

Texas Prior Authorization Program
Clinical Criteria

Drug/Drug Class

Topical Immunomodulators

Clinical Criteria Information included in this Document

Pimecrolimus 1% and Tacrolimus 0.03%

- [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

Tacrolimus 0.1% Ointment

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Eucrisa 2% Ointment

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Anzupgo 2% Cream / Opzelura 1.5% Cream

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Zoryve (Roflumilast) 0.05%, 0.3% and 0.15% Cream

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Zoryve (Roflumilast) 0.3% Foam

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

Revision Notes

Annual review by staff

Removed GCN for Elidel 1% cream (15348) from the Drugs Requiring PA table and Pimecrolimus or Tacrolimus supporting table – product discontinued

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

Removed check in the Eucrisa 2% ointment criteria for a prior claim for a topical steroid

Updated the age check in the Eucrisa 2% ointment criteria to < 3 months of age

Added GCNs for Amcinonide 0.1% ointment (31500) and Ultravate 0.05% lotion (40975) to the Topical Steroid supporting table

Removed GCNs for Amcinonide 0.1% lotion (31560), Apexicon E 0.05% cream (67730), Cutivate 0.05% lotion (24717), Desonate 0.05% gel (97930), Halog 0.1% ointment (31451), Lexette 0.05% foam (45667), Luxiq 0.12% foam (32052), Olux 0.05% foam (89743), Olux-E 0.05% foam (97649), Pandel 0.1% cream (50550), Prednicarbate 0.1% cream (37181), Temovate 0.05% cream (32140), Temovate 0.05% ointment (32130), Trianex 0.05% ointment (31243), Ultravate 0.05% cream (31251), Ultravate X cream (32631), Ultravate X ointment (32630), from the Topical Steroid supporting table – products discontinued

Removed GCNs for Crixivan 200 mg capsule (26820), Crixivan 400 mg capsule (26822), Invirase 500 mg tablet (23952), Norvir 80 mg/mL solution (26810), Noxafil DR 100 mg tablet (35649), Omeclamox-Pak (32137), Reyataz 150 mg capsule (19952), Sporanox 10 mg/mL solution (49100), and Viekira Pak (37614) from the Strong CYP3A4 Inhibitor supporting table – products discontinued

Removed GCNs for Atripla (27346), Combivir (89621), Crixivan 200 mg capsule (26820), Crixivan 400 mg capsule (26822), Didanosine DR 125 mg capsule (14558), Didanosine DR 200 mg capsule (14559), Didanosine DR 250 mg capsule (14556), Didanosine DR 400 mg capsule (14557), Invirase 200 mg capsule (26760), Invirase 500 mg tablet (23952), Lexiva 50 mg/mL suspension (23783), Lexiva 700 mg tablet (20553), Norvir 100 mg softgel cap (26812), Norvir 80 mg/mL solution (26810), Rescriptor 100 mg tablet (43560), Rescriptor 200 mg tablet (51631), Reyataz 150 mg capsule (19952), Selzentry 25 mg tablet (42976), Selzentry 75 mg tablet (42977), Stavudine 15 mg capsule (26711), Stavudine 20 mg capsule (26712), Stavudine 40 mg capsule (26714), Sustiva 200 mg capsule (43303), Sustiva 50 mg capsule (43301), Sustiva 600 mg tablet (15555), Symfi Lo (44425), Tivicay 10 mg tablet (41564), Tivicay 25 mg tablet (41566), Trizivir (87691), Videx solution and capsules (13361, 14558, 14559, 14556, 14557), Viramune 200 mg tablet (31420), Viramune 50 mg/5mL susp (31421), Viramune XR 100 mg tablet (30935), Viramune XR 400 mg tablet (29767), Vitekta 150 mg tablet (35816), Vitekta 85 mg tablet (35807), Zerit solution and

capsules (26716, 26711, 26712, 26713, 26714), and Ziagen 300 mg tablet (94668) from the HIV Drugs or Immunosuppressants supporting table – products discontinued

Added GCN for Zoryve 0.05% cream (58432) to the Zoryve Cream Drugs Requiring PA table

Removed check for topical corticosteroid from Zoryve Cream and Foam criteria – not listed within the package insert

Updated Zoryve criteria to check for moderate to severe liver impairment (Child-Pugh B or C)

Updated references



Pimecrolimus 1% and Tacrolimus 0.03% 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
PIMECROLIMUS 1% CREAM	15348
TACROLIMUS 0.03% OINTMENT	12289

**Pimecrolimus 1% and Tacrolimus 0.03%****Clinical Criteria Logic**

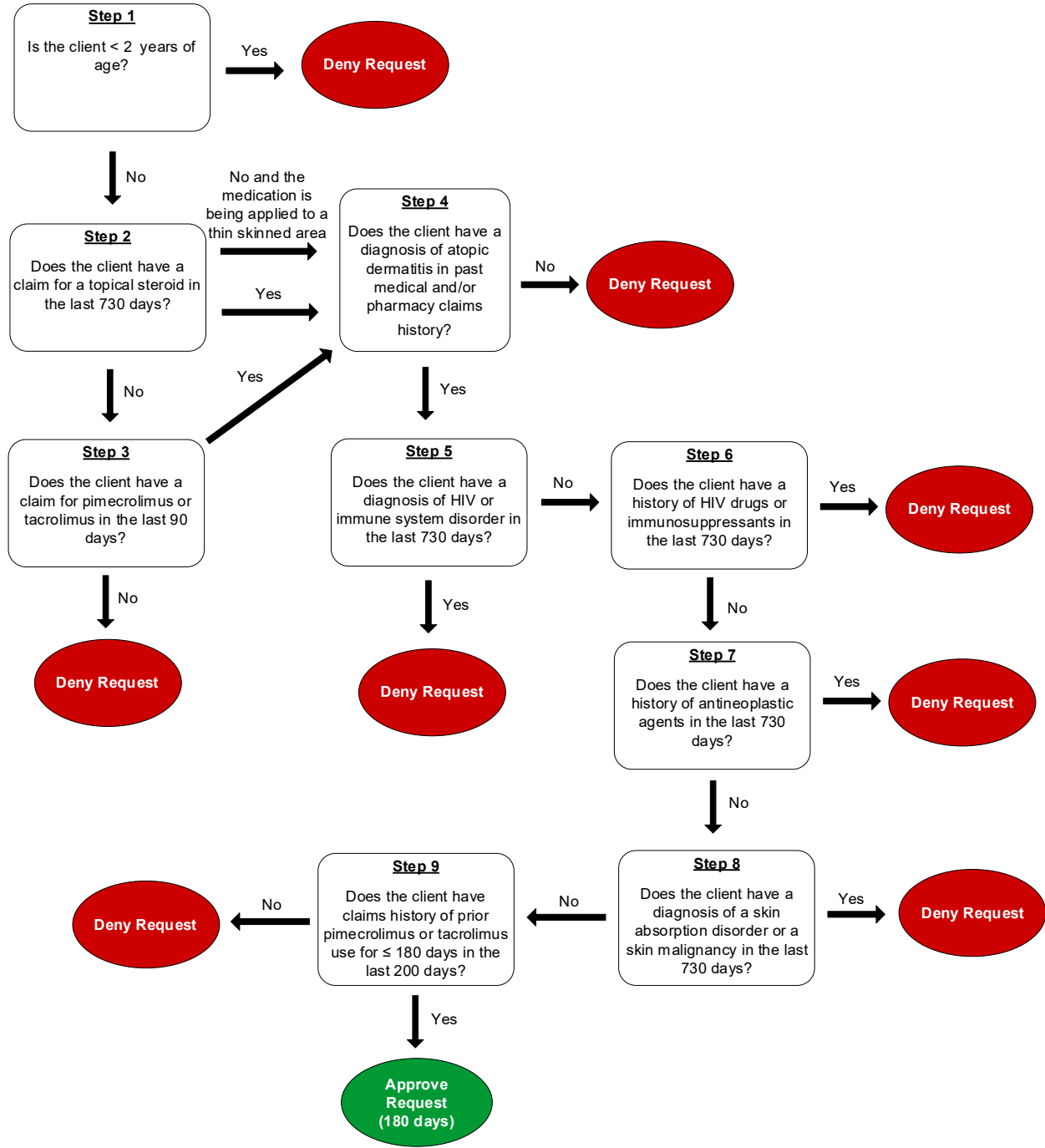
1. Is the client less than (<) 2 years of age?
 - Yes – Deny
 - No – Go to #2
2. Does the client have a claim for a [topical steroid](#) in the last 730 days?
 - Yes – Go to #4
 - No (And the medication will be applied to a thin-skinned area) – Go to #4
 - No – Go to #3
3. Does the client have a claim for [pimecrolimus or tacrolimus](#) in the last 90 days?
 - Yes – Go to #4
 - No – Deny
4. Does the client have a [diagnosis of atopic dermatitis](#) in past medical and/or pharmacy claims history?
 - Yes – Go to #5
 - No – Deny
5. Does the client have a [diagnosis of HIV or immune system disorder](#) in the last 730 days?
 - Yes – Deny
 - No – Go to #6
6. Does the client have a [history of HIV drugs or immunosuppressants](#) in the last 730 days?
 - Yes – Deny
 - No – Go to #7
7. Does the client have a [history of antineoplastic agents](#) in the last 730 days?
 - Yes – Deny
 - No – Go to #8
8. Does the client have a [diagnosis of a skin absorption disorder or a skin malignancy](#) in the last 730 days?
 - Yes – Deny
 - No – Go to #9

9. Does the client have claims history of prior [pimecrolimus or tacrolimus](#) use for less than or equal to (\leq) 180 days in the last 200 days?

Yes – Approve (180 days)

No – Deny

PAXPRESS™
Pimecrolimus 1% and Tacrolimus 0.03%
Clinical Criteria Logic Diagram





Pimecrolimus 1% and Tacrolimus 0.03%

Clinical Criteria Supporting Tables

Table 2 (topical steroid)	
GCN	Label Name
33710	ALCLOMETASONE DIPRO 0.05% CRM
33730	ALCLOMETASONE DIPR 0.05% OINT
31490	AMCINONIDE 0.1% CREAM
31500	AMCINONIDE 0.1% OINTMENT
31060	BETAMETHASONE DP 0.05% CRM
31080	BETAMETHASONE DP 0.05% LOT
31070	BETAMETHASONE DP 0.05% OINT
31890	BETAMETHASONE DP AUG 0.05% CRM
32091	BETAMETHASONE DP AUG 0.05% GEL
30980	BETAMETHASONE DP AUG 0.05% LOT
31910	BETAMETHASONE DP AUG 0.05% OIN
31101	BETAMETHASONE VA 0.1% CREAM
31120	BETAMETHASONE VA 0.1% LOTION
31110	BETAMETHASONE VALER 0.1% OINTM
32052	BETAMETHASONE VALER 0.12% FOAM
45728	BRYHALI 0.01% LOTION
32140	CLOBETASOL 0.05% CREAM
15892	CLOBETASOL 0.05% GEL
32130	CLOBETASOL 0.05% OINTMENT
15891	CLOBETASOL 0.05% SOLUTION
34040	CLOBETASOL 0.05% TOPICAL LOTN

Table 2 (topical steroid)	
GCN	Label Name
34141	CLOBETASOL EMOLLIENT 0.05% CRM
97649	CLOBETASOL EMULSION 0.05% FOAM
89743	CLOBETASOL PROP 0.05% FOAM
25909	CLOBETASOL PROP 0.05% SPRAY
25909	CLOBEX 0.05% SPRAY
34040	CLOBEX 0.05% TOPICAL LOTION
31190	CLOCORTOLONE PIVALATE 0.1% CRM
31190	CLODERM 0.1% CREAM
31300	CORDRAN 4 MCG/SQ CM TAPE
85080	DERMA-SMOOTHIE-FS BODY OIL
24484	DERMA-SMOOTHIE-FS SCALP OIL
31425	DESONIDE 0.05% CREAM
48971	DESONIDE 0.05% LOTION
31430	DESONIDE 0.05% OINTMENT
31180	DESOXIMETASONE 0.05% CREAM
31181	DESOXIMETASONE 0.25% CREAM
06120	DESOXIMETASONE 0.05% GEL
30800	DESOXIMETASONE 0.25% OINTMENT
34545	DESOXIMETASONE 0.25% SPRAY
31470	DIFLORASONE 0.05% CREAM
31480	DIFLORASONE 0.05% OINTMENT
31910	DIPROLENE 0.05% OINTMENT
31342	FLUOCINOLONE 0.01% CREAM
31344	FLUOCINOLONE 0.025% CREAM

Table 2 (topical steroid)	
GCN	Label Name
31390	FLUOCINONIDE 0.05% CREAM
31380	FLUOCINONIDE 0.05% GEL
31351	FLUOCINOLONE 0.025% OINT
31400	FLUOCINONIDE 0.05% OINTMENT
85080	FLUOCINOLONE 0.01% BODY OIL
31360	FLUOCINOLONE 0.01% SOLUTION
31401	FLUOCINONIDE 0.05% SOLUTION
24306	FLUOCINONIDE 0.1% CREAM
54650	FLUOCINONIDE-E 0.05% CREAM
28711	FLURANDRENOLIDE 0.05% CREAM
31310	FLURANDRENOLIDE 0.05% LOTION
43951	FLUTICASONE PROP 0.05% CREAM
24717	FLUTICASONE 0.05% LOTION
48641	FLUTICASONE PROP 0.005% OINT
31441	HALCINONIDE 0.1% CREAM
31251	HALOBETASOL PROP 0.05% CREAM
31211	HALOBETASOL PROP 0.05% OINTMNT
31441	HALOG 0.1% CREAM
92421	HYDROCORTISONE-ALOE 1% CREAM
30942	HYDROCORTISONE 1% CREAM
30943	HYDROCORTISONE 2.5% CREAM
30975	HYDROCORTISONE 2.5% LOTION
30950	HYDROCORTISONE 0.5% OINTMENT
28851	HYDROCORTISONE 1% CREAM

Table 2 (topical steroid)	
GCN	Label Name
30951	HYDROCORTISONE 1% OINTMENT
30952	HYDROCORTISONE 2.5% OINTMENT
48811	HYDROCORTISONE 0.1% SOLN
30880	HYDROCORTISONE BUTY 0.1% CREAM
20706	HYDROCORT BUTY 0.1% LIPO CREAM
62480	HYDROCORTISONE BUTYR 0.1% LOTN
30885	HYDROCORTISONE BUTYR 0.1% OINT
30890	HYDROCORTISONE VAL 0.2% CREAM
06040	HYDROCORTISONE VAL 0.2% OINTMT
45850	MOMETASONE FUROATE 0.1% CREAM
45930	MOMETASONE FUROATE 0.1% OINT
06034	MOMETASONE FUROATE 0.1% SOLN
37182	PREDNICARBATE 0.1% OINTMENT
09181	TEXACORT 2.5% SOLUTION
06120	TOPICORT 0.05% GEL
11403	TOPICORT 0.05% OINTMENT
31181	TOPICORT 0.25% CREAM
30800	TOPICORT 0.25% OINTMENT
34545	TOPICORT 0.25% SPRAY
31180	TOPICORT LP 0.05% CREAM
31231	TRIAMCINOLONE 0.025% CREAM
31244	TRIAMCINOLONE 0.05% OINTMENT
31232	TRIAMCINOLONE 0.1% CREAM
31233	TRIAMCINOLONE 0.5% CREAM

Table 2 (topical steroid)	
GCN	Label Name
31260	TRIAMCINOLONE 0.025% LOTION
31261	TRIAMCINOLONE 0.1% LOTION
31241	TRIAMCINOLONE 0.025% OINT
31242	TRIAMCINOLONE 0.1% OINTMENT
31244	TRIAMCINOLONE 0.5% OINTMENT
40975	ULTRAVATE 0.05% LOTION
24306	VANOS 0.1% CREAM

Table 3 (pimecrolimus or tacrolimus)	
GCN	Label Name
15348	PIMECROLIMUS 1% CREAM
12289	PROTOPIC 0.03% OINTMENT
12302	PROTOPIC 0.1% OINTMENT
12289	TACROLIMUS 0.03% OINTMENT
12302	TACROLIMUS 0.1% OINTMENT

Table 4 (diagnosis of atopic dermatitis)	
ICD-10 Code	Description
L200	BESNIER'S PRURIGO
L2081	ATOPIC NEURODERMATITIS
L2082	FLEXURAL ECZEMA
L2084	INTRINSIC (ALLERGIC) ECZEMA
L2089	OTHER ATOPIC DERMATITIS
L209	ATOPIC DERMATITIS, UNSPECIFIED

Table 5 (diagnosis of HIV or immune system disorder)	
ICD-10 Code	Description
B20	HUMAN IMMUNODEFICIENCY VIRUS [HIV] DISEASE
D800	HEREDITARY HYPOGAMMAGLOBULINEMIA
D801	NONFAMILIAL HYPOGAMMAGLOBULINEMIA
D802	SELECTIVE DEFICIENCY OF IMMUNOGLOBULIN A [IGA]
D803	SELECTIVE DEFICIENCY OF IMMUNOGLOBULIN G [IGG] SUBCLASSES
D804	SELECTIVE DEFICIENCY OF IMMUNOGLOBULIN M [IGM]
D805	IMMUNODEFICIENCY WITH INCREASED IMMUNOGLOBULIN M [IGM]
D806	ANTIBODY DEFICIENCY WITH NEAR-NORMAL IMMUNOGLOBULINS OR WITH HYPERIMMUNOGLOBULINEMIA
D807	TRANSIENT HYPOGAMMAGLOBULINEMIA OF INFANCY
D808	OTHER IMMUNODEFICIENCIES WITH PREDOMINANTLY ANTIBODY DEFECTS
D809	IMMUNODEFICIENCY WITH PREDOMINANTLY ANTIBODY DEFECTS, UNSPECIFIED
D810	SEVERE COMBINED IMMUNODEFICIENCY [SCID] WITH RETICULAR DYSGENESIS
D811	SEVERE COMBINED IMMUNODEFICIENCY [SCID] WITH LOW T- AND B-CELL NUMBERS
D812	SEVERE COMBINED IMMUNODEFICIENCY [SCID] WITH LOW OR NORMAL B-CELL NUMBERS
D814	NEZELOF'S SYNDROME
D816	MAJOR HISTOCOMPATIBILITY COMPLEX CLASS I DEFICIENCY
D817	MAJOR HISTOCOMPATIBILITY COMPLEX CLASS II DEFICIENCY
D8189	OTHER COMBINED IMMUNODEFICIENCIES
D819	COMBINED IMMUNODEFICIENCY, UNSPECIFIED
D820	WISKOTT-ALDRICH SYNDROME
D821	DI GEORGE'S SYNDROME

Table 5 (diagnosis of HIV or immune system disorder)	
ICD-10 Code	Description
D822	IMMUNODEFICIENCY WITH SHORT-LIMBED STATURE
D823	IMMUNODEFICIENCY FOLLOWING HEREDITARY DEFECTIVE RESPONSE TO EPSTEIN-BARR VIRUS
D824	HYPERIMMUNOGLOBULIN E [IGE] SYNDROME
D828	IMMUNODEFICIENCY ASSOCIATED WITH OTHER SPECIFIED MAJOR DEFECTS
D829	IMMUNODEFICIENCY ASSOCIATED WITH MAJOR DEFECT, UNSPECIFIED
D830	COMMON VARIABLE IMMUNODEFICIENCY WITH PREDOMINANT ABNORMALITIES OF B-CELL NUMBERS AND FUNCTION
D831	COMMON VARIABLE IMMUNODEFICIENCY WITH PREDOMINANT IMMUNOREGULATORY T-CELL DISORDERS
D832	COMMON VARIABLE IMMUNODEFICIENCY WITH AUTOANTIBODIES TO B- OR T-CELLS
D838	OTHER COMMON VARIABLE IMMUNODEFICIENCIES
D839	COMMON VARIABLE IMMUNODEFICIENCY, UNSPECIFIED
D840	LYMPHOCYTE FUNCTION ANTIGEN-1 [LFA-1] DEFECT
D841	DEFECTS IN THE COMPLEMENT SYSTEM
D848	OTHER SPECIFIED IMMUNODEFICIENCIES
D849	IMMUNODEFICIENCY, UNSPECIFIED
D893	IMMUNE RECONSTITUTION SYNDROME
D89810	ACUTE GRAFT-VERSUS-HOST DISEASE
D89811	CHRONIC GRAFT-VERSUS-HOST DISEASE
D89812	ACUTE ON CHRONIC GRAFT-VERSUS-HOST DISEASE
D89813	GRAFT-VERSUS-HOST DISEASE, UNSPECIFIED
D8989	OTHER SPECIFIED DISORDERS INVOLVING THE IMMUNE MECHANISM, NOT ELSEWHERE CLASSIFIED
D899	DISORDER INVOLVING THE IMMUNE MECHANISM, UNSPECIFIED

Table 6 (HIV drugs or immunosuppressants)	
GCN	Label Name
64678	ABACAVIR 20 MG/ML SOLUTION
94668	ABACAVIR 300 MG TABLET
23167	ABACAVIR-LAMIVUDINE 600-300 MG
87691	ABACAVIR-LAMIVUDINE-ZIDOV TAB
20844	AFINITOR 10 MG TABLET
28783	AFINITOR 2.5 MG TABLET
20784	AFINITOR 5 MG TABLET
31396	AFINITOR 7.5 MG TABLET
34589	AFINITOR DISPERZ 2 MG TABLET
34590	AFINITOR DISPERZ 3 MG TABLET
34592	AFINITOR DISPERZ 5 MG TABLET
24906	APTIVUS 250 MG CAPSULE
98662	ASTAGRAF XL 0.5 MG CAPSULE
98663	ASTAGRAF XL 1 MG CAPSULE
98664	ASTAGRAF XL 5 MG CAPSULE
19952	ATAZANAVIR SULFATE 150 MG CAP
19953	ATAZANAVIR SULFATE 200 MG CAP
97430	ATAZANAVIR SULFATE 300 MG CAP
46771	AZATHIOPRINE 50 MG TABLET
19170	AZATHIOPRINE 75 MG TABLET
19173	AZATHIOPRINE 100 MG TABLET
51578	BIKTARVY 30-120-15 MG TABLET
44426	BIKTARVY 50-200-25 MG TABLET
47563	CELLCEPT 200 MG/ML ORAL SUSP

Table 6 (HIV drugs or immunosuppressants)	
GCN	Label Name
47560	CELLCEPT 250 MG CAPSULE
47561	CELLCEPT 500 MG TABLET
44512	CIMDUO 300-300 MG TABLET
30288	COMPLERA TABLET
13910	CYCLOSPORINE 100 MG CAPSULE
13917	CYCLOSPORINE 100 MG/ML SOLN
13911	CYCLOSPORINE 25 MG CAPSULE
13916	CYCLOSPORINE 50 MG SOFTGEL
13919	CYCLOSPORINE MODIFIED 100 MG
13918	CYCLOSPORINE MODIFIED 25 MG
99434	DARUNAVIR 600 MG TABLET
33723	DARUNAVIR 800 MG TABLET
45217	DELSTRIGO 100-300-300 MG TAB
40953	DESCOVY 200-25 MG TABLET
45175	DOVATO 50-300 MG TABLET
29963	EDURANT 25 MG TABLET
27346	EFAVIR-EMTRI-TENOF 600-200-300
44425	EFAVIR-LAMIV-TENOF 400-300-300
15555	EFAVIRENZ 600 MG TABLET
43301	EFAVIRENZ 50 MG TABLET
43303	EFAVIRENZ 200 MG CAPSULE
20019	EMTRICITABINE 200 MG CAPSULE
41369	EMTRICITABINE-TENOFV 100-150 MG
41375	EMTRICITABINE-TENOFV 133-200 MG

Table 6 (HIV drugs or immunosuppressants)	
GCN	Label Name
41376	EMTRICITABINE-TENOFV 167-250 MG
23152	EMTRICITABINE-TENOFV 200-300 MG
20019	EMTRIVA 200 MG CAPSULE
39120	ENVARUSUS XR 0.75 MG TABLET
39123	ENVARUSUS XR 1 MG TABLET
39124	ENVARUSUS XR 4 MG TABLET
26722	EPIVIR 10 MG/ML ORAL SOLN
26720	EPIVIR 150 MG TABLET
15709	EPIVIR 300 MG TABLET
23167	EPZICOM TABLET
99318	ETRAVIRINE 100 MG TABLET
29424	ETRAVIRINE 200 MG TABLET
37797	EVOTAZ 300-150 MG TABLET
20553	FOSAMPRENAVIR 700 MG TABLET
13919	GENGRAF 100 MG CAPSULE
13917	GENGRAF 100 MG/ML SOLUTION
13918	GENGRAF 25 MG CAPSULE
40092	GENVOYA TABLET
46771	IMURAN 50 MG TABLET
99318	INTELENCE 100 MG TABLET
29424	INTELENCE 200 MG TABLET
32035	INTELENCE 25 MG TABLET
35788	ISENTRESS 100 MG POWDER PACKET
31095	ISENTRESS 100 MG TABLET CHEW

Table 6 (HIV drugs or immunosuppressants)	
GCN	Label Name
98986	ISENTRESS 25 MG TABLET CHEW
98986	ISENTRESS 400 MG TABLET
43517	ISENTRESS HD 600 MG TABLET
44119	JULUCA 50-25 MG TABLET
99101	KALETRA 100-25 MG TABLET
25919	KALETRA 200-50 MG TABLET
31782	KALETRA 400-100/5 ML ORAL SOLU
50912	LAMIVUDINE 100 MG TABLET
26722	LAMIVUDINE 10MG/ML ORAL SOLUTION
26720	LAMIVUDINE 150 MG TABLET
15709	LAMIVUDINE 300 MG TABLET
89621	LAMIVUDINE-ZIDOVUDINE TABLET
99101	LOPINAVIR-RITONAVIR 100-25 MG TAB
25919	LOPINAVIR-RITONAVIR 200-50 MG TAB
31782	LOPINAVIR-RITONAVIR 80-20 MG/ML
98734	MARAVIROC 150 MG TABLET
98739	MARAVIROC 300 MG TABLET
47560	MYCOPHENOLATE 250 MG CAPSULE
47561	MYCOPHENOLATE 500 MG TABLET
47563	MYCOPHENOLATE 200 MG/ML SUSP
19646	MYCOPHENOLIC ACID DR 180 MG TAB
19647	MYCOPHENOLIC ACID DR 360 MG TAB
19646	MYFORTIC 180 MG TABLET
19647	MYFORTIC 360 MG TABLET

Table 6 (HIV drugs or immunosuppressants)	
GCN	Label Name
13919	NEORAL 100 MG GELATN CAPSULE
13917	NEORAL 100 MG/ML SOLUTION
13918	NEORAL 25 MG GELATIN CAPSULE
31420	NEVIRAPINE 200 MG TABLET
31421	NEVIRAPINE 50 MG/5 ML SUSP
29767	NEVIRAPINE ER 400 MG TABLET
28224	NORVIR 100 MG TABLET
40309	NORVIR 100 MG POWDER PACKET
45294	PIFELTRO 100 MG TABLET
37367	PREZCOBIX 800-150 MG TABLET
31201	PREZISTA 100 MG/ML SUSPENSION
23489	PREZISTA 150 MG TABLET
99434	PREZISTA 600 MG TABLET
16759	PREZISTA 75 MG TABLET
33723	PREZISTA 800 MG TABLET
28495	PROGRAF 0.5 MG CAPSULE
28491	PROGRAF 1 MG CAPSULE
28492	PROGRAF 5 MG CAPSULE
28251	PROGRAF 0.2 MG GRANULE PACKET
28249	PROGRAF 1 MG GRANULE PACKET
28502	RAPAMUNE 0.5MG TABLET
13696	RAPAMUNE 1 MG TABLET
50356	RAPAMUNE 1 MG/ML ORAL SOLN
19299	RAPAMUNE 2 MG TABLET

Table 6 (HIV drugs or immunosuppressants)	
GCN	Label Name
44410	RETROVIR 10 MG/ML SYRUP
44530	RETROVIR 100 MG CAPSULE
43960	RETROVIR 10 MG/ML VIAL
19953	REYATAZ 200 MG CAPSULE
97430	REYATAZ 300 MG CAPSULE
36647	REYATAZ 50 MG POWDER PACKET
28224	RITONAVIR 100 MG TABLET
48315	RUKOBIA ER 600 MG TABLET
13910	SANDIMMUNE 100 MG CAPSULE
08220	SANDIMMUNE 100 MG/ML SOLN
13911	SANDIMMUNE 25 MG CAPSULE
42655	SELZENTRY 20 MG/ML ORAL SOLN
98734	SELZENTRY 150 MG TABLET
98739	SELZENTRY 300 MG TABLET
28502	SIROLIMUS 0.5 MG TABLET
13696	SIROLIMUS 1 MG TABLET
19299	SIROLIMUS 2 MG TABLET
26713	STAVUDINE 30 MG CAPSULE
33130	STRIBILD TABLET
44548	SYMFI 600-300-300 MG TABLET
43968	SYMTUZA 800-150-200-10 MG TAB
28495	TACROLIMUS 0.5 MG CAPSULE
28491	TACROLIMUS 1 MG CAPSULE
28492	TACROLIMUS 5 MG CAPSULE

Table 6 (HIV drugs or immunosuppressants)	
GCN	Label Name
14822	TENOFOVIR DISOP FUM 300 MG TAB
48218	TIVICAY PD 5 MG TAB FOR SUSP
35079	TIVICAY 50 MG TABLET
36999	TRIUMEQ 600-50-300 MG TABLET
52144	TRIUMEQ PD 60-5-30 MG TAB SUSP
41369	TRUVADA 100 MG-150 MG TABLET
41375	TRUVADA 133 MG-200 MG TABLET
41376	TRUVADA 167 MG-250 MG TABLET
23152	TRUVADA 200 MG-300 MG TABLET
36468	TYBOST 150 MG TABLET
40312	VIRACEPT 250 MG TABLET
19717	VIRACEPT 625 MG TABLET
31228	VIREAD 150 MG TABLET
31229	VIREAD 200 MG TABLET
31234	VIREAD 250 MG TABLET
14822	VIREAD 300 MG TABLET
31227	VIREAD POWDER
94678	ZIAGEN 20 MG/ML SOLUTION
44530	ZIDOVDINE 100 MG CAPSULE
44533	ZIDOVDINE 300 MG TABLET
44410	ZIDOVDINE 50 MG/5 ML SYRUP
24825	ZORTRESS 0.25 MG TABLET
24826	ZORTRESS 0.5 MG TABLET
24827	ZORTRESS 0.75 MG TABLET

Table 6 (HIV drugs or immunosuppressants)	
GCN	Label Name
28589	ZORTRESS 1 MG TABLET

Table 7 (antineoplastic agents)	
GCN	Label Name
29886	ABIRATERONE ACETATE 250 MG TAB
43205	ABIRATERONE 500 MG TABLET
20844	AFINITOR 10 MG TABLET
28783	AFINITOR 2.5 MG TABLET
20784	AFINITOR 5 MG TABLET
31396	AFINITOR 7.5 MG TABLET
34589	AFINITOR DISPERZ 2 MG TABLET
34590	AFINITOR DISPERZ 3 MG TABLET
34592	AFINITOR DISPERZ 5 MG TABLET
40299	ALECENSA 150 MG CAPSULE
38380	ALKERAN 2 MG TABLET
44305	ALUNBRIG 180 MG TABLET
43325	ALUNBRIG 30 MG TABLET
43326	ALUNBRIG 90 MG TABLET
44306	ALUNBRIG 90 MG-180 MG TAB PACK
24410	ANASTROZOLE 1 MG TABLET
24410	ARIMIDEX 1 MG TABLET
92896	AROMASIN 25 MG TABLET
47516	AYVAKIT 100MG TABLET
47517	AYVAKIT 200 MG TABLET

Table 7 (antineoplastic agents)	
GCN	Label Name
49825	AYVAKIT 25 MG TABLET
47518	AYVAKIT 300 MG TABLET
49826	AYVAKIT 50 MG TABLET
18428	AVODART 0.5 MG SOFTGEL
22663	AZACITIDINE 100 MG VIAL
46189	BALVERSA 3 MG TABLET
46192	BALVERSA 4 MG TABLET
46193	BALVERSA 5 MG TABLET
92373	BEXAROTENE 75 MG CAPSULE
00450	BICALUTAMIDE 50 MG TABLET
38440	BICNU 100 MG VIAL
33199	BOSULIF 100 MG TABLET
33202	BOSULIF 500 MG TABLET
44925	BRAFTOVI 75 MG CAPSULE
47336	BRUKINSA 80 MG CAPSULE
41146	CABOMETYX 20 MG TABLET
41147	CABOMETYX 40 MG TABLET
41148	CABOMETYX 60 MG TABLET
44011	CALQUENCE 100 MG CAPSULE
31611	CAPECITABINE 150 MG TABLET
31612	CAPECITABINE 500 MG TABLET
29817	CAPRELSA 100 MG TABLET
29818	CAPRELSA 300 MG TABLET
00450	CASODEX 50 MG TABLET

Table 7 (antineoplastic agents)	
GCN	Label Name
33904	COMETRIQ 100 MG DAILY-DOSE PK
33903	COMETRIQ 140 MG DAILY-DOSE PK
33905	COMETRIQ 60 MG DAILY-DOSE PK
40123	COTELLIC 20 MG TABLET
35317	CYCLOPHOSPHAMIDE 25 MG CAPSULE
38360	CYCLOPHOSPHAMIDE 25 MG TABLET
38361	CYCLOPHOSPHAMIDE 50 MG TABLET
35318	CYCLOPHOSPHAMIDE 50 MG CAPSULE
34231	CYTARABINE 100 MG/ML VIAL
27365	CYTARABINE 1000 MG/50 ML VIAL
27365	CYTARABINE 20 MG/ML VIAL
34230	CYTARABINE 20 MG/ML VIAL
97825	CYTARABINE 20 MG/ML VIAL
38402	DROXIA 200 MG CAPSULE
38403	DROXIA 300 MG CAPSULE
38404	DROXIA 400 MG CAPSULE
18428	DUTASTERIDE 0.5 MG CAPSULE
38700	EMCYT 140 MG CAPSULE
31307	ERIVEDGE 150 MG CAPSULE
53749	ERLEADA 240 MG TABLET
44446	ERLEADA 60 MG TABLET
23794	ERLOTINIB HCL 100 MG TABLET
23793	ERLOTINIB HCL 150 MG TABLET
23795	ERLOTINIB HCL 25 MG TABLET

Table 7 (antineoplastic agents)	
GCN	Label Name
07560	ETOPOSIDE 50 MG CAPSULE
07481	ETOPOSIDE 1,000 MG/50 ML VIAL
07481	ETOPOSIDE 100 MG/5 ML VIAL
07481	ETOPOSIDE 500 MG/25 ML VIAL
59011	EVISTA 60 MG TABLET
92896	EXEMESTANE 25 MG TABLET
50987	EXKIVITY 40 MG CAPSULE
42721	FARESTON 60 MG TABLET
38008	FARYDAK 10 MG CAPSULE
38009	FARYDAK 15 MG CAPSULE
38011	FARYDAK 20 MG CAPSULE
49541	FEMARA 2.5 MG TABLET
30521	FINASTERIDE 5 MG TABLET
97456	FLUOROURACIL 1,000 MG/20 ML
97457	FLUOROURACIL 2.5 GM/50 ML VIAL
97458	FLUOROURACIL 5 GM/100 ML VIAL
97455	FLUOROURACIL 500 MG/10 ML VIAL
25740	FLUTAMIDE 125 MG CAPSULE
46287	FOTIVDA 1.34 MG CAPSULE
46162	FOTIVDA 0.89 MG CAPSULE
48566	GAVRETO 100 MG CAPSULE
35532	GAZYVA 1,000 MG/40 ML VIAL
34956	GILOTRIF 20 MG TABLET
34957	GILOTRIF 30 MG TABLET

Table 7 (antineoplastic agents)	
GCN	Label Name
34958	GILOTRIF 40 MG TABLET
19908	GLEEVEC 100 MG TABLET
19907	GLEEVEC 400 MG TABLET
38431	GLEOSTINE 10 MG CAPSULE
38432	GLEOSTINE 100 MG CAPSULE
38433	GLEOSTINE 40 MG CAPSULE
34221	HEXALEN 50 MG CAPSULE
14254	HYCAMTIN 0.25 MG CAPSULE
14256	HYCAMTIN 1 MG CAPSULE
38400	HYDROXYUREA 500 MG CAPSULE
37826	IBRANCE 100 MG CAPSULE
37827	IBRANCE 125 MG CAPSULE
37825	IBRANCE 75 MG CAPSULE
47256	IBRANCE 75 MG TABLET
47257	IBRANCE 100 MG TABLET
47258	IBRANCE 125 MG TABLET
49081	ICLUSIG 10 MG TABLET
33873	ICLUSIG 15 MG TABLET
42806	ICLUSIG 30 MG TABLET
33874	ICLUSIG 45 MG TABLET
43689	IDHIFA 100 MG TABLET
43688	IDHIFA 50MG TABLET
19908	IMATINIB MESYLATE 100 MG TABLET
19907	IMATINIB MESYLATE 400 MG TABLET

Table 7 (antineoplastic agents)	
GCN	Label Name
44475	IMBRUVICA 70 MG CAPSULE
35599	IMBRUVICA 140 MG CAPSULE
44465	IMBRUVICA 140 MG TABLET
44466	IMBRUVICA 280 MG TABLET
44467	IMBRUVICA 420 MG TABLET
44468	IMBRUVICA 560 MG TABLET
31294	INLYTA 1 MG TABLET
31295	INLYTA 5 MG TABLET
48323	INQOVI 35 MG-100 MG TABLET
46818	INREBIC 100 MG CAPSULE
19586	IRESSA 250 MG TABLET
30892	JAKAFI 5 MG TABLET
30893	JAKAFI 10 MG TABLET
30894	JAKAFI 15 MG TABLET
30895	JAKAFI 20 MG TABLET
30896	JAKAFI 25 MG TABLET
53627	JAYPIRCA 100 MG TABLET
53626	JAYPIRCA 50 MG TABLET
43162	KISQALI 200 MG DAILY DOSE
43166	KISQALI 400 MG DAILY DOSE
43167	KISQALI 600 MG DAILY DOSE
43366	KISQALI FEMARA 200 MG CO-PACK
43368	KISQALI FEMARA 400 MG CO-PACK
43369	KISQALI FEMARA 600 MG CO-PACK

Table 7 (antineoplastic agents)	
GCN	Label Name
47908	KOSELUGO 10 MG CAPSULE
47909	KOSELUGO 25 MG CAPSULE
53379	KRAZATI 200 MG TABLET
98140	LAPATINIB 250 MG TABLET
26315	LENALIDOMIDE 10 MG CAPSULE
27276	LENALIDOMIDE 15 MG CAPSULE
31911	LENALIDOMIDE 2.5 MG CAPSULE
34743	LENALIDOMIDE 20 MG CAPSULE
27277	LENALIDOMIDE 25 MG CAPSULE
26314	LENALIDOMIDE 5 MG CAPSULE
38885	LENVIMA 4 MG CAPSULE
41403	LENVIMA 8 MG DAILY DOSE
37888	LENVIMA 10 MG DAILY DOSE
45161	LENVIMA 12 MG DAILY DOSE
37887	LENVIMA 14 MG DAILY DOSE
41404	LENVIMA 18 MG DAILY DOSE
37889	LENVIMA 20 MG DAILY DOSE
37886	LENVIMA 24 MG DAILY DOSE
49541	LETROZOLE 2.5 MG TABLET
38370	LEUKERAN 2 MG TABLET
39596	LONSURF 15-6.14 MG TABLET
39597	LONSURF 20-8.19 MG TABLET
45988	LORBRENA 100 MG TABLET
45687	LORBRENA 25 MG TABLET

Table 7 (antineoplastic agents)	
GCN	Label Name
43766	LYNPARZA 100 MG TABLET
43765	LYNPARZA 150 MG TABLET
38710	LYSODREN 500 MG TABLET
52947	LYTGOBI 12 MG DOSE (3X 4MG TB)
52947	LYTGOBI 16 MG DOSE (4X 4MG TB)
52947	LYTGOBI 20 MG DOSE (5X 4MG TB)
38740	MATULANE 50 MG CAPSULE
40381	MEGACE 40 MG/ML ORAL SUSP
24948	MEGACE ES 625 MG/5 ML SUSP
38680	MEGESTROL 20 MG TABLET
38681	MEGESTROL 40 MG TABLET
40381	MEGESTROL ACET 40 MG/ML SUSP
34726	MEKINIST 0.5 MG TABLET
34727	MEKINIST 2 MG TABLET
38520	MERCAPTOPYRINE 50 MG TABLET
38489	METHOTREXATE 2.5 MG TABLET
18936	METHOTREXATE 25 MG/ML VIAL
38466	METHOTREXATE 25 MG/ML VIAL
38600	MITOMYCIN 20 MG VIAL
38601	MITOMYCIN 5 MG VIAL
07544	MITOXANTRONE 20 MG/10 ML VIAL
07544	MITOXANTRONE 25 MG/12.5 ML VL
07544	MITOXANTRONE 30 MG/15 ML VIAL
38420	MYLERAN 2 MG TABLET

Table 7 (antineoplastic agents)	
GCN	Label Name
43613	NERLYNX 40 MG TABLET
26263	NEXAVAR 200 MG TABLET
22645	NILANDRON 150 MG TABLET
22645	NILUTAMIDE 150 MG TABLET
40189	NINLARO 2.3 MG CAPSULE
40193	NINLARO 3 MG CAPSULE
40194	NINLARO 4 MG CAPSULE
46746	NUBEQA 300 MG TABLET
37273	OFEV 150 MG CAPSULE
24231	ONCASPAR 750 UNIT/ML VIAL
48545	ONUREG 200 MG TABLET
48450	ONUREG 300 MG TABLET
49005	ORGOVYX 120 MG TABLET
53629	ORSERDU 345 MG TABLET
53628	ORSERDU 86 MG TABLET
94350	PANRETIN 0.1% GEL
47935	PEMAZYRE 13.5 MG TABLET
47933	PEMAZYRE 4.5 MG TABLET
47934	PEMAZYRE 9 MG TABLET
46362	PIQRAY 200 MG DAILY DOSE PACK
46359	PIQRAY 250 MG DAILY DOSE PACK
46358	PIQRAY 300 MG DAILY DOSE PACK
34147	POMALYST 1 MG CAPSULE
34148	POMALYST 2 MG CAPSULE

Table 7 (antineoplastic agents)	
GCN	Label Name
34149	POMALYST 3 MG CAPSULE
34150	POMALYST 4 MG CAPSULE
30521	PROSCAR 5 MG TABLET
33277	PURIXAN 20 MG/ML ORAL SUSPENSION
48075	QINLOCK 50 MG TABLET
59011	RALOXIFENE HCL 60 MG TABLET
48025	RETEVMO 40 MG CAPSULE
48026	RETEVMO 80 MG CAPSULE
26315	REVLIMID 10 MG CAPSULE
27276	REVLIMID 15 MG CAPSULE
31911	REVLIMID 2.5 MG CAPSULE
34743	REVLIMID 20 MG CAPSULE
27277	REVLIMID 25 MG CAPSULE
26314	REVLIMID 5 MG CAPSULE
17718	RHEUMATREX 2.5 MG TABLET
46815	ROZLYTREK 100 MG CAPSULE
46816	ROZLYTREK 200 MG CAPSULE
42795	RUBRACA 200 MG TABLET
77432	RUBRACA 250 MG TABLET
42796	RUBRACA 300 MG TABLET
43327	RYDAPT 25 MG CAPSULE
51417	SCEMBLIX 20 MG TABLET
51418	SCEMBLIX 40 MG TABLET
50377	SOLTAMOX 10 MG/5 ML SOLN

Table 7 (antineoplastic agents)	
GCN	Label Name
15132	SOMATULINE DEPOT 120 MG/0.5 ML
98956	SOMATULINE DEPOT 60 MG/0.2 ML
15127	SOMATULINE DEPOT 90 MG/0.3 ML
26263	SORAFENIB 200 MG TABLET
99867	SPRYCEL 100 MG TABLET
29406	SPRYCEL 140 MG TABLET
27257	SPRYCEL 20 MG TABLET
27258	SPRYCEL 50 MG TABLET
27259	SPRYCEL 70 MG TABLET
29405	SPRYCEL 80 MG TABLET
33363	STIVARGA 40MG TABLET
26452	SUNITINIB MALATE 12.5 MG CAP
26453	SUNITINIB MALATE 25 MG CAPSULE
35596	SUNITINIB MALATE 37.5 MG CAP
26454	SUNITINIB MALATE 50 MG CAPSULE
26452	SUTENT 12.5 MG CAPSULE
26452	SUTENT 12.5 MG CAPSULE
26453	SUTENT 25 MG CAPSULE
35596	SUTENT 37.5 MG CAPSULE
26454	SUTENT 50 MG CAPSULE
10290	TABLOID 40 MG TABLET
48012	TABRECTA 150 MG TABLET
48013	TABRECTA 200 MG TABLET
34723	TAFINLAR 50 MG CAPSULE

Table 7 (antineoplastic agents)	
GCN	Label Name
34724	TAFINLAR 75 MG CAPSULE
40132	TAGRISSE 40 MG TABLET
40133	TAGRISSE 80 MG TABLET
45596	TALZENNA 1 MG CAPSULE
45595	TALZENNA 0.25 MG CAPSULE
38720	TAMOXIFEN 10 MG TABLET
38721	TAMOXIFEN 20 MG TABLET
23794	TARCEVA 100 MG TABLET
23793	TARCEVA 150 MG TABLET
23795	TARCEVA 25 MG TABLET
92373	TARGRETIN 75 MG SOFTGEL
28737	TASIGNA 150 MG CAPSULE
99070	TASIGNA 200 MG CAPSULE
92913	TEMODAR 100 MG CAPSULE
98310	TEMODAR 140 MG CAPSULE
98311	TEMODAR 180 MG CAPSULE
92903	TEMODAR 20 MG CAPSULE
92933	TEMODAR 250 MG CAPSULE
92913	TEMOZOLOMIDE 100 MG CAPSULE
98310	TEMOZOLOMIDE 140 MG CAPSULE
98311	TEMOZOLOMIDE 180 MG CAPSULE
92903	TEMOZOLOMIDE 20 MG CAPSULE
92933	TEMOZOLOMIDE 250 MG CAPSULE
92893	TEMOZOLOMIDE 5 MG CAPSULE

Table 7 (antineoplastic agents)	
GCN	Label Name
49154	TEPMETKO 225 MG TABLET
95392	THALOMID 100 MG CAPSULE
98220	THALOMID 150 MG CAPSULE
19321	THALOMID 200 MG CAPSULE
28301	THALOMID 50 MG CAPSULE
45016	TIBSOVO 250 MG TABLET
42721	TOREMIFENE CITRATE 60 MG TABLET
06484	TREXALL 10 MG TABLET
13135	TREXALL 15 MG TABLET
13134	TREXALL 5 MG TABLET
38485	TREXALL 7.5 MG TABLET
49714	TRUSELTIQ 100 MG DAILY DOSE PK
49715	TRUSELTIQ 125 MG DAILY DOSE PK
49708	TRUSELTIQ 50 MG DAILY DOSE PK
49713	TRUSELTIQ 75 MG DAILY DOSE PK
47931	TUKYSA 150 MG TABLET
47929	TUKYSA 50 MG TABLET
98140	TYKERB 250 MG TABLET
54518	VANFLYTA 17.7 MG TABLET
54517	VANFLYTA 26.5 MG TABLET
41049	VENCLEXTA 10 MG TABLET
41051	VENCLEXTA 50 MG TABLET
41052	VENCLEXTA 100 MG TABLET
41048	VENCLEXTA STARTING PACK

Table 7 (antineoplastic agents)	
GCN	Label Name
43917	VERZENIO 100 MG TABLET
43916	VERZENIO 150 MG TABLET
43915	VERZENIO 200 MG TABLET
43918	VERZENIO 50 MG TABLET
38970	VINBLASTINE 1 MG/ML VIAL
38572	VINCRISTINE 1 MG/ML VIAL
97630	VINCRISTINE 2 MG/2 ML VIAL
40421	VIZIMPRO 15 MG TABLET
40422	VIZIMPRO 30 MG TABLET
40423	VIZIMPRO 45 MG TABLET
51982	VONJO 100 MG CAPSULE
27829	VOTRIENT 200 MG TABLET
50046	WELIREG 40 MG TABLET
30458	XALKORI 200 MG CAPSULE
30457	XALKORI 250 MG CAPSULE
31611	XELODA 150 MG TABLET
31612	XELODA 500 MG TABLET
45803	XOSPATA 40 MG TABLET
46635	XPOVIO 100 MG ONCE WEEKLY DOSE
49539	XPOVIO 100 MG ONCE WEELY DOSE
49534	XPOVIO 40 MG ONCE WEEKLY DOSE
49533	XPOVIO 40 MG TWICE WEEKLY DOSE
46637	XPOVIO 60 MG ONCE WEEKLY DOSE
49537	XPOVIO 60 MG ONCE WEEKLY DOSE

Table 7 (antineoplastic agents)	
GCN	Label Name
46636	XPOVIO 80 MG ONCE WEEKLY DOSE
49538	XPOVIO 80 MG ONCE WEEKLY DOSE
46634	XPOVIO 80 MG TWICE WEEKLY DOSE
33183	XTANDI 40 MG CAPSULE
46626	XTANDI 40 MG TABLET
48452	XTANDI 80 MG TABLET
44795	YONSA 125 MG TABLET
43217	ZEJULA 100 MG CAPSULE
30332	ZELBORAF 240 MG TABLET
97345	ZOLINZA 100 MG CAPSULE
24825	ZORTRESS 0.25 MG TABLET
24826	ZORTRESS 0.5 MG TABLET
24827	ZORTRESS 0.75 MG TABLET
36884	ZYDELIG 100 MG TABLET
36885	ZYDELIG 150 MG TABLET
36447	ZYKADIA 150 MG CAPSULE
29886	ZYTIGA 250 MG TABLET
43205	ZYTIGA 500 MG TABLET

Table 8 (diagnosis of skin absorption disorder or skin malignancy)	
ICD-10 Code	Description
C430	MALIGNANT MELANOMA OF LIP
C4310	MALIGNANT MELANOMA OF UNSPECIFIED EYELID, INCLUDING CANTHUS
C4311	MALIGNANT MELANOMA OF RIGHT EYELID, INCLUDING CANTHUS

Table 8 (diagnosis of skin absorption disorder or skin malignancy)	
ICD-10 Code	Description
C4312	MALIGNANT MELANOMA OF LEFT EYELID, INCLUDING CANTHUS
C4320	MALIGNANT MELANOMA OF UNSPECIFIED EAR AND EXTERNAL AURICULAR CANAL
C4321	MALIGNANT MELANOMA OF RIGHT EAR AND EXTERNAL AURICULAR CANAL
C4322	MALIGNANT MELANOMA OF LEFT EAR AND EXTERNAL AURICULAR CANAL
C4330	MALIGNANT MELANOMA OF UNSPECIFIED PART OF FACE
C4331	MALIGNANT MELANOMA OF NOSE
C4339	MALIGNANT MELANOMA OF OTHER PARTS OF FACE
C434	MALIGNANT MELANOMA OF SCALP AND NECK
C4351	MALIGNANT MELANOMA OF ANAL SKIN
C4352	MALIGNANT MELANOMA OF SKIN OF BREAST
C4359	MALIGNANT MELANOMA OF OTHER PART OF TRUNK
C4360	MALIGNANT MELANOMA OF UNSPECIFIED UPPER LIMB, INCLUDING SHOULDER
C4361	MALIGNANT MELANOMA OF RIGHT UPPER LIMB, INCLUDING SHOULDER
C4362	MALIGNANT MELANOMA OF LEFT UPPER LIMB, INCLUDING SHOULDER
C4370	MALIGNANT MELANOMA OF UNSPECIFIED LOWER LIMB, INCLUDING HIP
C4371	MALIGNANT MELANOMA OF RIGHT LOWER LIMB, INCLUDING HIP
C4372	MALIGNANT MELANOMA OF LEFT LOWER LIMB, INCLUDING HIP
C438	MALIGNANT MELANOMA OF OVERLAPPING SITES OF SKIN
C439	MALIGNANT MELANOMA OF SKIN, UNSPECIFIED
C4400	UNSPECIFIED MALIGNANT NEOPLASM OF SKIN OF LIP
C4401	BASAL CELL CARCINOMA OF SKIN OF LIP
C4402	SQUAMOUS CELL CARCINOMA OF SKIN OF LIP
C4409	OTHER SPECIFIED MALIGNANT NEOPLASM OF SKIN OF LIP

Table 8 (diagnosis of skin absorption disorder or skin malignancy)	
ICD-10 Code	Description
C44101	UNSPECIFIED MALIGNANT NEOPLASM OF SKIN OF UNSPECIFIED EYELID, INCLUDING CANTHUS
C44102	UNSPECIFIED MALIGNANT NEOPLASM OF SKIN OF RIGHT EYELID, INCLUDING CANTHUS
C44109	UNSPECIFIED MALIGNANT NEOPLASM OF SKIN OF LEFT EYELID, INCLUDING CANTHUS
C44111	BASAL CELL CARCINOMA OF SKIN OF UNSPECIFIED EYELID, INCLUDING CANTHUS
C44112	BASAL CELL CARCINOMA OF SKIN OF RIGHT EYELID, INCLUDING CANTHUS
C44119	BASAL CELL CARCINOMA OF SKIN OF LEFT EYELID, INCLUDING CANTHUS
C44121	SQUAMOUS CELL CARCINOMA OF SKIN OF UNSPECIFIED EYELID, INCLUDING CANTHUS
C44122	SQUAMOUS CELL CARCINOMA OF SKIN OF RIGHT EYELID, INCLUDING CANTHUS
C44129	SQUAMOUS CELL CARCINOMA OF SKIN OF LEFT EYELID, INCLUDING CANTHUS
C44191	OTHER SPECIFIED MALIGNANT NEOPLASM OF SKIN OF UNSPECIFIED EYELID, INCLUDING CANTHUS
C44192	OTHER SPECIFIED MALIGNANT NEOPLASM OF SKIN OF RIGHT EYELID, INCLUDING CANTHUS
C44199	OTHER SPECIFIED MALIGNANT NEOPLASM OF SKIN OF LEFT EYELID, INCLUDING CANTHUS
C44201	UNSPECIFIED MALIGNANT NEOPLASM OF SKIN OF UNSPECIFIED EAR AND EXTERNAL AURICULAR CANAL
C44202	UNSPECIFIED MALIGNANT NEOPLASM OF SKIN OF RIGHT EAR AND EXTERNAL AURICULAR CANAL
C44209	UNSPECIFIED MALIGNANT NEOPLASM OF SKIN OF LEFT EAR AND EXTERNAL AURICULAR CANAL
C44211	BASAL CELL CARCINOMA OF SKIN OF UNSPECIFIED EAR AND EXTERNAL AURICULAR CANAL
C44212	BASAL CELL CARCINOMA OF SKIN OF RIGHT EAR AND EXTERNAL AURICULAR CANAL

Table 8 (diagnosis of skin absorption disorder or skin malignancy)	
ICD-10 Code	Description
C44219	BASAL CELL CARCINOMA OF SKIN OF LEFT EAR AND EXTERNAL AURICULAR CANAL
C44221	SQUAMOUS CELL CARCINOMA OF SKIN OF UNSPECIFIED EAR AND EXTERNAL AURICULAR CANAL
C44222	SQUAMOUS CELL CARCINOMA OF SKIN OF RIGHT EAR AND EXTERNAL AURICULAR CANAL
C44229	SQUAMOUS CELL CARCINOMA OF SKIN OF LEFT EAR AND EXTERNAL AURICULAR CANAL
C44291	OTHER SPECIFIED MALIGNANT NEOPLASM OF SKIN OF UNSPECIFIED EAR AND EXTERNAL AURICULAR CANAL
C44292	OTHER SPECIFIED MALIGNANT NEOPLASM OF SKIN OF RIGHT EAR AND EXTERNAL AURICULAR CANAL
C44299	OTHER SPECIFIED MALIGNANT NEOPLASM OF SKIN OF LEFT EAR AND EXTERNAL AURICULAR CANAL
C44300	UNSPECIFIED MALIGNANT NEOPLASM OF SKIN OF UNSPECIFIED PART OF FACE
C44301	UNSPECIFIED MALIGNANT NEOPLASM OF SKIN OF NOSE
C44309	UNSPECIFIED MALIGNANT NEOPLASM OF SKIN OF OTHER PARTS OF FACE
C44310	BASAL CELL CARCINOMA OF SKIN OF UNSPECIFIED PARTS OF FACE
C44311	BASAL CELL CARCINOMA OF SKIN OF NOSE
C44319	BASAL CELL CARCINOMA OF SKIN OF OTHER PARTS OF FACE
C44320	SQUAMOUS CELL CARCINOMA OF SKIN OF UNSPECIFIED PARTS OF FACE
C44321	SQUAMOUS CELL CARCINOMA OF SKIN OF NOSE
C44329	SQUAMOUS CELL CARCINOMA OF SKIN OF OTHER PARTS OF FACE
C44390	OTHER SPECIFIED MALIGNANT NEOPLASM OF SKIN OF UNSPECIFIED PARTS OF FACE
C44391	OTHER SPECIFIED MALIGNANT NEOPLASM OF SKIN OF NOSE
C44399	OTHER SPECIFIED MALIGNANT NEOPLASM OF SKIN OF OTHER PARTS OF FACE
C4440	UNSPECIFIED MALIGNANT NEOPLASM OF SKIN OF SCALP AND NECK

Table 8 (diagnosis of skin absorption disorder or skin malignancy)	
ICD-10 Code	Description
C4441	BASAL CELL CARCINOMA OF SKIN OF SCALP AND NECK
C4442	SQUAMOUS CELL CARCINOMA OF SKIN OF SCALP AND NECK
C4449	OTHER SPECIFIED MALIGNANT NEOPLASM OF SKIN OF SCALP AND NECK
C44500	UNSPECIFIED MALIGNANT NEOPLASM OF ANAL SKIN
C44501	UNSPECIFIED MALIGNANT NEOPLASM OF SKIN OF BREAST
C44509	UNSPECIFIED MALIGNANT NEOPLASM OF SKIN OF OTHER PART OF TRUNK
C44510	BASAL CELL CARCINOMA OF ANAL SKIN
C44511	BASAL CELL CARCINOMA OF SKIN OF BREAST
C44519	BASAL CELL CARCINOMA OF SKIN OF OTHER PART OF TRUNK
C44520	SQUAMOUS CELL CARCINOMA OF ANAL SKIN
C44521	SQUAMOUS CELL CARCINOMA OF SKIN OF BREAST
C44529	SQUAMOUS CELL CARCINOMA OF SKIN OF OTHER PART OF TRUNK
C44590	OTHER SPECIFIED MALIGNANT NEOPLASM OF ANAL SKIN
C44591	OTHER SPECIFIED MALIGNANT NEOPLASM OF SKIN OF BREAST
C44599	OTHER SPECIFIED MALIGNANT NEOPLASM OF SKIN OF OTHER PART OF TRUNK
C44601	UNSPECIFIED MALIGNANT NEOPLASM OF SKIN OF UNSPECIFIED UPPER LIMB, INCLUDING SHOULDER
C44602	UNSPECIFIED MALIGNANT NEOPLASM OF SKIN OF RIGHT UPPER LIMB, INCLUDING SHOULDER
C44609	UNSPECIFIED MALIGNANT NEOPLASM OF SKIN OF LEFT UPPER LIMB, INCLUDING SHOULDER
C44611	BASAL CELL CARCINOMA OF SKIN OF UNSPECIFIED UPPER LIMB, INCLUDING SHOULDER
C44612	BASAL CELL CARCINOMA OF SKIN OF RIGHT UPPER LIMB, INCLUDING SHOULDER
C44619	BASAL CELL CARCINOMA OF SKIN OF LEFT UPPER LIMB, INCLUDING SHOULDER

Table 8 (diagnosis of skin absorption disorder or skin malignancy)	
ICD-10 Code	Description
C44621	SQUAMOUS CELL CARCINOMA OF SKIN OF UNSPECIFIED UPPER LIMB, INCLUDING SHOULDER
C44622	SQUAMOUS CELL CARCINOMA OF SKIN OF RIGHT UPPER LIMB, INCLUDING SHOULDER
C44629	SQUAMOUS CELL CARCINOMA OF SKIN OF LEFT UPPER LIMB, INCLUDING SHOULDER
C44691	OTHER SPECIFIED MALIGNANT NEOPLASM OF SKIN OF UNSPECIFIED UPPER LIMB, INCLUDING SHOULDER
C44692	OTHER SPECIFIED MALIGNANT NEOPLASM OF SKIN OF RIGHT UPPER LIMB, INCLUDING SHOULDER
C44699	OTHER SPECIFIED MALIGNANT NEOPLASM OF SKIN OF LEFT UPPER LIMB, INCLUDING SHOULDER
C44701	UNSPECIFIED MALIGNANT NEOPLASM OF SKIN OF UNSPECIFIED LOWER LIMB, INCLUDING HIP
C44702	UNSPECIFIED MALIGNANT NEOPLASM OF SKIN OF RIGHT LOWER LIMB, INCLUDING HIP
C44709	UNSPECIFIED MALIGNANT NEOPLASM OF SKIN OF LEFT LOWER LIMB, INCLUDING HIP
C44711	BASAL CELL CARCINOMA OF SKIN OF UNSPECIFIED LOWER LIMB, INCLUDING HIP
C44712	BASAL CELL CARCINOMA OF SKIN OF RIGHT LOWER LIMB, INCLUDING HIP
C44719	BASAL CELL CARCINOMA OF SKIN OF LEFT LOWER LIMB, INCLUDING HIP
C44721	SQUAMOUS CELL CARCINOMA OF SKIN OF UNSPECIFIED LOWER LIMB, INCLUDING HIP
C44722	SQUAMOUS CELL CARCINOMA OF SKIN OF RIGHT LOWER LIMB, INCLUDING HIP
C44729	SQUAMOUS CELL CARCINOMA OF SKIN OF LEFT LOWER LIMB, INCLUDING HIP
C44791	OTHER SPECIFIED MALIGNANT NEOPLASM OF SKIN OF UNSPECIFIED LOWER LIMB, INCLUDING HIP
C44792	OTHER SPECIFIED MALIGNANT NEOPLASM OF SKIN OF RIGHT LOWER LIMB, INCLUDING HIP

Table 8 (diagnosis of skin absorption disorder or skin malignancy)	
ICD-10 Code	Description
C44799	OTHER SPECIFIED MALIGNANT NEOPLASM OF SKIN OF LEFT LOWER LIMB, INCLUDING HIP
C4480	UNSPECIFIED MALIGNANT NEOPLASM OF OVERLAPPING SITES OF SKIN
C4481	BASAL CELL CARCINOMA OF OVERLAPPING SITES OF SKIN
C4482	SQUAMOUS CELL CARCINOMA OF OVERLAPPING SITES OF SKIN
C4489	OTHER SPECIFIED MALIGNANT NEOPLASM OF OVERLAPPING SITES OF SKIN
C4490	UNSPECIFIED MALIGNANT NEOPLASM OF SKIN, UNSPECIFIED
C4491	BASAL CELL CARCINOMA OF SKIN, UNSPECIFIED
C4492	SQUAMOUS CELL CARCINOMA OF SKIN, UNSPECIFIED
C4499	OTHER SPECIFIED MALIGNANT NEOPLASM OF SKIN, UNSPECIFIED
C460	KAPOSI'S SARCOMA OF SKIN
C8440	PERIPHERAL T-CELL LYMPHOMA, UNSPECIFIED SITE
C8441	PERIPHERAL T-CELL LYMPHOMA, LYMPH NODES OF HEAD, FACE, AND NECK
C8442	PERIPHERAL T-CELL LYMPHOMA, INTRATHORACIC LYMPH NODES
C8443	PERIPHERAL T-CELL LYMPHOMA, INTRA-ABDOMINAL LYMPH NODES
C8444	PERIPHERAL T-CELL LYMPHOMA, LYMPH NODES OF AXILLA AND UPPER LIMB
C8445	PERIPHERAL T-CELL LYMPHOMA, LYMPH NODES OF INGUINAL REGION AND LOWER LIMB
C8446	PERIPHERAL T-CELL LYMPHOMA, INTRAPELVIC LYMPH NODES
C8447	PERIPHERAL T-CELL LYMPHOMA, SPLEEN
C8448	PERIPHERAL T-CELL LYMPHOMA, LYMPH NODES OF MULTIPLE SITES
C8449	PERIPHERAL T-CELL LYMPHOMA, EXTRANODAL AND SOLID ORGAN SITES
D030	MELANOMA IN SITU OF LIP
D0310	MELANOMA IN SITU OF UNSPECIFIED EYELID, INCLUDING CANTHUS
D0311	MELANOMA IN SITU OF RIGHT EYELID, INCLUDING CANTHUS

Table 8 (diagnosis of skin absorption disorder or skin malignancy)	
ICD-10 Code	Description
D0312	MELANOMA IN SITU OF LEFT EYELID, INCLUDING CANTHUS
D0320	MELANOMA IN SITU OF UNSPECIFIED EAR AND EXTERNAL AURICULAR CANAL
D0321	MELANOMA IN SITU OF RIGHT EAR AND EXTERNAL AURICULAR CANAL
D0322	MELANOMA IN SITU OF LEFT EAR AND EXTERNAL AURICULAR CANAL
D0330	MELANOMA IN SITU OF UNSPECIFIED PART OF FACE
D0339	MELANOMA IN SITU OF OTHER PARTS OF FACE
D034	MELANOMA IN SITU OF SCALP AND NECK
D0351	MELANOMA IN SITU OF ANAL SKIN
D0352	MELANOMA IN SITU OF BREAST (SKIN) (SOFT TISSUE)
D0359	MELANOMA IN SITU OF OTHER PART OF TRUNK
D0360	MELANOMA IN SITU OF UNSPECIFIED UPPER LIMB, INCLUDING SHOULDER
D0361	MELANOMA IN SITU OF RIGHT UPPER LIMB, INCLUDING SHOULDER
D0362	MELANOMA IN SITU OF LEFT UPPER LIMB, INCLUDING SHOULDER
D0370	MELANOMA IN SITU OF UNSPECIFIED LOWER LIMB, INCLUDING HIP
D0371	MELANOMA IN SITU OF RIGHT LOWER LIMB, INCLUDING HIP
D0372	MELANOMA IN SITU OF LEFT LOWER LIMB, INCLUDING HIP
D038	MELANOMA IN SITU OF OTHER SITES
D039	MELANOMA IN SITU, UNSPECIFIED
Q802	LAMELLAR ICHTHYOSIS
Q803	CONGENITAL BULLOUS ICHTHYOSIFORM ERYTHRODERMA
Q808	OTHER CONGENITAL ICHTHYOSIS
Q809	CONGENITAL ICHTHYOSIS, UNSPECIFIED

Table 9 (pimecrolimus/tacrolimus use for \leq 180 days)

For the list of pimecrolimus/tacrolimus prescriptions that pertain to this step, see the [Pimecrolimus/Tacrolimus Drugs](#) table in this “Supporting Tables” section.

Note: Click the hyperlink to navigate directly to the table



Tacrolimus 0.1% Ointment

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
TACROLIMUS 0.1% OINTMENT	12302



Tacrolimus 0.1% Ointment

Clinical Criteria Logic

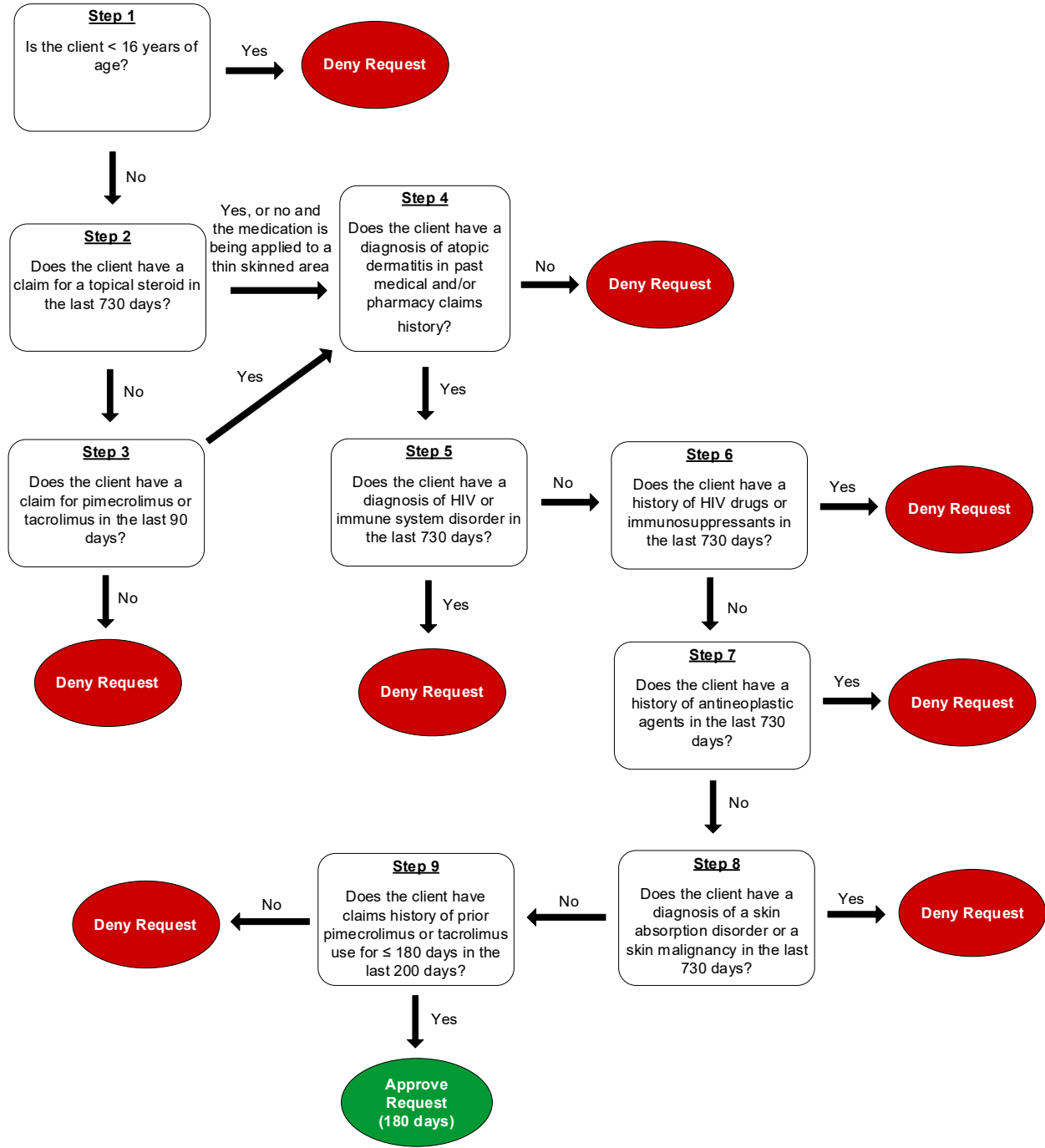
1. Is the client less than (<) 16 years of age?
 - Yes – Deny
 - No – Go to #2
2. Does the client have a claim for a [topical steroid](#) in the last 730 days?
 - Yes – Go to #4
 - No (And the medication will be applied to a thin-skinned area) – Go to #4
 - No – Go to #3
3. Does the client have a claim for [pimecrolimus or tacrolimus](#) in the last 90 days?
 - Yes – Go to #4
 - No – Deny
4. Does the client have a [diagnosis of atopic dermatitis](#) in past medical and/or pharmacy claims history?
 - Yes – Go to #5
 - No – Deny
5. Has the client had a [diagnosis of HIV or immune system disorder](#) in the last 730 days?
 - Yes – Deny
 - No – Go to #6
6. Does the client have a history of [HIV drugs or immunosuppressants](#) in the last 730 days?
 - Yes – Deny
 - No – Go to #7
7. Does the client have a history of [antineoplastic agents](#) in the last 730 days?
 - Yes – Deny
 - No – Go to #8
8. Does the client have a [diagnosis of a skin absorption disorder or a skin malignancy](#) in the last 730 days?
 - Yes – Deny
 - No – Go to #9

9. Does the client have claims history of prior [pimecrolimus or tacrolimus](#) use for less than or equal to (\leq) 180 days in the last 200 days?

Yes – Approve (180 days)

No – Deny

PAXPRESS™ **Tacrolimus 0.1% Ointment**
Clinical Criteria Logic Diagram





Tacrolimus 0.1% Ointment

Clinical Criteria Supporting Tables

Table 2 (topical steroid)

For the list of topical steroid agents that pertain to this step, see the [Topical Steroid](#) table in the previous “Supporting Tables” section.

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

Table 3 (pimecrolimus or tacrolimus)

For the list of pimecrolimus/tacrolimus agents that pertain to this step, see the [Pimecrolimus/Tacrolimus Drugs](#) table in the previous “Supporting Tables” section.

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

Table 4 (diagnosis of atopic dermatitis)

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

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

Table 5 (diagnosis of HIV or immune system disorder)

For the list of HIV and immune system disorder diagnoses that pertain to this step, see the [HIV and Immune System Disorder Diagnoses](#) table in the previous “Supporting Tables” section.

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

Table 6 (HIV drugs or immunosuppressants)

For the list of HIV drugs and immunosuppressants that pertain to this step, see the [HIV Drugs and Immunosuppressants](#) table in the previous “Supporting Tables” section.

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

Table 7 (antineoplastic agent)

For the list of antineoplastic agents that pertain to this step, see the [Antineoplastic Agents](#) table in the previous “Supporting Tables” section.

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

Table 8 (diagnosis of skin absorption disorder or skin malignancy)

For the list of diagnoses that pertain to this step, see the [Skin Absorption Disorder or Skin Malignancy](#) table in the previous “Supporting Tables” section.

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

Table 9 (pimecrolimus or tacrolimus use \leq 180 days)

For the list of pimecrolimus/tacrolimus agents that pertain to this step, see the [Pimecrolimus/Tacrolimus Drugs](#) table in the previous “Supporting Tables” section.

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



Eucrisa 2% Ointment

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
EUCRISA 2% OINTMENT	42792



Eucrisa 2% Ointment

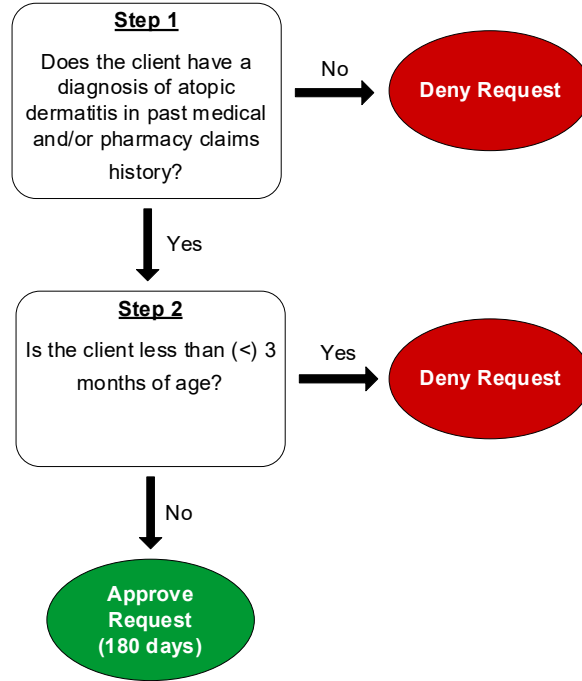
Clinical Criteria Logic

1. Does the client have a [diagnosis of atopic dermatitis](#) in past medical and/or pharmacy claims history?
 - Yes – Go to #2
 - No – Deny
2. Is the client less than (<) 3 months of age?
 - Yes – Deny
 - No – Approve (180 days)



Eucrisa 2% Ointment

Clinical Criteria Logic Diagram



The logo for PAXPRESS, featuring the word "PAXPRESS" in a stylized, serif font with a trademark symbol.

Eucrisa 2% Ointment

Clinical Criteria Supporting Tables

Table 1 (diagnosis of atopic dermatitis)

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

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



Anzupgo / Opzelura Cream

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.

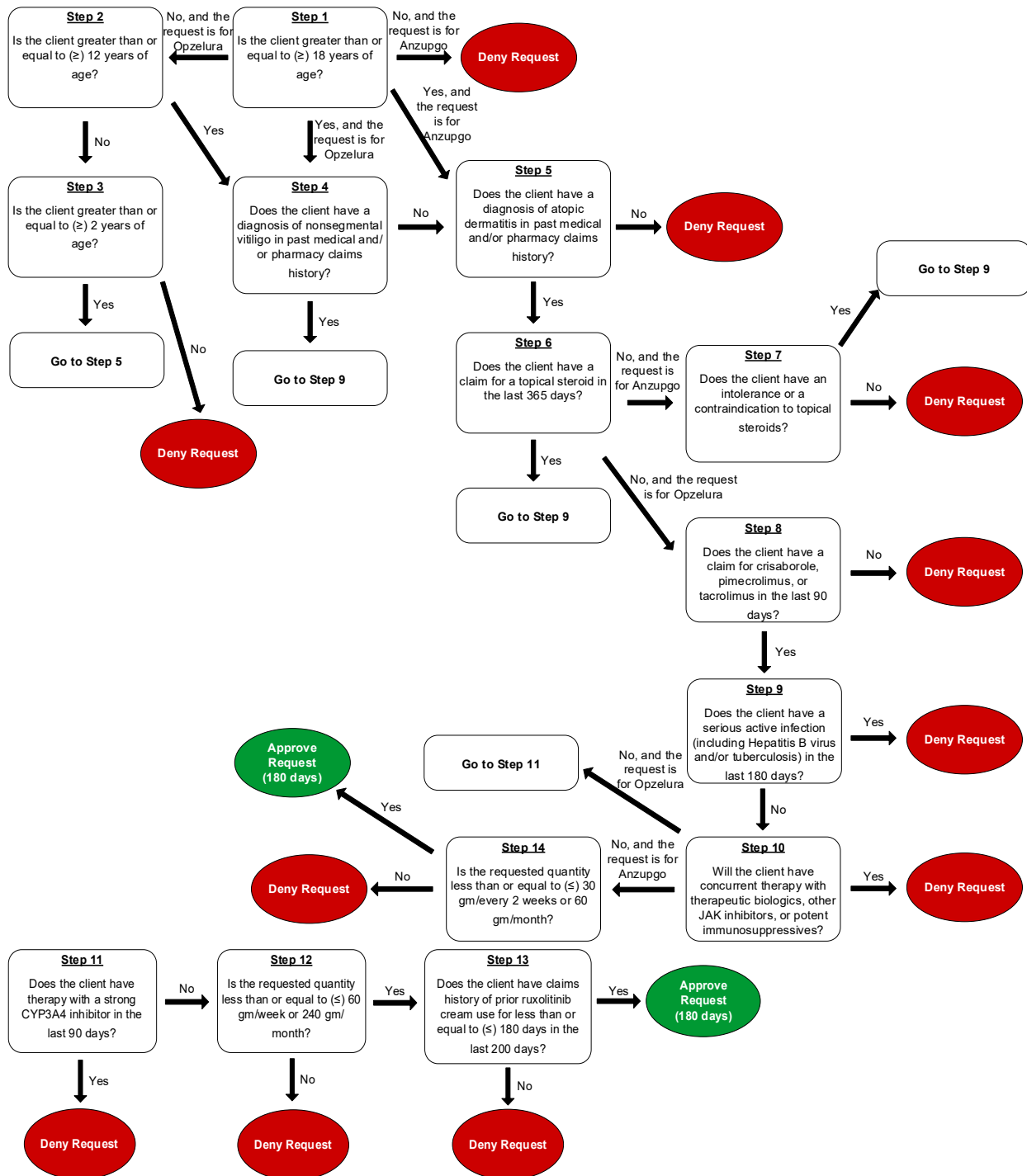
Drugs Requiring Prior Authorization	
Label Name	GCN
ANZUPGO 2% CREAM	56998
OPZELURA 1.5% CREAM	51172

**Anzupgo / Opzelura Cream****Clinical Criteria Logic**

1. Is the client greater than or equal to (\geq) 18 years of age?
 - Yes (And the request is for Anzupgo) – Go to #5
 - Yes (And the request is for Opzelura) – Go to #4
 - No (And the request is for Anzupgo) – Deny
 - No (And the request is for Opzelura) – Go to #2
2. Is the client greater than or equal to (\geq) 12 years of age?
 - Yes – Go to #4
 - No – Go to #3
3. Is the client greater than or equal to (\geq) 2 years of age?
 - Yes – Go to #5
 - No – Deny
4. Does the client have a [diagnosis of nonsegmental vitiligo](#) in past medical and/or pharmacy claims history?
 - Yes – Go to #9
 - No – Go to #5
5. Does the client have a [diagnosis of atopic dermatitis](#) in past medical and/or pharmacy claims history?
 - Yes – Go to #6
 - No – Deny
6. Does the client have a claim for a [topical steroid](#) in the last 365 days?
 - Yes – Go to #9
 - No (And the request is for Anzupgo) – Go to #7
 - No (And the request is for Opzelura) – Go to #8
7. Does the client have an intolerance or a contraindication to topical steroids?
 - Yes – Go to #9
 - No – Deny
8. Does the client have a claim for [crisaborole, pimecrolimus, or tacrolimus](#) in the last 90 days?
 - Yes – Go to #9

- No – Deny
9. Does the client have a [serious active infection](#) (including Hepatitis B virus and/or tuberculosis) in the last 180 days?
- Yes – Deny
- No – Go to #10
10. Will the client have concurrent therapy with [therapeutic biologics, other JAK inhibitors, or potent immunosuppressives](#)?
- Yes – Deny
- No (And the request is for Anzupgo) – Go to #14
- No (And the request is for Opzelura) – Go to #11
11. Does the client have therapy with a [strong CYP3A4 inhibitor](#) in the last 90 days?
- Yes – Deny
- No – Go to #12
12. Is the requested quantity less than or equal to (\leq) 60 gm/week or 240 gm/month?
- Yes – Go to #13
- No – Deny
13. Does the client have claims history of prior ruxolitinib cream use for less than or equal to (\leq) 180 days in the last 200 days?
- Yes – Approve (180 days)
- No – Deny
14. Is the requested quantity less than or equal to (\leq) 30 gm/every 2 weeks or 60 gm/month?
- Yes – Approve (180 days)
- No – Deny

PA_{XPRESS}[™] **Anzupgo / Opzelura Cream**
Clinical Criteria Logic Diagram





Anzupgo / Opzelura Cream

Clinical Criteria Supporting Tables

Table 4 (diagnosis of nonsegmental vitiligo)

ICD-10 Code	Description
L80	VITILIGO

Table 5 (diagnosis of atopic dermatitis)

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

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

Table 6 (topical steroid)

For the list of topical steroid agents that pertain to this step, see the [Topical Steroid](#) table in the previous “Supporting Tables” section.

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

Table 8 (crisaborole, pimecrolimus, or tacrolimus)

GCN	Label Name
42792	EUCRISA 2% OINTMENT
12289	PROTOPIC 0.03% OINTMENT
12302	PROTOPIC 0.1% OINTMENT
12289	TACROLIMUS 0.03% OINTMENT
12302	TACROLIMUS 0.1% OINTMENT

Table 9 (serious active infection)	
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
B180	CHRONIC VIRAL HEPATITIS B WITH DELTA-AGENT
B181	CHRONIC VIRAL HEPATITIS B WITHOUT DELTA-AGENT
B1910	UNSPECIFIED VIRAL HEPATITIS B WITHOUT HEPATIC COMA
B1911	UNSPECIFIED VIRAL HEPATITIS B WITH HEPATIC COMA
A150	TUBERCULOSIS OF LUNG
A154	TUBERCULOSIS OF INTRATHORACIC LYMPH NODES
A155	TUBERCULOSIS OF LARYNX, TRACHEA AND BRONCHUS
A156	TUBERCULOUS PLEURISY
A157	PRIMARY RESPIRATORY TUBERCULOSIS
A158	OTHER RESPIRATORY TUBERCULOSIS
A159	RESPIRATORY TUBERCULOSIS UNSPECIFIED
B440	INVASIVE PULMONARY ASPERGILLOSIS
B441	OTHER PULMONARY ASPERGILLOSIS
B447	DISSEMINATED ASPERGILLOSIS
B449	ASPERGILLOSIS, UNSPECIFIED
B59	PNEUMOCYSTOSIS

Table 10 (biologic agents, JAK inhibitors, or potent immunosuppressants)	
GCN	Label Name
35486	ACTEMRA 162MG/0.9ML SYRINGE

Table 10 (biologic agents, JAK inhibitors, or potent immunosuppressants)	
GCN	Label Name
45082	ACTEMRA ACTPEN 162 MG/0.9 ML
98662	ASTAGRAF XL 0.5 MG CAPSULE
98663	ASTAGRAF XL 1 MG CAPSULE
98664	ASTAGRAF XL 5 MG CAPSULE
46771	AZATHIOPRINE 50 MG TABLET
19170	AZATHIOPRINE 75 MG TABLET
19173	AZATHIOPRINE 100 MG TABLET
47563	CELLCEPT 200 MG/ML ORAL SUSP
47560	CELLCEPT 250 MG CAPSULE
47561	CELLCEPT 500 MG TABLET
23471	CIMZIA 200MG/ML STARTER KIT
23471	CIMZIA 200MG/ML SYRINGE KIT
37789	COSENTYX 150MG/ML PEN INJECT
37788	COSENTYX 150MG/ML SYRINGE
13910	CYCLOSPORINE 100 MG CAPSULE
13917	CYCLOSPORINE 100 MG/ML
13911	CYCLOSPORINE 25 MG CAPSULE
13919	CYCLOSPORINE MODIFIED 100 MG
13918	CYCLOSPORINE MODIFIED 25 MG
13916	CYCLOSPORINE MODIFIED 50 MG
52651	ENBREL 25MG KIT
98398	ENBREL 25MG/0.5ML SYRINGE
48414	ENBREL 25 MG/0.5ML VIAL
43924	ENBREL 50 MG/ML MINI CARTRIDGE

Table 10 (biologic agents, JAK inhibitors, or potent immunosuppressants)	
GCN	Label Name
97724	ENBREL 50MG/ML SURECLICK SYRINGE
23574	ENBREL 50MG/ML SYRINGE
13919	GENGRAF 100 MG CAPSULE
13917	GENGRAF 100 MG/ML SOLN
13918	GENGRAF 25 MG CAPSULE
13916	GENGRAF 50 MG CAPSULE
44659	HUMIRA (CF) 10 MG/0.1 ML SYRINGE
44664	HUMIRA (CF) 20 MG/0.2 ML SYRINGE
43505	HUMIRA (CF) 40 MG/0.4 ML SYRINGE
43904	HUMIRA (CF) PEDI CROHN 80 MG/0.8
44677	HUMIRA (CF) PEDI CROHN 80-40MG
44014	HUMIRA (CF) PEN CRHN-UC-HS 80 MG
44954	HUMIRA (CF) PEN PS-UV-AHS 80-40 MG
37262	HUMIRA 10 MG/0.2 ML SYRINGE
99439	HUMIRA 20 MG/0.4 ML SYRINGE
18924	HUMIRA 40 MG/0.8 ML SYRINGE
18924	HUMIRA PEDI CROHN 40 MG/0.8 ML
43506	HUMIRA PEN 40 MG/0.4 ML
97005	HUMIRA PEN 40 MG/0.8 ML
97005	HUMIRA PEN CROHN-UC-HS 40 MG
97005	HUMIRA PEN PS-UV-ADOL HS 40 MG
43148	ILARIS 150MG/ML VIAL
27445	ILARIS 180MG VIAL
46771	IMURAN 50 MG TABLET

Table 10 (biologic agents, JAK inhibitors, or potent immunosuppressants)	
GCN	Label Name
30893	JAKAFI 10 MG TABLET
30894	JAKAFI 15 MG TABLET
30895	JAKAFI 20 MG TABLET
30896	JAKAFI 25 MG TABLET
30892	JAKAFI 5 MG TABLET
44269	KEVZARA 150 MG/1.14 ML PEN INJ
43223	KEVZARA 150 MG/1.14 ML SYRINGE
44277	KEVZARA 200 MG/1.14 ML PEN INJ
43224	KEVZARA 200 MG/1.14 ML SYRINGE
14867	KINERET 100MG/0.67ML SYRINGE
47563	MYCOPHENOLATE 200 MG/ML SUSP
47560	MYCOPHENOLATE 250 MG CAPSULE
47561	MYCOPHENOLATE 500 MG TABLET
19646	MYCOPHENOLIC ACID DR 180 MG TAB
19647	MYCOPHENOLIC ACID DR 360 MG TAB
13919	NEORAL 100 MG CAPSULE
13917	NEORAL 100 MG/ML SOLN
13918	NEORAL 25 MG CAPSULE
47205	OLUMIANT 1 MG TABLET
43468	OLUMIANT 2 MG TABLET
30289	ORENCIA 125MG/ML SYRINGE
43389	ORENCIA 50MG/0.4ML SYRINGE
43397	ORENCIA 87.5MG/0.7ML SYRINGE
41656	ORENCIA CLICKJECT 125MG/ML

Table 10 (biologic agents, JAK inhibitors, or potent immunosuppressants)	
GCN	Label Name
37765	OTEZLA 28 DAY STARTER PACK
36172	OTEZLA 30 MG TABLET
46822	RINVOQ ER 15 MG TABLET
51719	RINVOQ ER 30 MG TABLET
52085	RINVOQ ER 45 MG TABLET
13910	SANDIMMUNE 100 MG CAPSULE
08220	SANDIMMUNE 100 MG/ML SOLN
13911	SANDIMMUNE 25 MG CAPSULE
43055	SILIQ 210 MG/1.5 ML SYRINGE
35001	SIMPONI 100MG/ML PEN INJECTOR
34697	SIMPONI 100MG/ML SYRINGE
22533	SIMPONI 50MG/0.5ML PEN INJECTOR
22536	SIMPONI 50MG/0.5ML SYRINGE
34983	SIMPONI ARIA 50MG/4ML VIAL
19903	STELARA 45 MG/0.5ML VIAL
28158	STELARA 45 MG/0.5 ML SYRINGE
28159	STELARA 90 MG/ML SYRINGE
28495	TACROLIMUS 0.5 MG CAPSULE
28491	TACROLIMUS 1 MG CAPSULE
28492	TACROLIMUS 5 MG CAPSULE
40848	TALTZ 80 MG/ML AUTOINJ
40848	TALTZ 80 MG/ML SYRINGE
43612	TREMFYA 100 MG/ML SYRINGE
46024	TREMFYA 100 MG/ML INJECTOR

Table 10 (biologic agents, JAK inhibitors, or potent immunosuppressants)	
GCN	Label Name
48684	XELJANZ 1 MG/ML SOLUTION
44882	XELJANZ 10 MG TABLET
33617	XELJANZ 5 MG TABLET
38086	XELJANZ XR 11 MG TABLET

Table 11 (strong CYP3A4 inhibitor)	
GCN	Label Name
19952	ATAZANAVIR SULFATE 150MG CAP
19953	ATAZANAVIR SULFATE 200MG CAP
97430	ATAZANAVIR SULFATE 300MG CAP
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
37797	EVOTAZ 300-150MG TABLET
40092	GENVOYA TABLET
49100	ITRACONAZOLE 10 MG/ML SOLUTION
49101	ITRACONAZOLE 100 MG CAPSULE
99101	KALETRA 100-25 MG TABLET
25919	KALETRA 200-50 MG TABLET
31782	KALETRA 400-100/5 ML ORAL SOLU
42590	KETOCONAZOLE 200 MG TABLET
31485	KORLYM 300 MG TABLET

Table 11 (strong CYP3A4 inhibitor)	
GCN	Label Name
64269	LANSOPRAZOL-AMOXICIL-CLARITHRO
31782	LOPINAVIR-RITONAVIR 80-20 MG/ML
16406	NEFAZODONE 100MG TABLET
16407	NEFAZODONE 150MG TABLET
16408	NEFAZODONE 200MG TABLET
16409	NEFAZODONE 250MG TABLET
16404	NEFAZODONE 50MG TABLET
40309	NORVIR 100 MG POWDER PACKET
28224	NORVIR 100 MG TABLET
26502	NOXAFIL 40 MG/ML SUSPENSION
37367	PREZCOBIX 800-150MG TABLET
31201	PREZISTA 100MG/ML SUSPENSION
23489	PREZISTA 150MG TABLET
99434	PREZISTA 600MG TABLET
16759	PREZISTA 75MG TABLET
33723	PREZISTA 800MG TABLET
19953	REYATAZ 200MG CAPSULE
37430	REYATAZ 300MG CAPSULE
36647	REYATAZ 50MG POWDER PACK
28224	RITONAVIR 100 MG TABLET
49101	SPORANOX 100 MG CAPSULE
33130	STRIBILD TABLET
43968	SYMTUZA 800-150-200-10 MG TAB
45848	TOLSURA 65 MG CAPSULE

Table 11 (strong CYP3A4 inhibitor)	
GCN	Label Name
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
40312	VIRACEPT 250 MG TABLET
19717	VIRACEPT 625 MG TABLET
17498	VORICONAZOLE 200 MG TABLET
21513	VORICONAZOLE 40 MG/ML SUSP
17497	VORICONAZOLE 50 MG TABLET
17499	VORICONAZOLE 200 MG VIAL
36884	ZYDELIG 100MG TABLET
36885	ZYDELIG 150MG TABLET



Zoryve (Roflumilast) Cream

Drugs Requiring Prior Authorization

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Drugs Requiring Prior Authorization	
Label Name	GCN
ZORYVE 0.05% CREAM	58432
ZORYVE 0.15% CREAM	55978
ZORYVE 0.3% CREAM	52657



Zoryve (Roflumilast) Cream

Clinical Criteria Logic

Initial Criteria:

1. Is the client greater than or equal to (\geq) 6 years of age?
 - Yes (And the request is for Zoryve 0.3% cream) – Go to #2
 - Yes (And the request is for Zoryve 0.15% cream) – Go to #4
 - No (And the request is for Zoryve 0.05% cream) – Go to #3
 - No (And the request is for Zoryve 0.15% or 0.3% cream) – Deny
2. Does the client have a [diagnosis of plaque psoriasis](#) in past medical and/or pharmacy claims history?
 - Yes – Go to #5
 - No – Deny
3. Is the client between 2 to 5 years of age?
 - Yes – Go to #4
 - No – Deny
4. Does the client have a [diagnosis of atopic dermatitis](#) in past medical and/or pharmacy claims history?
 - Yes – Go to #5
 - No – Deny
5. Does the client have a diagnosis of moderate to severe liver impairment (Child-Pugh B or C) in the last 365 days?
 - Yes – Deny
 - No – Approve (180 days)

Renewal Criteria:

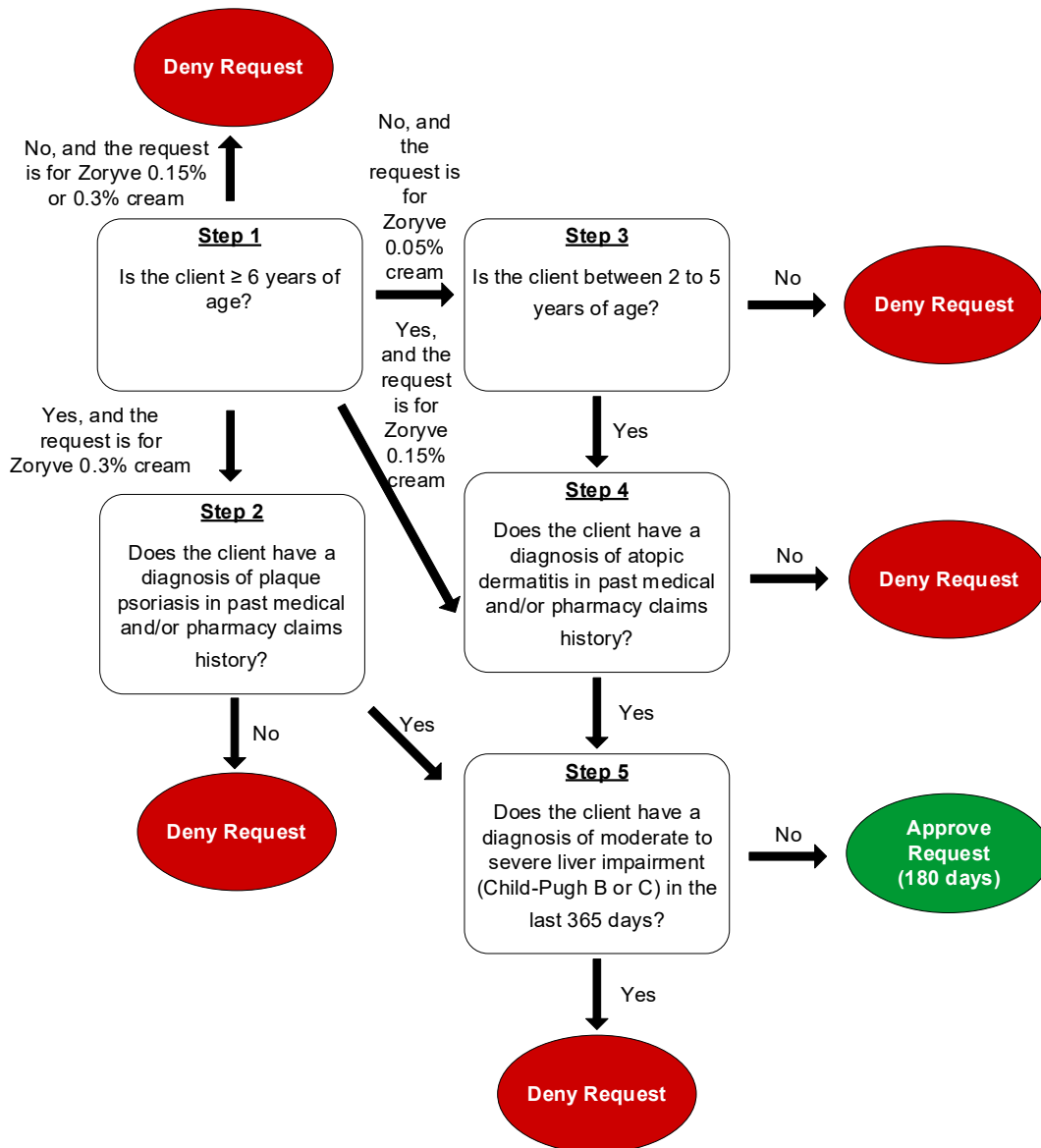
1. Does the client have a prior PA in the last 365 days?
 - Yes – Go to #2
 - No – Deny
2. Does the client have a diagnosis of moderate to severe liver impairment (Child-Pugh B or C) in the last 365 days?

Yes – Deny

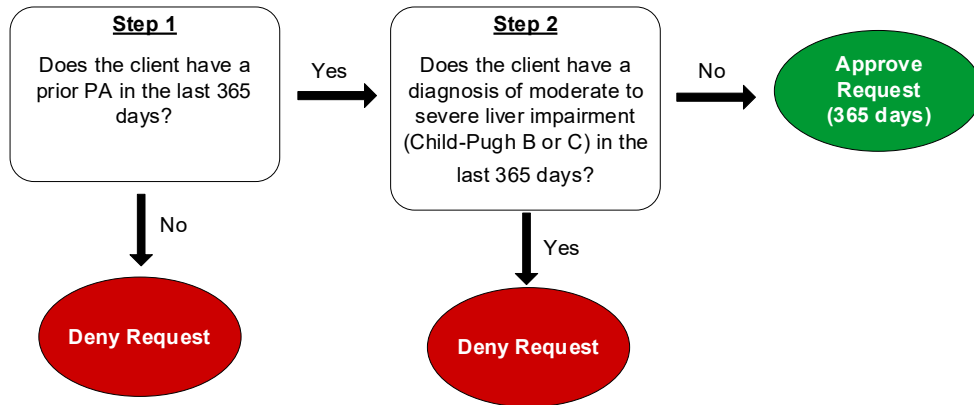
No – Approve (365 days)

PAXPRESS™ **Zoryve (Roflumilast) Cream**
Clinical Criteria Logic Diagram

Initial Criteria:



Renewal Criteria:



PAXPRESS™**Zoryve (Roflumilast) Foam
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
ZORYVE 0.3% FOAM	55119



Zoryve (Roflumilast) Foam

Clinical Criteria Logic

Initial Criteria:

1. Is the client greater than or equal to (\geq) 9 years of age?
 Yes – Go to #2
 No – Deny
2. Does the client have a [diagnosis of seborrheic dermatitis](#) in past medical and/or pharmacy claims history?
 Yes – Go to #3
 No – Go to #4
3. Has the client had a claim for a [topical corticosteroid](#) in the last 365 days?
 Yes – Go to #6
 No – Deny
4. Is the client greater than or equal to (\geq) 12 years of age?
 Yes – Go to #5
 No – Deny
5. Does the client have a [diagnosis of plaque psoriasis](#) in past medical and/or pharmacy claims history?
 Yes – Go to #6
 No – Deny
6. Does the client have a diagnosis of moderate to severe liver impairment (Child-Pugh B or C) in the last 365 days?
 Yes – Deny
 No – Approve (180 days)

Renewal Criteria:

1. Does the client have a prior PA in the last 365 days?
 Yes – Go to #2
 No – Deny

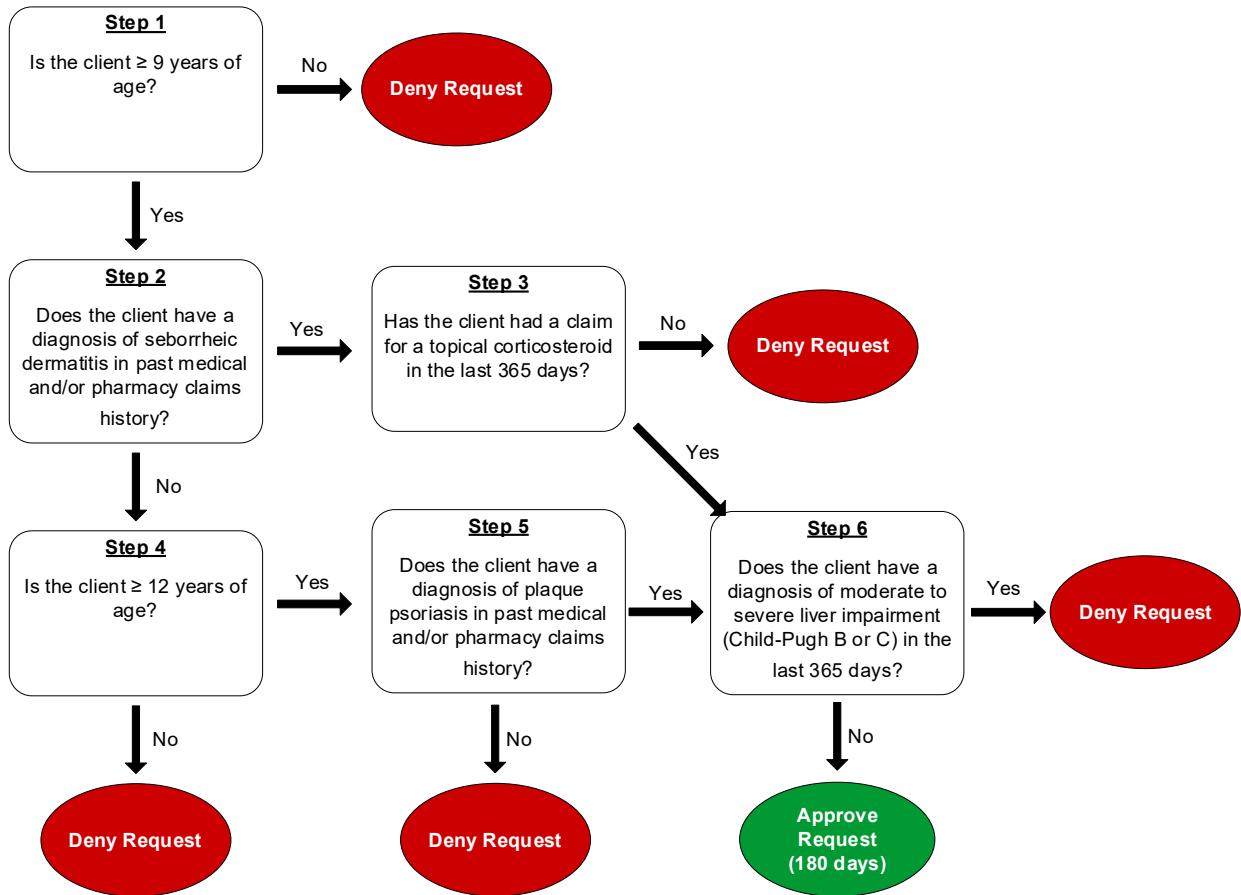
2. Does the client have a diagnosis of moderate to severe liver impairment (Child-Pugh B or C) in the last 365 days?

Yes – Deny

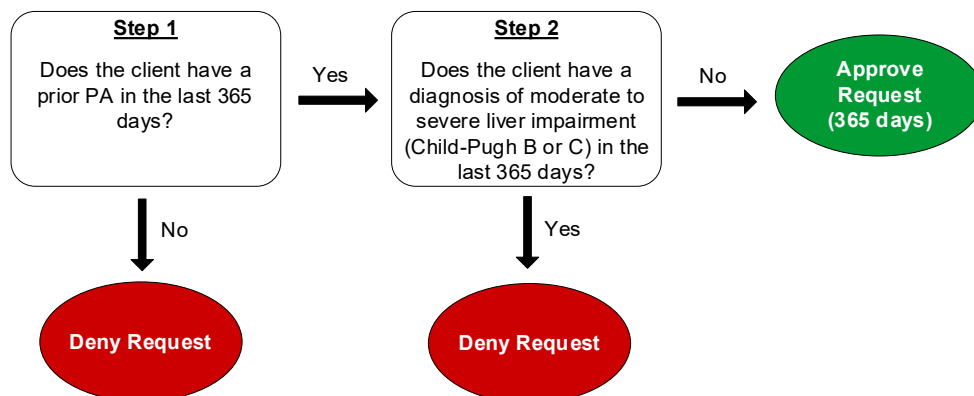
No – Approve (365 days)

PAxPRESS™ **Zoryve (Roflumilast) Foam**
Clinical Criteria Logic Diagram

Initial Criteria:



Renewal Criteria:





Zoryve

Clinical Criteria Supporting Tables

Table 2/5 (diagnosis of plaque psoriasis)

ICD-10 Code	Description
L400	PSORIASIS VULGARIS
L401	GENERALIZED PUSTULAR PSORIASIS
L402	ACRODERMATITIS CONTINUA
L403	PUSTULOSIS PALMARIS ET PLANTARIS
L404	GUTTATE PSORIASIS
L408	OTHER PSORIASIS
L409	PSORIASIS, UNSPECIFIED

Table 2 (diagnosis of seborrheic dermatitis)

ICD-10 Code	Description
L210	SEBORRHEIC CAPITIS
L218	OTHER SEBORRHEIC DERMATITIS
L219	SEBORRHEIC DERMATITIS, UNSPECIFIED

Table 3 (diagnosis of atopic dermatitis)

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

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

Table 4/3 (topical corticosteroid)

For the list of topical steroid agents that pertain to this step, see the [Topical Steroid](#) table in the previous “Supporting Tables” section.

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



Topical Immunomodulators

Clinical Criteria References

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5. Opzelura Prescribing Information. Wilmington, DE: Incyte Corporation; September 2025.
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10. Mauer M, Wallace E, Schiffman R. (2025) Fabry disease: Treatment and prognosis. In: UpToDate, Sexton DJ, Kaplan SL, Rosen T (Ed), UpToDate, Waltham, MA. Accessed on March 18, 2025.
11. Zoryve Cream Prescribing Information. Westlake Village, CA. Arcutis Biotherapeutics, Inc. October 2025.
12. Zoryve Foam Prescribing Information. Westlake Village, CA. Arcutis Biotherapeutics, Inc. May 2025.



Topical Immunomodulators

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
01/31/2011	<ul style="list-style-type: none"> Initial publication and posting to website
04/10/2012	<ul style="list-style-type: none"> Added a new section to specify the drugs requiring prior authorization for each form of topical immunomodulators Revised age check (step 1) in criteria logic and logic diagram for Elidel and Protopic 0.03% from less than 3 (<3) to less than or equal to (\leq) 2 years of age In the “Clinical Edit Supporting Tables” section for Elidel and Protopic 0.03%, revised tables to specify the drug names and GCNs pertinent to steps 2, 4, 5, 7, 8, 9, and 10 of the logic diagram In the “Clinical Edit Supporting Tables” section for Elidel and Protopic 0.03%, revised tables to specify the diagnosis codes pertinent to steps 3 and 6 of the logic diagram In the “Clinical Edit Supporting Tables” section for Protopic 0.1%, revised tables to specify the diagnosis codes pertinent to steps 2 and 5 of the logic diagram In the “Clinical Edit Supporting Tables” section for Protopic 0.1%, revised tables to specify the drug names and GCNs pertinent to steps 3, 4, 6, 7, 8, and 9 of the logic diagram
4/24/2014	<ul style="list-style-type: none"> In the “Clinical Edit Criteria Logic” section for Elidel and Protopic 0.03%, revised question #10 decision steps to if yes, approve and if no, deny. In the “Clinical Edit Criteria Logic” section for Protopic 0.1%, revised question #9 decision steps to if yes, approve and if no, deny.
04/03/2015	<ul style="list-style-type: none"> Updated to include ICD-10s
10/05/2016	<ul style="list-style-type: none"> Updated Step 1. If less than 2 years of age, deny Updated Step 9. Checks for less than or equal to 180 days therapy in the last 200 days. Approval will be for 180 days Updated Clinical Edit Diagram Updated Table 2. Removed GCN 28852 Updated Table 6. Added GCNs for the following: Afinitor, Astagraf, Envarsus, Evotaz, Fuzeon, Genvoya, Intelence, Isentress, Prezista, Rapamune, Reyataz, Stribild, Tivicay, Triumeq, Viramune and Zortress

Publication Date	Notes
	<ul style="list-style-type: none"> • Updated Table 7. Added GCNs for the following: Azacitidine, BiCNU, Bosulif, Caprelsa, Cometriq, Cyclophosphamide, Erivedge, Gleostine, Ibrance, Iclusig, Imbruvica, Inlyta, Lenvima, Mekinist, Purixan, Soltamox, Sprycel, Sutent, Synribo, Teniposide, Xalkori, Xtandi, Xydelig, Zykadia and Zytiga. • Added Table 8 • Added ICD-10 Q808 and Q809 to Table 8 • Updated Table 9. Check will be for less than or equal to 180 days of therapy in the last 200 days • Updated Step 9. Checks for less than or equal to 180 days therapy in the last 200 days. Approval will be for 180 days • Updated Clinical Edit Diagram • Added Table 8 • Updated Table 9. Check will be for less than or equal to 180 days therapy in the last 200 days • Updated References
05/31/2017	<ul style="list-style-type: none"> • Annual review by staff • Updated Table 4 – removed ICD-9/10s for diaper rash/dermatitis • Added criteria for Eucrisa • Added GCN for Eucrisa to Drugs Requiring PA • Added criteria logic for Eucrisa • Added logic diagram for Eucrisa • Added supporting tables for Eucrisa • Updated references
03/29/2019	<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
06/23/2020	<ul style="list-style-type: none"> • Updated age requirements for Eucrisa in logic and logic diagram • Updated Table 2 • Updated references
01/24/2022	<ul style="list-style-type: none"> • Added criteria for Opzelura as approved by the DUR Board
03/24/2022	<ul style="list-style-type: none"> • Corrected GCNs for Enbrel 50mg/mL mini cartridge (43924), Sprycel 140mg tablet (29406) and desonide 0.05% ointment (31430) in the supporting tables.
10/19/2022	<ul style="list-style-type: none"> • Annual review by staff

Publication Date	Notes
	<ul style="list-style-type: none"> Added GCNs for azathioprine (19170, 19173), Isentress HD (43517), mycophenolate (47563), Norvir (40309), Prograf (28251, 28249), Selzentry (42655, 42976, 42977), Tivicay (48218, 41564, 41566), Truvada (41369, 41375, 41376), Viread (31234), and Zortress (28589) to Elidel/Protopic Table 6. Added GCNs for cyclophosphamide (38360, 38361), Ibrance (47256, 47257, 47258), Iclusig (49081, 42806), Imbruvica (44475, 44465, 44466, 44467, 44468), Lenvima (38885, 41403, 45161, 41404), Xtandi (46626, 48452), and Zytiga (43205) to Elidel/Protopic Table 7. Added GCNs for Actemra (45082), azathioprine (19170, 19173), Cellcept (47560, 47561), Enbrel (48414), mycophenolate (47563), Rinvoq (51719, 52085), Stelara (19903, 28159), and Tremfya (46024) to Opzelura Table 6. Added GCN for lopinavir/ritonavir (31782) to/1/1 Opzelura Table 7. Updated references
01/20/2023	<ul style="list-style-type: none"> Added diagnosis of nonsegmental vitiligo for Opzelura
05/17/2023	<ul style="list-style-type: none"> Added check for application site for Elidel and Protopic Updated approval timeframe for Opzelura to 180 days
01/26/2024	<ul style="list-style-type: none"> Added criteria for Zoryve as approved by the DUR Board
03/07/2024	<ul style="list-style-type: none"> Updated criteria diagram for Elidel and Protopic 0.03%
05/14/2024	<ul style="list-style-type: none"> Annual review by staff Added GCNs for abacavir (64678), abacavir-lamivudine (23167), atazanavir (19952, 19953, 9430), Biktarvy (51578, 44426), Cimduo (44512), darunavir (99434, 33723), Delstrigo (45217), Descovy (40953), Dovato (45175), efavirenz-emtricitabine-tenofovir (27346), efavirenz (15555, 43301, 43303), efavirenz-lamivudine-tenofovir (44425), emtricitabine (20019), emtricitabine-tenofovir (41369, 41375, 41376, 23152), etravirine (99318, 29424), fosamprenavir (20553), Juluca (44119), lopinavir-ritonavir (99101, 25919, 31782), Maraviroc (98734, 98739), Pifeltro (45294), ritonavir (28224), Rukobia (48315), Symfi Lo (44548), Symfi Lo (44425), Symtuza (43968), tenofovir (14822), Triumeq (52144), and Tybost (36468) to HIV medication table Added GCNs for abiraterone (29886, 43205), Afinitor (20844, 28783, 20784, 31396, 34589, 34590, 34592), Alcensa (40299), Alunbrig (44305, 43325, 43326, 44306), Ayvakit (47516, 47517, 49825, 47518, 49826), Balversa (46189, 46192, 46193), bexarotene (92373), Braftovi (44925), Brukinsa (47336), Cabometyx (41146, 41147, 41148), Calquence (440114), Cotellic (40123), Erivedge (31307), Erleada (53749, 44446), erlotinib (23794, 2393, 23795), Exkivity (50987), Fotivda (46287, 46162), Gavreto (48566), Gazyva (35532), Gilotrif (34956, 34957, 34958), Idhifa (43689, 43688), imatinib (19908, 19907), Inrebic (46818), Iressa (19586), Jakafi (30892, 30893, 30894, 30895, 30896), Jaypirca (53627, 53626), Kisqali (43162, 43166, 43167, 43366, 43368, 43369), Koselugo (47908, 47909), Krazati (53379), lenalidomide (26315, 27276, 31911, 34743,

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	<p>27277, 26314), Lonsurf (39596, 39597), Lorbreña (45988, 45687), Lynparza (43766, 43765), Lytgobi (52947), Nerlynx (43613), nilutamide (22645), Ninlaro (40189, 40193, 40194), Nubeqa (46746), Ofev (37273), Onureg (48545, 48450), Orserdu (53629, 53628), Pemazyre (47935, 47933, 47934, 47934), Piqray (46362, 46359, 46358), Pomalyst (34147, 34148, 34149, 34150), Qinlock (48075), Retevmo (48025, 48026), Revlimid (26315, 27276, 31911, 34743, 27277, 26314), Rozlytrek (46815, 46816), Rubraca (42795, 77432, 42796), Rydapt (43327), Scemblix (51417, 51418), somatuline (15132, 98956, 15127), sorafenib (26263), Stivarga (33363), sunitinib (26452, 26453, 35596, 26454), Tabrecta (48012, 48013), Tafinlar (34723, 34724), Tagrisso (40132, 40133) Talzena (45596, 45595), Tepmetko (49154), Thalomid (95392, 98220, 19321, 28301), Tibsovo (45016), toremifene (42721), Trulseltiq (49708, 49713), Tukysa (47931, 47929), Vanflyta (54518, 54517), Venclexta (41049, 41051, 41052, 41048), Verzenio (43917, 43916, 43915, 43918), Vizimpro (40421, 40422, 40423), Vonjo (51982), Welireg (50046), Xospata (45803), Xpovio (46635, 49539, 49534, 49533, 46637, 49537, 46636, 49538, 46634), Yonsa (44795), Zejula (43217), and Zortress (24825, 24826, 24827) to antineoplastic drug table</p> <ul style="list-style-type: none"> • Updated references
10/25/2024	<ul style="list-style-type: none"> • Updated criteria for Zoryve • Updated references
01/31/2025	<ul style="list-style-type: none"> • Annual review by staff • Removed Protopic from the “Drugs Requiring Prior Authorization” table – products have been discontinued • Added pimecrolimus (15348) to the Drugs Requiring PA table and supporting table • Removed GCN for Fuzeon vial (31488) from the HIV Drugs or Immunosuppressants supporting table - product discontinued • Removed GCNs for Cosmegen (96679), Synribo (33734), and Teniposide (39000) from the Antineoplastic Agents supporting table - products discontinued • Updated references
06/19/2025	<ul style="list-style-type: none"> • Added a check for plaque psoriasis to Zoryve 3% foam criteria • Updated references
06/30/2025	<ul style="list-style-type: none"> • Annual review by staff • Added Anzupgo to the Opzelura Drugs Requiring PA section • Updated references
10/06/2025	<ul style="list-style-type: none"> • Updated Opzelura age check to 2 years of age and older for atopic dermatitis indication

Publication Date	Notes
11/28/2025	<ul style="list-style-type: none"> • Annual review by staff • Removed GCN for Elidel 1% cream (15348) from the Drugs Requiring PA table and Pimecrolimus or Tacrolimus supporting table – product discontinued • Updated criteria lookback language to say, “in past medical and/or pharmacy claims history?” • Removed check in the Eucrisa 2% ointment criteria for a prior claim for a topical steroid • Updated the age check in the Eucrisa 2% ointment criteria to < 3 months of age • Added GCNs for Amcinonide 0.1% ointment (31500) and Ultravate 0.05% lotion (40975) to the Topical Steroid supporting table • Removed GCNs for Amcinonide 0.1% lotion (31560), Apexicon E 0.05% cream (67730), Cutivate 0.05% lotion (24717), Desonate 0.05% gel (97930), Halog 0.1% ointment (31451), Lexette 0.05% foam (45667), Luxiq 0.12% foam (32052), Olux 0.05% foam (89743), Olux-E 0.05% foam (97649), Pandel 0.1% cream (50550), Prednicarbate 0.1% cream (37181), Temovate 0.05% cream (32140), Temovate 0.05% ointment (32130), Trianex 0.05% ointment (31243), Ultravate 0.05% cream (31251), Ultravate X cream (32631), Ultravate X ointment (32630), from the Topical Steroid supporting table – products discontinued • Removed GCNs for Crixivan 200 mg capsule (26820), Crixivan 400 mg capsule (26822), Invirase 500 mg tablet (23952), Norvir 80 mg/mL solution (26810), Noxafil DR 100 mg tablet (35649), Omeclamox-Pak (32137), Reyataz 150 mg capsule (19952), Sporanox 10 mg/mL solution (49100), and Viekira Pak (37614) from the Strong CYP3A4 Inhibitor supporting table – products discontinued • Removed GCNs for Atripla (27346), Combivir (89621), Crixivan 200 mg capsule (26820), Crixivan 400 mg capsule (26822), Didanosine DR 125 mg capsule (14558), Didanosine DR 200 mg capsule (14559), Didanosine DR 250 mg capsule (14556), Didanosine DR 400 mg capsule (14557), Invirase 200 mg capsule (26760), Invirase 500 mg tablet (23952), Lexiva 50 mg/mL suspension (23783), Lexiva 700 mg tablet (20553), Norvir 100 mg softgel cap (26812), Norvir 80 mg/mL solution (26810), Rescriptor 100 mg tablet (43560), Rescriptor 200 mg tablet (51631), Reyataz 150 mg capsule (19952), Selzentry 25 mg tablet (42976), Selzentry 75 mg tablet (42977), Stavudine 15 mg capsule (26711), Stavudine 20 mg capsule (26712), Stavudine 40 mg capsule (26714), Sustiva 200 mg capsule (43303), Sustiva 50 mg capsule (43301), Sustiva 600 mg tablet (15555), Symfi Lo (44425), Tivicay 10 mg tablet (41564), Tivicay 25 mg tablet (41566), Trizivir (87691), Videx solution and capsules (13361, 14558, 14559, 14556, 14557), Viramune 200 mg tablet (31420), Viramune 50 mg/5mL susp (31421), Viramune XR 100 mg tablet (30935), Viramune XR 400 mg tablet (29767), Vitekta 150 mg tablet (35816), Vitekta 85 mg tablet (35807), Zerit solution and capsules (26716, 26711, 26712, 26713, 26714), and Ziagen 300 mg tablet (94668) from the HIV Drugs or Immunosuppressants supporting table – products discontinued

Publication Date	Notes
	<ul style="list-style-type: none">• Added GCN for Zoryve 0.05% cream (58432) to the Zoryve Cream Drugs Requiring PA table• Removed check for topical corticosteroid from Zoryve Cream and Foam criteria – not listed within the package insert• Updated Zoryve criteria to check for moderate to severe liver impairment (Child-Pugh B or C)• Updated references