41984 | QBRELIS 1 MG/ML SOLUTION |
| 27570 | QUINAPRIL 10 MG TABLET |
| 27571 | QUINAPRIL 20 MG TABLET |
| 27573 | QUINAPRIL 40 MG TABLET |
| 27572 | QUINAPRIL 5 MG TABLET |
| 54160 | QUINAPRIL-HCTZ 10-12.5 MG TAB |
| 54161 | QUINAPRIL-HCTZ 20-12.5 MG TAB |
| 94490 | QUINAPRIL-HCTZ 20-25 MG TAB |
| 48541 | RAMIPRIL 1.25 MG CAPSULE |
| 48544 | RAMIPRIL 10 MG CAPSULE |
| 48542 | RAMIPRIL 2.5 MG CAPSULE |
| 48543 | RAMIPRIL 5 MG CAPSULE |


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| RAS Inhibitors | |
|---|---|
| **GCN** | **Label Name** |
| 39046 | SACUBITRIL-VALSARTAN 24-26 MG |
| 39047 | SACUBITRIL-VALSARTAN 49-51 MG |
| 39048 | SACUBITRIL-VALSARTAN 97-103 MG |
| 23833 | TELMISARTAN 20MG TABLET |
| 23831 | TELMISARTAN 40MG TABLET |
| 23832 | TELMISARTAN 80MG TABLET |
| 27784 | TELMISARTAN-AMLODIPINE 40-10MG TABLET |
| 27783 | TELMISARTAN-AMLODIPINE 40-5MG TABLET |
| 27786 | TELMISARTAN-AMLODIPINE 80-10MG TABLET |
| 27785 | TELMISARTAN-AMLODIPINE 80-5MG TABLET |
| 12257 | TELMISARTAN-HCTZ 40-12.5MG TABLET |
| 12259 | TELMISARTAN-HCTZ 80-12.5MG TABLET |
| 22866 | TELMISARTAN-HCTZ 80-25MG TABLET |
| 32191 | TRANDOLAPRIL 1 MG TABLET |
| 32192 | TRANDOLAPRIL 2 MG TABLET |
| 32193 | TRANDOLAPRIL 4 MG TABLET |
| 32112 | TRANDOLAPR-VERAPAM ER 1-240 MG |
| 32111 | TRANDOLAPR-VERAPAM ER 2-180 MG |
| 32113 | TRANDOLAPR-VERAPAM ER 2-240 MG |
| 32114 | TRANDOLAPR-VERAPAM ER 4-240 MG |
| 28837 | TRIBENZOR 20-5-12.5 MG TABLET |
| 28854 | TRIBENZOR 40-10-12.5MG TABLET |
| 28855 | TRIBENZOR 40-10-25 MG TABLET |
| 28838 | TRIBENZOR 40-5-12.5MG TABLET |
| 28839 | TRIBENZOR 40-5-25 MG TABLET |


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| RAS Inhibitors | |
|---|---|
| **GCN** | **Label Name** |
| 52212 | VALSARTAN 20 MG/5 ML SOLUTION |
| 13844 | VALSARTAN 160MG TABLET |
| 13838 | VALSARTAN 320MG TABLET |
| 18092 | VALSARTAN 40MG TABLET |
| 13846 | VALSARTAN 80MG TABLET |
| 09760 | VALSARTAN-HCTZ 160-12.5MG TABLET |
| 17245 | VALSARTAN-HCTZ 160-25MG TABLET |
| 27015 | VALSARTAN-HCTZ 320-12.5MG TABLET |
| 27014 | VALSARTAN-HCTZ 320-25MG TABLET |
| 07833 | VALSARTAN-HCTZ 80-12.5MG TABLET |
| 54860 | VASERETIC 10-25 MG TABLET |
| 00963 | VASOTEC 2.5 MG TABLET |
| 00960 | VASOTEC 5 MG TABLET |
| 00961 | VASOTEC 10 MG TABLET |
| 00962 | VASOTEC 20 MG TABLET |
| 57857 | WIDAPLIK 10-1.25-0.625 MG TAB |
| 57858 | WIDAPLIK 20-2.5-1.25 MG TABLET |
| 57859 | WIDAPLIK 40-5-2.5 MG TABLET |
| 88002 | ZESTORETIC 10-12.5 MG TABLET |
| 88000 | ZESTORETIC 20-12.5 MG TABLET |
| 88001 | ZESTORETIC 20-25 MG TABLET |


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| Moderate to Strong CYP3A4 Inducers | |
|---|---|
| **GCN** | **Label Name** |
| 25445 | ACTOPLUS MET 15-850MG TABLET |
| 92991 | ACTOS 15MG TABLET |
| 93001 | ACTOS 30MG TABLET |
| 93011 | ACTOS 45MG TABLET |
| 34083 | ALOGLIPTIN-PIOGLIT 12.5-30 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 |
| 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 |


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| Moderate to Strong CYP3A4 Inducers | |
|---|---|
| **GCN** | **Label Name** |
| 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 |
| 44425 | EFAVIR-LAMIV-TENOF 400-300-300 |
| 27346 | EFAVIR-EMTRI-TENOF 600-200-300 |
| 44548 | EFAVIR-LAMIV-TENOF 600-300-300 |
| 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 |


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| Moderate to Strong CYP3A4 Inducers | |
|---|---|
| **GCN** | **Label Name** |
| 38710 | LYSODREN 500MG TABLET |
| 26101 | MODAFINIL 100MG TABLET |
| 26102 | MODAFINIL 200MG TABLET |
| 29810 | MYCOBUTIN 150 MG CAPSULE |
| 17321 | MYSOLINE 250MG TABLET |
| 17322 | MYSOLINE 50MG 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 |
| 36937 | ORKAMBI 100-125 MG GRANULE PKT |
| 42848 | ORKAMBI 150-188 MG GRANULE PKT |
| 52865 | ORKAMBI 75-94 MG GRANULE PKT |
| 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 |


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| Moderate to Strong CYP3A4 Inducers | |
|---|---|
| **GCN** | **Label Name** |
| 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 |
| 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 |


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| Moderate to Strong CYP3A4 Inducers | |
|---|---|
| **GCN** | **Label Name** |
| 41470 | RIFAMPIN IV 600 MG VIAL |
| 44548 | SYMFI 600-300-300 MG TABLET |
| 53863 | TAFINLAR 10 MG TABLET FOR SUSP |
| 34723 | TAFINLAR 50MG CAPSULE |
| 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 |
| 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 |


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| Moderate to Strong CYP3A4 Inducers | |
|---|---|
| **GCN** | **Label Name** |
| 47413 | XCOPRI 50-100 MG TITRATION PAK |
| 33183 | XTANDI 40MG CAPSULE |
| 46626 | XTANDI 40 MG TABLET |
| 48452 | XTANDI 80 MG TABLET |


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# Immunoglobulin A Nephropathy Agents

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# Immunoglobulin A Nephropathy 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 |
|---|---|
| 10/15/2026 | • Removed criteria for Fabhalta |
| 10/23/2026 | • Initial publication and presentation to the DUR Board |


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