Texas Prior Authorization Program
Clinical Criteria

## Drug/Drug Class

# Calcitonin Gene-Related Peptide Receptor (CGRP) Antagonists (Acute Treatment)

## Clinical Criteria Information included in this Document

**Nurtec ODT (Rimegepant)**

- 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

**Ubrelvy (Ubrogepant)**

- 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

**Zavzpret (Zavegepant)**

- 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 Maxalt (19591, 19593), Rizatriptan (19591), Calan (47110, 02342), Crixivan (26823, 26824), Gengraf (13916), Invirase (26760), Kaletra (31781), Norvir (26812), Orkambi (52865), Phenytoin (17161), Prezista (27226, 14569), Promacta (39346), Quinidine (01060), Tafinlar (84531), Tarka (32112), Tegretol (17460), Xtandi (46626, 48452), Lescol (00030, 00031), Effexor (16811,16812,16813,16814,16815), Inderal (20630,20631,20632,20633,20634,20635), Nadolol (20650,20651), and Topiramate (35103, 35104, 35106) to the “Supporting Tables” section

Updated references

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# Nurtec ODT (Rimegepant)

## Drugs Requiring Prior Authorization

****Criteria for Nurtec ODT for prophylactic treatment of migraine can be found in the CGRP Antagonists, Prophylaxis criteria guide.**

*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** |
| NURTEC ODT 75 MG TABLET | 47762 |

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# Nurtec ODT (Rimegepant)

## 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 migraine headache in the last 730 days?

   [ ] Yes – Go to #3

   [ ] No – Deny

3. Does the client have an approved prior authorization for rimegepant, ubrogepant, or zavegepant in the last 365 days?

   [ ] Yes – Go to #5

   [ ] No – Go to #4

4. Has the client tried and failed therapy with at least 2 different triptans, or does the client have a contraindication to triptan therapy?

   [ ] Yes – Go to #5

   [ ] No – Deny

5. Does the client have a diagnosis of severe hepatic impairment in the last 365 days?

   [ ] Yes – Deny

   [ ] No – Go to #6

6. Will the client have concurrent therapy with a drug listed in Nurtec ODT Table 6 not recommended for concomitant use?

   [ ] Yes – Deny

   [ ] No – Go to #7

7. Is the requested quantity greater than 18 tablets in 30 days?

   [ ] Yes – Deny

   [ ] No – Go to #8

8. Will the client have concurrent therapy with a prophylactic agent?

   [ ] Yes – Approve (365 days)

   [ ] No – Approve (90 days)

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# Nurtec ODT (Rimegepant)

## Clinical Criteria Logic Diagram

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# Ubrelvy (Ubrogepant)

## 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** |
| UBRELVY 100 MG TABLET | 47478 |
| UBRELVY 50 MG TABLET | 47477 |

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# Ubrelvy (Ubrogepant)

## 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 migraine headache in the last 730 days?

   [ ] Yes – Go to #3

   [ ] No – Deny

3. Does the client have an approved prior authorization for rimegepant, ubrogepant, or zavegepant in the last 365 days?

   [ ] Yes – Go to #5

   [ ] No – Go to #4

4. Has the client tried and failed therapy with at least 2 different triptans, or does the client have a contraindication to triptan therapy?

   [ ] Yes – Go to #5

   [ ] No – Deny

5. Does the client have a diagnosis of end stage renal disease (ESRD) in the last 365 days?

   [ ] Yes – Deny

   [ ] No – Go to #6

6. Will the client have concurrent therapy with a strong CYP3A4 inhibitor or inducer that is contraindicated for concomitant use?

   [ ] Yes – Deny

   [ ] No – Go to #7

7. Is the requested quantity greater than 20 tablets in 30 days?

   [ ] Yes – Deny

   [ ] No – Go to #8

8. Will the client have concurrent therapy with a prophylactic agent?

   [ ] Yes – Approve (365 days)

   [ ] No – Approve (90 days)

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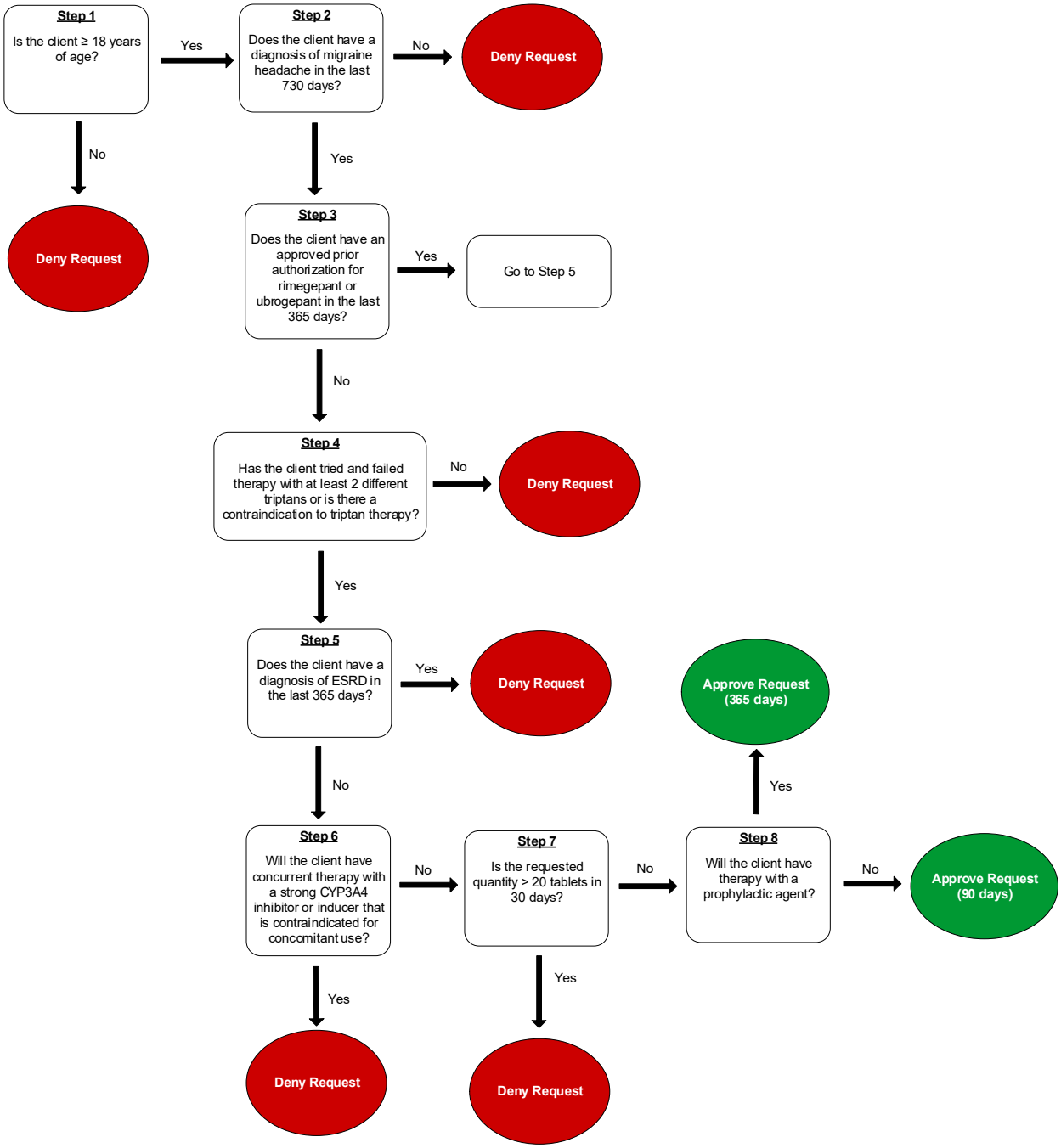
# Ubrelvy (Ubrogepant)

## Clinical Criteria Logic Diagram



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# Zavzpret (Zavegepant)

## 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** |
| ZAVZPRET 10 MG NASAL SPRAY | 53837 |

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# Zavzpret (Zavegepant)

## 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 migraine headache in the last 730 days?

   [ ] Yes – Go to #3

   [ ] No – Deny

3. Does the client have an approved prior authorization for rimegepant, ubrogepant or zavegepant in the last 365 days?

   [ ] Yes – Go to #5

   [ ] No – Go to #4

4. Has the client tried and failed therapy with at least 2 different triptans, or does the client have a contraindication to triptan therapy?

   [ ] Yes – Go to #5

   [ ] No – Deny

5. Does the client have a diagnosis of severe hepatic impairment or severe renal impairment in the last 365 days?

   [ ] Yes – Deny

   [ ] No – Go to #6

6. Will the client have concurrent therapy with a drug listed in Zavzpret Table 6 which is not recommended for concomitant use?

   [ ] Yes – Deny

   [ ] No – Go to #7

7. Will the client have concurrent therapy with another CGRP antagonist for treatment of acute migraine?

   [ ] Yes – Deny

   [ ] No – Go to #8

8. Is the requested quantity greater than (>) 8 units in 30 days?

   [ ] Yes – Deny

   [ ] No – Go to #9

9. Will the client have concurrent therapy with a prophylactic agent?

   [ ] Yes – Approve (365 days)

   [ ] No – Approve (90 days)

  

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# Zavzpret (Zavegepant)

## Clinical Criteria Logic Diagram

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# CGRP Antagonists (Acute)

## Clinical Criteria Supporting Tables

| Table 2 (diagnosis of migraine headache)<br>Required diagnosis: *1*<br>Look back timeframe: *730* days | |
|---|---|
| **ICD-10 Code** | **Description** |
| G43001 | MIGRAINE WITHOUT AURA, NOT INTRACTABLE WITH STATUS MIGRAINOSUS |
| G43009 | MIGRAINE WITHOUT AURA, NOT INTRACTABLE WITHOUT STATUS MIGRAINOSUS |
| G43011 | MIGRAINE WITHOUT AURA, INTRACTABLE WITH STATUS MIGRAINOSUS |
| G43019 | MIGRAINE WITHOUT AURA, INTRACTABLE WITHOUT STATUS MIGRAINOSUS |
| G43101 | MIGRAINE WITH AURA, NOT INTRACTABLE WITH STATUS MIGRAINOSUS |
| G43109 | MIGRAINE WITH AURA, NOT INTRACTABLE WITHOUT STATUS MIGRAINOSUS |
| G43111 | MIGRAINE WITH AURA, INTRACTABLE WITH STATUS MIGRAINOSUS |
| G43119 | MIGRAINE WITH AURA, INTRACTABLE WITHOUT STATUS MIGRAINOSUS |
| G43401 | HEMIPLEGIC MIGRAINE, NOT INTRACTABLE WITH STATUS MIGRAINOSUS |
| G43409 | HEMIPLEGIC MIGRAINE, NOT INTRACTABLE WITHOUT STATUS MIGRAINOSUS |
| G43411 | HEMIPLEGIC MIGRAINE, INTRACTABLE WITH STATUS MIGRAINOSUS |
| G43419 | HEMIPLEGIC MIGRAINE, INTRACTABLE WITHOUT STATUS MIGRAINOSUS |
| G43501 | PERSISTENT MIGRAINE AURA WITHOUT CEREBRAL INFARCTION WITH STATUS MIGRAINOSUS |
| G43509 | PERSISTENT MIGRAINE AURA WITHOUT CEREBRAL INFARCTION WITHOUT STATUS MIGRAINOSUS |
| G43511 | PERSISTENT MIGRAINE AURA WITHOUT CEREBRAL INFARCTION, INTRACTABLE WITH STATUS MIGRAINOSUS |
| G43519 | PERSISTENT MIGRAINE AURA WITHOUT CEREBRAL INFARCTION, INTRACTABLE WITHOUT STATUS MIGRAINOSUS |
| G43601 | PERSISTENT MIGRAINE AURA WITH CEREBRAL INFARCTION, NOT INTRACTABLE WITH STATUS MIGRAINOSUS |

| Table 2 (diagnosis of migraine headache)<br>Required diagnosis: *1*<br>Look back timeframe: *730* days | |
|---|---|
| **ICD-10 Code** | **Description** |
| G43609 | PERSISTENT MIGRAINE AURA WITH CEREBRAL INFARCTION, NOT INTRACTABLE WITHOUT STATUS MIGRAINOSUS |
| G43611 | PERSISTENT MIGRAINE AURA WITH CEREBRAL INFARCTION, INTRACTABLE WITH STATUS MIGRAINOSUS |
| G43619 | PERSISTENT MIGRAINE AURA WITH CEREBRAL INFARCTION, INTRACTABLE WITHOUT STATUS MIGRAINOSUS |
| G43701 | CHRONIC MIGRAINE WITHOUT AURA WITH STATUS MIGRAINOSUS |
| G43709 | CHRONIC MIGRAINE WITHOUT AURA WITHOUT STATUS MIGRAINOSUS |
| G43711 | CHRONIC MIGRAINE WITHOUT AURA, INTRACTABLE WITH STATUS MIGRAINOSUS |
| G43719 | CHRONIC MIGRAINE WITHOUT AURA, INTRACTABLE WITH STATUS MIGRAINOSUS |
| G43B0 | OPHTHALMOPLEGIC MIGRAINE NOT INTRACTABLE |
| G43B1 | OPHTHALMOPLEGIC MIGRAINE INTRACTABLE |
| G43801 | OTHER MIGRAINE, NOT INTRACTABLE WITH STATUS MIGRAINOSUS |
| G43809 | OTHER MIGRAINE, NOT INTRACTABLE WITHOUT STATUS MIGRAINOSUS |
| G43811 | OTHER MIGRAINE, INTRACTABLE WITH STATUS MIGRAINOSUS |
| G43819 | OTHER MIGRAINE, INTRACTABLE WITHOUT STATUS MIGRAINOSUS |
| G43821 | MENSTRUAL MIGRAINE, NOT INTRACTABLE WITH STATUS MIGRAINOSUS |
| G43829 | MENSTRUAL MIGRAINE, NOT INTRACTABLE WITHOUT STATUS MIGRAINOSUS |
| G43831 | MENSTRUAL MIGRAINE, INTRACTABLE WITH STATUS MIGRAINOSUS |
| G43839 | MENSTRUAL MIGRAINE, INTRACTABLE WITHOUT STATUS MIGRAINOSUS |
| G43901 | MIGRAINE, UNSPECIFIED, NOT INTRACTABLE WITH STATUS MIGRAINOSUS |
| G43909 | MIGRAINE, UNSPECIFIED, NOT INTRACTABLE WITHOUT STATUS MIGRAINOSUS |
| G43911 | MIGRAINE, UNSPECIFIED, INTRACTABLE WITH STATUS MIGRAINOSUS |

| Table 2 (diagnosis of migraine headache)<br>Required diagnosis: *1*<br>Look back timeframe: *730* days | |
|---|---|
| **ICD-10 Code** | **Description** |
| G43919 | MIGRAINE, UNSPECIFIED, INTRACTABLE WITHOUT STATUS MIGRAINOSUS |

| Table 4 (history of triptan therapy)<br>Required claims: *2* | |
|---|---|
| **GCN** | **Label Name** |
| 12472 | ALMOTRIPTAN MALATE 12.5 MG TAB |
| 13587 | ALMOTRIPTAN MALATE 6.25 MG TAB |
| 81112 | AMERGE 1 MG TABLET |
| 81111 | AMERGE 2.5 MG TABLET |
| 15173 | ELETRIPTAN HBR 20 MG TABLET |
| 15174 | ELETRIPTAN HBR 40 MG TABLET |
| 14977 | FROVA 2.5 MG TABLET |
| 14977 | FROVATRIPTAN SUCC 2.5 MG TAB |
| 05701 | IMITREX 100 MG TABLET |
| 50744 | IMITREX 20 MG NASAL SPRAY |
| 05702 | IMITREX 25 MG TABLET |
| 26667 | IMITREX 4 MG/0.5 ML CARTRIDGES |
| 26666 | IMITREX 4 MG/0.5 ML PEN INJECT |
| 05700 | IMITREX 50 MG TABLET |
| 24708 | IMITREX 6 MG/0.5 ML CARTRIDGES |
| 50741 | IMITREX 6 MG/0.5 ML PEN INJECT |
| 50742 | IMITREX 6MG/0.5 ML VIAL |
| 50740 | IMITREXX 5 MG NASAL SPRAY |

| Table 4 (history of triptan therapy)<br>Required claims: *2* | |
|---|---|
| **GCN** | **Label Name** |
| 19591 | MAXALT 5 MG TABLET |
| 19593 | MAXALT MLT 5 MG TABLET |
| 19592 | MAXALT 10 MG TABLET |
| 19594 | MAXALT MLT 10 MG TABLET |
| 81112 | NARATRIPTAN HCL 1 MG TABLET |
| 81111 | NARATRIPTAN HCL 2.5 MG TABLET |
| 40608 | ONZETA XSAIL 11 MG/NOSEPIECE |
| 15173 | RELPAX 20 MG TABLET |
| 15174 | RELPAX 40 MG TABLET |
| 19591 | RIZATRIPTAN 5 MG TABLET |
| 19594 | RIZATRIPTAN 10 MG ODT |
| 19592 | RIZATRIPTAN 10 MG TABLET |
| 19593 | RIZATRIPTAN 5 MG ODT |
| 19591 | RIZATRIPTAN 5 MG TABLET |
| 50744 | SUMATRIPTAN 20 MG NASAL SPRAY |
| 26667 | SUMATRIPTAN 4 MG/0.5 ML CART |
| 26666 | SUMATRIPTAN 4 MG/0.5 ML INJECT |
| 50740 | SUMATRIPTAN 5 MG NASAL SPRAY |
| 24708 | SUMATRIPTAN 6 MG/0.5 ML CART |
| 50741 | SUMATRIPTAN 6 MG/0.5 ML INJECT |
| 50742 | SUMATRIPTAN 6 MG/0.5 ML VIAL |
| 05701 | SUMATRIPTAN SUCC 100 MG TABLET |
| 05702 | SUMATRIPTAN SUCC 25 MG TABLET |
| 05700 | SUMATRIPTAN SUCC 50 MG TABLET |

| Table 4 (history of triptan therapy)<br>Required claims: *2* | |
|---|---|
| **GCN** | **Label Name** |
| 99597 | SUMATRIPTAN-NAPROXEN 85-500 MG |
| 99597 | TREXIMET 85-500 MG TABLET |
| 40811 | ZEMBRACE SYMTOUCH 3 MG/0.5 ML |
| 42098 | ZOLMITRIPTAN 2.5 MG ODT |
| 46131 | ZOLMITRIPTAN 2.5 MG TABLET |
| 14324 | ZOLMITRIPTAN 5 MG ODT |
| 46132 | ZOLMITRIPTAN 5 MG TABLET |
| 24218 | ZOMIG 2.5 MG NASAL SPRAY |
| 46131 | ZOMIG 2.5 MG TABLET |
| 18972 | ZOMIG 5 MG NASAL SPRAY |
| 46132 | ZOMIG 5 MG TABLET |
| 42098 | ZOMIG ZMT 2.5 MG TABLET |
| 14324 | ZOMIG ZMT 5 MG TABLET |

| Nurtec ODT Table 5 (diagnosis of severe hepatic impairment)<br>Required diagnosis: *1*<br>Look back timeframe: *365* days | |
|---|---|
| **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 |

| Nurtec ODT Table 5 (diagnosis of severe hepatic impairment)<br>Required diagnosis: *1*<br>Look back timeframe: *365* days | |
|---|---|
| **ICD-10 Code** | **Description** |
| 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 |
| 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 |

| Nurtec ODT Table 5 (diagnosis of severe hepatic impairment)<br>Required diagnosis: *1*<br>Look back timeframe: *365* days | |
|---|---|
| **ICD-10 Code** | **Description** |
| 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 |
| 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 |

| Nurtec ODT Table 5 (diagnosis of severe hepatic impairment)<br>Required diagnosis: *1*<br>Look back timeframe: *365* days | |
|---|---|
| **ICD-10 Code** | **Description** |
| 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 |
| 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 |

| Ubrelvy Table 5 (diagnosis of ESRD)<br>Required diagnosis: *1*<br>Look back timeframe: *365* days | |
|---|---|
| **ICD-10 Code** | **Description** |
| N186 | END STAGE RENAL DISEASE |

| Zavzpret Table 5 (diagnosis of severe hepatic/renal impairment)<br>Required diagnosis: *1*<br>Look back timeframe: *365* days | |
|---|---|
| **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 |
| B1910 | UNSPECIFIED VIRAL HEPATITIS B WITHOUT HEPATIC COMA |

| Zavzpret Table 5 (diagnosis of severe hepatic/renal impairment)<br>Required diagnosis: *1*<br>Look back timeframe: *365* days | |
|---|---|
| **ICD-10 Code** | **Description** |
| 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 |

| Zavzpret Table 5 (diagnosis of severe hepatic/renal impairment)<br>Required diagnosis: *1*<br>Look back timeframe: *365* days | |
|---|---|
| **ICD-10 Code** | **Description** |
| K718 | TOXIC LIVER DISEASE WITH OTHER DISORDERS OF LIVER |
| 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 |

| Zavzpret Table 5 (diagnosis of severe hepatic/renal impairment)<br>Required diagnosis: *1*<br>Look back timeframe: *365* days | |
|---|---|
| **ICD-10 Code** | **Description** |
| K752 | NONSPECIFIC REACTIVE HEPATITIS |
| K753 | GRANULOMATOUS HEPATITIS, NOT ELSEWHERE CLASSIFIED |
| K754 | AUTOIMMUNE HEPATITIS |
| 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 |
| N184 | CHRONIC KIDNEY DISEASE, STAGE 4 (SEVERE) (eGFR 15-29 mL/min/1.73m2) |
| N185 | CHRONIC KIDNEY DISEASE, STAGE 5 (eGFR less than 15 mL/min/1.73m2) |
| N186 | END STAGE RENAL DISEASE |

| Nurtec ODT Table 6 (concurrent use with a contraindicated drug) | |
|---|---|
| **GCN** | **Label Name** |
| 10921 | AMIODARONE HCL 100 MG TABLET |
| 10920 | AMIODARONE HCL 200 MG TABLET |
| 12465 | AMIODARONE HCL 400 MG TABLET |
| 36098 | APTIOM 200 MG TABLET |
| 36099 | APTIOM 400 MG TABLET |
| 36106 | APTIOM 600 MG TABLET |

| Nurtec ODT Table 6 (concurrent use with a contraindicated drug) | |
|---|---|
| **GCN** | **Label Name** |
| 27409 | APTIOM 800 MG TABLET |
| 19952 | ATAZANAVIR SULFATE 150MG CAP |
| 19953 | ATAZANAVIR SULFATE 200MG CAP |
| 97430 | ATAZANAVIR SULFATE 300MG CAP |
| 27346 | ATRIPLA TABLET |
| 92373 | BEXAROTENE 75 MG CAPSULE |
| 14978 | BOSENTAN 125 MG TABLET |
| 14979 | BOSENTAN 62.5MG TABLET |
| 47110 | CALAN 40 MG TABLET |
| 02342 | CALAN 80 MG TABLET |
| 02341 | CALAN 120 MG TABLET |
| 32472 | CALAN SR 120 MG CAPLET |
| 32471 | CALAN SR 180 MG CAPLET |
| 32470 | CALAN SR 240 MG CAPLET |
| 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 |

| Nurtec ODT Table 6 (concurrent use with a contraindicated drug) | |
|---|---|
| **GCN** | **Label Name** |
| 23932 | CARBATROL ER 200 MG CAPSULE |
| 23933 | CARBATROL ER 300 MG CAPSULE |
| 01552 | CARVEDILOL 12.5 MG TABLET |
| 01551 | CARVEDILOL 25 MG TABLET |
| 01553 | CARVEDILOL 3.125 MG TABLET |
| 01554 | CARVEDILOL 6.25 MG TABLET |
| 97596 | CARVEDILOL ER 10 MG CAPSULE |
| 97597 | CARVEDILOL ER 20 MG CAPSULE |
| 97598 | CARVEDILOL ER 40 MG CAPSULE |
| 97599 | CARVEDILOL ER 80 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 |
| 01552 | COREG 12.5 MG TABLET |
| 01551 | COREG 25 MG TABLET |
| 01553 | COREG 3.125 MG TABLET |
| 01554 | COREG 6.25 MG TABLET |
| 97596 | COREG CR 10 MG CAPSULE |
| 97597 | COREG CR 20 MG CAPSULE |
| 97598 | COREG CR 40 MG CAPSULE |
| 97599 | COREG CR 80 MG CAPSULE |
| 26823 | CRIXIVAN 100 MG CAPSULE |

| Nurtec ODT Table 6 (concurrent use with a contraindicated drug) | |
|---|---|
| **GCN** | **Label Name** |
| 26820 | CRIXIVAN 200 MG CAPSULE |
| 26824 | CRIXIVAN 333 MG CAPSULE |
| 26822 | CRIXIVAN 400 MG CAPSULE |
| 13910 | CYCLOSPORINE 100 MG CAPSULE |
| 13911 | CYCLOSPORINE 25 MG CAPSULE |
| 13919 | CYCLOSPORINE MOD 100 MG |
| 13917 | CYCLOSPORINE MOD 100 MG/ML |
| 13918 | CYCLOSPORINE MOD 25 MG |
| 13916 | CYCLOSPORINE MOD 50 MG |
| 17700 | DILANTIN 100 MG CAPSULE |
| 17241 | DILANTIN 125 MG/5 ML SUSP |
| 17701 | DILANTIN 30 MG CAPSULE |
| 17250 | DILANTIN 50 MG INFATAB |
| 15555 | EFAVIRENZ 600 MG TABLET |
| 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 |
| 13916 | GENGRAF 50 MG CAPSULE |
| 13919 | GENGRAF 100 MG CAPSULE |
| 13917 | GENGRAF 100 MG/ML SOLUTION |
| 13918 | GENGRAF 75 MG CAPSULE |
| 40092 | GENVOYA TABLET |

| Nurtec ODT Table 6 (concurrent use with a contraindicated drug) | |
|---|---|
| **GCN** | **Label Name** |
| 99318 | INTELENCE 100 MG TABLET |
| 29424 | INTELENCE 200 MG TABLET |
| 32035 | INTELENCE 25 MG TABLET |
| 26760 | INVIRASE 200 MG CAPSULE |
| 23952 | INVIRASE 500 MG TABLET |
| 49100 | ITRACONAZOLE 10 MG/ML SOLUTION |
| 49101 | ITRACONAZOLE 100 MG CAPSULE |
| 99101 | KALETRA 100-25 MG TABLET |
| 25919 | KALETRA 200-50 MG TABLET |
| 31781 | KALETRA 133.3-33.3 MG SOFTGEL |
| 31782 | KALETRA 400-100/5 ML ORAL SOLU |
| 42590 | KETOCONAZOLE 200 MG TABLET |
| 31485 | KORLYM 300 MG TABLET |
| 64269 | LANSOPRAZOL-AMOXICIL-CLARITHRO |
| 37810 | LYSODREN 500 MG TABLET |
| 26101 | MODAFINIL 100 MG TABLET |
| 26102 | MODAFINIL 200 MG TABLET |
| 26586 | MULTAQ 400 MG TABLET |
| 29810 | MYCOBUTIN 150 MG CAPSULE |
| 17321 | MYSOLINE 250 MG TABLET |
| 17322 | MYSOLINE 50 MG TABLET |
| 16406 | NEFAZODONE 100MG TABLET |
| 16407 | NEFAZODONE 150MG TABLET |
| 16408 | NEFAZODONE 200MG TABLET |

| Nurtec ODT Table 6 (concurrent use with a contraindicated drug) | |
|---|---|
| **GCN** | **Label Name** |
| 16409 | NEFAZODONE 250MG TABLET |
| 16404 | NEFAZODONE 50MG TABLET |
| 13919 | NEORAL 100 MG GELATIN CAPSULE |
| 13917 | NEORAL 100 MG/ML SOLUTION |
| 13918 | NEORAL 25 MG GELATIN CAPSULE |
| 40309 | NORVIR 100 MG POWDER PACKET |
| 28224 | NORVIR 100 MG TABLET |
| 26812 | NORVIR 100 MG SOFTGEL |
| 26810 | NORVIR 80 MG/ML SOLUTION |
| 26502 | NOXAFIL 40 MG/ML SUSPENSION |
| 35649 | NOXAFIL DR 100 MG TABLET |
| 32137 | OMECLAMOX-PAK COMBO PACK |
| 52865 | ORKAMBI 75 – 94 MG GRANULE PKT |
| 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 |
| 10921 | PACERONE 100 MG TABLET |
| 10920 | PACERONE 200 MG TABLET |
| 12465 | PACERONE 400 MG TABLET |
| 12975 | PHENOBARBITAL 100 MG TABLET |
| 12892 | PHENOBARBITAL 130 MG/ML VIAL |
| 12971 | PHENOBARBITAL 15 MG TABLET |
| 97706 | PHENOBARBITAL 16.2 MG TABLET |

| Nurtec ODT Table 6 (concurrent use with a contraindicated drug) | |
|---|---|
| **GCN** | **Label Name** |
| 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 |
| 17161 | PHENYTOIN SOD 100MG 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 |
| 37367 | PREZCOBIX 800-150MG TABLET |
| 31201 | PREZISTA 100MG/ML SUSPENSION |
| 23489 | PREZISTA 150MG TABLET |
| 99434 | PREZISTA 600MG TABLET |
| 16759 | PREZISTA 75MG TABLET |
| 27226 | PREZISTA 300 MG TABLET |
| 14569 | PREZISTA 400 MG TABLET |
| 33723 | PREZISTA 800MG TABLET |

| Nurtec ODT Table 6 (concurrent use with a contraindicated drug) | |
|---|---|
| **GCN** | **Label Name** |
| 45911 | PRIFTIN 150 MG TABLET |
| 17321 | PRIMIDONE 250 MG TABLET |
| 17322 | PRIMIDONE 50 MG TABLET |
| 45875 | PROMACTA 12.5 MG SUSPEN PACKET |
| 39346 | PROMACTA 25 MG SUSPENSION PCKT |
| 31176 | PROMACTA 12.5 MG TABLET |
| 15994 | PROMACTA 25 MG TABLET |
| 15995 | PROMACTA 50 MG TABLET |
| 28344 | PROMACTA 75 MG TABLET |
| 12431 | PROPAFENONE HCL 150 MG TABLET |
| 12433 | PROPAFENONE HCL 225 MG TAB |
| 12432 | PROPAFENONE HCL 300 MG TAB |
| 21056 | PROPAFENONE HCL ER 225 MG CAP |
| 21058 | PROPAFENONE HCL ER 325 MG CAP |
| 21059 | PROPAFENONE HCL ER 425 MG CAP |
| 26101 | PROVIGIL 100 MG TABLET |
| 26102 | PROVIGIL 200 MG TABLET |
| 01011 | QUINIDINE GLUC ER 324 MG TAB |
| 01053 | QUINIDINE SULFATE 200 MG TAB |
| 01055 | QUINIDINE SULFATE 300 MG TAB |
| 01060 | QUINIDINE SULF ER 300 MG TAB |
| 98733 | RANEXA ER 1,000 MG TABLET |
| 26459 | RANEXA ER 500 MG TABLET |
| 98733 | RANOLAZINE ER 1,000 MG TABLET |

| Nurtec ODT Table 6 (concurrent use with a contraindicated drug) | |
|---|---|
| **GCN** | **Label Name** |
| 26459 | RANOLAZINE ER 500 MG TABLET |
| 19952 | REYATAZ 150MG CAPSULE |
| 19953 | REYATAZ 200MG CAPSULE |
| 97430 | REYATAZ 300MG CAPSULE |
| 36647 | REYATAZ 50MG POWDER PACK |
| 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 |
| 14142 | RIFATER TABLET |
| 28224 | RITONAVIR 100 MG TABLET |
| 13910 | SANDIMMUNE 100 MG CAPSULE |
| 08220 | SANDIMMUNE 100 MG/ML SOLN |
| 13911 | SANDIMMUNE 25 MG CAPSULE |
| 49100 | SPORANOX 10 MG/ML SOLUTION |
| 49101 | SPORANOX 100 MG CAPSULE |
| 33130 | STRIBILD TABLET |
| 43303 | SUSTIVA 200 MG CAPSULE |
| 43301 | SUSTIVA 50 MG CAPSULE |
| 15555 | SUSTIVA 600 MG TABLET |

| Nurtec ODT Table 6 (concurrent use with a contraindicated drug) | |
|---|---|
| **GCN** | **Label Name** |
| 44548 | SYMFI 600-300-300 MG TABLET |
| 44425 | SYMFI LO 400-300-300 MG TABLET |
| 43968 | SYMTUZA 800-150-200-10 MG TAB |
| 34723 | TAFINLAR 50 MG CAPSULE |
| 34724 | TAFINLAR 75 MG CAPSULE |
| 84531 | TAFINLAR 10 MG TABLET FOR SUSP |
| 92373 | TARGRETIN 75 MG CAPSULE |
| 32112 | TARKA 1/240 MG TABLET SA |
| 32111 | TARKA ER 2-180 MG TABLET |
| 32113 | TARKA ER 2-240 MG TABLET |
| 32114 | TARKA ER 4-240 MG TABLET |
| 47500 | TEGRETOL 100 MG/5 ML SUSP |
| 17460 | TEGRETOL 100 MG TABLET CHEW |
| 17450 | TEGRETOL 200 MG TABLET |
| 27820 | TEGRETOL XR 100 MG TABLET |
| 27821 | TEGRETOL XR 200 MG TABLET |
| 27822 | TEGRETOL XR 400 MG TABLET |
| 45848 | TOLSURA 65 MG CAPSULE |
| 14978 | TRACLEER 125 MG TABLET |
| 43819 | TRACLEER 32 MG TABLET FOR SUSP |
| 14979 | TRACLEER 62.5 MG TABLET |
| 32112 | TRANDOLAPR-VERAPAM ER 1-240 MG |
| 32111 | TRANDOLAPR-VERAPAM ER 2-180 MG |
| 32113 | TRANDOLAPR-VERAPAM ER 2-240 MG |

| Nurtec ODT Table 6 (concurrent use with a contraindicated drug) | |
|---|---|
| **GCN** | **Label Name** |
| 32114 | TRANDOLAPR-VERAPAM ER 4-240 MG |
| 36468 | TYBOST 150MG TABLET |
| 98140 | TYKERB 250 MG TABLET |
| 02341 | VERAPAMIL 120 MG TABLET |
| 03004 | VERAPAMIL 360 MG CAP PELLET |
| 47110 | VERAPAMIL 40 MG TABLET |
| 02342 | VERAPAMIL 80 MG TABLET |
| 03003 | VERAPAMIL ER 120 MG CAPSULE |
| 32472 | VERAPAMIL ER 120 MG TABLET |
| 03001 | VERAPAMIL ER 180 MG CAPSULE |
| 32471 | VERAPAMIL ER 180 MG TABLET |
| 03002 | VERAPAMIL ER 240 MG CAPSULE |
| 32470 | VERAPAMIL ER 240 MG TABLET |
| 94122 | VERAPAMIL ER PM 100 MG CAPSULE |
| 94123 | VERAPAMIL ER PM 200 MG CAPSULE |
| 94124 | VERAPAMIL ER PM 300 MG CAPSULE |
| 03003 | VERELAN 120 MG CAP PELLET |
| 03001 | VERELAN 180 MG CAP PELLET |
| 03002 | VERELAN 240 MG CAP PELLET |
| 03004 | VERELAN 360 MG CAP PELLET |
| 94122 | VERELAN PM 100 MG CAP PELLET |
| 94123 | VERELAN PM 200 MG CAP PELLET |
| 94124 | VERELAN PM 300 MG CAP PELLET |
| 17498 | VFEND 200 MG TABLET |

| Nurtec ODT Table 6 (concurrent use with a contraindicated drug) | |
|---|---|
| **GCN** | **Label Name** |
| 21513 | VFEND 40 MG/ML SUSPENSION |
| 17497 | VFEND 50 MG TABLET |
| 17499 | VFEND IV 200 MG VIAL |
| 37614 | VIEKIRA PAK |
| 40312 | VIRACEPT 250 MG TABLET |
| 19717 | VIRACEPT 625 MG TABLET |
| 17498 | VORICONAZOLE 200 MG TABLET |
| 17499 | VORICONAZOLE 200 MG VIAL |
| 21513 | VORICONAZOLE 40 MG/ML SUSP |
| 17497 | VORICONAZOLE 50 MG TABLET |
| 46626 | XTANDI 40 MG TABLET |
| 48452 | XTANDI 80 MG TABLET |
| 33183 | XTANDI 40 MG CAPSULE |
| 36884 | ZYDELIG 100MG TABLET |
| 36885 | ZYDELIG 150MG TABLET |

| Ubrelvy Table 6 (concurrent use with a contraindicated drug) | |
|---|---|
| **GCN** | **Label Name** |
| 19952 | ATAZANAVIR SULFATE 150MG CAP |
| 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 |

| Ubrelvy Table 6 (concurrent use with a contraindicated drug) | |
|---|---|
| **GCN** | **Label Name** |
| 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 |
| 26824 | CRIXIVAN 333 MG CAPSULE |
| 26820 | CRIXIVAN 200 MG CAPSULE |
| 26822 | CRIXIVAN 400 MG CAPSULE |
| 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 |

| Ubrelvy Table 6 (concurrent use with a contraindicated drug) | |
|---|---|
| **GCN** | **Label Name** |
| 13781 | EQUETRO 100 MG CAPSULE |
| 13805 | EQUETRO 200 MG CAPSULE |
| 13818 | EQUETRO 300 MG CAPSULE |
| 37797 | EVOTAZ 300-150MG TABLET |
| 40092 | GENVOYA TABLET |
| 26760 | INVIRASE 200 MG CAPSULE |
| 23952 | INVIRASE 500 MG TABLET |
| 49100 | ITRACONAZOLE 10 MG/ML SOLUTION |
| 49101 | ITRACONAZOLE 100 MG CAPSULE |
| 99101 | KALETRA 100-25 MG TABLET |
| 25919 | KALETRA 200-50 MG TABLET |
| 31781 | KALETRA 133.3-33.3 MG SOFTGEL |
| 31782 | KALETRA 400-100/5 ML ORAL SOLU |
| 42590 | KETOCONAZOLE 200 MG TABLET |
| 31485 | KORLYM 300 MG TABLET |
| 64269 | LANSOPRAZOL-AMOXICIL-CLARITHRO |
| 37810 | LYSODREN 500 MG TABLET |
| 17321 | MYSOLINE 250 MG TABLET |
| 17322 | MYSOLINE 50 MG TABLET |
| 16406 | NEFAZODONE 100MG TABLET |
| 16407 | NEFAZODONE 150MG TABLET |
| 16408 | NEFAZODONE 200MG TABLET |
| 16409 | NEFAZODONE 250MG TABLET |
| 16404 | NEFAZODONE 50MG TABLET |

| Ubrelvy Table 6 (concurrent use with a contraindicated drug) | |
|---|---|
| **GCN** | **Label Name** |
| 40309 | NORVIR 100 MG POWDER PACKET |
| 26812 | NORVIR 100 MG SOFTGEL |
| 28224 | NORVIR 100 MG TABLET |
| 26810 | NORVIR 80 MG/ML SOLUTION |
| 26502 | NOXAFIL 40 MG/ML SUSPENSION |
| 35649 | NOXAFIL DR 100 MG TABLET |
| 32137 | OMECLAMOX-PAK COMBO PACK |
| 52865 | ORKAMBI 75-94 MG GRANULE PKT |
| 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 |
| 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 |

| Ubrelvy Table 6 (concurrent use with a contraindicated drug) | |
|---|---|
| **GCN** | **Label Name** |
| 15037 | PHENYTEK 300 MG CAPSULE |
| 17161 | PHENYTOIN SOD 100MG 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 |
| 37367 | PREZCOBIX 800-150MG TABLET |
| 31201 | PREZISTA 100MG/ML SUSPENSION |
| 27226 | PREZISTA 300 MG TABLET |
| 14569 | PREZISTA 400 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 |
| 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 |

| Ubrelvy Table 6 (concurrent use with a contraindicated drug) | |
|---|---|
| **GCN** | **Label Name** |
| 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 |
| 17460 | TEGRETOL 100 MG TABLET CHEW |
| 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 |
| 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 |
| 37614 | VIEKIRA PAK |

| Ubrelvy Table 6 (concurrent use with a contraindicated drug) | |
|---|---|
| **GCN** | **Label Name** |
| 40312 | VIRACEPT 250 MG TABLET |
| 19717 | VIRACEPT 625 MG TABLET |
| 17498 | VORICONAZOLE 200 MG TABLET |
| 17499 | VORICONAZOLE 200 MG VIAL |
| 21513 | VORICONAZOLE 40 MG/ML SUSP |
| 17497 | VORICONAZOLE 50 MG TABLET |
| 33183 | XTANDI 40 MG CAPSULE |
| 46626 | XTANDI 40 MG TABLET |
| 48452 | XTANDI 80 MG TABLET |
| 36884 | ZYDELIG 100MG TABLET |
| 36885 | ZYDELIG 150MG TABLET |

| Zavzpret Table 6 (concurrent use with a contraindicated drug) | |
|---|---|
| **GCN** | **Label Name** |
| 43720 | ATORVASTATIN 10 MG TABLET |
| 43721 | ATORVASTATIN 20 MG TABLET |
| 43722 | ATORVASTATIN 40 MG TABLET |
| 43723 | ATORVASTATIN 80 MG TABLET |
| 19153 | CRESTOR 10MG TABLET |
| 19154 | CRESTOR 20MG TABLET |
| 19155 | CRESTOR 40MG TABLET |
| 20229 | CRESTOR 5MG TABLET |
| 13910 | CYCLOSPORINE 100 MG CAPSULE |
| 13911 | CYCLOSPORINE 25 MG CAPSULE |

| Zavzpret Table 6 (concurrent use with a contraindicated drug) | |
|---|---|
| **GCN** | **Label Name** |
| 13919 | CYCLOSPORINE MOD 100 MG |
| 13917 | CYCLOSPORINE MOD 100 MG/ML |
| 13918 | CYCLOSPORINE MOD 25 MG |
| 13916 | CYCLOSPORINE MOD 50 MG |
| 39996 | EZALLOR SPRINKLE 10MG CAPSULE |
| 40734 | EZALLOR SPRINKLE 20MG CAPSULE |
| 41027 | EZALLOR SPRINKLE 40MG CAPSULE |
| 38314 | EZALLOR SPRINKLE 5MG CAPSULE |
| 89424 | FLUVASTATIN ER 80MG TABLET |
| 00030 | FLUVASTATIN SODIUM 20MG CAPSULE |
| 00031 | FLUVASTATIN SODIUM 40MG CAPSULE |
| 13916 | GENGRAF 50 MG CAPSULE |
| 13919 | GENGRAF 100 MG CAPSULE |
| 13917 | GENGRAF 100 MG/ML SOLUTION |
| 13918 | GENGRAF 75 MG CAPSULE |
| 00030 | LESCOL 20MG TABLET |
| 00031 | LESCOL 40MG TABLET |
| 89424 | LESCOL XL 80 MG TABLET |
| 43720 | LIPITOR 10MG TABLET |
| 43721 | LIPITOR 20MG TABLET |
| 43722 | LIPITOR 40MG TABLET |
| 43723 | LIPITOR 80MG TABLET |
| 28588 | LIVALO 1MG TABLET |
| 28594 | LIVALO 2MG TABLET |

| Zavzpret Table 6 (concurrent use with a contraindicated drug) | |
|---|---|
| **GCN** | **Label Name** |
| 28595 | LIVALO 4MG TABLET |
| 13919 | NEORAL 100 MG GELATIN CAPSULE |
| 13917 | NEORAL 100 MG/ML SOLUTION |
| 13918 | NEORAL 25 MG GELATIN CAPSULE |
| 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 |
| 14142 | RIFATER TABLET |
| 19153 | ROSUVASTATIN 10MG TABLET |
| 19154 | ROSUVASTATIN 20MG TABLET |
| 19155 | ROSUVASTATIN 40MG TABLET |
| 20229 | ROSUVASTATIN 5MG TABLET |
| 13910 | SANDIMMUNE 100 MG CAPSULE |
| 08220 | SANDIMMUNE 100 MG/ML SOLN |
| 13911 | SANDIMMUNE 25 MG CAPSULE |
| 43614 | ZYPITAMAG 1MG TABLET |
| 43615 | ZYPITAMAG 2MG TABLET |
| 43616 | ZYPITAMAG 4MG TABLET |

| Table 7 (concurrent therapy with CGRP antagonist)<br>Required claims: *1* | |
|---|---|
| **GCN** | **Label Name** |
| 47762 | NURTEC ODT 75 MG TABLET |
| 47478 | UBRELVY 100 MG TABLET |
| 47477 | UBRELVY 50 MG TABLET |
| 53837 | ZAVZPRET 10 MG NASAL SPRAY |

| Concurrent therapy with migraine prophylactic therapy<br>Required claims: *1* | |
|---|---|
| **GCN** | **Label Name** |
| 46116 | AIMOVIG 140 MG/ML AUTOINJECTOR |
| 44753 | AIMOVIG 70 MG/ML AUTOINJECTOR |
| 47862 | AJOVY 225 MG/1.5 ML AUTOINJECT |
| 45306 | AJOVY 225 MG/1.5 ML SYRINGE |
| 16512 | AMITRIPTYLINE HCL 10 MG TAB |
| 16513 | AMITRIPTYLINE HCL 100 MG TAB |
| 16514 | AMITRIPTYLINE HCL 150 MG TAB |
| 16515 | AMITRIPTYLINE HCL 25 MG TAB |
| 16516 | AMITRIPTYLINE HCL 50 MG TAB |
| 16517 | AMITRIPTYLINE HCL 75 MG TAB |
| 20660 | ATENOLOL 100 MG TABLET |
| 20662 | ATENOLOL 25 MG TABLET |
| 20661 | ATENOLOL 50 MG TABLET |
| 17400 | DEPAKOTE DR 125 MG SPRINKLE CP |
| 17292 | DEPAKOTE DR 125 MG TABLET |
| 17290 | DEPAKOTE DR 250 MG TABLET |

| Concurrent therapy with migraine prophylactic therapy<br>Required claims: *1* | |
|---|---|
| **GCN** | **Label Name** |
| 17291 | DEPAKOTE DR 500 MG TABLET |
| 18754 | DEPAKOTE ER 250 MG TABLET |
| 18040 | DEPAKOTE ER 500 MG TABLET |
| 17400 | DIVALPROEX DR 125 MG CAP SPRNK |
| 17292 | DIVALPROEX SOD DR 125 MG TAB |
| 17290 | DIVALPROEX SOD DR 250 MG TAB |
| 17291 | DIVALPROEX SOD DR 500 MG TAB |
| 18754 | DIVALPROEX SOD ER 250 MG TAB |
| 18040 | DIVALPROEX SOD ER 500 MG TAB |
| 16811 | EFFEXOR 25 MG TABLET |
| 16812 | EFFEXOR 37.5 MG TABLET |
| 16813 | EFFEXOR 50 MG TABLET |
| 16814 | EFFEXOR 75 MG TABLET |
| 16815 | EFFEXOR 100 MG TABLET |
| 16818 | EFFEXOR XR 150 MG CAPSULE |
| 16816 | EFFEXOR XR 37.5 MG CAPSULE |
| 16817 | EFFEXOR XR 75 MG CAPSULE |
| 40418 | EMGALITY 120 MG/ML PEN |
| 40419 | EMGALITY 120 MG/ML SYRINGE |
| 46397 | EMGALITY 300 MG (100 MG x 3 SYR) |
| 20630 | INDERAL 10 MG TABLET |
| 20631 | INDERAL 20 MG TABLET |
| 20632 | INDERAL 40 MG TABLET |
| 20633 | INDERAL 60 MG TABLET |

| Concurrent therapy with migraine prophylactic therapy<br>Required claims: *1* | |
|---|---|
| **GCN** | **Label Name** |
| 20634 | INDERAL 80 MG TABLET |
| 20635 | INDERAL 90 MG TABLET |
| 03231 | INDERAL LA 120 MG CAPSULE |
| 03232 | INDERAL LA 160 MG CAPSULE |
| 03233 | INDERAL LA 60 MG CAPSULE |
| 03230 | INDERAL LA 80 MG CAPSULE |
| 19359 | INNOPRAN XL 120 MG CAPSULE |
| 20621 | INNOPRAN XL 80 MG CAPSULE |
| 20742 | METOPROLOL SUCC ER 100 MG TAB |
| 20743 | METOPROLOL SUCC ER 200 MG TAB |
| 12947 | METOPROLOL SUCC ER 25 MG TAB |
| 20741 | METOPROLOL SUCC ER 50 MG TAB |
| 20641 | METOPROLOL TARTRATE 100 MG TAB |
| 17734 | METOPROLOL TARTRATE 25 MG TAB |
| 20642 | METOPROLOL TARTRATE 50 MG TAB |
| 20654 | NADOLOL 20 MG TABLET |
| 20652 | NADOLOL 40 MG TABLET |
| 20653 | NADOLOL 80 MG TABLET |
| 20650 | NADOLOL 120 MG TABLET |
| 20651 | NADOLOL 160 MG TABLET |
| 47762 | NURTEC ODT 75 MG TABLET |
| 20630 | PROPRANOLOL 10 MG TABLET |
| 20631 | PROPRANOLOL 20 MG TABLET |
| 45260 | PROPRANOLOL 20 MG/5 ML SOLN |

| Concurrent therapy with migraine prophylactic therapy<br>Required claims: *1* | |
|---|---|
| **GCN** | **Label Name** |
| 20632 | PROPRANOLOL 40 MG TABLET |
| 45261 | PROPRANOLOL 40 MG/5 ML SOLN |
| 20633 | PROPRANOLOL 60 MG TABLET |
| 20634 | PROPRANOLOL 80 MG TABLET |
| 3231 | PROPRANOLOL ER 120 MG CAPSULE |
| 3232 | PROPRANOLOL ER 160 MG CAPSULE |
| 3233 | PROPRANOLOL ER 60 MG CAPSULE |
| 3230 | PROPRANOLOL ER 80 MG CAPSULE |
| 36233 | QUDEXY XR 100 MG CAPSULE |
| 36234 | QUDEXY XR 150 MG CAPSULE |
| 36235 | QUDEXY XR 200 MG CAPSULE |
| 36229 | QUDEXY XR 25 MG CAPSULE |
| 36232 | QUDEXY XR 50 MG CAPSULE |
| 51231 | QULIPTA 10 MG TABLET |
| 51232 | QULIPTA 30 MG TABLET |
| 51236 | QULIPTA 60 MG TABLET |
| 20660 | TENORMIN 100 MG TABLET |
| 20662 | TENORMIN 25 MG TABLET |
| 20661 | TENORMIN 50 MG TABLET |
| 20670 | TIMOLOL MALEATE 10 MG TABLET |
| 20671 | TIMOLOL MALEATE 20 MG TABLET |
| 20672 | TIMOLOL MALEATE 5 MG TABLET |
| 36551 | TOPAMAX 100 MG TABLET |
| 36556 | TOPAMAX 15 MG SPRINKLE CAP |

| Concurrent therapy with migraine prophylactic therapy<br>Required claims: *1* | |
|---|---|
| **GCN** | **Label Name** |
| 36552 | TOPAMAX 200 MG TABLET |
| 36557 | TOPAMAX 25 MG SPRINKLE CAP |
| 36553 | TOPAMAX 25 MG TABLET |
| 36550 | TOPAMAX 50 MG TABLET |
| 36551 | TOPIRAMATE 100 MG TABLET |
| 36556 | TOPIRAMATE 15 MG SPRINKLE CAP |
| 36552 | TOPIRAMATE 200 MG TABLET |
| 36557 | TOPIRAMATE 25 MG SPRINKLE CAP |
| 36553 | TOPIRAMATE 25 MG TABLET |
| 36550 | TOPIRAMATE 50 MG TABLET |
| 36233 | TOPIRAMATE ER 100 MG CAPSULE |
| 36234 | TOPIRAMATE ER 150 MG CAPSULE |
| 36235 | TOPIRAMATE ER 200 MG CAPSULE |
| 36229 | TOPIRAMATE ER 25 MG CAPSULE |
| 36232 | TOPIRAMATE ER 50 MG CAPSULE |
| 35103 | TOPIRAMATE ER 25MG CAPSULE |
| 35104 | TOPIRAMATE ER 50MG CAPSULE |
| 35106 | TOPIRAMATE ER 100MG CAPSULE |
| 20742 | TOPROL XL 100 MG TABLET |
| 20743 | TOPROL XL 200 MG TABLET |
| 12947 | TOPROL XL 25 MG TABLET |
| 20741 | TOPROL XL 50 MG TABLET |
| 35106 | TROKENDI XR 100 MG CAPSULE |
| 35107 | TROKENDI XR 200 MG CAPSULE |

| Concurrent therapy with migraine prophylactic therapy<br>Required claims: *1* | |
|---|---|
| **GCN** | **Label Name** |
| 35103 | TROKENDI XR 25 MG CAPSULE |
| 35104 | TROKENDI XR 50 MG CAPSULE |
| 16815 | VENLAFAXINE HCL 100 MG TABLET |
| 16811 | VENLAFAXINE HCL 25 MG TABLET |
| 16812 | VENLAFAXINE HCL 37.5 MG TABLET |
| 16813 | VENLAFAXINE HCL 50 MG TABLET |
| 16814 | VENLAFAXINE HCL 75 MG TABLET |
| 16818 | VENLAFAXINE HCL ER 150 MG CAP |
| 14353 | VENLAFAXINE HCL ER 150 MG TAB |
| 14354 | VENLAFAXINE HCL ER 225 MG TAB |
| 16816 | VENLAFAXINE HCL ER 37.5 MG CAP |
| 14349 | VENLAFAXINE HCL ER 37.5 MG TAB |
| 16817 | VENLAFAXINE HCL ER 75 MG CAP |
| 14352 | VENLAFAXINE HCL ER 75 MG TAB |

# CGRP Antagonists (Acute)

## Clinical Criteria References


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## 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 |
|---|---|
| 10/23/2020 | • Initial publication and presentation to the DUR Board |
| 10/28/2020 | • Updated with DUR Board recommendations |
| 11/30/2020 | • Updated wording for question 7 in Nurtec ODT criteria, in criteria logic and logic diagram |
| 10/08/2021 | • Removed specialist requirement from criteria |
| 01/24/2022 | • Updated Nurtec ODT logic diagram – criteria for prophylaxis of migraine moved to CGRP Antagonists, Prophylaxis criteria guide |
| 12/01/2022 | • Annual review by staff<br>• Updated references |
| 10/13/2023 | • Added criteria for Zavzpret as approved by the DUR Board<br>• Added check for concurrent therapy with a prophylactic agent for all agents<br>• Updated check for concurrent use of contraindicated drugs for all agents |
| 01/09/2024 | • Annual review by staff<br>• Updated references |
| 08/31/2024 | • Annual review by staff<br>• Updated maximum dosage for Nurtec to 18 tablets/30 days<br>• Updated references |
| 06/30/2025 | • Annual review by staff<br>• Added GCNs for Maxalt (19591, 19593), Rizatriptan (19591), Calan (47110, 02342), Crixivan (26823, 26824), Gengraf (13916), Invirase (26760), Kaletra (31781), Norvir (26812), Orkambi (52865), Phenytoin (17161), Prezista (27226, 14569), Promacta (39346), Quinidine (01060), Tafinlar (84531), Tarka (32112), Tegretol (17460), Xtandi (46626, 48452), Lescol (00030, 00031), Effexor (16811,16812,16813,16814,16815), Inderal (20630,20631,20632,20633,20634,20635), Nadolol |

| Publication Date | Notes |
|---|---|
| | (20650,20651), and Topiramate (35103, 35104, 35106) to the supporting tables section<br>• Updated references |