

Texas Prior Authorization Program Clinical Criteria

Drug/Drug Class

Omega-3 Fatty Acids

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)
- **References:** clinical publications and sources relevant to this clinical criteria

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

Revision Notes

Added GCNs for Icosapent Ethyl (33238, 42365)

Updated maximum dosing question to ≤ 4 grams per day



Omega-3 Fatty Acids

Drugs Requiring Prior Authorization

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.

Drugs Requiring Prior Authorization	
Label Name	GCN
ICOSAPENT ETHYL 1 GRAM CAPSULE	33238
ICOSAPENT ETHYL 500 MG CAPSULE	42365
LOVAZA 1 GM CAPSULES	23929
VASCEPA 1 GM CAPSULE	33238



Omega-3 Fatty Acids

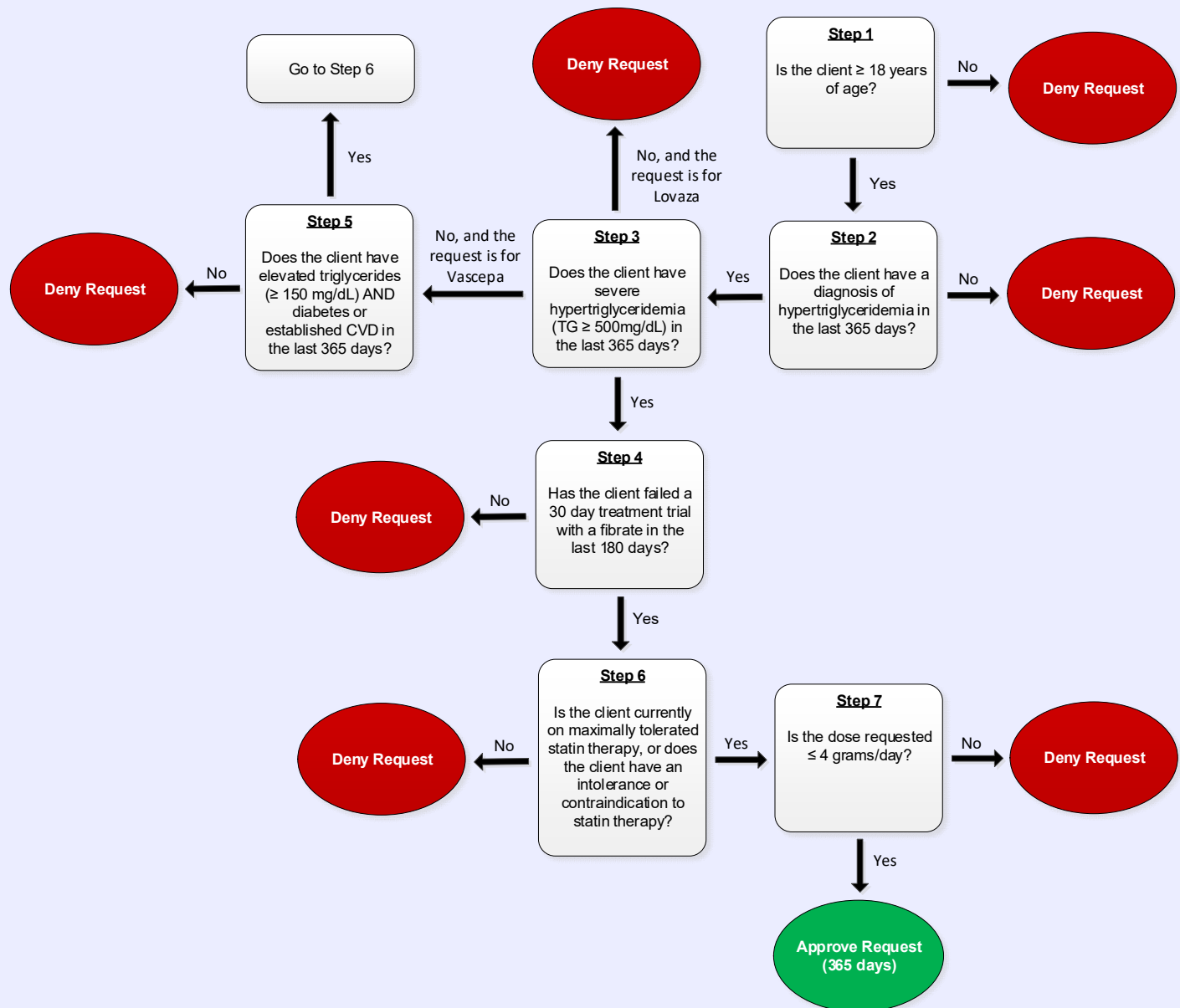
Clinical Criteria Logic

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 **hypertriglyceridemia** in the last 365 days?
☐ Yes (Go to #3)
☐ No (Deny)
3. Does the client have severe hypertriglyceridemia (TG \geq 500mg/dL) in the last 365 days? [Manual]
☐ Yes (Go to #4)
☐ No (And the request is for Vascepa, go to #5)
☐ No (And the request is for Lovaza, deny)
4. Has the patient failed a 30-day treatment trial with a **fibrate** in the last 180 days?
☐ Yes (Go to #6)
☐ No (Deny)
5. Does the client have elevated triglyceride levels (TG \geq 150mg/dL) AND **diabetes mellitus or established cardiovascular disease** in the last 365 days?
☐ Yes (Go to #6)
☐ No (Deny)
6. Is the client currently on maximally tolerated **statin therapy**, or does the client have an intolerance or contraindication to statin therapy?
☐ Yes (Go to #7)
☐ No (Deny)
7. Is the dose requested less than or equal to (\leq) 4 grams per day?
☐ Yes (Approve – 365 days)
☐ No (Deny)



Omega-3 Fatty Acids

Clinical Criteria Logic Diagram





Omega-3 Fatty Acids

Clinical Criteria Supporting Tables

Diagnosis of hypertriglyceridemia Required diagnosis: 1 Look back timeframe: 365 days	
ICD-10 Code	Description
E781	PURE HYPERGLYCERIDEMIA

Claim for a fibrate Required days supply: 30 Look back timeframe: 180 days	
Label Name	GCN
ANTARA 30 MG CAPSULE	35559
ANTARA 90 MG CAPSULE	35563
FENOFIBRATE 145 MG TABLET	97003
FENOFIBRATE 48 MG TABLET	97002
FENOFIBRATE 67 MG CAPSULE	93446
FENOFIBRATE 134 MG CAPSULE	92504
FENOFIBRATE 200 MG CAPSULE	93437
FENOFIBRIC ACID DR 45 MG CAP	16104
FENOFIBRIC ACID DR 135 MG CAP	16105
FENOFIBRATE 54 MG TABLET	13266
FENOFIBRATE 160 MG TABLET	12595
FENOFIBRATE 43 MG CAPSULE	23922
FENOFIBRATE 130 MG CAPSULE	23923
FENOFIBRIC ACID 35 MG TABLET	27473
FENOFIBRIC ACID 105 MG TABLET	27485
FENOFIBRATE 50 MG CAPSULE	98784
FENOFIBRATE 150 MG CAPSULE	98785
FENOFIBRATE 40 MG TABLET	99411
FENOFIBRATE 120 MG TABLET	99412
FENOGLIDE 40 MG TABLET	99411
FENOGLIDE 120 MG TABLET	99412
GEMFIBROZIL 600 MG TABLET	25540
LIPOFEN 50 MG CAPSULE	98784

Claim for a fibrate Required days supply: 30 Look back timeframe: 180 days	
Label Name	GCN
LIPOFEN 150 MG CAPSULE	98785
LOPID 600 MG TABLET	25540
TRICOR 48 MG TABLET	97002
TRICOR 145 MG TABLET	97003
TRIGLIDE 160 MG TABLET	28532
TRILIPIX DR 135 MG CAPSULE	16105
TRILIPIX DR 45MG CAPSULE	16104

Diagnosis of diabetes or cardiovascular disease Required diagnosis: 1 Look back timeframe: 365 days	
ICD-10 Code	Description
E1010	TYPE 1 DIABETES MELLITUS WITH KETOACIDOSIS WITHOUT COMA
E1011	TYPE 1 DIABETES MELLITUS WITH KETOACIDOSIS WITH COMA
E1021	TYPE 1 DIABETES MELLITUS WITH DIABETIC NEPHROPATHY
E1022	TYPE 1 DIABETES MELLITUS WITH DIABETIC CHRONIC KIDNEY DISEASE
E1029	TYPE 1 DIABETES MELLITUS WITH OTHER DIABETIC KIDNEY COMPLICATION
E10311	TYPE 1 DIABETES MELLITUS WITH UNSPECIFIED DIABETIC RETINOPATHY WITH MACULAR EDEMA
E10319	TYPE 1 DIABETES MELLITUS WITH UNSPECIFIED DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA
E103211	TYPE 1 DIABETES MELLITUS WITH MILD NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA RIGHT EYE
E103212	TYPE 1 DIABETES MELLITUS WITH MILD NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA LEFT EYE
E103213	TYPE 1 DIABETES MELLITUS WITH MILD NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA BILATERAL
E103219	TYPE 1 DIABETES MELLITUS WITH MILD NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA UNSPECIFIED EYE
E103291	TYPE 1 DIABETES MELLITUS WITH MILD NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA RIGHT EYE
E103292	TYPE 1 DIABETES MELLITUS WITH MILD NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA LEFT EYE
E103293	TYPE 1 DIABETES MELLITUS WITH MILD NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA BILATERAL

Diagnosis of diabetes or cardiovascular disease Required diagnosis: 1 Look back timeframe: 365 days	
E103299	TYPE 1 DIABETES MELLITUS WITH MILD NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA UNSPECIFIED EYE
E103311	TYPE 1 DIABETES MELLITUS WITH MODERATE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA RIGHT EYE
E103312	TYPE 1 DIABETES MELLITUS WITH MODERATE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA LEFT EYE
E103313	TYPE 1 DIABETES MELLITUS WITH MODERATE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA BILATERAL
E103319	TYPE 1 DIABETES MELLITUS WITH MODERATE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA UNSPECIFIED EYE
E103391	TYPE 1 DIABETES MELLITUS WITH MODERATE NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA RIGHT EYE
E103392	TYPE 1 DIABETES MELLITUS WITH MODERATE NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA LEFT EYE
E103393	TYPE 1 DIABETES MELLITUS WITH MODERATE NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA BILATERAL
E103399	TYPE 1 DIABETES MELLITUS WITH MODERATE NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA UNSPECIFIED EYE
E103411	TYPE 1 DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA RIGHT EYE
E103412	TYPE 1 DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA LEFT EYE
E103413	TYPE 1 DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA BILATERAL
E103419	TYPE 1 DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA UNSPECIFIED EYE
E103491	TYPE 1 DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA RIGHT EYE
E103492	TYPE 1 DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA LEFT EYE
E103493	TYPE 1 DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA BILATERAL
E103499	TYPE 1 DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA UNSPECIFIED EYE
E103511	TYPE 1 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA RIGHT EYE
E103512	TYPE 1 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA LEFT EYE
E103513	TYPE 1 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA BILATERAL
E103519	TYPE 1 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA UNSPECIFIED EYE

Diagnosis of diabetes or cardiovascular disease Required diagnosis: 1 Look back timeframe: 365 days	
E103521	TYPE 1 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH TRACTION RETINAL DETACHMENT INVOLVING THE MACULA RIGHT EYE
E103522	TYPE 1 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH TRACTION RETINAL DETACHMENT INVOLVING THE MACULA LEFT EYE
E103523	TYPE 1 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH TRACTION RETINAL DETACHMENT INVOLVING THE MACULA BILATERAL
E103529	TYPE 1 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH TRACTION RETINAL DETACHMENT INVOLVING THE MACULA UNSPECIFIED EYE
E103531	TYPE 1 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH TRACTION RETINAL DETACHMENT NOT INVOLVING THE MACULA RIGHT EYE
E103532	TYPE 1 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH TRACTION RETINAL DETACHMENT NOT INVOLVING THE MACULA
E103533	TYPE 1 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH TRACTION RETINAL DETACHMENT NOT INVOLVING THE MACULA
E103539	TYPE 1 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH TRACTION RETINAL DETACHMENT NOT INVOLVING THE MACULA
E103541	TYPE 1 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH COMBINED TRACTION RETINAL DETACHMENT AND RHEGMATOGENOUS RETINAL DETACHMENT RIGHT EYE
E103542	TYPE 1 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH COMBINED TRACTION RETINAL DETACHMENT AND RHEGMATOGENOUS RETINAL DETACHMENT
E103543	TYPE 1 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH COMBINED TRACTION RETINAL DETACHMENT AND RHEGMATOGENOUS RETINAL DETACHMENT
E103549	TYPE 1 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH COMBINED TRACTION RETINAL DETACHMENT AND RHEGMATOGENOUS RETINAL DETACHMENT
E103551	TYPE 1 DIABETES MELLITUS WITH STABLE PROLIFERATIVE DIABETIC RETINOPATHY RIGHT EYE
E103552	TYPE 1 DIABETES MELLITUS WITH STABLE PROLIFERATIVE DIABETIC RETINOPATHY LEFT EYE
E103553	TYPE 1 DIABETES MELLITUS WITH STABLE PROLIFERATIVE DIABETIC RETINOPATHY BILATERAL
E103559	TYPE 1 DIABETES MELLITUS WITH STABLE PROLIFERATIVE DIABETIC RETINOPATHY UNSPECIFIED EYE
E103591	TYPE 1 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA RIGHT EYE

Diagnosis of diabetes or cardiovascular disease Required diagnosis: 1 Look back timeframe: 365 days	
E103592	TYPE 1 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA LEFT EYE
E103593	TYPE 1 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA BILATERAL
E103599	TYPE 1 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA UNSPECIFIED EYE
E1036	TYPE 1 DIABETES MELLITUS WITH DIABETIC CATARACT
E1037X1	TYPE 1 DIABETES MELLITUS WITH DIABETIC MACULAR EDEMA, RESOLVED FOLLOWING TREATMENT RIGHT EYE
E1037X2	TYPE 1 DIABETES MELLITUS WITH DIABETIC MACULAR EDEMA, RESOLVED FOLLOWING TREATMENT LEFT EYE
E1037X3	TYPE 1 DIABETES MELLITUS WITH DIABETIC MACULAR EDEMA, RESOLVED FOLLOWING TREATMENT BILATERAL
E1037X4	TYPE 1 DIABETES MELLITUS WITH DIABETIC MACULAR EDEMA, RESOLVED FOLLOWING TREATMENT UNSPECIFIED EYE
E1039	TYPE 1 DIABETES MELLITUS WITH OTHER DIABETIC OPHTHALMIC COMPLICATION
E1040	TYPE 1 DIABETES MELLITUS WITH DIABETIC NEUROPATHY, UNSPECIFIED
E1041	TYPE 1 DIABETES MELLITUS WITH DIABETIC MONONEUROPATHY
E1042	TYPE 1 DIABETES MELLITUS WITH DIABETIC POLYNEUROPATHY
E1043	TYPE 1 DIABETES MELLITUS WITH DIABETIC AUTONOMIC (POLY)NEUROPATHY
E1044	TYPE 1 DIABETES MELLITUS WITH DIABETIC AMYOTROPHY
E1049	TYPE 1 DIABETES MELLITUS WITH OTHER DIABETIC NEUROLOGICAL COMPLICATION
E1051	TYPE 1 DIABETES MELLITUS WITH DIABETIC PERIPHERAL ANGIOPATHY WITHOUT GANGRENE
E1052	TYPE 1 DIABETES MELLITUS WITH DIABETIC PERIPHERAL ANGIOPATHY WITH GANGRENE
E1059	TYPE 1 DIABETES MELLITUS WITH OTHER CIRCULATORY COMPLICATIONS
E10610	TYPE 1 DIABETES MELLITUS WITH DIABETIC NEUROPATHIC ARTHROPATHY
E10618	TYPE 1 DIABETES MELLITUS WITH OTHER DIABETIC ARTHROPATHY
E10620	TYPE 1 DIABETES MELLITUS WITH DIABETIC DERMATITIS
E10621	TYPE 1 DIABETES MELLITUS WITH FOOT ULCER
E10622	TYPE 1 DIABETES MELLITUS WITH OTHER SKIN ULCER
E10628	TYPE 1 DIABETES MELLITUS WITH OTHER SKIN COMPLICATIONS
E10630	TYPE 1 DIABETES MELLITUS WITH PERIODONTAL DISEASE
E10638	TYPE 1 DIABETES MELLITUS WITH OTHER ORAL COMPLICATIONS
E10641	TYPE 1 DIABETES MELLITUS WITH HYPOGLYCEMIA WITH COMA

Diagnosis of diabetes or cardiovascular disease Required diagnosis: 1 Look back timeframe: 365 days	
E10649	TYPE 1 DIABETES MELLITUS WITH HYPOGLYCEMIA WITHOUT COMA
E1065	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA
E1069	TYPE 1 DIABETES MELLITUS WITH OTHER SPECIFIED COMPLICATION
E108	TYPE 1 DIABETES MELLITUS WITH UNSPECIFIED COMPLICATIONS
E109	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS
E1100	TYPE 2 DIABETES MELLITUS WITH HYPEROSMOLARITY WITHOUT NONKETOTIC HYPERGLYCEMIC-HYPEROSMOLAR COMA (NKHHC)
E1101	TYPE 2 DIABETES MELLITUS WITH HYPEROSMOLARITY WITH COMA
E1121	TYPE 2 DIABETES MELLITUS WITH DIABETIC NEPHROPATHY
E1122	TYPE 2 DIABETES MELLITUS WITH DIABETIC CHRONIC KIDNEY DISEASE
E1129	TYPE 2 DIABETES MELLITUS WITH OTHER DIABETIC KIDNEY COMPLICATION
E11311	TYPE 2 DIABETES MELLITUS WITH UNSPECIFIED DIABETIC RETINOPATHY WITH MACULAR EDEMA
E11319	TYPE 2 DIABETES MELLITUS WITH UNSPECIFIED DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA
E11321	TYPE 2 DIABETES MELLITUS WITH MILD NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA
E11329	TYPE 2 DIABETES MELLITUS WITH MILD NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA
E11331	TYPE 2 DIABETES MELLITUS WITH MODERATE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA
E11339	TYPE 2 DIABETES MELLITUS WITH MODERATE NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA
E11341	TYPE 2 DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA
E11349	TYPE 2 DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA
E11351	TYPE 2 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA
E11359	TYPE 2 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA
E1136	TYPE 2 DIABETES MELLITUS WITH DIABETIC CATARACT
E1139	TYPE 2 DIABETES MELLITUS WITH OTHER DIABETIC OPHTHALMIC COMPLICATION
E1140	TYPE 2 DIABETES MELLITUS WITH DIABETIC NEUROPATHY, UNSPECIFIED
E1141	TYPE 2 DIABETES MELLITUS WITH DIABETIC MONONEUROPATHY
E1142	TYPE 2 DIABETES MELLITUS WITH DIABETIC POLYNEUROPATHY
E1143	TYPE 2 DIABETES MELLITUS WITH DIABETIC AUTONOMIC (POLY)NEUROPATHY
E1144	TYPE 2 DIABETES MELLITUS WITH DIABETIC AMYOTROPHY

Diagnosis of diabetes or cardiovascular disease Required diagnosis: 1 Look back timeframe: 365 days	
E1149	TYPE 2 DIABETES MELLITUS WITH OTHER DIABETIC NEUROLOGICAL COMPLICATION
E1151	TYPE 2 DIABETES MELLITUS WITH DIABETIC PERIPHERAL ANGIOPATHY WITHOUT GANGRENE
E1152	TYPE 2 DIABETES MELLITUS WITH DIABETIC PERIPHERAL ANGIOPATHY WITH GANGRENE
E1159	TYPE 2 DIABETES MELLITUS WITH OTHER CIRCULATORY COMPLICATIONS
E11610	TYPE 2 DIABETES MELLITUS WITH DIABETIC NEUROPATHIC ARTHROPATHY
E11618	TYPE 2 DIABETES MELLITUS WITH OTHER DIABETIC ARTHROPATHY
E11620	TYPE 2 DIABETES MELLITUS WITH DIABETIC DERMATITIS
E11621	TYPE 2 DIABETES MELLITUS WITH FOOT ULCER
E11622	TYPE 2 DIABETES MELLITUS WITH OTHER SKIN ULCER
E11628	TYPE 2 DIABETES MELLITUS WITH OTHER SKIN COMPLICATIONS
E11630	TYPE 2 DIABETES MELLITUS WITH PERIODONTAL DISEASE
E11638	TYPE 2 DIABETES MELLITUS WITH OTHER ORAL COMPLICATIONS
E11641	TYPE 2 DIABETES MELLITUS WITH HYPOGLYCEMIA WITH COMA
E11649	TYPE 2 DIABETES MELLITUS WITH HYPOGLYCEMIA WITHOUT COMA
E1165	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA
E1169	TYPE 2 DIABETES MELLITUS WITH OTHER SPECIFIED COMPLICATION
E118	TYPE 2 DIABETES MELLITUS WITH UNSPECIFIED COMPLICATIONS
E119	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS
G450	VERTEBRO-BASILAR ARTERY SYNDROME
G451	CAROTID ARTERY SYNDROME (HEMISPHERIC)
G452	MULTIPLE AND BILATERAL PRECEREBRAL ARTERY SYNDROMES
G453	AMAUROSIS FUGAX
G454	TRANSIENT GLOBAL AMNESIA
G458	OTHER TRANSIENT CEREBRAL ISCHEMIC ATTACKS AND RELATED SYNDROMES
G459	TRANSIENT CEREBRAL ISCHEMIC ATTACK, UNSPECIFIED
I200	UNSTABLE ANGINA
I2101	ST ELEVATION (STEMI) MYOCARDIAL INFARCTION INVOLVING LEFT MAIN CORONARY ARTERY
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

Diagnosis of diabetes or cardiovascular disease Required diagnosis: 1 Look back timeframe: 365 days	
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
I240	ACUTE CORONARY THROMBOSIS NOT RESULTING IN MYOCARDIAL INFARCTION
I248	OTHER FORMS OF ACUTE ISCHEMIC HEART DISEASE
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
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

Diagnosis of diabetes or cardiovascular disease Required diagnosis: 1 Look back timeframe: 365 days	
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
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
I63412	CEREBRAL INFARCTION DUE TO EMBOLISM OF LEFT MIDDLE CEREBRAL ARTERY
I63419	CEREBRAL INFARCTION DUE TO EMBOLISM OF UNSPECIFIED MIDDLE CEREBRAL ARTERY

Diagnosis of diabetes or cardiovascular disease Required diagnosis: 1 Look back timeframe: 365 days	
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
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

Diagnosis of diabetes or cardiovascular disease Required diagnosis: 1 Look back timeframe: 365 days	
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
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
I67848	OTHER CEREBROVASCULAR VASOSPASM AND VASOCONSTRICTION
I6789	OTHER CEREBROVASCULAR DISEASE
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

Diagnosis of diabetes or cardiovascular disease Required diagnosis: 1 Look back timeframe: 365 days	
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
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

Diagnosis of diabetes or cardiovascular disease Required diagnosis: 1 Look back timeframe: 365 days	
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

Current statin therapy	
Description	GCN
AMLODIPINE-ATORVAST 10-10 MG	21395
AMLODIPINE-ATORVAST 10-20 MG	21396
AMLODIPINE-ATORVAST 10-40 MG	21397
AMLODIPINE-ATORVAST 10-80 MG	21398
AMLODIPINE-ATORVAST 2.5-10 MG	23866
AMLODIPINE-ATORVAST 2.5-20 MG	23867
AMLODIPINE-ATORVAST 2.5-40 MG	23868
AMLODIPINE-ATORVAST 5-10 MG	21391
AMLODIPINE-ATORVAST 5-20 MG	21392
AMLODIPINE-ATORVAST 5-40 MG	21393
AMLODIPINE-ATORVAST 5-80 MG	21394
ATORVASTATIN 10MG TABLET	43720
ATORVASTATIN 20MG TABLET	73721
ATORVASTATIN 40MG TABLET	43722
ATORVASTATIN 80MG TABLET	43723
CADUET 10-10MG TABLET	21395
CADUET 10-20MG TABLET	21396
CADUET 10-40MG TABLET	21397
CADUET 10-80MG TABLET	21398
CADUET 5-10MG TABLET	21391

Current statin therapy	
Description	GCN
CADUET 5-20MG TABLET	21392
CADUET 5-40MG TABLET	21393
CADUET 5-80MG TABLET	21394
CRESTOR 10MG TABLET	19153
CRESTOR 20MG TABLET	19154
CRESTOR 40MG TABLET	19155
CRESTOR 5MG TABLET	20229
EZALLOR SPRINKLE 10MG CAPSULE	39996
EZALLOR SPRINKLE 20MG CAPSULE	40734
EZALLOR SPRINKLE 40MG CAPSULE	41027
EZALLOR SPRINKLE 5MG CAPSULE	38314
LIPITOR 10MG TABLET	43720
LIPITOR 20MG TABLET	43721
LIPITOR 40MG TABLET	43722
LIPITOR 80MG TABLET	43723
ROSUVASTATIN 10MG TABLET	19153
ROSUVASTATIN 20MG TABLET	19154
ROSUVASTATIN 40MG TABLET	19155
ROSUVASTATIN 5MG TABLET	20229



Omega-3 Fatty Acids

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Publication History

The Publication History records the publication iterations and revisions to this document. Notes for the *most current revision* are also provided in the **Revision Notes** on the first page of this document.

Publication Date	Notes
06/05/2012	Initial publication and posting to website
08/10/2012	Removed "severe" from step 3 of clinical edit criteria logic
04/03/2015	Updated to include ICD-10s
05/20/2016	Updated Drugs Requiring PA to include Vascepa, page 2 Updated Clinical Edit Logic to include a trial of a fibrate, page 3 Updated Clinical Edit Logic Diagram to include a trial of a fibrate, page 4 Added Table 2, page 5 Updated References, page 7
03/29/2019	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
06/18/2021	Annual review by staff Updated Table 3 –added GCNs for fenofibrate (99411, 99412) Updated references
02/17/2022	Corrected publication history
07/05/2022	Annual review by staff Added criteria for Vascepa for clients with elevated triglycerides and either diabetes or established cardiovascular disease Updated references
12/20/2022	Clarified criteria for Vascepa. Added: Check for hypertriglyceridemia Manual check for severe hypertriglyceridemia (TG ≥ 500mg/dL) Manual check for elevated triglycerides (TG ≥ 150 mg/dL)
01/03/2023	Renamed the guide to Omega-3 Fatty Acids (formerly Lovaza)
07/17/2023	Added GCNs for Icosapent Ethyl (33238, 42365)
09/13/2023	Updated maximum dosing to ≤ 4 grams per day