Texas Prior Authorization Program
Clinical Criteria

Drug/Drug Class

Transthyretin Agents

Clinical Criteria Information included in this Document

Attruby (Acoramidis)

- 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

Vyndamax (Tafamidis) / Vydanqel (Tafamidis)

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Wainua (Eplontersen)

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- Supporting tables: a collection of information associated with the steps within the criteria (diagnosis codes, procedure codes, and therapy codes); provided when applicable
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Note: Click the hyperlink to navigate directly to that section.

Revision Notes

Added criteria for Wainua as approved by the DUR Board

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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**
ATTRUBY 356 MG TABLET	56533

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Attruby (Acoramidis)

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 cardiomyopathy of wild-type or variant transthyretin-mediated amyloidosis (ATTR-CM) in the last 730 days?

   [ ] Yes – Go to #3

   [ ] No – Deny

3. Has a cardiac/non-cardiac tissue biopsy to confirm the presence of amyloid deposits or a bone scintigraphy with light chain testing been performed? [Manual]

   [ ] Yes – Go to #4

   [ ] No – Deny

4. Has the diagnosis been documented by confirmation of TTR precursor protein (wild type ATTR-CM) or confirmation of a TTR gene mutation (hereditary ATTR-CM)? [Manual]

   [ ] Yes – Go to #5

   [ ] No – Deny

5. Will the client have concurrent therapy with eplontersen, patirisan, tafamidis, or vutrisiran?

   [ ] Yes – Deny

   [ ] No – Go to #6

6. Does the client have a claim for a UGT inducer and a strong CYP3A4 inducer in the past 30 days?

   [ ] Yes – Deny

   [ ] No – Approve (365 days)

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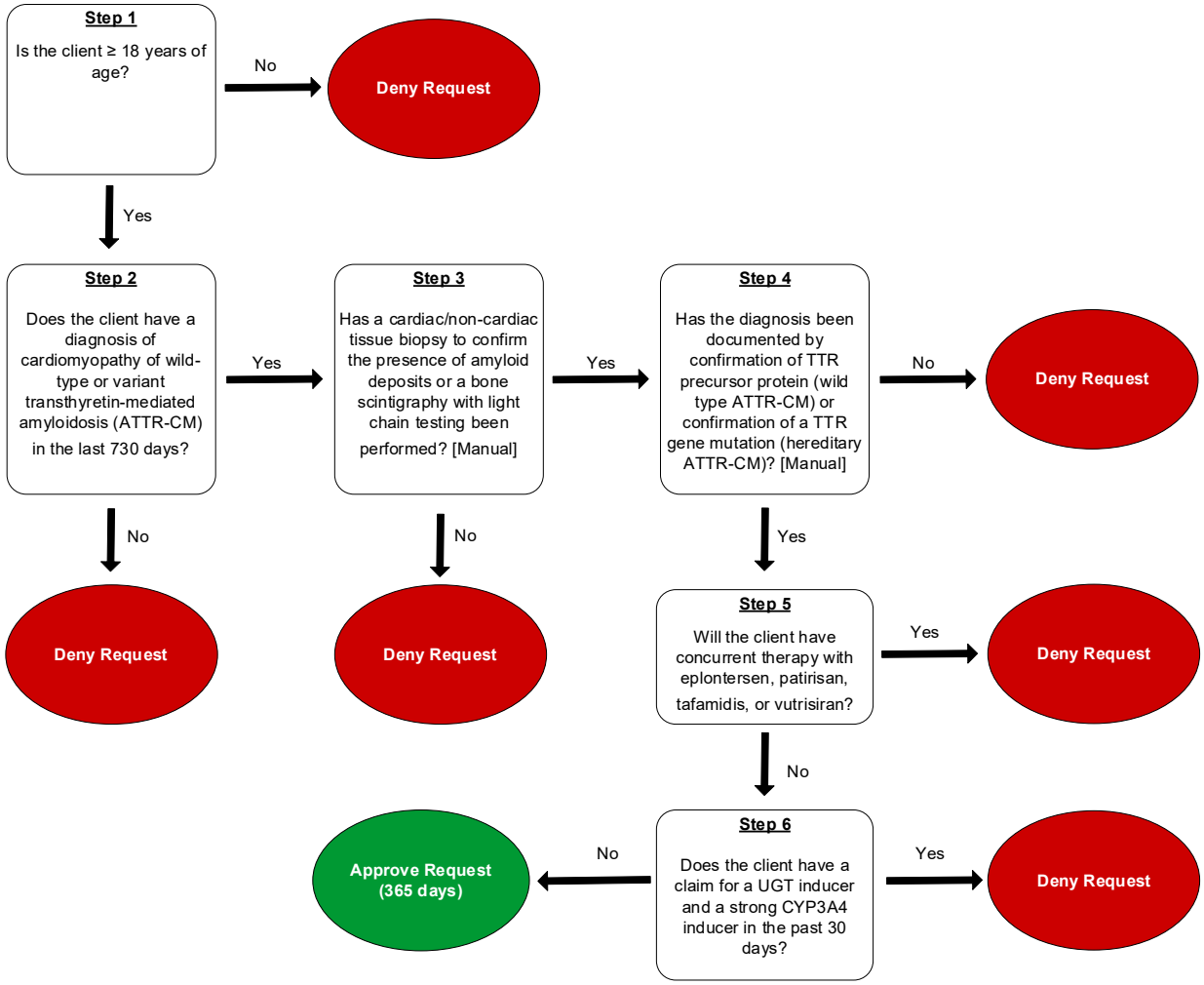
Clinical Criteria Logic Diagram



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Clinical Criteria Supporting Tables

Table 2 (diagnosis of cardiomyopathy of wild-type or variant transthyretin-mediated amyloidosis (ATTR-CM)) Required diagnosis: *1* Look back timeframe: *730* days	
ICD-10 Code	**Description**
E852	HEREDOFAMILIAL AMYLOIDOSIS, UNSPECIFIED
E8582	WILD-TYPE TRANSTHYRETIN-RELATED (ATTR) AMYLOIDOSIS

Table 5 (concurrent therapy with eplontersen, patirisan, tafamidis, or vutrisiran) Required claims: *1* Look back timeframe: *current therapy*	
GCN	**Label Name**
52467	AMVUTTRA 25 MG/0.5 ML SYRINGE
45125	ONPATTRO 10 MG/5 ML VIAL
46258	VYNDAMAX 61 MG CAPSULE
37584	VYNDAQEL 20 MG CAPSULE
55135	WAINUA 45 MG/0.8 ML AUTOINJECT

Table 6a (UGT inducer) Required claims: *1* Look back timeframe: *30* days	
GCN	**Label Name**
87691	ABACAVIR-LAMIVUDINE-ZIDOV TAB
68811	APRI 28 DAY TABLET
24906	APTIVUS 250 MG CAPSULE

Table 6a (UGT inducer) Required claims: *1* Look back timeframe: *30* days	
GCN	**Label Name**
27346	ATRIPLA TABLET
16317	BL ST JOHN WORT 300 MG CPLT
16311	BL ST. JOHN'S WORT 150 MG
17460	CARBAMAZEPINE 100 MG TAB CHEW
27601	CARBAMAZEPINE 100 MG/5 ML CUP
27602	CARBAMAZEPINE 100 MG/5 ML SUSP
47500	CARBAMAZEPINE 100 MG/5 ML SUSP
27601	CARBAMAZEPINE 100 MG/5 ML SUSP
17461	CARBAMAZEPINE 200 MG TAB CHEW
17450	CARBAMAZEPINE 200 MG TABLET
27602	CARBAMAZEPINE 200 MG/10 ML CUP
27602	CARBAMAZEPINE 200 MG/10 ML LIQ
23934	CARBAMAZEPINE ER 100 MG CAP
27820	CARBAMAZEPINE ER 100 MG TABLET
23932	CARBAMAZEPINE ER 200 MG CAP
27821	CARBAMAZEPINE ER 200 MG TABLET
23933	CARBAMAZEPINE ER 300 MG CAP
27822	CARBAMAZEPINE ER 400 MG TABLET
48570	CARBAMAZEPINE POWDER
27821	CARBAMAZEPINE XR 200 MG TABLET
27822	CARBAMAZEPINE XR 400 MG TABLET
23932	CARBATROL 200 MG CAPSULE SA
23933	CARBATROL 300 MG CAPSULE SA

Table 6a (UGT inducer) Required claims: *1* Look back timeframe: *30* days	
GCN	**Label Name**
23934	CARBATROL ER 100 MG CAPSULE
23932	CARBATROL ER 200 MG CAPSULE
23933	CARBATROL ER 300 MG CAPSULE
13094	CAZIANT 28 DAY TABLET
16313	CENTRUM ST. JOHN'S 300 MG CAP
99384	CEREBYX 100 MG PE/2 ML VIAL
99385	CEREBYX 500 MG PE/10 ML VIAL
89621	COMBIVIR TABLET
11500	CRYSELLE-28 TABLET
16313	CVS ST JOHN'S WORT 300 MG CAP
16317	CVS ST. JOHN WORT 300 MG CPLT
13094	CYCLESSA 28 DAY TABLET
68811	CYRED EQ 28 DAY TABLET
45919	DEMULEN 1/35-21 TABLET
11490	DEMULEN 1/35-28 TABLET
46045	DEMULEN 1/50-21 TABLET
11491	DEMULEN 1/50-28 TABLET
11490	DEMULEN 1-35-28 TABLET
46045	DEMULEN 1-50-21 TABLET
11491	DEMULEN 1-50-28 TABLET
68811	DESOGEN 28 DAY TABLET
68811	DESOGESTREL-EE 0.15-0.03 MG TB
17701	DILANTIN 30 MG CAPSULE

Table 6a (UGT inducer) Required claims: *1* Look back timeframe: *30* days	
GCN	**Label Name**
17701	DILANTIN 30 MG KAPSEAL
17250	DILANTIN 50 MG INFATAB
17184	DILANTIN 50 MG/ML AMPUL
17200	DILANTIN 50 MG/ML STERI-VIAL
17190	DILANTIN 50 MG/ML SYRINGE
17700	DILANTIN 100 MG CAPSULE
17700	DILANTIN 100 MG KAPSEAL
17241	DILANTIN 125 MG/5 ML SUSP
17161	DIPHENYLHYDANTOIN 100 MG CAP
26737	DROSPIRENONE-EE 3-0.02 MG TAB
13083	DROSPIRENONE-EE 3-0.03 MG TAB
27346	EFAVIR-EMTRI-TENOF 600-200-300
43303	EFAVIRENZ 200 MG CAPSULE
43301	EFAVIRENZ 50 MG CAPSULE
15555	EFAVIRENZ 600 MG TABLET
44425	EFAVIR-LAMIV-TENOF 400-300-300
44548	EFAVIR-LAMIV-TENOF 600-300-300
16317	EQL ST JOHNS WORT 300 MG CPLT
16311	EQL ST. JOHN'S WORT 150 MG CAP
11500	ELINEST-28 TABLET
17528	ELURYNG VAGINAL RING
68811	EMOQUETTE 28 DAY TABLET
17528	ENYILLORING VAGINAL RING

Table 6a (UGT inducer) Required claims: *1* Look back timeframe: *30* days	
GCN	**Label Name**
68811	ENSKYCE 28 DAY TABLET
17450	EPITOL 200 MG TABLET
13781	EQUETRO 100 MG CAPSULE
13805	EQUETRO 200 MG CAPSULE
13818	EQUETRO 300 MG CAPSULE
11300	ESTARYLLA 0.25-0.035 MG TABLET
10751	ETHINYL ESTRADIOL POWDER
11490	ETHYNODIOL-ETH ESTRA 1MG-35MCG
11491	ETHYNODIOL-ETH ESTRA 1MG-50MCG
17528	ETONOGESTREL-EE VAGINAL RING
11300	FEMYNOR 28 TABLET
99385	FOSPHENYTOIN 500 MG PE/10 ML
99384	FOSPHENYTOIN 100 MG PE/2 ML VL
29719	GENERESS FE CHEWABLE TABLET
26737	GIANVI 3 MG-0.02 MG TABLET
16317	GNP ST JOHN WORT 300 MG CPLT
16311	GNP ST. JOHN'S WORT 150 MG
17528	HALOETTE VAGINAL RING
16317	HM ST. JOHNS WORT 300 MG
68811	ISIBLOOM 28 DAY TABLET
26737	JASMIEL 3 MG-0.02 MG TABLET
68811	JULEBER 28 DAY TABLET
29719	KAITLIB FE 0.8-0.025 MG CHEW TB

Table 6a (UGT inducer) Required claims: *1* Look back timeframe: *30* days	
GCN	**Label Name**
99101	KALETRA 100-25 MG TABLET
31781	KALETRA 133.3-33.3 MG SOFTGEL
25919	KALETRA 200-50 MG TABLET
31782	KALETRA 80 MG-20 MG/ML SOLN
31781	KALETRA SOFTGEL
68811	KALLIGA 28 DAY TABLET
11490	KELNOR 1/35 28 TABLET
11490	KELNOR 1-35 28 TABLET
11491	KELNOR 1-50 TABLET
16317	KIRA ST.JOHN'S WORT TABLET
64316	LAMICTAL 100 MG TABLET
64324	LAMICTAL 150 MG TABLET
13047	LAMICTAL 2 MG DISPER TABLET
64325	LAMICTAL 200 MG TABLET
64322	LAMICTAL 25 MG DISPER TABLET
64317	LAMICTAL 25 MG TABLET
64323	LAMICTAL 5 MG DISPER TABLET
23254	LAMICTAL ODT 100 MG TABLET
23274	LAMICTAL ODT 200 MG TABLET
23201	LAMICTAL ODT 25 MG TABLET
23096	LAMICTAL ODT 50 MG TABLET
23294	LAMICTAL ODT START KIT (BLUE)
23309	LAMICTAL ODT START KIT (GREEN)

Table 6a (UGT inducer) Required claims: *1* Look back timeframe: *30* days	
GCN	**Label Name**
23293	LAMICTAL ODT START KT (ORANGE)
23969	LAMICTAL TAB START KIT (BLUE)
23972	LAMICTAL TAB START KIT (GREEN)
23973	LAMICTAL TB START KIT (ORANGE)
24703	LAMICTAL XR 100 MG TABLET
24739	LAMICTAL XR 200 MG TABLET
24693	LAMICTAL XR 25 MG TABLET
30787	LAMICTAL XR 250 MG TABLET
29725	LAMICTAL XR 300 MG TABLET
24697	LAMICTAL XR 50 MG TABLET
24851	LAMICTAL XR START KIT (BLUE)
24856	LAMICTAL XR START KIT (GREEN)
24869	LAMICTAL XR START KIT (ORANGE)
89621	LAMIVUDINE-ZIDOVUDINE TABLET
64316	LAMOTRIGINE 100 MG TABLET
64324	LAMOTRIGINE 150 MG TABLET
64325	LAMOTRIGINE 200 MG TABLET
64322	LAMOTRIGINE 25 MG DISPER TAB
64322	LAMOTRIGINE 25 MG DISPER TABS
64317	LAMOTRIGINE 25 MG TABLET
23969	LAMOTRIGINE 25 MG TB START KIT
64323	LAMOTRIGINE 5 MG DISPER TABLET
24703	LAMOTRIGINE ER 100 MG TABLET

Table 6a (UGT inducer) Required claims: *1* Look back timeframe: *30* days	
GCN	**Label Name**
24739	LAMOTRIGINE ER 200 MG TABLET
24693	LAMOTRIGINE ER 25 MG TABLET
30787	LAMOTRIGINE ER 250 MG TABLET
29725	LAMOTRIGINE ER 300 MG TABLET
24697	LAMOTRIGINE ER 50 MG TABLET
23254	LAMOTRIGINE ODT 100 MG TABLET
23274	LAMOTRIGINE ODT 200 MG TABLET
23201	LAMOTRIGINE ODT 25 MG TABLET
23096	LAMOTRIGINE ODT 50 MG TABLET
23294	LAMOTRIGINE ODT KIT (BLUE)
23309	LAMOTRIGINE ODT KIT (GREEN)
23293	LAMOTRIGINE ODT KIT (ORANGE)
35482	LAMOTRIGINE POWDER
23969	LAMOTRIGINE TAB START KIT-BLUE
23972	LAMOTRIGINE TAB START KT-GREEN
23973	LAMOTRIGINE TAB START KT-ORANG
23972	LAMOTRIGINE TABLET STARTER KIT
29719	LAYOLIS FE CHEWABLE TABLET
45902	LO/OVRAL-21 TABLET
11500	LO/OVRAL-28 TABLET
45902	LO-OVRAL-21 TABLET
11500	LO-OVRAL-28 TABLET
11500	LO-OVRAL-8 TABLET

Table 6a (UGT inducer) Required claims: *1* Look back timeframe: *30* days	
GCN	**Label Name**
26737	LO-ZUMANDIMINE 3 MG-0.02 MG TB
31782	LOPINAVIR-RITONAVIR 80-20MG/ML
99101	LOPINAVIR-RITONAVR 100-25MG TB
25919	LOPINAVIR-RITONAVR 200-50MG TB
26737	LORYNA 3 MG-0.02 MG TABLET
45902	LOW-OGESTREL-21 TABLET
11500	LOW-OGESTREL-28 TABLET
12971	LUMINAL 15 MG TABLET
12973	LUMINAL 30 MG TABLET
12880	LUMINAL 60 MG/ML CARPUJECT
12881	LUMINAL 130 MG/ML CARPUJECT
12871	LUMINAL SODIUM 130 MG/ML AMP
11300	MILI 0.25-0.035 MG TABLET
11300	MONO-LINYAH 28 TABLET
11300	MONONESSA 28 TABLET
29810	MYCOBUTIN 150 MG CAPSULE
17322	MYSOLINE 50 MG TABLET
17321	MYSOLINE 250 MG TABLET
17310	MYSOLINE 250 MG/5 ML SUSP
26737	NIKKI 3 MG-0.02 MG TABLET
97167	NORET-ESTR-FE 0.4-0.035(21)-75
29719	NORETHIN-ESTRA-FE 0.8-0.025 MG
97167	NORETHIN-ETHINYL ESTRAD CH TB

Table 6a (UGT inducer) Required claims: *1* Look back timeframe: *30* days	
GCN	**Label Name**
18126	NORG-EE 0.18-0.215-0.25/0.025
11301	NORG-EE 0.18-0.215-0.25/0.035
11300	NORGESTIMATE-EE 0.25-0.035 MG
11500	NORG-ETHIN ESTR 0.3-0.03 MG TB
11501	NORG-ETHIN ESTR 0.5-0.05 MG TB
11300	NORG-ETHIN ESTRA 0.25-0.035 MG
26812	NORVIR 100 MG CAPSULE
40309	NORVIR 100 MG POWDER PACKET
26812	NORVIR 100 MG SOFTGEL CAP
28224	NORVIR 100 MG TABLET
26810	NORVIR 80 MG/ML SOLUTION
17528	NUVARING VAGINAL RING
11300	NYMYO 0.25-0.035 MG (28) TAB
13083	OCELLA 3 MG-0.03 MG TABLET
11501	OGESTREL TABLET
54736	OJJAARA 100 MG TABLET
54737	OJJAARA 150 MG TABLET
54738	OJJAARA 200 MG TABLET
45927	ORTHO-CEPT 21 DAY TABLET
68811	ORTHO-CEPT 28 DAY TABLET
45689	ORTHO-CYCLEN 21 TABLET
11300	ORTHO-CYCLEN 28 TABLET
26705	ORTHO TRI-CYCLEN 21 TABLET

Table 6a (UGT inducer) Required claims: *1* Look back timeframe: *30* days	
GCN	**Label Name**
11301	ORTHO TRI-CYCLEN 28 TABLET
18126	ORTHO TRI-CYCLEN LO TABLET
97167	OVCON FE CHEWABLE TABLET
45918	OVRAL-21 TABLET
11501	OVRAL-28 TABLET
52199	PAXLOVID 150-100 MG DOSE PACK
52199	PAXLOVID 150-100 MG PACK (EUA)
51742	PAXLOVID 300-100 MG DOSE PACK
51742	PAXLOVID 300-100 MG PACK (EUA)
12971	PHENOBARBITAL 15 MG TABLET
97706	PHENOBARBITAL 16.2 MG TABLET
12956	PHENOBARBITAL 20 MG ELIXIR
38716	PHENOBARBITAL 20 MG/5 ML CUP
12956	PHENOBARBITAL 20 MG/5 ML ELIX
12956	PHENOBARBITAL 20 MG/5 ML SOLN
12956	PHENOBARBITAL 30 MG ELIXIR
12973	PHENOBARBITAL 30 MG TABLET
12956	PHENOBARBITAL 30 MG/7.5 ML CUP
12882	PHENOBARBITAL 30 MG/ML TUBEX
97965	PHENOBARBITAL 32.4 MG TABLET
12972	PHENOBARBITAL 60 MG TABLET
12956	PHENOBARBITAL 60 MG/15 ML CUP
12880	PHENOBARBITAL 60 MG/ML TUBEX

Table 6a (UGT inducer) Required claims: *1* Look back timeframe: *30* days	
GCN	**Label Name**
97966	PHENOBARBITAL 64.8 MG TABLET
12894	PHENOBARBITAL 65 MG/ML VIAL
97967	PHENOBARBITAL 97.2 MG TABLET
12975	PHENOBARBITAL 100 MG TABLET
12871	PHENOBARBITAL 130 MG/ML AMP
12881	PHENOBARBITAL 130 MG/ML TUBEX
12892	PHENOBARBITAL 130 MG/ML VIAL
14790	PHENOBARBITAL POWDER
13980	PHENOBARBITAL SODIUM POWDER
17700	PHENYTEK 100 MG CAPSULE
15038	PHENYTEK 200 MG CAPSULE
15037	PHENYTEK 300 MG CAPSULE
17200	PHENYTOIN 100 MG/2 ML VIAL
28741	PHENYTOIN 100 MG/4 ML ORAL SYR
99557	PHENYTOIN 100 MG/4 ML SUSP
99557	PHENYTOIN 100 MG/4 ML SUSP CUP
99557	PHENYTOIN 100 MG/4 ML SUSPENS
17241	PHENYTOIN 125 MG/5 ML SUSP
17200	PHENYTOIN 250 MG/5 ML VIAL
17250	PHENYTOIN 50 MG INFATAB CHEW
17250	PHENYTOIN 50 MG TABLET CHEW
17184	PHENYTOIN 50 MG/ML AMPUL
17190	PHENYTOIN 50 MG/ML SYRINGE

Table 6a (UGT inducer) Required claims: *1* Look back timeframe: *30* days	
GCN	**Label Name**
17200	PHENYTOIN 50 MG/ML VIAL
20880	PHENYTOIN POWDER
17161	PHENYTOIN PROMPT 100 MG CAP
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
18770	PHENYTOIN SODIUM POWDER
11300	PREVIFEM TABLET
17322	PRIMIDONE 50 MG TABLET
21726	PRIMIDONE 125 MG TABLET
17321	PRIMIDONE 250 MG TABLET
23918	PRIMIDONE POWDER
51965	PYRUKYND 5 MG TABLET
51965	PYRUKYND 5 MG TAPER PACK
51945	PYRUKYND 20 MG TABLET
51945	PYRUKYND 20 MG TAPER PACK
51966	PYRUKYND 20-5 MG TAPER PACK
51947	PYRUKYND 50 MG TABLET
51947	PYRUKYND 50 MG TAPER PACK
16317	QUANTERRA EMOTIONAL BALANCE
16311	RA ST. JOHN'S WORT 150 MG CP
16317	RA ST. JOHN'S WORT 300 MG TAB

Table 6a (UGT inducer) Required claims: *1* Look back timeframe: *30* days	
GCN	**Label Name**
68811	RECLIPSEN 28 DAY TABLET
44410	RETROVIR 10 MG/ML SYRUP
44530	RETROVIR 100 MG CAPSULE
43960	RETROVIR 200 MG/20 ML VIAL
44533	RETROVIR 300 MG TABLET
43960	RETROVIR IV INFUSION VIAL
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 600 MG VIAL
41510	RIFAMPIN CRYSTALS
41470	RIFAMPIN IV 600 MG VIAL
90225	RIFAMPIN POWDER
14142	RIFATER TABLET
41261	RIMACTANE 300 MG CAPSULE
28224	RITONAVIR 100 MG TABLET
53189	SEZABY 100 MG VIAL
12971	SK-PHENOBARBITAL 15 MG TAB
12973	SK-PHENOBARBITAL 30 MG TAB

Table 6a (UGT inducer) Required claims: *1* Look back timeframe: *30* days	
GCN	**Label Name**
16317	SM ST. JOHN'S WORT CAPLET
11300	SPRINTEC 28 DAY TABLET
16321	ST. JOHN'S WORT 25 MG/ML DRP
16311	ST. JOHN'S WORT 150 MG CAP
16311	ST. JOHN'S WORT 150 MG CAPSULE
16312	ST. JOHN'S WORT 225 MG CAP
16313	ST. JOHN'S WORT 300 MG CAP
16313	ST. JOHN'S WORT 300 MG CAPSULE
16317	ST. JOHN'S WORT 300 MG CPLT
16313	ST. JOHN'S WORT 300 MG SFTGL
16317	ST. JOHN'S WORT 300 MG TAB
16317	ST. JOHN'S WORT 300 MG TABLET
16445	ST. JOHN'S WORT 350 MG CAPSULE
16314	ST. JOHN'S WORT 375 MG CAP
16315	ST. JOHN'S WORT 450 MG CAP
16316	ST. JOHN'S WORT 600 MG CAP
30432	ST. JOHN'S WORT POWDER
16319	ST. JOHN'S WORT SOLUTION
13195	ST. JOHN'S WRT 1,000 MG SFTGL
64316	SUBVENITE 100 MG TABLET
64324	SUBVENITE 150 MG TABLET
64325	SUBVENITE 200 MG TABLET
64317	SUBVENITE 25 MG TABLET

Table 6a (UGT inducer) Required claims: *1* Look back timeframe: *30* days	
GCN	**Label Name**
23969	SUBVENITE TAB START KIT (BLUE)
23972	SUBVENITE TAB START KIT(GREEN)
23973	SUBVENITE TAB START KT(ORANGE)
43302	SUSTIVA 100 MG CAPSULE
43303	SUSTIVA 200 MG CAPSULE
43301	SUSTIVA 50 MG CAPSULE
15555	SUSTIVA 600 MG TABLET
16313	SV ST. JOHN'S WORT 300 MG CAP
13083	SYEDA 28 DAY TABLET
44548	SYMFI 600-300-300 MG TABLET
44425	SYMFI LO 400-300-300 MG TABLET
47303	TALICIA DR 10-250-12.5 MG CAP
17460	TEGRETOL 100 MG TABLET CHEW
47500	TEGRETOL 100 MG/5 ML SUSP
27601	TEGRETOL 100 MG/5 ML SUSP
27602	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
10301	TESTOSTERONE PROP 100 MG/ML
10301	TESTOSTERONE PROP 1,000MG/10ML
10310	TESTOSTERONE PROPIONATE POWDER

Table 6a (UGT inducer) Required claims: *1* Look back timeframe: *30* days	
GCN	**Label Name**
11301	TRI FEMYNOR 28 TABLET
11301	TRI-ESTARYLLA TABLET
11301	TRI-LINYAH TABLET
18126	TRI-LO-ESTARYLLA TABLET
18126	TRI-LO-MARZIA TABLET
18126	TRI-LO-MILI TABLET
18126	TRI-LO-SPRINTEC TABLET
11301	TRI-MILI 28 TABLET
11301	TRI-NYMYO 28 TABLET
11301	TRI-PREVIFEM TABLET
11301	TRI-SPRINTEC TABLET
11301	TRI-VYLIBRA 28 TABLET
18126	TRI-VYLIBRA LO TABLET
18126	TRINESSA LO TABLET
11301	TRINESSA TABLET
87691	TRIZIVIR TABLET
11500	TURQOZ-28 TABLET
11491	VALTYA 1 MG-50 MCG TABLET
13094	VELIVET 28 DAY TABLET
26737	VESTURA 3 MG-0.02 MG TABLET
11300	VYLIBRA 28 DAY TABLET
97167	WYMZYA FE 0.4-0.035 MG CHEW TB
55091	VAFSEO 150 MG TABLET

Table 6a (UGT inducer) Required claims: *1* Look back timeframe: *30* days	
GCN	**Label Name**
55092	VAFSEO 300 MG TABLET
40312	VIRACEPT 250 MG TABLET
19717	VIRACEPT 625 MG TABLET
40311	VIRACEPT POWDER
13083	YASMIN 28 TABLET
26737	YAZ 28 TABLET
13083	ZARAH TABLET
97167	ZENCHENT FE TABLET CHEWABLE
97167	ZEOSA CHEWABLE TABLET
44410	ZIDOVUDINE 50 MG/5 ML SYRUP
44530	ZIDOVUDINE 100 MG CAPSULE
44533	ZIDOVUDINE 300 MG TABLET
45919	ZOVIA 1/35E TABLET
46045	ZOVIA 1/50E TABLET
11490	ZOVIA 1-35E TABLET
11491	ZOVIA 1-50E TABLET
13083	ZUMANDIMINE 3 MG-0.03 MG TAB

Table 6b (strong CYP3A4 inducer) Required claims: *1* Look back timeframe: *30* days	
GCN	**Label Name**
25445	ACTOPLUS MED 15-850MG TABLET

Table 6b (strong CYP3A4 inducer) Required claims: *1* Look back timeframe: *30* days	
GCN	**Label Name**
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
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

Table 6b (strong CYP3A4 inducer) Required claims: *1* Look back timeframe: *30* 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
97181	DUETACT 30-2MG TABLET
97180	DUETACT 30-4MG TABLET
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
37810	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

Table 6b (strong CYP3A4 inducer) Required claims: *1* Look back timeframe: *30* days	
GCN	**Label Name**
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
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

Table 6b (strong CYP3A4 inducer) Required claims: *1* Look back timeframe: *30* days	
GCN	**Label Name**
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
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

Table 6b (strong CYP3A4 inducer) Required claims: *1* Look back timeframe: *30* days	
GCN	**Label Name**
14142	RIFATER 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
31420	VIRAMUNE 200MG TABLET
31421	VIRAMUNE 50MG/5ML SUSPENSION
30935	VIRAMUNE XR 100MG TABLET
29767	VIRAMUNE XR 400MG TABLET
33183	XTANDI 40MG CAPSULE

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Vyndamax (Tafamidis) / Vydanqel (Tafamidis)

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**
VYNDAMAX 61 MG CAPSULE	46258
VYNDAQEL 20 MG CAPSULE	37584

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Vyndamax (Tafamidis) / Vydanqel (Tafamidis)

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 cardiomyopathy of wild type or hereditary transthyretin-mediated amyloidosis (ATTR-CM) in the last 730 days?

   [ ] Yes – Go to #3

   [ ] No – Deny

3. Does the cardiac/non-cardiac tissue biopsy confirm the presence of amyloid deposits? [Manual]

   [ ] Yes – Go to #4

   [ ] No – Deny

4. Has the diagnosis been documented by confirmation of TTR precursor protein (wild type ATTR-CM) or confirmation of a TTR gene mutation (hereditary ATTR-CM)? [Manual]

   [ ] Yes – Go to #5

   [ ] No – Deny

5. Does the client have a diagnosis of New York Heart Association (NYHA) Functional Class (FC) IV heart failure? [Manual]

   [ ] Yes – Deny

   [ ] No – Go to #6

6. Does the client have a history of heart or liver transplant in the last 365 days?

   [ ] Yes – Deny

   [ ] No – Go to #7

7. Is the requested quantity less than or equal to the recommended dosing guidelines?

   [ ] Yes – Go to #8

   [ ] No – Deny

8. Will the client have concurrent therapy with acoramidis, eplontersen, patirisan, or vutrisiran?

   [ ] Yes – Deny

[ ] No – Approve (365 days)

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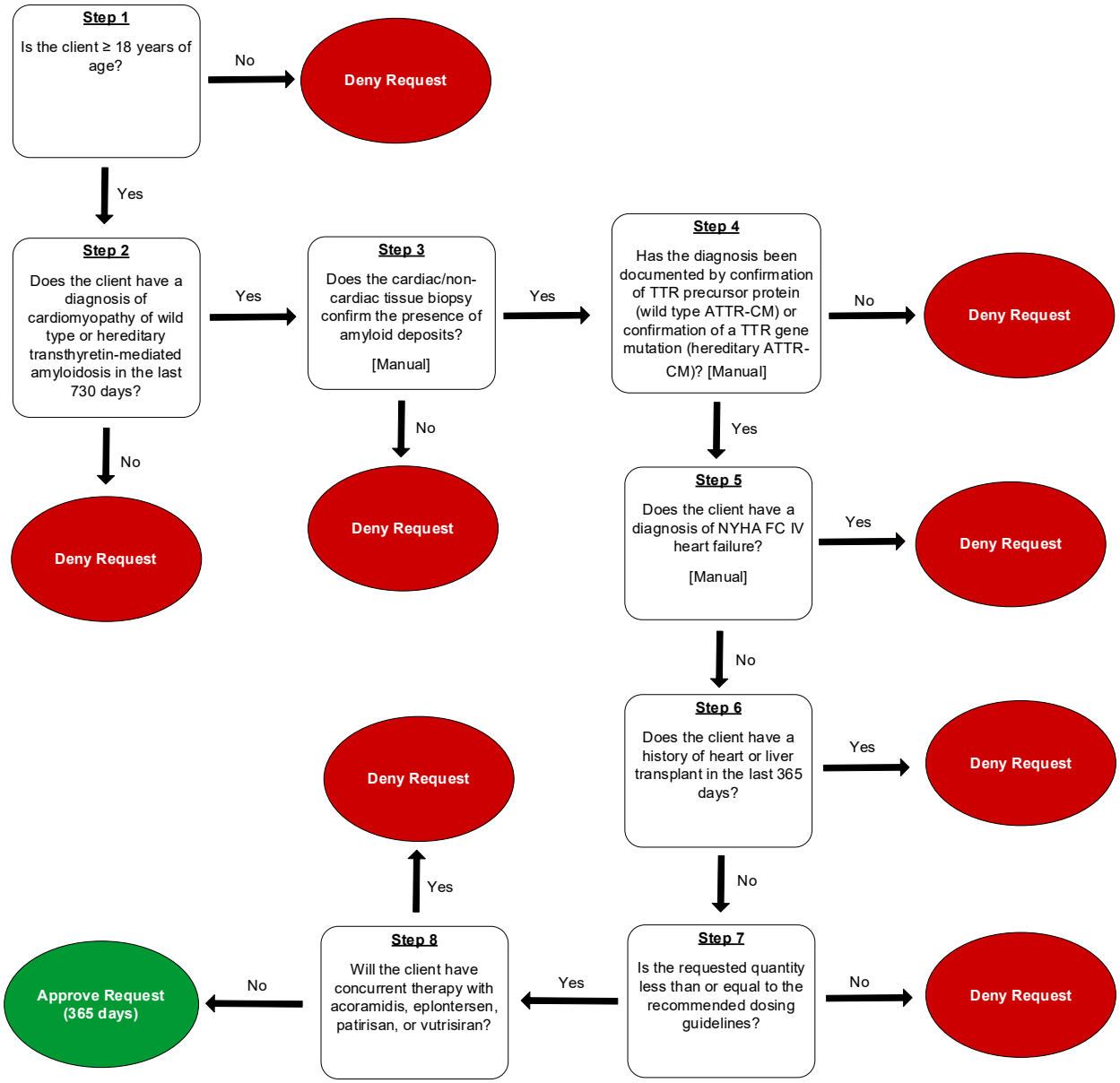
Vyndamax (Tafamidis) / Vydanqel (Tafamidis)

Clinical Criteria Logic Diagram



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Vyndamax (Tafamidis) / Vydanqel (Tafamidis)

Clinical Criteria Supporting Tables

Table 2 (diagnosis of cardiomyopathy of wild type or hereditary transthyretin-mediated amyloidosis) Required diagnosis: *1* Look back timeframe: *730* days	
ICD-10 Code	**Description**
E854	ORGAN-LIMITED AMYLOIDOSIS
E8582	WILD-TYPE TRANSTHYRETIN-RELATED (ATTR) AMYLOIDOSIS

Table 6 (diagnosis of heart or liver transplant) Required diagnosis: *1* Look back timeframe: *365* days	
ICD-10 Code	**Description**
Z941	HEART TRANSPLANT STATUS
Z944	LIVER TRANSPLANT STATUS

Table 7 Dosing Guidelines	
Label Name	**Recommended Dose**
Vyndamax 61 mg capsule	1 capsule daily
Vyndaqel 20 mg capsule	4 capsules once daily

Table 8 (concurrent therapy with acoramidis, eplontersen, patirisan, or vutrisiran) Required claims: *1* Look back timeframe: *current therapy*	
GCN	**Label Name**
56533	ATTRUBY 356 MG TABLET
52467	AMVUTTRA 25 MG/0.5 ML SYRINGE
45125	ONPATTRO 10 MG/5 ML VIAL
55135	WAINUA 45 MG/0.8 ML AUTOINJECT

PAXPRESS™

Wainua (Eplontersen)

Drugs Requiring Prior Authorization

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Drugs Requiring Prior Authorization	
Label Name	**GCN**
WAINUA 45 MG/0.8 ML AUTOINJECT	55135

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Wainua (Eplontersen)

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 polyneuropathy of hereditary transthyretin-mediated amyloidosis (hATTR) in the last 730 days?

   [ ] Yes – Go to #3

   [ ] No – Deny

3. Is the requested quantity less than or equal to (≤) the recommended dosing guidelines?

   [ ] Yes – Go to #4

   [ ] No – Deny

4. Will the client have concurrent therapy with acoramidis, patisiran, tafamidis, or vutrisiran?

   [ ] Yes – Deny

   [ ] No – Approve (365 days)

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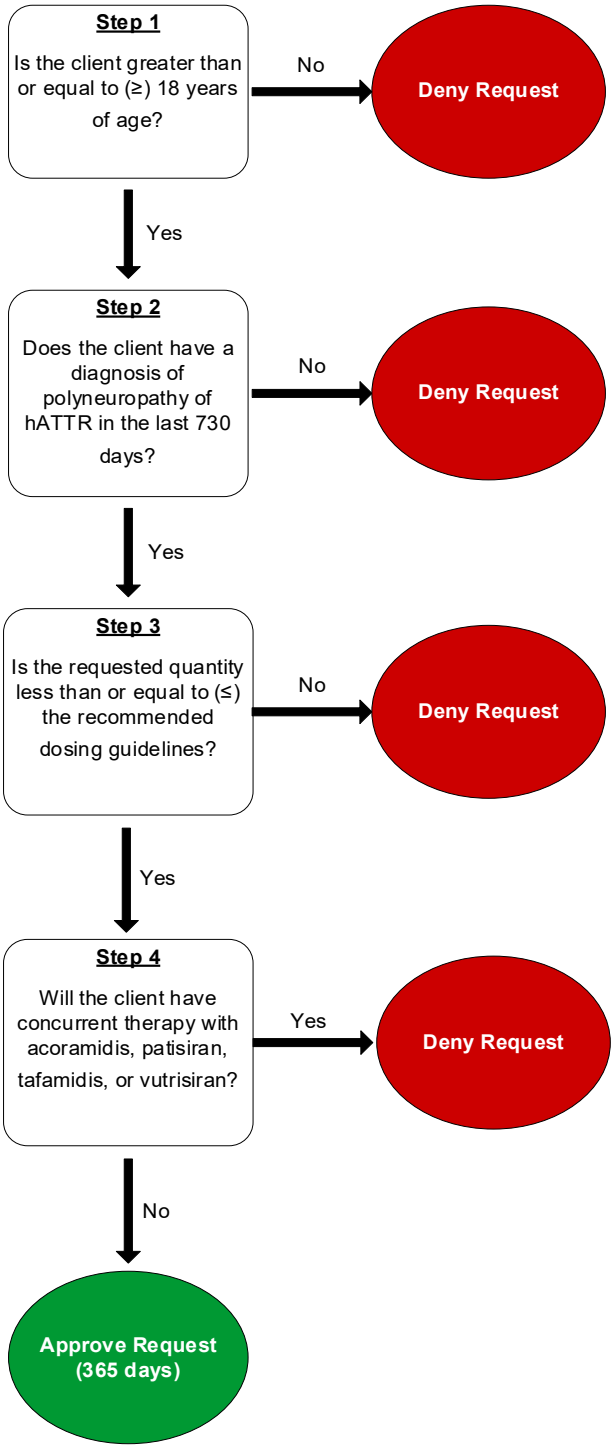
Wainua (Eplontersen)

Clinical Criteria Logic Diagram



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Wainua (Eplontersen)

Clinical Criteria Supporting Tables

Table 2 (diagnosis of polyneuropathy of hereditary transthyretin-mediated amyloidosis) Required diagnosis: *1* Look back timeframe: *730* days	
ICD-10 Code	**Description**
E851	NEUROPATHIC HEREDOFAMILIAL AMYLOIDOSIS

Table 3 Dosing Guidelines	
Label Name	**Recommended Dose**
Wainua 45 mg/0.8 mL autoinjector	45 mg (1 syringe) SQ monthly

Table 4 (acoramidis, patisiran, tafamidis, or vutrisiran) Required claims: *1* Look back timeframe: *current therapy*	
GCN	**Label Name**
52467	AMVUTTRA 25 MG/0.5 ML SYRINGE
56533	ATTRUBY 356 MG TABLET
45125	ONPATTRO 10MG/5ML VIAL
46258	VYNDAMAX 61 MG CAPSULE
37584	VYNDAQEL 20 MG CAPSULE

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Transthyretin Agents

Clinical Criteria References

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Transthyretin 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
04/24/2020	• Initial publication and presentation to the DUR Board
10/08/2021	• Removed specialist requirement from criteria
12/02/2022	• Annual review by staff • Updated references
01/27/2023	• Corrected spelling of ratio Tegsedi question 4
01/10/2024	• Annual review by staff • Updated references
08/31/2024	• Annual review by staff • Updated references
04/25/2025	• Added criteria for Attruby as approved by the DUR Board
06/30/2025	• Annual review by staff • Removed GCN and criteria for Tegsedi (45559) – product discontinued • Added GCNs for Amvuttra (52467) and Onpattro (45125) to concurrent therapy supporting table • Updated references
10/24/2025	• Added criteria for Wainua as approved by the DUR Board