

Texas Prior Authorization Program
Clinical Criteria

Drug/Drug Class

Aliskiren-Containing Agents

Clinical Criteria Information included in this Document

150mg Aliskiren-Containing Agents

- [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

300mg Aliskiren-Containing Agents

- [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 GCNs for Edarbyclor (31164), Entresto Sprinkle (55586, 55585), Exforge HCT (22625, 22648, 22631, 22649, 22705), Lotrel (26949, 33093), Moexipril-HCTZ (67722, 15777, 67721), Vaseretic (54862), Vasotec (00962, 00961, 00960), and Zestoretic (88002) to the ACEI or ARB Agent supporting table

Removed GCNs for Accupril (27570, 27571, 27573, 27572), Accuretic (54160, 54161, 94490), Altace (48541, 48544, 48542, 48543), Avapro (04752), Micardis (23833, 23832), Prinivil (47261), and Tarka (32111, 32113, 32114) from the ACEI or ARB Agent supporting table – products discontinued

Added ICD-10 code Q271 to the Diagnosis of Renal Artery Stenosis supporting table

Removed diagnosis check for pregnancy and diagnosis check negating pregnancy from 150 mg and 300 mg Aliskiren-Containing Agents criteria

Removed ICD-10 codes E10321, E10329, E10331, E10339, E10341, E10349, E10351, E10359, E11321, E11329, E11331, E11339, E11341, E11349, E11351, E11359, E13321, E13329, E13331, E13339, E13341, E13349, E13351, and E13359 from the Diagnosis of Diabetes supporting table – Non-billable/Non-specific codes

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

Updated criteria lookback for prior claims to say “concurrent therapy”

Updated references

**150mg Aliskiren-Containing Agents****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
TEKTURNA 150 MG TABLET	98077
ALISKIREN 150 MG TABLET	98077

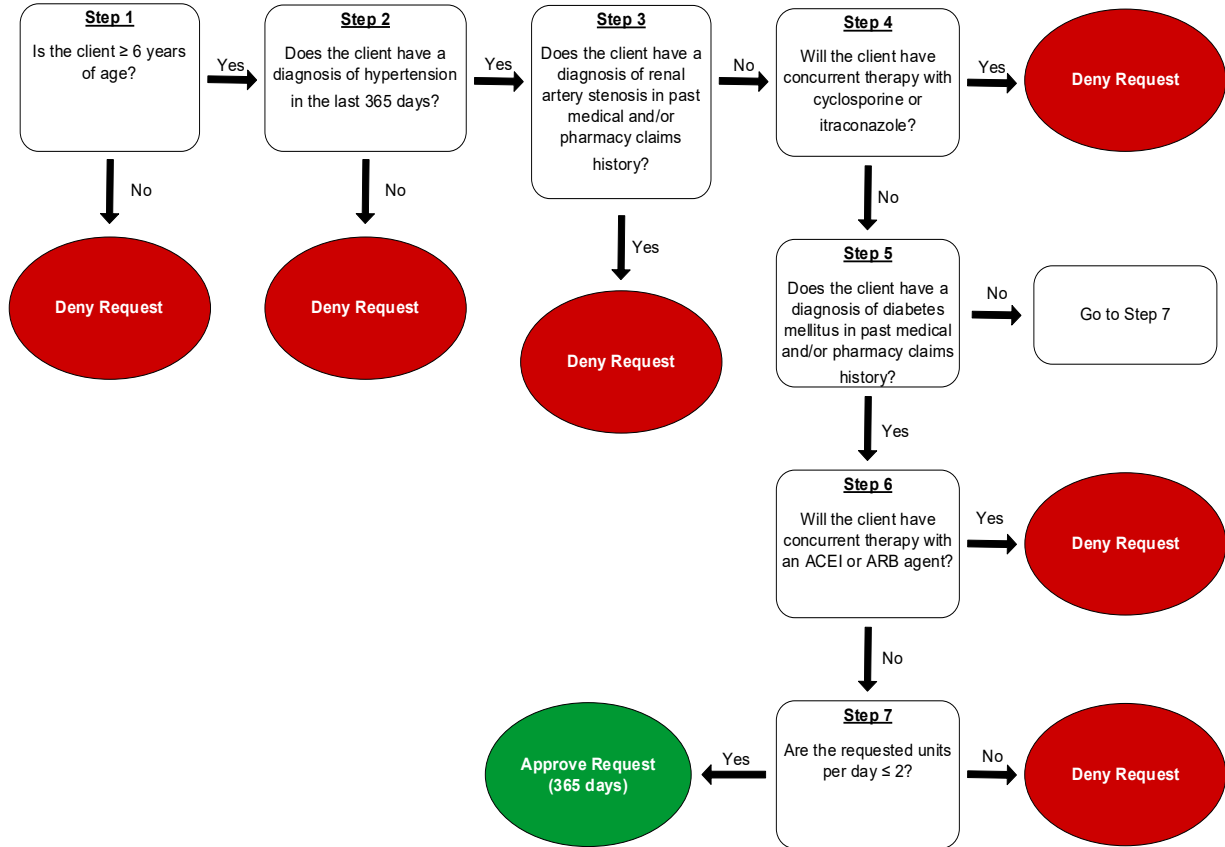
**150mg Aliskiren-Containing Agents****Clinical Criteria Logic**

1. Is the client greater than or equal to (\geq) 6 years of age?
 Yes – Go to #2
 No – Deny
2. Does the client have a [diagnosis of hypertension](#) in the last 365 days?
 Yes – Go to #3
 No – Deny
3. Does the client have a [diagnosis of renal artery stenosis](#) in past medical and/or pharmacy claims history?
 Yes – Deny
 No – Go to #4
4. Will the client have concurrent therapy with [cyclosporine or itraconazole](#)?
 Yes – Deny
 No – Go to #5
5. Does the client have a [diagnosis of diabetes mellitus](#) in past medical and/or pharmacy claims history?
 Yes – Go to #6
 No – Go to #7
6. Will the client have concurrent therapy with an [ACEI or ARB agent](#)?
 Yes – Deny
 No – Go to #7
7. Are the requested units per day less than or equal to (\leq) 2?
 Yes – Approve (365 Days)
 No – Deny



150mg Aliskiren-Containing Agents

Clinical Criteria Logic Diagram





150mg Aliskiren-Containing Agents

Clinical Criteria Supporting Tables

Table 2 (diagnosis of hypertension)	
ICD-10 Code	Description
I10	ESSENTIAL (PRIMARY) HYPERTENSION
I110	HYPERTENSIVE HEART DISEASE WITH HEART FAILURE
I119	HYPERTENSIVE HEART DISEASE WITHOUT HEART FAILURE
I120	HYPERTENSIVE CHRONIC KIDNEY DISEASE WITH STAGE 5 CHRONIC KIDNEY DISEASE OR END STAGE RENAL DISEASE
I129	HYPERTENSIVE CHRONIC KIDNEY DISEASE WITH STAGE 1 THROUGH STAGE 4 CHRONIC KIDNEY DISEASE, OR UNSPECIFIED CHRONIC KIDNEY DISEASE
I130	HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE WITH HEART FAILURE AND STAGE 1 THROUGH STAGE 4 CHRONIC KIDNEY DISEASE, OR UNSPECIFIED CHRONIC KIDNEY DISEASE
I1310	HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE WITHOUT HEART FAILURE, WITH STAGE 1 THROUGH STAGE 4 CHRONIC KIDNEY DISEASE, OR UNSPECIFIED CHRONIC KIDNEY DISEASE
I1311	HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE WITHOUT HEART FAILURE, WITH STAGE 5 CHRONIC KIDNEY DISEASE, OR END STAGE RENAL DISEASE
I132	HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE WITH HEART FAILURE AND WITH STAGE 5 CHRONIC KIDNEY DISEASE, OR END STAGE RENAL DISEASE
I150	RENOVASCULAR HYPERTENSION
I151	HYPERTENSION SECONDARY TO OTHER RENAL DISORDERS
I152	HYPERTENSION SECONDARY TO ENDOCRINE DISORDERS
I158	OTHER SECONDARY HYPERTENSION
I159	SECONDARY HYPERTENSION, UNSPECIFIED

Table 3 (diagnosis of renal artery stenosis)	
ICD-10 Code	Description
I701	ATHEROSCLEROSIS OF RENAL ARTERY
Q271	CONGENITAL RENAL ARTERY STENOSIS

Table 4 (cyclosporine or itraconazole)	
GCN	Label Name
13911	CYCLOSPORINE 25 MG CAPSULE
13910	CYCLOSPORINE 100 MG CAPSULE
13918	CYCLOSPORINE MODIFIED 25 MG
13916	CYCLOSPORINE MODIFIED 50 MG
13919	CYCLOSPORINE MODIFIED 100 MG
13917	CYCLOSPORINE MODIFIED 100 MG/ML
13918	GENGRAF 25 MG CAPSULE
13919	GENGRAF 100 MG CAPSULE
13917	GENGRAF 100 MG/ML SOLUTION
49101	ITRACONAZOLE 100 MG CAPSULE
49100	ITRACONAZOLE 100 MG/ML SOLUTION
13918	NEORAL 25 MG GELATIN CAPSULE
13919	NEORAL 100 MG GELATN CAPSULE
13917	NEORAL 100 MG/ML SOLUTION
13910	SANDIMMUNE 100MG CAPSULE
08220	SANDIMMUNE 100MG/ML SOLN
13911	SANDIMMUNE 25MG CAPSULE
49100	SPORANOX 10 MG/ML SOLUTION
49101	SPORANOX 100 MG CAPSULE
45848	TOLSURA 65 MG CAPSULE

Table 5 (diagnosis of diabetes mellitus)	
ICD-10 Code	Description
E1010	TYPE 1 DIABETES MELLITUS WITH KETOACIDOSIS WITHOUT COMA
E1011	TYPE 1 DIABETES MELLITUS WITH KETOACIDOSIS WITH COMA
E1021	TYPE 1 DIABETES MELLITUS WITH DIABETIC NEPHROPATHY
E1022	TYPE 1 DIABETES MELLITUS WITH DIABETIC CHRONIC KIDNEY DISEASE
E1029	TYPE 1 DIABETES MELLITUS WITH OTHER DIABETIC KIDNEY COMPLICATION
E10311	TYPE 1 DIABETES MELLITUS WITH UNSPECIFIED DIABETIC RETINOPATHY WITH MACULAR EDEMA
E10319	TYPE 1 DIABETES MELLITUS WITH UNSPECIFIED DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA
E1036	TYPE 1 DIABETES MELLITUS WITH DIABETIC CATARACT
E1039	TYPE 1 DIABETES MELLITUS WITH OTHER DIABETIC OPHTHALMIC COMPLICATION
E1040	TYPE 1 DIABETES MELLITUS WITH DIABETIC NEUROPATHY, UNSPECIFIED
E1041	TYPE 1 DIABETES MELLITUS WITH DIABETIC MONONEUROPATHY
E1042	TYPE 1 DIABETES MELLITUS WITH DIABETIC POLYNEUROPATHY
E1043	TYPE 1 DIABETES MELLITUS WITH DIABETIC AUTONOMIC (POLY)NEUROPATHY
E1044	TYPE 1 DIABETES MELLITUS WITH DIABETIC AMYOTROPHY
E1049	TYPE 1 DIABETES MELLITUS WITH OTHER DIABETIC NEUROLOGICAL COMPLICATION
E1051	TYPE 1 DIABETES MELLITUS WITH DIABETIC PERIPHERAL ANGIOPATHY WITHOUT GANGRENE
E1052	TYPE 1 DIABETES MELLITUS WITH DIABETIC PERIPHERAL ANGIOPATHY WITH GANGRENE
E1059	TYPE 1 DIABETES MELLITUS WITH OTHER CIRCULATORY COMPLICATIONS
E10610	TYPE 1 DIABETES MELLITUS WITH DIABETIC NEUROPATHIC ARTHROPATHY
E10618	TYPE 1 DIABETES MELLITUS WITH OTHER DIABETIC ARTHROPATHY
E10620	TYPE 1 DIABETES MELLITUS WITH DIABETIC DERMATITIS

Table 5 (diagnosis of diabetes mellitus)	
ICD-10 Code	Description
E10621	TYPE 1 DIABETES MELLITUS WITH FOOT ULCER
E10622	TYPE 1 DIABETES MELLITUS WITH OTHER SKIN ULCER
E10628	TYPE 1 DIABETES MELLITUS WITH OTHER SKIN COMPLICATIONS
E10630	TYPE 1 DIABETES MELLITUS WITH PERIODONTAL DISEASE
E10638	TYPE 1 DIABETES MELLITUS WITH OTHER ORAL COMPLICATIONS
E10641	TYPE 1 DIABETES MELLITUS WITH HYPOGLYCEMIA WITH COMA
E10649	TYPE 1 DIABETES MELLITUS WITH HYPOGLYCEMIA WITHOUT COMA
E1065	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA
E1069	TYPE 1 DIABETES MELLITUS WITH OTHER SPECIFIED COMPLICATION
E108	TYPE 1 DIABETES MELLITUS WITH UNSPECIFIED COMPLICATIONS
E109	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS
E1100	TYPE 2 DIABETES MELLITUS WITH HYPEROSMOLARITY WITHOUT NONKETOTIC HYPERGLYCEMIC-HYPEROSMOLAR COMA (NKHHC)
E1101	TYPE 2 DIABETES MELLITUS WITH HYPEROSMOLARITY WITH COMA
E1121	TYPE 2 DIABETES MELLITUS WITH DIABETIC NEPHROPATHY
E1122	TYPE 2 DIABETES MELLITUS WITH DIABETIC CHRONIC KIDNEY DISEASE
E1129	TYPE 2 DIABETES MELLITUS WITH OTHER DIABETIC KIDNEY COMPLICATION
E11311	TYPE 2 DIABETES MELLITUS WITH UNSPECIFIED DIABETIC RETINOPATHY WITH MACULAR EDEMA
E11319	TYPE 2 DIABETES MELLITUS WITH UNSPECIFIED DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA
E1136	TYPE 2 DIABETES MELLITUS WITH DIABETIC CATARACT
E1139	TYPE 2 DIABETES MELLITUS WITH OTHER DIABETIC OPHTHALMIC COMPLICATION
E1140	TYPE 2 DIABETES MELLITUS WITH DIABETIC NEUROPATHY, UNSPECIFIED
E1141	TYPE 2 DIABETES MELLITUS WITH DIABETIC MONONEUROPATHY
E1142	TYPE 2 DIABETES MELLITUS WITH DIABETIC POLYNEUROPATHY

Table 5 (diagnosis of diabetes mellitus)	
ICD-10 Code	Description
E1143	TYPE 2 DIABETES MELLITUS WITH DIABETIC AUTONOMIC (POLY)NEUROPATHY
E1144	TYPE 2 DIABETES MELLITUS WITH DIABETIC AMYOTROPHY
E1149	TYPE 2 DIABETES MELLITUS WITH OTHER DIABETIC NEUROLOGICAL COMPLICATION
E1151	TYPE 2 DIABETES MELLITUS WITH DIABETIC PERIPHERAL ANGIOPATHY WITHOUT GANGRENE
E1152	TYPE 2 DIABETES MELLITUS WITH DIABETIC PERIPHERAL ANGIOPATHY WITH GANGRENE
E1159	TYPE 2 DIABETES MELLITUS WITH OTHER CIRCULATORY COMPLICATIONS
E11610	TYPE 2 DIABETES MELLITUS WITH DIABETIC NEUROPATHIC ARTHROPATHY
E11618	TYPE 2 DIABETES MELLITUS WITH OTHER DIABETIC ARTHROPATHY
E11620	TYPE 2 DIABETES MELLITUS WITH DIABETIC DERMATITIS
E11621	TYPE 2 DIABETES MELLITUS WITH FOOT ULCER
E11622	TYPE 2 DIABETES MELLITUS WITH OTHER SKIN ULCER
E11628	TYPE 2 DIABETES MELLITUS WITH OTHER SKIN COMPLICATIONS
E11630	TYPE 2 DIABETES MELLITUS WITH PERIODONTAL DISEASE
E11638	TYPE 2 DIABETES MELLITUS WITH OTHER ORAL COMPLICATIONS
E11641	TYPE 2 DIABETES MELLITUS WITH HYPOGLYCEMIA WITH COMA
E11649	TYPE 2 DIABETES MELLITUS WITH HYPOGLYCEMIA WITHOUT COMA
E1165	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA
E1169	TYPE 2 DIABETES MELLITUS WITH OTHER SPECIFIED COMPLICATION
E118	TYPE 2 DIABETES MELLITUS WITH UNSPECIFIED COMPLICATIONS
E119	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS
E1300	OTHER SPECIFIED DIABETES MELLITUS WITH HYPEROSMOLARITY WITHOUT NONKETOTIC HYPERGLYCEMIC-HYPEROSMOLAR COMA (NKHHC)
E1301	OTHER SPECIFIED DIABETES MELLITUS WITH HYPEROSMOLARITY WITH COMA

Table 5 (diagnosis of diabetes mellitus)	
ICD-10 Code	Description
E1310	OTHER SPECIFIED DIABETES MELLITUS WITH KETOACIDOSIS WITHOUT COMA
E1311	OTHER SPECIFIED DIABETES MELLITUS WITH KETOACIDOSIS WITH COMA
E1321	OTHER SPECIFIED DIABETES MELLITUS WITH DIABETIC NEPHROPATHY
E1322	OTHER SPECIFIED DIABETES MELLITUS WITH DIABETIC CHRONIC KIDNEY DISEASE
E1329	OTHER SPECIFIED DIABETES MELLITUS WITH OTHER DIABETIC KIDNEY COMPLICATION
E13311	OTHER SPECIFIED DIABETES MELLITUS WITH UNSPECIFIED DIABETIC RETINOPATHY WITH MACULAR EDEMA
E13319	OTHER SPECIFIED DIABETES MELLITUS WITH UNSPECIFIED DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA
E1336	OTHER SPECIFIED DIABETES MELLITUS WITH DIABETIC CATARACT
E1339	OTHER SPECIFIED DIABETES MELLITUS WITH OTHER DIABETIC OPHTHALMIC COMPLICATION
E1340	OTHER SPECIFIED DIABETES MELLITUS WITH DIABETIC NEUROPATHY, UNSPECIFIED
E1341	OTHER SPECIFIED DIABETES MELLITUS WITH DIABETIC MONONEUROPATHY
E1342	OTHER SPECIFIED DIABETES MELLITUS WITH DIABETIC POLYNEUROPATHY
E1343	OTHER SPECIFIED DIABETES MELLITUS WITH DIABETIC AUTONOMIC (POLY)NEUROPATHY
E1344	OTHER SPECIFIED DIABETES MELLITUS WITH DIABETIC AMYOTROPHY
E1349	OTHER SPECIFIED DIABETES MELLITUS WITH OTHER DIABETIC NEUROLOGICAL COMPLICATION
E1351	OTHER SPECIFIED DIABETES MELLITUS WITH DIABETIC PERIPHERAL ANGIOPATHY WITHOUT GANGRENE
E1352	OTHER SPECIFIED DIABETES MELLITUS WITH DIABETIC PERIPHERAL ANGIOPATHY WITH GANGRENE
E1359	OTHER SPECIFIED DIABETES MELLITUS WITH OTHER CIRCULATORY COMPLICATIONS
E13610	OTHER SPECIFIED DIABETES MELLITUS WITH DIABETIC NEUROPATHIC ARTHROPATHY

Table 5 (diagnosis of diabetes mellitus)	
ICD-10 Code	Description
E13618	OTHER SPECIFIED DIABETES MELLITUS WITH OTHER DIABETIC ARTHROPATHY
E13620	OTHER SPECIFIED DIABETES MELLITUS WITH DIABETIC DERMATITIS
E13621	OTHER SPECIFIED DIABETES MELLITUS WITH FOOT ULCER
E13622	OTHER SPECIFIED DIABETES MELLITUS WITH OTHER SKIN ULCER
E13628	OTHER SPECIFIED DIABETES MELLITUS WITH OTHER SKIN COMPLICATIONS
E13630	OTHER SPECIFIED DIABETES MELLITUS WITH PERIODONTAL DISEASE
E13638	OTHER SPECIFIED DIABETES MELLITUS WITH OTHER ORAL COMPLICATIONS
E13641	OTHER SPECIFIED DIABETES MELLITUS WITH HYPOGLYCEMIA WITH COMA
E13649	OTHER SPECIFIED DIABETES MELLITUS WITH HYPOGLYCEMIA WITHOUT COMA
E1365	OTHER SPECIFIED DIABETES MELLITUS WITH HYPERGLYCEMIA
E1369	OTHER SPECIFIED DIABETES MELLITUS WITH OTHER SPECIFIED COMPLICATION
E138	OTHER SPECIFIED DIABETES MELLITUS WITH UNSPECIFIED COMPLICATIONS
E139	OTHER SPECIFIED DIABETES MELLITUS WITHOUT COMPLICATIONS

Table 6 (ACEI or ARB agent)	
GCN	Label Name
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

Table 6 (ACEI or ARB agent)	
GCN	Label Name
98939	AMLODIPINE-OLMESARTAN 10-40MG
98937	AMLODIPINE-OLMESARTAN 10-20MG
98938	AMLODIPINE-OLMESARTAN 5-40MG
98936	AMLODIPINE-OLMESARTAN 5-20MG
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
22625	AMLOD-VALSA-HCTZ 5-160-12.5MG TABLET
22648	AMLOD-VALSA-HCTZ 5-160-25MG TABLET
73544	ATACAND 16 MG TABLET
73545	ATACAND 32 MG TABLET
73542	ATACAND 4 MG TABLET
73543	ATACAND 8 MG TABLET
21559	ATACAND HCT 16-12.5 MG TAB
21569	ATACAND HCT 32-12.5 MG TAB
13258	ATACAND HCT 32-25 MG TAB
11042	AVALIDE 150-12.5 MG TABLET
11295	AVALIDE 300-12.5 MG TABLET
04749	AVAPRO 150 MG TABLET
04750	AVAPRO 300 MG TABLET
98937	AZOR 10-20 MG TABLET

Table 6 (ACEI or ARB agent)	
GCN	Label Name
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
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

Table 6 (ACEI or ARB agent)	
GCN	Label Name
01483	CAPTOPRIL 12.5 MG TABLET
01481	CAPTOPRIL 25 MG TABLET
01482	CAPTOPRIL 50 MG TABLET
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
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
00961	ENALAPRIL MALEATE 10 MG TAB
00963	ENALAPRIL MALEATE 2.5 MG TAB

Table 6 (ACEI or ARB agent)	
GCN	Label Name
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
39046	ENTRESTO 24-26 MG TABLET
39047	ENTRESTO 49-51 MG TABLET
39048	ENTRESTO 97-103 MG TABLET
55586	ENTRESTO SPRINKLE 6-6MG PELLETT
55585	ENTRESTO SPRINKLE 15-16 MG PLT
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 10-320-25 MG 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

Table 6 (ACEI or ARB agent)	
GCN	Label Name
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
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
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
26949	LOTREL 5-40 MG CAPSULE
33093	LOTREL 2.5-10 MG CAPSULE
17604	LOTREL 10-20 MG CAPSULE

Table 6 (ACEI or ARB agent)	
GCN	Label Name
26950	LOTREL 10-40 MG CAPSULE
33092	LOTREL 5-10 MG CAPSULE
33090	LOTREL 5-20 MG CAPSULE
23831	MICARDIS 40 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
67722	MOEXIPRIL-HCTZ 7.5-12.5 MG TAB
15777	MOEXIPRIL-HCTZ 15-12.5 MG TAB
67721	MOEXIPRIL-HCTZ 15-25 MG TABLET
28855	OLMSRTN-AMLDPN-HCTZ 40-10-25MG
28854	OLMSRTN-AMLDPN-HCTZ 40-10-12.5MG
28839	OLMSRTN-AMLDPN-HCTZ 40-5-25MG
28837	OLMSRTN-AMLDPN-HCTZ 20-5-12.5MG
28838	OLMSRTN-AMLDPN-HCTZ 40-5-12.5MG
17284	OLMESARTAN MEDOXOMIL 5MG TAB
17285	OLMESARTAN MEDOXOMIL 20MG TAB
17286	OLMESARTAN MEDOXOMIL 40MG TAB
20074	OLMESARTAN-HCTZ 20-12.5MG TAB
20075	OLMESARTAN-HCTZ 40-12.5MG TAB
20076	OLMESARTAN-HCTZ 40-25MG TAB
13758	PERINDOPRIL ERBUMINE 2 MG TAB
13759	PERINDOPRIL ERBUMINE 4 MG TAB

Table 6 (ACEI or ARB agent)	
GCN	Label Name
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
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

Table 6 (ACEI or ARB agent)	
GCN	Label Name
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 40-10-12.5 MG TABLET
28855	TRIBENZOR 40-10-25 MG TABLET
28838	TRIBENZOR 40-5-12.5 MG TABLET
28839	TRIBENZOR 40-5-25 MG TABLET
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
54862	VASERETIC 5-12.5 MG TABLET
00962	VASOTEC 20 MG TABLET
00961	VASOTEC 10 MG TABLET
00960	VASOTEC 5 MG TABLET
00963	VASOTEC 2.5 MG TABLET

Table 6 (ACEI or ARB agent)	
GCN	Label Name
88000	ZESTORETIC 20-12.5 MG TABLET
88001	ZESTORETIC 20-25 MG TABLET
88002	ZESTORETIC 10-12.5 MG TABLET



300mg Aliskiren-Containing Agents

Drugs Requiring Prior Authorization

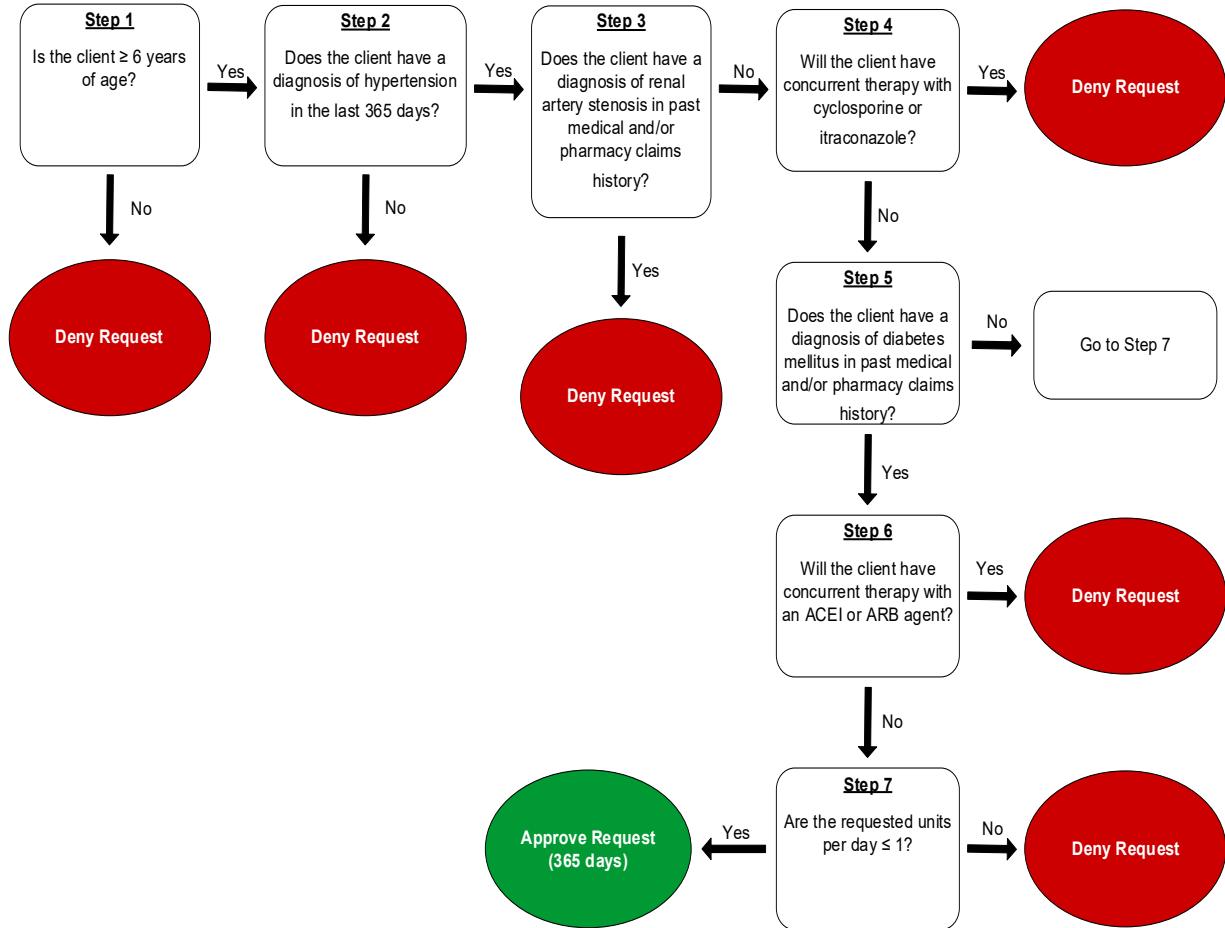
The listed GCNs may not be an indication of Texas Medicaid Formulary coverage. To learn the current formulary coverage, visit txvendordrug.com/searches/formulary-drug-search.

Drugs Requiring Prior Authorization	
Label Name	GCN
TEKTURNA 300 MG TABLET	98076
ALISKIREN 300 mg TABLET	98076

**300mg Aliskiren-Containing Agents****Clinical Criteria Logic**

1. Is the client greater than or equal to (\geq) 6 years of age?
 Yes – Go to #2
 No – Deny
2. Does the client have a [diagnosis of hypertension](#) in the last 365 days?
 Yes – Go to #3
 No – Deny
3. Does the client have a [diagnosis of renal artery stenosis](#) in past medical and/or pharmacy claims history?
 Yes – Deny
 No – Go to #4
4. Will the client have concurrent therapy with [cyclosporine or itraconazole](#)?
 Yes – Deny
 No – Go to #5
5. Does the client have a [diagnosis of diabetes mellitus](#) in past medical and/or pharmacy claims history?
 Yes – Go to #6
 No – Go to #7
6. Will the client have concurrent therapy with an [ACEI or ARB agent](#)?
 Yes – Deny
 No – Go to #7
7. Are the requested units per day less than or equal to (\leq) 1?
 Yes – Approve (365 Days)
 No – Deny

PAXPRESS™ **300mg Aliskiren-Containing Agents**
Clinical Criteria Logic Diagram





300mg Aliskiren-Containing Agents

Clinical Criteria Supporting Tables

Table 2 (diagnosis of hypertension)

For the list of diagnoses that pertain to this step, see the [Hypertension Diagnoses](#) table in the previous “Supporting Tables” section.

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

Table 3 (diagnosis of renal artery stenosis)

For the list of diagnoses that pertain to this step, see the [Renal Artery Stenosis Diagnoses](#) table in the previous “Supporting Tables” section.

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

Table 4 (cyclosporine or itraconazole)

For the list of drug names and GCNs that pertain to this step, see the [Cyclosporine and Itraconazole Agents](#) table in the previous “Supporting Tables” section.

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

Table 5 (diagnosis of diabetes mellitus)

For the list of diagnoses that pertain to this step, see the [Diabetes Mellitus Diagnoses](#) table in the previous “Supporting Tables” section.

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

Table 6 (ACEI or ARB agent)

For the list of drug names and GCNs that pertain to this step, see the [ACEI and ARB Agents](#) table in the previous “Supporting Tables” section.

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



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Clinical Criteria References

1. 2025 ICD-10-CM Diagnosis Codes. 2025. Available at www.icd10data.com. Accessed on October 26, 2025.
2. Clinical Pharmacology [online database]. Tampa, FL: Elsevier/Gold Standard, Inc.; 2025. Available at www.clinicalkey.com/pharmacology. Accessed on October 26, 2025.
3. Micromedex [online database]. Available at www.micromedexsolutions.com. Accessed on October 26, 2025.
4. Tekturna Prescribing Information. Lansdale, PA. LXO US Inc. December 2023.
5. Aliskiren Prescribing Information. Mason, OH. Prasco Laboratories. May 2023.



Aliskiren-Containing 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
06/18/2012	<ul style="list-style-type: none"> Initial publication and posting to website
04/03/2015	<ul style="list-style-type: none"> Updated to include ICD-10 codes
05/31/2016	<ul style="list-style-type: none"> Added question 4 to Clinical Edit Logic Added step 4 to Clinical Edit Diagram Added table 4 Reviewed and updated table 8 Added question 4 to Clinical Edit Logic Added step 4 to Clinical Edit Diagram Added table 4 Updated references
03/21/2019	<ul style="list-style-type: none"> 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 TxVendorDrug.com/formulary/formulary-search.) on each 'Drug Requiring PA' table
02/17/2021	<ul style="list-style-type: none"> Annual review by staff Removed GCNs for Tekamlo and Amturnide (agents discontinued) Changed age to ≥ 6 years of age Updated Table 6 and Table 8 Updated references
07/05/2022	<ul style="list-style-type: none"> Annual review by staff Added GCN for Tolsura (45848) to Table 6 Added GCNs for amlodipine-olmesartan and Azor (98939, 98937, 98938, 98936), olmesartan-amlodipine-hctz (28855, 25584, 28839, 28837, 28838), olmesartan (17284, 17285, 17286), olmesartan-hctz (20074, 20075, 20076) and Qbrelis (41984) to Table 8 Updated references
08/15/2023	<ul style="list-style-type: none"> Annual review by staff

Publication Date	Notes
	<ul style="list-style-type: none"> Updated references
01/24/2025	<ul style="list-style-type: none"> Annual review by staff Removed Tekturna HCT (99310, 99311) from Drugs Requiring PA section – product discontinued Updated references
10/31/2025	<ul style="list-style-type: none"> Annual review by staff Added GCNs for Edarbyclor (31164), Entresto Sprinkle (55586, 55585), Exforge HCT (22625, 22648, 22631, 22649, 22705), Lotrel (26949, 33093), Moexipril-HCTZ (67722, 15777, 67721), Vasoretic (54862), Vasotec (00962, 00961, 00960), and Zestoretic (88002) to the ACEI or ARB Agent supporting table Removed GCNs for Accupril (27570, 27571, 27573, 27572), Accuretic (54160, 54161, 94490), Altace (48541, 48544, 48542, 48543), Avapro (04752), Micardis (23833, 23832), Prinivil (47261), and Tarka (32111, 32113, 32114) from the ACEI or ARB Agent supporting table – products discontinued Added ICD-10 code Q271 to the Diagnosis of Renal Artery Stenosis supporting table Removed diagnosis check for pregnancy and diagnosis check negating pregnancy from 150 mg and 300 mg Aliskiren-Containing Agents criteria Removed ICD-10 codes E10321, E10329, E10331, E10339, E10341, E10349, E10351, E10359, E11321, E11329, E11331, E11339, E11341, E11349, E11351, E11359, E13321, E13329, E13331, E13339, E13341, E13349, E13351, and E13359 from the Diagnosis of Diabetes supporting table – Non-billable/Non-specific codes Updated criteria lookback language to say, “in past medical and/or pharmacy claims history?” Updated criteria lookback for prior claims to say “concurrent therapy” Updated references