

Texas Prior Authorization Program  
Clinical Criteria

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## Drug/Drug Class

# Antimigraine Agents, Ergot Derivatives

This criteria was recommended for review by VDP to ensure appropriate and safe utilization.

## Clinical Criteria Information included in this Document

- [Drugs requiring prior authorization](#): the list of drugs requiring prior authorization for this clinical criteria
- [Prior authorization criteria logic](#): a description of how the prior authorization request will be evaluated against the clinical criteria rules
- [Logic diagram](#): a visual depiction of the clinical criteria logic
- [Supporting tables](#): a collection of information associated with the steps within the criteria (diagnosis codes, procedure codes, and therapy codes); provided when applicable
- [References](#): clinical publications and sources relevant to this clinical criteria

**Note:** Click the hyperlink to navigate directly to that section.

## Revision Notes

Annual review by staff

Added GCN for Brekiya (57799) to the Drugs Requiring PA section

Added GCNs for Aptivus (14234), E.E.S (40570), Erythromycin (40642, 40644), and Viekira (41932) to the Supporting Tables section

Updated references

**Antimigraine Agents, Ergot Derivatives****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](https://txvendordrug.com/searches/formulary-drug-search).

Drugs Requiring Prior Authorization	
Label Name	GCN
BREKIYA 1 MG/ML AUTOINJECTOR	57799
DIHYDROERGOTAMINE 1 MG/ML AMP	01590
DIHYDROERGOTAMINE 4 MG/ML SPRY	24732
MIGRANAL NASAL SPRAY	24732
TRUDHESA NASAL SPRAY	50931

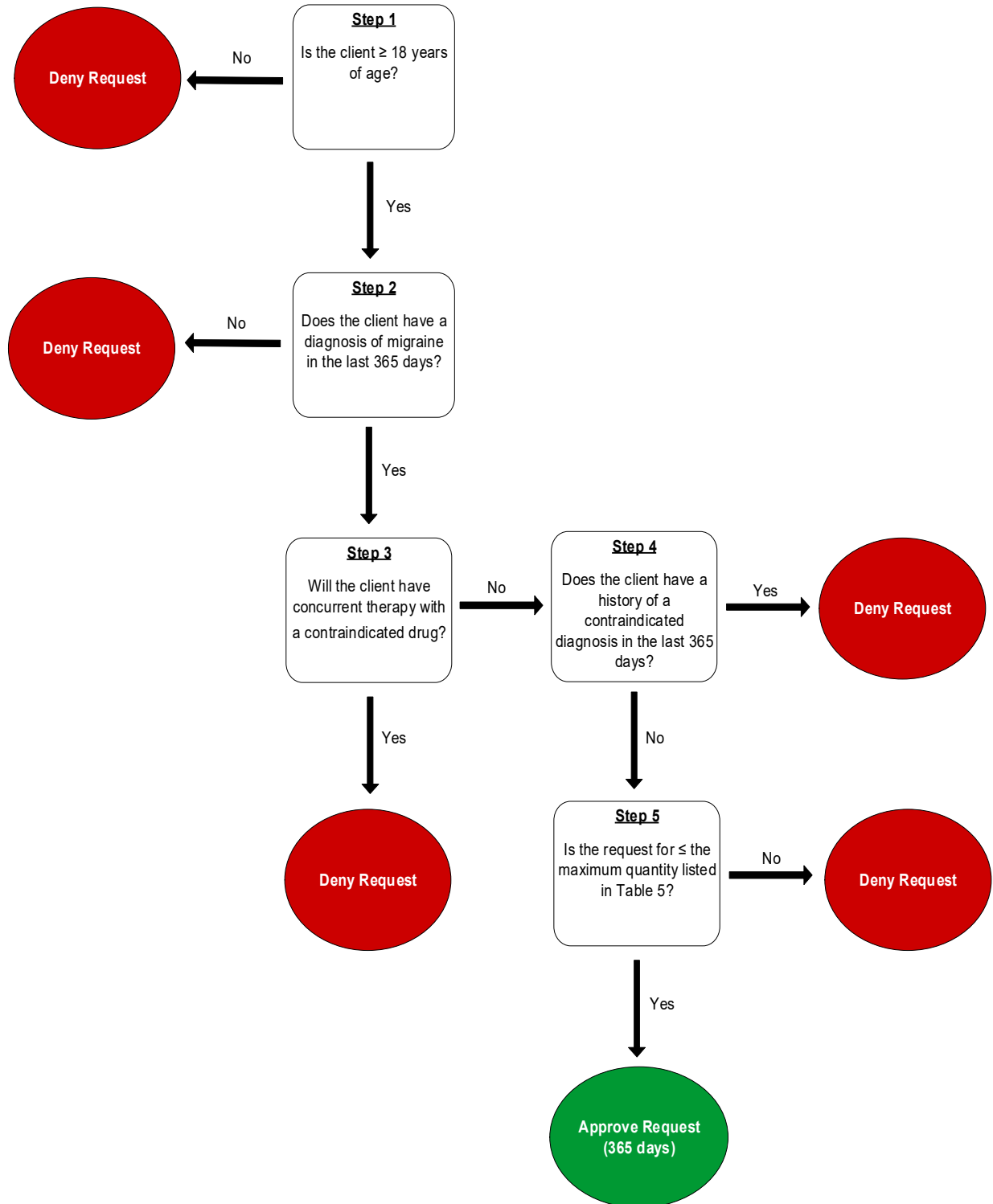
**Antimigraine Agents, Ergot Derivatives****Clinical Criteria Logic**

1. Is the client greater than or equal to ( $\geq$ ) 18 years of age?  
☐ Yes – Go to #2  
☐ No – Deny
2. Does the client have a [diagnosis of migraine](#) in the last 365 days?  
☐ Yes – Go to #3  
☐ No – Deny
3. Will the client have concurrent therapy with a [contraindicated drug](#)?  
☐ Yes – Deny  
☐ No – Go to #4
4. Does the client have a history of a [contraindicated diagnosis](#) in the last 365 days?  
☐ Yes – Deny  
☐ No – Go to #5
5. Is the request for less than or equal to ( $\leq$ ) the [maximum quantity](#) listed in Table 5?  
☐ Yes – Approve (365 days)  
☐ No – Deny



## Antimigraine Agents, Ergot Derivatives

### Clinical Criteria Logic Diagram





## Antimigraine Agents, Ergot Derivatives

### Clinical Criteria Supporting Tables

<b>Table 2 (diagnosis of migraine headache)</b> <b>Required diagnosis: 1</b> <b>Look back timeframe: 365 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
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
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
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

<b>Table 2 (diagnosis of migraine headache)</b> <b>Required diagnosis: 1</b> <b>Look back timeframe: 365 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
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	OPHTHALMOPLAGIC MIGRAINE NOT INTRACTABLE
G43B1	OPHTHALMOPLAGIC 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
G43919	MIGRAINE, UNSPECIFIED, INTRACTABLE WITHOUT STATUS MIGRAINOSUS

<b>Table 3 (claim for a contraindicated drug)</b> <b>Required quantity: 1</b> <b>Look back timeframe: <i>current therapy</i></b>	
<b>GCN</b>	<b>Label Name</b>
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
14234	APTIVUS 100MG/ML SOLUTION
24906	APTIVUS 250 MG CAPSULE
19952	ATAZANAVIR SULFATE 150MG CAP
19953	ATAZANAVIR SULFATE 200MG CAP
97430	ATAZANAVIR SULFATE 300MG CAP
26081	BROMOCRIPTINE 2.5 MG TABLET
26070	BROMOCRIPTINE 5 MG CAPSULE
11670	CLARITHROMYCIN 125 MG/5 ML SUS
48852	CLARITHROMYCIN 250 MG TABLET
11671	CLARITHROMYCIN 250 MG/5 ML SUS
48851	CLARITHROMYCIN 500 MG TABLET
48850	CLARITHROMYCIN ER 500 MG TAB
26823	CRIXIVAN 100 MG CAPSULE
26820	CRIXIVAN 200 MG CAPSULE
26824	CRIXIVAN 333 MG CAPSULE
26822	CRIXIVAN 400 MG CAPSULE
29227	CYCLOSET 0.8 MG TABLET
40523	E.E.S. 200 MG/5 ML SUSPENSION
40560	E.E.S. 400 MG TABLET

<b>Table 3 (claim for a contraindicated drug)</b> <b>Required quantity: 1</b> <b>Look back timeframe: <i>current therapy</i></b>	
<b>GCN</b>	<b>Label Name</b>
40570	E.E.S 200 MG TABLET CHEW
15173	ELETRIPTAN HBR 20 MG TABLET
15174	ELETRIPTAN HBR 40 MG TABLET
26614	EMSAM 12MG/24 HOURS PATCH
26612	EMSAM 6MG/24 HOURS PATCH
26613	EMSAM 9 MG/24 HOURS PATCH
02237	ERGOLOID MESYL 1 MG TAB SL
02213	ERGOLOID MESYLATES 1 MG TAB
40523	ERYPED 200 MG/5 ML GRANULES
40570	ERYPED 200 MG TABLET CHEW
40523	ERYPED 200 MG/5 ML SUSPENSION
40524	ERYPED 400 MG/5 ML SUSPENSION
40523	ERYTHROMYCIN 200 MG/5 ML SUSP
40720	ERYTHROMYCIN 250 MG TABLET
40524	ERYTHROMYCIN 400 MG/5 ML SUSP
40721	ERYTHROMYCIN 500 MG TABLET
40660	ERYTHROMYCIN DR 250 MG CAP
40730	ERYTHROMYCIN DR 250 MG TABLET
40731	ERYTHROMYCIN DR 333 MG TABLET
40732	ERYTHROMYCIN DR 500 MG TABLET
40560	ERYTHROMYCIN ES 400 MG TAB
40642	ERYTHROMYCIN ST 250 MG TAB
40644	ERYTHROMYCIN ST 500 MG TAB



<b>Table 3 (claim for a contraindicated drug)</b> <b>Required quantity: 1</b> <b>Look back timeframe: <i>current therapy</i></b>	
<b>GCN</b>	<b>Label Name</b>
37797	EVOTAZ 300-150MG TABLET
20553	FOSAMPRENAVIR 700 MG TABLET
14977	FROVA 2.5 MG TABLET
14977	FROVATRIPTAN SUCC 2.5 MG TAB
40092	GENVOYA TABLET
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
50740	IMITREX 5 MG NASAL SPRAY
05700	IMITREX 50 MG TABLET
24708	IMITREX 6 MG/0.5 ML CARTRIDGES
50741	IMITREX 6 MG/0.5 ML PEN INJECT
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
31781	KALETRA 133.3-33.3 MG SOFTGEL
25919	KALETRA 200-50 MG TABLET
31782	KALETRA 400-100/5 ML ORAL SOLU
42590	KETOCONAZOLE 200 MG TABLET

<b>Table 3 (claim for a contraindicated drug)</b> <b>Required quantity: 1</b> <b>Look back timeframe: <i>current therapy</i></b>	
<b>GCN</b>	<b>Label Name</b>
31485	KETOCONAZOLE 200 MG TABLET
64269	LANSOPRAZOL-AMOXICIL-CLARITHRO
23783	LEXIVA 50 MG/ML SUSPENSION
20553	LEXIVA 700 MG TABLET
26871	LINEZOLID 100MG/5ML SUSP
26870	LINEZOLID 600MG TABLET
26873	LINEZOLID 600MG/300ML IV SOLN
16416	MARPLAN 10 MG TABLET
19592	MAXALT 10 MG TABLET
19594	MAXALT MLT 10 MG TABLET
19591	MAXALT 5 MG TABLET
19593	MAXALT MLT 5 MG TABLET
11350	METHERGINE 0.2MG TABLET
11350	METHYLERGONOVINE 0.2MG TABLET
81112	NARATRIPTAN HCL 1 MG TABLET
81111	NARATRIPTAN HCL 2.5 MG TABLET
16417	NARDIL 15 MG TABLET
16406	NEFAZODONE 100MG TABLET
16407	NEFAZODONE 150MG TABLET
16408	NEFAZODONE 200MG TABLET
16409	NEFAZODONE 250MG TABLET
16404	NEFAZODONE 50MG TABLET
26812	NORVIR 100 MG SOFTGEL CAP

<b>Table 3 (claim for a contraindicated drug)</b> <b>Required quantity: 1</b> <b>Look back timeframe: <i>current therapy</i></b>	
<b>GCN</b>	<b>Label Name</b>
40309	NORVIR 100 MG POWDER PACKET
28224	NORVIR 100 MG TABLET
26810	NORVIR 80 MG/ML SOLUTION
49744	NOXAFIL 300 MG POWDERMIX SUSP
26502	NOXAFIL 40 MG/ML SUSPENSION
35649	NOXAFIL DR 100 MG TABLET
32137	OMECLAMOX-PAK COMBO PACK
16417	PHENELZINE SULFATE 15 MG TAB
44049	PREVYMIS 240 MG TABLET
44061	PREVYMIS 480 MG TABLET
37367	PREZCOBIX 800-150MG TABLET
31201	PREZISTA 100MG/ML SUSPENSION
23489	PREZISTA 150MG TABLET
27226	PREZISTA 300 MG TABLET
14569	PREZISTA 400 MG TABLET
99434	PREZISTA 600MG TABLET
16759	PREZISTA 75MG TABLET
33723	PREZISTA 800MG TABLET
15173	RELPAX 20 MG TABLET
15174	RELPAX 40 MG TABLET
19949	REYATAZ 100 MG CAPSULE
19952	REYATAZ 150MG CAPSULE
19953	REYATAZ 200MG CAPSULE

<b>Table 3 (claim for a contraindicated drug)</b> <b>Required quantity: 1</b> <b>Look back timeframe: <i>current therapy</i></b>	
<b>GCN</b>	<b>Label Name</b>
37430	REYATAZ 300MG CAPSULE
36647	REYATAZ 50MG POWDER PACK
28224	RITONAVIR 100 MG TABLET
19594	RIZATRIPTAN 10 MG ODT
19592	RIZATRIPTAN 10 MG TABLET
19593	RIZATRIPTAN 5 MG ODT
19591	RIZATRIPTAN 5 MG TABLET
49100	SPORANOX 10 MG/ML SOLUTION
49101	SPORANOX 100 MG CAPSULE
33130	STRIBILD 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
99597	SUMATRIPTAN-NAPROXEN 85-500 MG
43968	SYMTUZA 800-150-200-10 MG TAB
45848	TOLSURA 65 MG CAPSULE

<b>Table 3 (claim for a contraindicated drug)</b> <b>Required quantity: 1</b> <b>Look back timeframe: <i>current therapy</i></b>	
<b>GCN</b>	<b>Label Name</b>
50743	TOSYMRA 10 MG NASAL SPRAY
16418	TRANLYCYPROMINE 10MG TABLET
36468	TYBOST 150MG TABLET
17498	VFEND 200 MG TABLET
21513	VFEND 40 MG/ML SUSPENSION
17497	VFEND 50 MG TABLET
17499	VFEND IV 200 MG VIAL
41932	VIEKIRA XR TABLET
37614	VIEKIRA PAK
40312	VIRACEPT 250 MG TABLET
19717	VIRACEPT 625 MG TABLET
17498	VORICONAZOLE 200 MG TABLET
17499	VORICONAZOLE 200 MG VIAL
21513	VORICONAZOLE 40 MG/ML SUSP
17497	VORICONAZOLE 50 MG TABLET
40811	ZEMBRACE SYMTOUCH 3 MG/0.5 ML
24217	ZOLMITRIPTAN 2.5 MG NASAL SPRAY
42098	ZOLMITRIPTAN 2.5 MG ODT
46131	ZOLMITRIPTAN 2.5 MG TABLET
18972	ZOLMITRIPTAN 5 MG NASAL SPRAY
14324	ZOLMITRIPTAN 5 MG ODT
46132	ZOLMITRIPTAN 5 MG TABLET
24217	ZOMIG 2.5 MG NASAL SPRAY

<b>Table 3 (claim for a contraindicated drug)</b> <b>Required quantity: 1</b> <b>Look back timeframe: <i>current therapy</i></b>	
<b>GCN</b>	<b>Label Name</b>
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
36884	ZYDELIG 100MG TABLET
36885	ZYDELIG 150MG TABLET
26871	ZYVOX 100 MG/5 ML SUSPENSION
26870	ZYVOX 600 MG TABLET
26873	ZYVOX 600 MG/300 ML IV SOLN

<b>Table 4 (history of a contraindicated diagnosis)</b> <b>Required diagnosis: 1</b> <b>Look back timeframe: 365 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
A327	LISTERIAL SEPSIS
A400	SEPSIS DUE TO STREPTOCOCCUS, GROUP A
A401	SEPSIS DUE TO STREPTOCOCCUS, GROUP B
A403	SEPSIS DUE TO STREPTOCOCCUS PNEUMONIAE
A408	OTHER STREPTOCOCCAL SEPSIS
A409	STREPTOCOCCAL SEPSIS, UNSPECIFIED
A4101	SEPSIS DUE TO METHICILLIN SUSCEPTIBLE STAPHYLOCOCCUS AUREUS
A4102	SEPSIS DUE TO METHICILLIN RESISTANT STAPHYLOCOCCUS AUREUS

<b>Table 4 (history of a contraindicated diagnosis)</b> <b>Required diagnosis: 1</b> <b>Look back timeframe: 365 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
A411	SEPSIS DUE TO OTHER SPECIFIED STAPHYLOCOCCUS
A412	SEPSIS DUE TO UNSPECIFIED STAPHYLOCOCCUS
A413	SEPSIS DUE TO HEMOPHILUS INFLUENZAE
A414	SEPSIS DUE TO ANAEROBES
A4150	GRAM-NEGATIVE SEPSIS, UNSPECIFIED
A4151	SEPSIS DUE TO ESCHERICHIA COLI [E. COLI]
A4152	SEPSIS DUE TO PSEUDOMONAS
A4153	SEPSIS DUE TO SERRATIA
A4159	OTHER GRAM-NEGATIVE SEPSIS
A4181	SEPSIS DUE TO ENTEROCOCCUS
A4189	OTHER SPECIFIED SEPSIS
A419	SEPSIS, UNSPECIFIED ORGANISM
G450	VERTEBRO-BASILAR ARTERY SYNDROME
G451	CAROTID ARTERY SYNDROME (HEMISPHERIC)
G452	MULTIPLE AND BILATERAL PRECEREBRAL ARTERY SYNDROMES
G453	AMAUROSIS FUGAX
G454	TRANSIENT GLOBAL AMNESIA
I200	UNSTABLE ANGINA
I201	ANGINA PECTORIS WITH DOCUMENTED SPASM
I202	REFRACTORY ANGINA PECTORIS
I208	OTHER FORMS OF ANGINA PECTORIS
I209	ANGINA PECTORIS, UNSPECIFIED
I2101	ST ELEVATION (STEMI) MYOCARDIAL INFARCTION INVOLVING LEFT MAIN CORONARY ARTERY

<b>Table 4 (history of a contraindicated diagnosis)</b> <b>Required diagnosis: 1</b> <b>Look back timeframe: 365 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
I2102	ST ELEVATION (STEMI) MYOCARDIAL INFARCTION INVOLVING LEFT ANTERIOR DESCENDING CORONARY ARTERY
I2109	ST ELEVATION (STEMI) MYOCARDIAL INFARCTION INVOLVING OTHER CORONARY ARTERY OF ANTERIOR WALL
I2111	ST ELEVATION (STEMI) MYOCARDIAL INFARCTION INVOLVING RIGHT CORONARY ARTERY
I2119	ST ELEVATION (STEMI) MYOCARDIAL INFARCTION INVOLVING OTHER CORONARY ARTERY OF INFERIOR WALL
I2121	ST ELEVATION (STEMI) MYOCARDIAL INFARCTION INVOLVING LEFT CIRCUMFLEX CORONARY ARTERY
I2129	ST ELEVATION (STEMI) MYOCARDIAL INFARCTION INVOLVING OTHER SITES
I213	ST ELEVATION (STEMI) MYOCARDIAL INFARCTION OF UNSPECIFIED SITE
I214	NON-ST ELEVATION (NSTEMI) MYOCARDIAL INFARCTION
I237	POSTINFARCTION ANGINA
I240	ACUTE CORONARY THROMBOSIS NOT RESULTING IN MYOCARDIAL INFARCTION
I248	OTHER FORMS OF ACUTE ISCHEMIC HEART DISEASE
I456	PRE-EXCITATION SYNDROME
I63011	CEREBRAL INFARCTION DUE TO THROMBOSIS OF RIGHT VERTEBRAL ARTERY
I63012	CEREBRAL INFARCTION DUE TO THROMBOSIS OF LEFT VERTEBRAL ARTERY
I63019	CEREBRAL INFARCTION DUE TO THROMBOSIS OF UNSPECIFIED VERTEBRAL ARTERY
I6302	CEREBRAL INFARCTION DUE TO THROMBOSIS OF BASILAR ARTERY
I63031	CEREBRAL INFARCTION DUE TO THROMBOSIS OF RIGHT CAROTID ARTERY
I63032	CEREBRAL INFARCTION DUE TO THROMBOSIS OF LEFT CAROTID ARTERY



<b>Table 4 (history of a contraindicated diagnosis)</b> <b>Required diagnosis: 1</b> <b>Look back timeframe: 365 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
I63039	CEREBRAL INFARCTION DUE TO THROMBOSIS OF UNSPECIFIED CAROTID ARTERY
I6309	CEREBRAL INFARCTION DUE TO THROMBOSIS OF OTHER PRECEREBRAL ARTERY
I6310	CEREBRAL INFARCTION DUE TO EMBOLISM OF UNSPECIFIED PRECEREBRAL ARTERY
I63111	CEREBRAL INFARCTION DUE TO EMBOLISM OF RIGHT VERTEBRAL ARTERY
I63112	CEREBRAL INFARCTION DUE TO EMBOLISM OF LEFT VERTEBRAL ARTERY
I63119	CEREBRAL INFARCTION DUE TO EMBOLISM OF UNSPECIFIED VERTEBRAL ARTERY
I6320	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF UNSPECIFIED PRECEREBRAL ARTERIES
I63211	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF RIGHT VERTEBRAL ARTERIES
I63212	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF LEFT VERTEBRAL ARTERIES
I63219	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF UNSPECIFIED VERTEBRAL ARTERIES
I6322	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF BASILAR ARTERIES
I63231	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF RIGHT CAROTID ARTERIES
I63232	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF LEFT CAROTID ARTERIES
I63239	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF UNSPECIFIED CAROTID ARTERIES
I6329	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF OTHER PRECEREBRAL ARTERIES
I6330	CEREBRAL INFARCTION DUE TO THROMBOSIS OF UNSPECIFIED CEREBRAL ARTERY

<b>Table 4 (history of a contraindicated diagnosis)</b> <b>Required diagnosis: 1</b> <b>Look back timeframe: 365 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
I63311	CEREBRAL INFARCTION DUE TO THROMBOSIS OF RIGHT MIDDLE CEREBRAL ARTERY
I63312	CEREBRAL INFARCTION DUE TO THROMBOSIS OF LEFT MIDDLE CEREBRAL ARTERY
I63319	CEREBRAL INFARCTION DUE TO THROMBOSIS OF UNSPECIFIED MIDDLE CEREBRAL ARTERY
I63321	CEREBRAL INFARCTION DUE TO THROMBOSIS OF RIGHT ANTERIOR CEREBRAL ARTERY
I63322	CEREBRAL INFARCTION DUE TO THROMBOSIS OF LEFT ANTERIOR CEREBRAL ARTERY
I63329	CEREBRAL INFARCTION DUE TO THROMBOSIS OF UNSPECIFIED ANTERIOR CEREBRAL ARTERY
I63331	CEREBRAL INFARCTION DUE TO THROMBOSIS OF RIGHT POSTERIOR CEREBRAL ARTERY
I63332	CEREBRAL INFARCTION DUE TO THROMBOSIS OF LEFT POSTERIOR CEREBRAL ARTERY
I63339	CEREBRAL INFARCTION DUE TO THROMBOSIS OF UNSPECIFIED POSTERIOR CEREBRAL ARTERY
I63341	CEREBRAL INFARCTION DUE TO THROMBOSIS OF RIGHT CEREBELLAR ARTERY
I63342	CEREBRAL INFARCTION DUE TO THROMBOSIS OF LEFT CEREBELLAR ARTERY
I63349	CEREBRAL INFARCTION DUE TO THROMBOSIS OF UNSPECIFIED CEREBELLAR ARTERY
I6339	CEREBRAL INFARCTION DUE TO THROMBOSIS OF OTHER CEREBRAL ARTERY
I6340	CEREBRAL INFARCTION DUE TO EMBOLISM OF UNSPECIFIED CEREBRAL ARTERY
I63411	CEREBRAL INFARCTION DUE TO EMBOLISM OF RIGHT MIDDLE CEREBRAL ARTERY

<b>Table 4 (history of a contraindicated diagnosis)</b> <b>Required diagnosis: 1</b> <b>Look back timeframe: 365 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
I63412	CEREBRAL INFARCTION DUE TO EMBOLISM OF LEFT MIDDLE CEREBRAL ARTERY
I63419	CEREBRAL INFARCTION DUE TO EMBOLISM OF UNSPECIFIED MIDDLE CEREBRAL ARTERY
I63421	CEREBRAL INFARCTION DUE TO EMBOLISM OF RIGHT ANTERIOR CEREBRAL ARTERY
I63422	CEREBRAL INFARCTION DUE TO EMBOLISM OF LEFT ANTERIOR CEREBRAL ARTERY
I63429	CEREBRAL INFARCTION DUE TO EMBOLISM OF UNSPECIFIED ANTERIOR CEREBRAL ARTERY
I63431	CEREBRAL INFARCTION DUE TO EMBOLISM OF RIGHT POSTERIOR CEREBRAL ARTERY
I63432	CEREBRAL INFARCTION DUE TO EMBOLISM OF LEFT POSTERIOR CEREBRAL ARTERY
I63439	CEREBRAL INFARCTION DUE TO EMBOLISM OF UNSPECIFIED POSTERIOR CEREBRAL ARTERY
I63441	CEREBRAL INFARCTION DUE TO EMBOLISM OF RIGHT CEREBELLAR ARTERY
I63442	CEREBRAL INFARCTION DUE TO EMBOLISM OF LEFT CEREBELLAR ARTERY
I63449	CEREBRAL INFARCTION DUE TO EMBOLISM OF UNSPECIFIED CEREBELLAR ARTERY
I6349	CEREBRAL INFARCTION DUE TO EMBOLISM OF OTHER CEREBRAL ARTERY
I6350	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF UNSPECIFIED CEREBRAL ARTERY
I63511	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF RIGHT MIDDLE CEREBRAL ARTERY
I63512	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF LEFT MIDDLE CEREBRAL ARTERY
I63519	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF UNSPECIFIED MIDDLE CEREBRAL ARTERY

<b>Table 4 (history of a contraindicated diagnosis)</b> <b>Required diagnosis: 1</b> <b>Look back timeframe: 365 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
I63521	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF RIGHT ANTERIOR CEREBRAL ARTERY
I63522	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF LEFT ANTERIOR CEREBRAL ARTERY
I63529	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF UNSPECIFIED ANTERIOR CEREBRAL ARTERY
I63531	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF RIGHT POSTERIOR CEREBRAL ARTERY
I63532	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF LEFT POSTERIOR CEREBRAL ARTERY
I63539	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF UNSPECIFIED POSTERIOR CEREBRAL ARTERY
I63541	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF RIGHT CEREBELLAR ARTERY
I63542	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF LEFT CEREBELLAR ARTERY
I63549	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF UNSPECIFIED CEREBELLAR ARTERY
I6359	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF OTHER CEREBRAL ARTERY
I636	CEREBRAL INFARCTION DUE TO CEREBRAL VENOUS THROMBOSIS, NONPYOGENIC
I638	OTHER CEREBRAL INFARCTION
I639	CEREBRAL INFARCTION, UNSPECIFIED
I658	OCCLUSION AND STENOSIS OF OTHER PRECEREBRAL ARTERIES
I659	OCCLUSION AND STENOSIS OF UNSPECIFIED PRECEREBRAL ARTERY
I6609	OCCLUSION AND STENOSIS OF UNSPECIFIED MIDDLE CEREBRAL ARTERY
I6619	OCCLUSION AND STENOSIS OF UNSPECIFIED ANTERIOR CEREBRAL ARTERY

<b>Table 4 (history of a contraindicated diagnosis)</b> <b>Required diagnosis: 1</b> <b>Look back timeframe: 365 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
I6629	OCCLUSION AND STENOSIS OF UNSPECIFIED POSTERIOR CEREBRAL ARTERY
I669	OCCLUSION AND STENOSIS OF UNSPECIFIED CEREBRAL ARTERY
I672	CEREBRAL ATHEROSCLEROSIS
I6781	ACUTE CEREBROVASCULAR INSUFFICIENCY
I6782	CEREBRAL ISCHEMIA
I6789	OTHER CEREBROVASCULAR DISEASE
I67848	OTHER CEREBROVASCULAR VASOSPASM AND VASOCONSTRICTION
I70201	UNSPECIFIED ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES, RIGHT LEG
I70202	UNSPECIFIED ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES, LEFT LEG
I70203	UNSPECIFIED ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES, BILATERAL LEGS
I70208	UNSPECIFIED ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES, OTHER EXTREMITY
I70209	UNSPECIFIED ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES, UNSPECIFIED EXTREMITY
I70211	ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES WITH INTERMITTENT CLAUDICATION, RIGHT LEG
I70212	ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES WITH INTERMITTENT CLAUDICATION, LEFT LEG
I70213	ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES WITH INTERMITTENT CLAUDICATION, BILATERAL LEGS
I70218	ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES WITH INTERMITTENT CLAUDICATION, OTHER EXTREMITY
I70219	ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES WITH INTERMITTENT CLAUDICATION, UNSPECIFIED EXTREMITY

<b>Table 4 (history of a contraindicated diagnosis)</b> <b>Required diagnosis: 1</b> <b>Look back timeframe: 365 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
I70221	ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES WITH REST PAIN, RIGHT LEG
I70222	ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES WITH REST PAIN, LEFT LEG
I70223	ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES WITH REST PAIN, BILATERAL LEGS
I70228	ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES WITH REST PAIN, OTHER EXTREMITY
I70229	ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES WITH REST PAIN, UNSPECIFIED EXTREMITY
I70231	ATHEROSCLEROSIS OF NATIVE ARTERIES OF RIGHT LEG WITH ULCERATION, OF THIGH
I70232	ATHEROSCLEROSIS OF NATIVE ARTERIES OF RIGHT LEG WITH ULCERATION, OF CALF
I70233	ATHEROSCLEROSIS OF NATIVE ARTERIES OF RIGHT LEG WITH ULCERATION, OF ANKLE
I70234	ATHEROSCLEROSIS OF NATIVE ARTERIES OF RIGHT LEG WITH ULCERATION, OF HEEL AND MIDFOOT
I70235	ATHEROSCLEROSIS OF NATIVE ARTERIES OF RIGHT LEG WITH ULCERATION, OF OTHER PART OF FOOT
I70238	ATHEROSCLEROSIS OF NATIVE ARTERIES OF RIGHT LEG WITH ULCERATION, OF OTHER PART OF LOWER RIGHT LEG
I70239	ATHEROSCLEROSIS OF NATIVE ARTERIES OF RIGHT LEG WITH ULCERATION, OF UNSPECIFIED SITE
I70241	ATHEROSCLEROSIS OF NATIVE ARTERIES OF LEFT LEG WITH ULCERATION, OF THIGH
I70242	ATHEROSCLEROSIS OF NATIVE ARTERIES OF LEFT LEG WITH ULCERATION, OF CALF
I70243	ATHEROSCLEROSIS OF NATIVE ARTERIES OF LEFT LEG WITH ULCERATION, OF ANKLE

<b>Table 4 (history of a contraindicated diagnosis)</b> <b>Required diagnosis: 1</b> <b>Look back timeframe: 365 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
I70244	ATHEROSCLEROSIS OF NATIVE ARTERIES OF LEFT LEG WITH ULCERATION, OF HEEL AND MIDFOOT
I70245	ATHEROSCLEROSIS OF NATIVE ARTERIES OF LEFT LEG WITH ULCERATION, OF OTHER PART OF FOOT
I70248	ATHEROSCLEROSIS OF NATIVE ARTERIES OF LEFT LEG WITH ULCERATION, OF OTHER PART OF LOWER LEFT LEG
I70249	ATHEROSCLEROSIS OF NATIVE ARTERIES OF LEFT LEG WITH ULCERATION, OF UNSPECIFIED SITE
I7025	ATHEROSCLEROSIS OF NATIVE ARTERIES OF OTHER EXTREMITIES WITH ULCERATION
I70261	ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES WITH GANGRENE, RIGHT LEG
I70262	ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES WITH GANGRENE, LEFT LEG
I70263	ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES WITH GANGRENE, BILATERAL LEGS
I70268	ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES WITH GANGRENE, OTHER EXTREMITY
I70269	ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES WITH GANGRENE, UNSPECIFIED EXTREMITY
I70291	OTHER ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES, RIGHT LEG
I70292	OTHER ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES, LEFT LEG
I70293	OTHER ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES, BILATERAL LEGS
I70298	OTHER ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES, OTHER EXTREMITY
I70299	OTHER ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES, UNSPECIFIED EXTREMITY
K55011	FOCAL (SEGMENTAL) ACUTE (REVERSIBLE) ISCHEMIA OF SMALL INTESTINE

<b>Table 4 (history of a contraindicated diagnosis)</b> <b>Required diagnosis: 1</b> <b>Look back timeframe: 365 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
K55012	DIFFUSE ACUTE (REVERSIBLE) ISCHEMIA OF SMALL INTESTINE
K55019	ACUTE (REVERSIBLE) ISCHEMIA OF SMALL INTESTINE EXTENT UNSPECIFIED
K55031	FOCAL (SEGMENTAL) ACUTE (REVERSIBLE) ISCHEMIA OF LARGE INTESTINE
K55032	DIFFUSE ACUTE (REVERSIBLE) ISCHEMIA OF LARGE INTESTINE
K55039	ACUTE (REVERSIBLE) ISCHEMIA OF LARGE INTESTINE EXTENT UNSPECIFIED
K55051	FOCAL (SEGMENTAL) ACUTE (REVERSIBLE) ISCHEMIA OF INTESTINE, PART UNSPECIFIED
K55052	DIFFUSE ACUTE (REVERSIBLE) ISCHEMIA OF INTESTINE, PART UNSPECIFIED
K55059	ACUTE (REVERSIBLE) ISCHEMIA OF INTESTINE, PART AND EXTENT UNSPECIFIED
K559	VASCULAR DISORDER OF INTESTINE, UNSPECIFIED
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



<b>Table 4 (history of a contraindicated diagnosis)</b> <b>Required diagnosis: 1</b> <b>Look back timeframe: 365 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
B182	CHRONIC VIRAL HEPATITIS C
B188	OTHER CHRONIC VIRAL HEPATITIS
B189	CHRONIC VIRAL HEPATITIS, UNSPECIFIED
B190	UNSPECIFIED 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
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

<b>Table 4 (history of a contraindicated diagnosis)</b> <b>Required diagnosis: 1</b> <b>Look back timeframe: 365 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
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
K739	CHRONIC HEPATITIS, UNSPECIFIED
K740	HEPATIC FIBROSIS
K741	HEPATIC SCLEROSIS
K742	HEPATIC FIBROSIS WITH HEPATIC SCLEROSIS
K743	PRIMARY BILIARY CIRRHOSIS
K744	SECONDARY BILIARY CIRRHOSIS

<b>Table 4 (history of a contraindicated diagnosis)</b> <b>Required diagnosis: 1</b> <b>Look back timeframe: 365 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
K745	BILIARY CIRRHOSIS, UNSPECIFIED
K7460	UNSPECIFIED CIRRHOSIS OF LIVER
K7469	OTHER CIRRHOSIS OF LIVER
K750	ABSCCESS 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
N184	CHRONIC KIDNEY DISEASE, STAGE 4 (SEVERE) (EGFR 29-15 ML/MIN)
N185	CHRONIC KIDNEY DISEASE, STAGE 5 (EGFR < 15 ML/MIN)
N186	END STAGE RENAL DISEASE

<b>Table 5 (Maximum Quantity)</b>	
<b>Label Name</b>	<b>Maximum Quantity</b>
BREKIYA 1 MG/ML AUTOINJECTOR	24 mg/28 days

Table 5 (Maximum Quantity)	
Label Name	Maximum Quantity
DIHYDROERGOTAMINE 1 MG/ML AMP	24 mg/28 days
DIHYDROERGOTAMINE 4 MG/ML SPRY	32 mg/30 days
MIGRANAL NASAL SPRAY	32 mg/30 days (8 nasal devices)
TRUDHESA NASAL SPRAY	17.4 mg/28 days (Manufacturer recommends no more than 2 doses per 24 hours and no more than 3 doses per week, maximum quantity is 12 inhalers/28 days)

**Antimigraine Agents, Ergot Derivatives****Clinical Criteria References**

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8. Dihydroergotamine Mesylate nasal Prescription Information. Warren, NJ. Cipla USA Inc. January 2024.
9. Brekiya Prescribing Information. Bridgewater, NJ. Amneal Pharmaceuticals LLC. May 2025.



## Antimigraine Agents, Ergot Derivatives

### 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.

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04/28/2023	<ul style="list-style-type: none"> <li>Initial publication and presentation to the DUR Board</li> </ul>
01/09/2024	<ul style="list-style-type: none"> <li>Annual review by staff</li> <li>Updated references</li> </ul>
08/31/2024	<ul style="list-style-type: none"> <li>Annual review by staff</li> <li>Added GCNs for Crixivan (26823, 26824), Emsam (26613), Ergoloid (02237), Eryped (40523, 40570), Invirase (26760), Kaletra (31781), Maxalt (19591, 19593), Norvir (26812), Noxafil (49744), Prezista (27226, 14569), and Reyataz (19949) to the Supporting Tables section</li> <li>Updated references</li> </ul>
06/30/2025	<ul style="list-style-type: none"> <li>Annual review by staff</li> <li>Added GCN for Brekiya (57799) to the Drugs Requiring PA section</li> <li>Added GCNs for Aptivus (14234), E.E.S (40570), Erythromycin (40642, 40644), and Viekira (41932) to the Supporting Tables section</li> <li>Updated references</li> </ul>