Texas Prior Authorization Program
Clinical Criteria

Drug/Drug Class

Lupus Agents

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

Clinical Criteria Information included in this Document

Benlysta (Belimumab)

- 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

Lupkynis (Voclosporin)

- Drugs requiring prior authorization: the list of drugs requiring prior authorization for this clinical criteria
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Note: Click the hyperlink to navigate directly to that section.

Revision Notes

Annual review by staff

Added GCNs for azathioprine (19170, 19173), hydroxychloroquine (22137, 12904), methotrexate (17718, 18933, 18934, 38461, 18935, 38468), mycophenolate (47563), Otrexup (41007, 41008, 41774), and prednisone (27165) to the Standard/Background Immunosuppressive Therapy supporting table

Added GCNs for Imuldosa (56368, 56367), Otulfi (56286, 56287), Pyzchiva (56844), Selarsdi (55583, 55584), Simlandi (57361, 56047, 56048), Steqeyma (56753, 56754), Tremfya (57417, 56229, 56228), ustekinumab (55956, 55957), and Yesintek (56599, 56607, 56603) to the Biologic DMARDs supporting table

Added GCNs for Crixivan (26823, 26824), Invirase (26760), Ketek (25905, 15175), lopinavir-ritonavir (99101, 25919), Norvir (26812), Posaconazole (26502, 35649), Prezista (27226, 14569), Reyataz (19949), Viekira (41932), and Zykadia (36447, 46119) to the Strong CYP3A4 Inhibitors supporting table

Added GCNs for cyclophosphamide (38360, 38361) to the Cyclophosphamide supporting table

Added GCNs for Abilify (49363, 49364, 49365, 49366, 49369, 49371, 49372, 49373, 49374, 49375, 49376, 49377), amitriptyline (16674, 16675, 16676, 16677, 16678), citalopram (51883), E.E.S. (40522, 40526, 40570), Eryped (40570), Erythrocin (40644), erythromycin (40642, 40644, 40522, 40526, 40462, 40500, 40471, 40472), Gilenya (44798), haloperidol (15522, 15534), hydroxychloroquine (22137, 50494, 12904), hydroxyzine (13942), Invega (50889, 50891), Kaletra (31781), leuprolide (84601), levofloxacin (23725, 35624, 35626), Lupron (84602, 54034), memantine-donepezil (38257, 38258, 42127), methadone (33293, 49405), Methadose (16422, 16420), metronidazole (43029), Norvir (26812), ondansetron (50201, 55937), perphenazine (14640), Phenergan (15035, 15042, 15043), prochlorperazine (14680), promethazine (15033, 52370, 52380, 38665, 52360, 46123, 96102), Prozac (16356, 16353, 16354, 16357, 12929), quetiapine (93088, 98994, 16193, 98522, 98524), quinidine (01060), quinine (47472, 42777), Razadyne (13898), Reyataz (19949), risperidone (35049, 35051, 35052), Sustiva (43302), tacrolimus (98662, 98663, 98664), thioridazine (14884, 14885, 14886), Vesicare (47476), Zithromax (48791), and Zofran (50201) to the QT Prolonging Agent supporting table

Updated references

PAXPRESS™

Benlysta (Belimumab)

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**
BENLYSTA 200 MG/ML AUTOINJECT	43658
BENLYSTA 200 MG/ML SYRINGE	43661

PAXPRESS™

Benlysta (Belimumab)

Clinical Criteria Logic

1. Is the client greater than or equal to (≥) 5 years of age?

   [ ] Yes – Go to #2

   [ ] No – Deny

2. Does the client have a diagnosis of systemic lupus erythematosus (SLE) in the last 730 days?

   [ ] Yes – Go to #3

   [ ] No – Go to #4

3. Has laboratory testing confirmed the presence of autoantibodies? [Manual]

   [ ] Yes – Go to #5

   [ ] No – Deny

4. Does the client have a diagnosis of lupus nephritis (LN) in the last 730 days?

   [ ] Yes – Go to #5

   [ ] No – Deny

5. Is the client currently receiving standard immunosuppressive therapy?

   [ ] Yes – Go to #6

   [ ] No – Deny

6. Will the client have concurrent therapy with biologic DMARD agents?

   [ ] Yes – Deny

   [ ] No – Go to #7

7. Does the client have a diagnosis of progressive multifocal leukoencephalopathy (PML) in the last 365 days?

   [ ] Yes – Deny

   [ ] No – Go to #8

8. Is the requested dose less than or equal to (≤) 200 mg weekly for SLE or less than or equal to (≤) 400 mg weekly for LN?

   [ ] Yes – Approve (365 days)

   [ ] No – Deny

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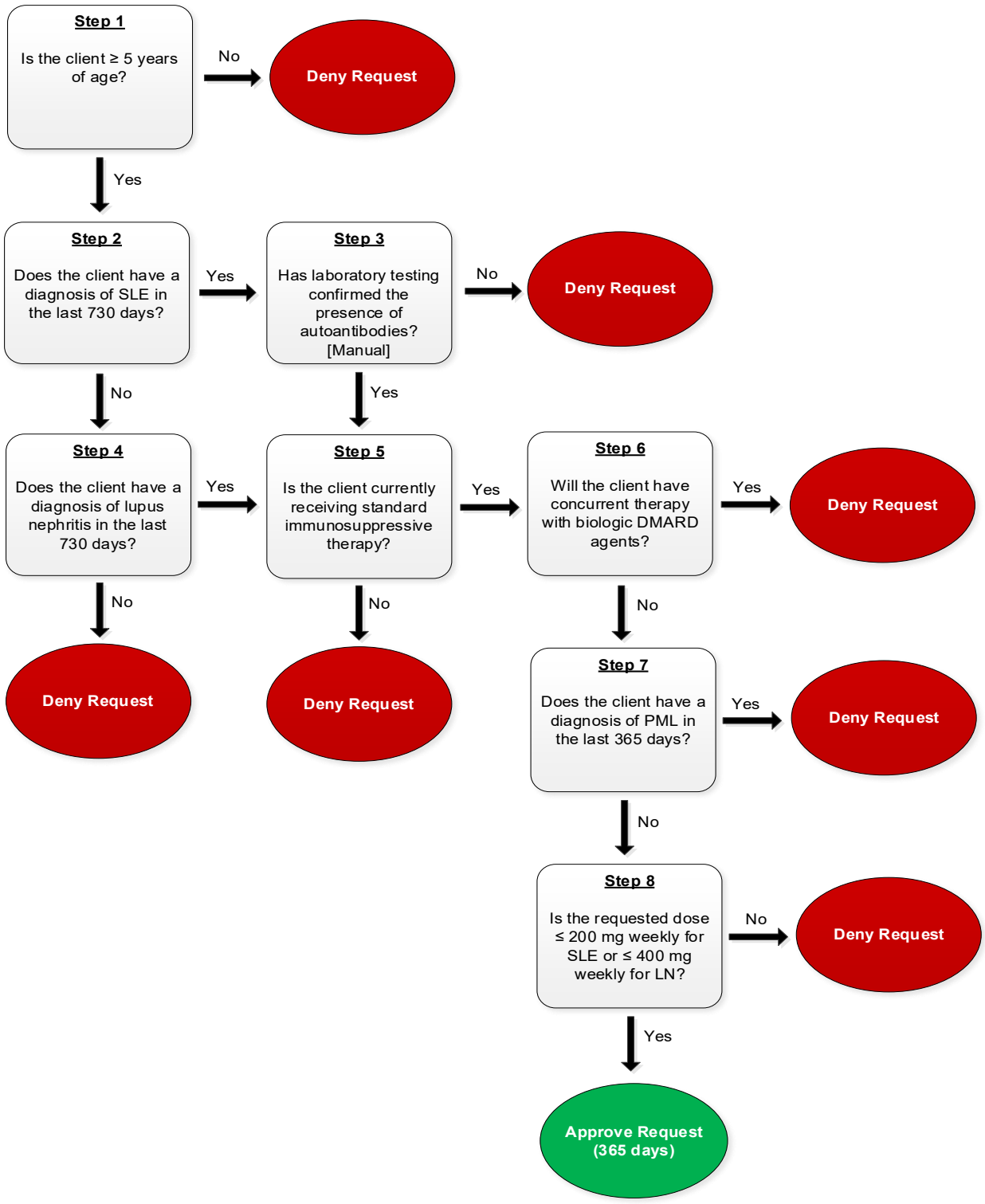
Benlysta (Belimumab)

Clinical Criteria Logic Diagram



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Lupkynis (Voclosporin)

Drugs Requiring Prior Authorization

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Drugs Requiring Prior Authorization	
Label Name	**GCN**
LUPKYNIS 7.9 MG CAPSULE	49037

PAXPRESS™

Lupkynis (Voclosporin)

Clinical Criteria Logic

1. Is the client greater than or equal to (≥) 18 years of age?

   [ ] Yes – Go to #2

   [ ] No – Deny

2. Does the client have a diagnosis of lupus nephritis (LN) in the last 730 days?

   [ ] Yes – Go to #3

   [ ] No – Deny

3. Will the client take Lupkynis in combination with a background immunosuppressive therapy?

   [ ] Yes – Go to #4

   [ ] No – Deny

4. Has the client had a claim for a strong CYP3A4 inhibitor in the last 90 days?

   [ ] Yes – Deny

   [ ] No – Go to #5

5. Is the client currently taking cyclophosphamide?

   [ ] Yes – Deny

   [ ] No – Go to #6

6. Does the client have a diagnosis of hypertensive emergency in the last 60 days?

   [ ] Yes – Deny

   [ ] No – Go to #7

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

   [ ] Yes – Deny

   [ ] No – Go to #8

8. Does the client have a diagnosis of pure red cell aplasia in the last 730 days?

   [ ] Yes – Deny

   [ ] No – Go to #9

9. Does the client have a claim for a QT prolonging agent in the last 90 days?

   [ ] Yes – Deny

[ ] No – Go to #10

10. Does the client have a diagnosis of severe renal impairment or mild to moderate hepatic impairment in the last 365 days?

    [ ] Yes – Go to #11

    [ ] No – Go to #12

11. Is the requested dose less than or equal to (≤) 15.8 mg twice daily?

    [ ] Yes – Approve (180 days)

    [ ] No – Deny

12. Is the requested dose less than or equal to (≤) 23.7 mg twice daily?

    [ ] Yes – Approve (180 days)

    [ ] No – Deny

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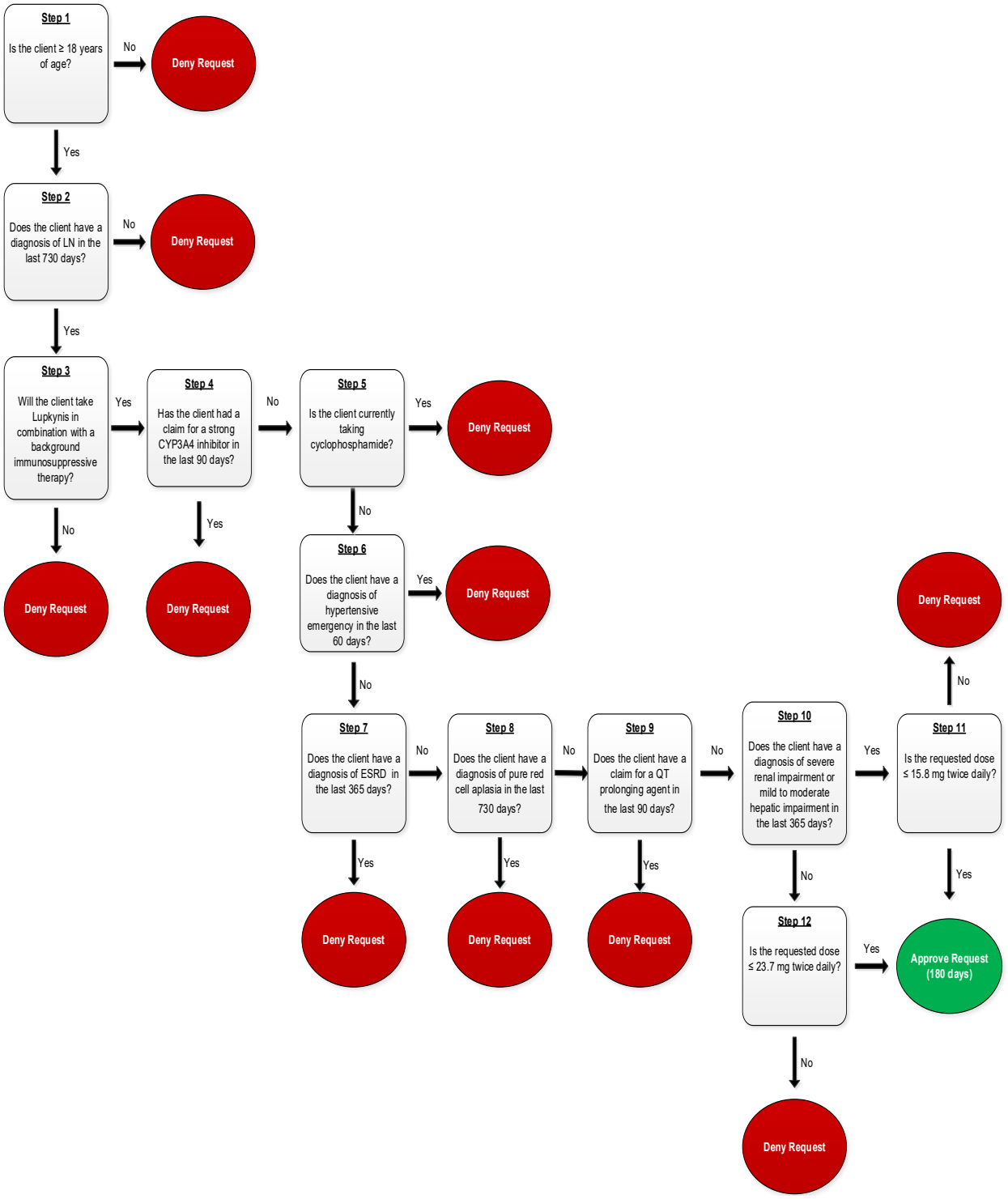
Lupkynis (Voclosporin)

Clinical Criteria Logic Diagram



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Lupus Agents

Clinical Criteria Supporting Tables

Systemic Lupus Erythematosus (SLE) Required diagnosis: *1* Look back timeframe: *730* days	
ICD-10 Code	**Description**
M320	DRUG-INDUCED SYSTEMIC LUPUS ERYTHEMATOSUS
M3210	SYSTEMIC LUPUS ERYTHEMATOSUS, ORGAN OR SYSTEM INVOLVEMENT UNSPECIFIED
M3211	ENDOCARDITIS IN SYSTEMIC LUPUS ERYTHEMATOSUS
M3212	PERICARDITIS IN SYSTEMIC LUPUS ERYTHEMATOSUS
M3213	LUNG INVOLVEMENT IN SYSTEMIC LUPUS ERYTHEMATOSUS
M3215	TUBULO-INTERSTITIAL NEPHROPATHY IN SYSTEMIC LUPUS ERYTHEMATOSUS
M3219	OTHER ORGAN OR SYSTEM INVOLVEMENT IN SYSTEMIC LUPUS ERYTHEMATOSUS
M328	OTHER FORMS OF SYSTEMIC LUPUS ERYTHEMATOSUS
M329	SYSTEMIC LUPUS ERYTHEMATOSUS, UNSPECIFIED

Lupus Nephritis (LN) Required diagnosis: *1* Look back timeframe: *730* days	
ICD-10 Code	**Description**
M3214	GLOMERULAR DISEASE IN SYSTEMIC LUPUS ERYTHEMATOSUS

Standard/Background Immunosuppressive Therapy **Required claims: *1*** **Look back timeframe: *current therapy***	
GCN	**Label Name**
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
42890	CHLOROQUINE PH 250 MG TABLET
42891	CHLOROQUINE PH 500 MG TABLET
22137	HYDROXYCHLOROQUINE 100 MG TAB
42940	HYDROXYCHLOROQUINE 200 MG TABLET
12904	HYDROXYCHLOROQUINE 400 MG TAB
46771	IMURAN 50 MG TABLET
38489	METHOTREXATE 2.5 MG TABLET
17718	METHOTREXATE 2.5 MG TABLET
38466	METHOTREXATE 50 MG/ 2 ML VIAL
18936	METHOTREXATE 50 MG/2 ML VIAL
18933	METHOTREXATE 100 MG VIAL
18934	METHOTREXATE 20 MG VIAL
38461	METHOTREXATE 20 MG VIAL
18935	METHOTREXATE 50 MG VIAL
38468	METHOTREXATE 1 GM VIAL
47563	MYCOPHENOLATE 200 MG/ML SUSP
47560	MYCOPHENOLATE 250 MG CAPSULE

Standard/Background Immunosuppressive Therapy Required claims: *1* Look back timeframe: *current therapy*	
GCN	**Label Name**
47561	MYCOPHENOLATE 500 MG TABLET
19646	MYCOPHENOLIC ACID DR 180 MG TAB
19647	MYCOPHENOLIC ACID DR 360 MG TAB
19646	MYFORTIC 180 MG TABLET
19647	MYFORTIC 360 MG TABLET
35427	OTREXUP 10 MG/0.4 ML AUTO-INJ
35428	OTREXUP 15 MG/0.4 ML AUTO-INJ
35437	OTREXUP 20 MG/0.4 ML AUTO-INJ
35438	OTREXUP 25 MG/0.4 ML AUTO-INJ
41007	OTREXUP 17.5 MG/0.4 ML AUTOINJ
41008	OTREXUP 22.5 MG/0.4 ML AUTOINJ
41774	OTREXUP 12.5 MG/0.4 ML AUTOINJ
42940	PLAQUENIL 200 MG TABLET
27171	PREDNISONE 1 MG TABLET
27172	PREDNISONE 10 MG TABLET
27173	PREDNISONE 2.5 MG TABLET
27174	PREDNISONE 20 MG TABLET
27176	PREDNISONE 5 MG TABLET
27160	PREDNISONE 5 MG/5 ML SOLUTION
27161	PREDNISONE 5 MG/5 ML SOLUTION
27165	PREDNISONE 5 MG/5 ML SYRUP
27177	PREDNISONE 50 MG TABLET
06484	TREXALL 10MG TABLET

Standard/Background Immunosuppressive Therapy Required claims: *1* Look back timeframe: *current therapy*	
GCN	**Label Name**
13135	TREXALL 15MG TABLET
13134	TREXALL 5MG TABLET
38485	TREXALL 7.5MG TABLET
43319	XATMEP 2.5MG/ML ORAL SOLUTION

Biologic DMARDs Required claims: *1* Look back timeframe: *current therapy*	
GCN	**Label Name**
35486	ACTEMRA 162 MG/0.9ML SYRINGE
45082	ACTEMRA ACTPEN 162 MG/0.9 ML
56164	ADALIMUMAB-AACF (CF) SYR 40 MG
53875	ADALIMUMAB-ADAZ (CF) PEN 40 MG
53884	ADALIMUMAB-ADAZ(CF) 40 MG SYRNG
55665	ADALIMUMAB-ADBM (CF) 40 MG SYRNG
55668	ADALIMUMAB-ADBM (CF) CRHN 40 MG
55668	ADALIMUMAB-ADBM (CF) PEN 40 MG
55668	ADALIMUMAB-ADBM (CF) PEN PSORIA-UV 40 MG
48318	ADALIMUMAB-FKJP (CF) 20 MG SYRG
48336	ADALIMUMAB-FKJP (CF) 40 MG SYRG
48317	ADALIMUMAB-FKJP (CF) PEN 40 MG
56016	ADALIMUMAB-RYVK (CF) 40 MG SYRG
55332	ADALIMUMAB-RYVK (CF) AI 40 MG

Biologic DMARDs **Required claims: *1*** **Look back timeframe: *current therapy***	
GCN	**Label Name**
54007	AMJEVITA 10 MG/0.2 ML SYRINGE
42592	AMJEVITA 20 MG/0.4 ML SYRINGE
42639	AMJEVITA 40 MG/0.8 ML AUTOINJ
42637	AMJEVITA 40 MG/0.8 ML SYRINGE
23471	CIMZIA 200 MG/ML STARTER KIT
23471	CIMZIA 200 MG/ML SYRINGE KIT
37789	COSENTYX 150 MG/ML PEN INJECT
37788	COSENTYX 150 MG/ML SYRINGE
49732	COSENTYX 75 MG/0.5ML SYRINGE
53841	CYLTEZO (CF) 10 MG/0.2 ML SYRNG
53842	CYLTEZO (CF) 20 MG/0.4 ML SYRNG
55665	CYLTEZO (CF) 40 MG/0.4 ML SYRNG
43789	CYLTEZO (CF) 40 MG/0.8 ML SYRNG
55668	CYLTEZO (CF) PEN 40 MG/0.4 ML
54205	CYLTEZO (CF) PEN 40 MG/0.8 ML
54205	CYLTEZO (CF) PEN CRH-UC-HS 40 MG
55668	CYLTEZO (CF) PEN CRH-UC-HS 40 MG
54205	CYLTEZO (CF) PEN PSORIA-UV 40 MG
55668	CYLTEZO (CF) PEN PSORIA-UV 40 MG
52651	ENBREL 25 MG KIT
48417	ENBREL 25 MG/0.5 ML VIAL
98398	ENBREL 25 MG/0.5ML SYRINGE
43294	ENBREL 50 MG/ML MINI CARTRIDGE

Biologic DMARDs Required claims: *1* Look back timeframe: *current therapy*	
GCN	**Label Name**
97724	ENBREL 50 MG/ML SURECLICK SYRINGE
23574	ENBREL 50 MG/ML SYRINGE
53846	HADLIMA (CF) 40 MG/0.4 ML SYRNG
53848	HADLIMA (CF) PUSHTOUCH 40 MG/0.4
46718	HADLIMA 40 MG/0.8 ML SYRINGE
46717	HADLIMA PUSHTOUCH 40 MG/0.8 ML
48318	HULIO (CF) 20 MG/0.4 ML SYRINGE
55235	HULIO (CF) 20 MG/0.4 ML SYRINGE
48336	HULIO (CF) 40 MG/0.8 ML SYRINGE
55694	HULIO (CF) 40 MG/0.8 ML SYRINGE
48317	HULIO (CF) PEN 40 MG/0.8 ML
55693	HULIO (CF) PEN 40 MG/0.8 ML
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 80-40 MG
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

Biologic DMARDs Required claims: *1* Look back timeframe: *current therapy*	
GCN	**Label Name**
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
53885	HYRIMOZ (CF) 10 MG/0.1 ML SYRNG
53883	HYRIMOZ (CF) 20 MG/0.2 ML SYRNG
53884	HYRIMOZ (CF) 40 MG/0.4 ML SYRNG
53899	HYRIMOZ (CF) PEDI CROHN 80 MG
53891	HYRIMOZ (CF) PEDI CROHN 80-40 MG
53875	HYRIMOZ (CF) PEN 40 MG/0.4 ML
53887	HYRIMOZ (CF) PEN 80 MG/0.8 ML
53887	HYRIMOZ (CF) PEN CROHN-UC 80 MG
53878	HYRIMOZ (CF) PEN PSORIA 80-40 MG
53386	IDACIO (CF) 40 MG/0.8 ML SYRINGE
53387	IDACIO (CF) PEN 40 MG/0.8 ML
56152	IDACIO (CF) PEN 40 MG/0.8 ML
53387	IDACIO (CF) PEN CROHNS-UC 40 MG
53387	IDACIO (CF) PEN PSORIASIS 40 MG
43148	ILARIS 150 MG/ML VIAL
27445	ILARIS 180 MG VIAL
56368	IMULDOSA 45 MG/0.5 ML SYRINGE
56367	IMULDOSA 90 MG/ML SYRINGE
44269	KEVZARA 150 MG/1.14 ML PEN INJ

Biologic DMARDs Required claims: *1* Look back timeframe: *current therapy*	
GCN	**Label Name**
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 100 MG/0.67ML SYRINGE
30289	ORENCIA 125 MG/ML SYRINGE
43389	ORENCIA 50 MG/0.4ML SYRINGE
43397	ORENCIA 87.5 MG/0.7ML SYRINGE
41656	ORENCIA CLICKJECT 125 MG/ML
56084	OTEZLA 10-20 MG STARTER 28 DAY
56083	OTEZLA 20 MG TABLET
37765	OTEZLA 28 DAY STARTER PACK
36172	OTEZLA 30 MG TABLET
56286	OTULFI 45 MG/0.5 ML SYRINGE
56287	OTULFI 90 MG/ML SYRINGE
56844	PYZCHIVA 45 MG/0.5 ML VIAL
55583	SELARSDI 45 MG/0.5 ML SYRINGE
55584	SELARSDI 90 MG/ML SYRINGE
43055	SILIQ 210 MG/1.5 ML SYRINGE
55332	SIMLANDI (CF) AI 40 MG/0.4 ML
57361	SIMLANDI (CF) AI 80 MG/0.8 ML
56047	SIMLANDI (CF) 20 MG/0.2 ML SYRG
56048	SIMLANDI (CF) 80 MG/0.8 ML SYRG
35001	SIMPONI 100 MG/ML PEN INJECTOR

Biologic DMARDs Required claims: *1* Look back timeframe: *current therapy*	
GCN	**Label Name**
34697	SIMPONI 100 MG/ML SYRINGE
22533	SIMPONI 50 MG/0.5ML PEN INJECTOR
22536	SIMPONI 50 MG/0.5ML SYRINGE
34983	SIMPONI ARIA 50 MG/4ML VIAL
42351	STELARA 130 MG/26 ML VIAL
28158	STELARA 45 MG/0.5 ML SYRINGE
19903	STELARA 45 MG/0.5 ML VIAL
28159	STELARA 90 MG/ML SYRINGE
56753	STEQEYMA 45 MG/0.5 ML SYRINGE
56754	STEQEYMA 90 MG/ML SYRINGE
55341	TALTZ 20 MG/0.25 ML SYRINGE
55342	TALTZ 40 MG/ 0.5 ML SYRINGE
40848	TALTZ 80 MG/ML AUTOINJ
40848	TALTZ 80 MG/ML SYRINGE
40849	TALTZ 80 MG/ML SYRINGE
46024	TREMFYA 100 MG/ML INJECTOR
43612	TREMFYA 100 MG/ML SYRINGE
57417	TREMFYA 100 MG/ML PEN
56229	TREMFYA 200 MG/2 ML PEN
56228	TREMFYA 200 MG/2 ML SYRINGE
55373	TYENNE 162 MG/0.9ML AUTOINJECT
55374	TYENNE 162 MG/0.9ML SYRINGE
55956	USTEKINUMAB-TTWE 45 MG/0.5ML SYRINGE

Biologic DMARDs Required claims: *1* Look back timeframe: *current therapy*	
GCN	**Label Name**
55957	USTEKINUMAB-TTWE 90 MG/ML SYRINGE
56599	YESINTEK 45 MG/0.5 ML SYRINGE
56607	YESINTEK 45 MG/0.5 ML VIAL
56603	YESINTEK 90 MG/ML SYRINGE

Progressive Multifocal Leukoencephalopathy (PML) Required diagnosis: *1* Look back timeframe: *365* days	
ICD-10 Code	**Description**
A812	PROGRESSIVE MULTIFOCAL LEUKOENCEPHALOPATHY

Strong CYP3A4 Inhibitors Required claims: *1* Look back timeframe: *90* days	
GCN	**Label Name**
14234	APTIVUS 100 MG/ML SOLUTION
24906	APTIVUS 250 MG CAPSULE
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

Strong CYP3A4 Inhibitors Required claims: *1* Look back timeframe: *90* days	
GCN	**Label Name**
48850	CLARITHROMYCIN ER 500 MG TAB
26820	CRIXIVAN 200 MG CAPSULE
26822	CRIXIVAN 400 MG CAPSULE
26823	CRIXIVAN 100 MG CAPSULE
26824	CRIXIVAN 333 MG CAPSULE
37797	EVOTAZ 300-150MG TABLET
40092	GENVOYA TABLET
26760	INVIRASE 200 MG CAPSULE
23952	INVIRASE 500 MG TABLET
49100	ITRACONAZOLE 10 MG/ML SOLUTION
49101	ITRACONAZOLE 100 MG CAPSULE
99101	KALETRA 100-25 MG TABLET
25919	KALETRA 200-50 MG TABLET
31782	KALETRA 400-100/5 ML ORAL SOLU
25905	KETEK 300 MG TABLET
15175	KETEK 400 MG TABLET
15175	KETEK PAK 400 MG TABLET
42590	KETOCONAZOLE 200 MG TABLET
31485	KORLYM 300 MG TABLET
64269	LANSOPRAZOL-AMOXICIL-CLARITHRO
99101	LOPINAVIR-RITONAVR 100-25MG TB
25919	LOPINAVIR-RITONAVR 200-50MG TB
16406	NEFAZODONE 100MG TABLET

Strong CYP3A4 Inhibitors Required claims: *1* Look back timeframe: *90* days	
GCN	**Label Name**
16407	NEFAZODONE 150MG TABLET
16408	NEFAZODONE 200MG TABLET
16409	NEFAZODONE 250MG TABLET
16404	NEFAZODONE 50MG TABLET
26812	NORVIR 100 MG CAPSULE
26812	NORVIR 100 MG SOFTGEL CAP
40309	NORVIR 100 MG POWDER PACKET
28224	NORVIR 100 MG TABLET
26810	NORVIR 80 MG/ML SOLUTION
26502	NOXAFIL 40 MG/ML SUSPENSION
35649	NOXAFIL DR 100 MG TABLET
32137	OMECLAMOX-PAK COMBO PACK
26502	POSACONAZOLE 200 MG/5 ML SUSP
35649	POSACONAZOLE DR 100 MG TABLET
37367	PREZCOBIX 800-150MG TABLET
31201	PREZISTA 100MG/ML SUSPENSION
23489	PREZISTA 150MG TABLET
99434	PREZISTA 600MG TABLET
16759	PREZISTA 75MG TABLET
27226	PREZISTA 300 MG TABLET
14569	PREZISTA 400 MG TABLET
33723	PREZISTA 800MG TABLET
19949	REYATAZ 100 MG CAPSULE

Strong CYP3A4 Inhibitors Required claims: *1* Look back timeframe: *90* days	
GCN	**Label Name**
19952	REYATAZ 150MG CAPSULE
19953	REYATAZ 200MG CAPSULE
97430	REYATAZ 300MG CAPSULE
36647	REYATAZ 50MG POWDER PACK
28224	RITONAVIR 100 MG TABLET
49100	SPORANOX 10 MG/ML SOLUTION
49101	SPORANOX 100 MG CAPSULE
33130	STRIBILD TABLET
43968	SYMTUZA 800-150-200-10 MG TAB
45848	TOLSURA 65 MG CAPSULE
36468	TYBOST 150MG TABLET
17498	VFEND 200 MG TABLET
21513	VFEND 40 MG/ML SUSPENSION
17497	VFEND 50 MG TABLET
17499	VFEND IV 200 MG VIAL
37614	VIEKIRA PAK
41932	VIEKIRA XR TABLET
40312	VIRACEPT 250 MG TABLET
19717	VIRACEPT 625 MG TABLET
17498	VORICONAZOLE 200 MG TABLET
17499	VORICONAZOLE 200 MG VIAL
21513	VORICONAZOLE 40 MG/ML SUSP
17497	VORICONAZOLE 50 MG TABLET

Strong CYP3A4 Inhibitors Required claims: *1* Look back timeframe: *90* days	
GCN	**Label Name**
36884	ZYDELIG 100MG TABLET
36885	ZYDELIG 150MG TABLET
36447	ZYKADIA 150 MG CAPSULE
46119	ZYKADIA 150 MG TABLET

Cyclophosphamide Required claims: *1* Look back timeframe: *current therapy*	
GCN	**Label Name**
35317	CYCLOPHOSPHAMIDE 25 MG CAPSULE
35318	CYCLOPHOSPHAMIDE 50 MG CAPSULE
38360	CYCLOPHOSPHAMIDE 25 MG TAB
38361	CYCLOPHOSPHAMIDE 50 MG TAB

Hypertensive Emergency Required diagnosis: *1* Look back timeframe: *60* days	
ICD-10 Code	**Description**
I160	HYPERTENSIVE URGENCY
I161	HYPERTENSIVE EMERGENCY
I169	HYPERTENSIVE CRISIS, UNSPECIFIED

End-stage renal disease (ESRD) Required diagnosis: *1* Look back timeframe: *365* days	
ICD-10 Code	**Description**
N186	END STAGE RENAL DISEASE

Severe Renal Impairment or Mild to Moderate Hepatic Impairment Required diagnosis: *1* Look back timeframe: *365* days	
ICD-10 Code	**Description**
B160	ACUTE HEPATITIS B WITH DELTA-AGENT WITH HEPATIC COMA
B161	ACUTE HEPATITIS B WITH DELTA-AGENT WITHOUT HEPATIC COMA
B162	ACUTE HEPATITIS B WITHOUT DELTA-AGENT WITH HEPATIC COMA
B169	ACUTE HEPATITIS B WITHOUT DELTA-AGENT AND WITHOUT HEPATIC COMA
B170	ACUTE DELTA-(SUPER) INFECTION OF HEPATITIS B CARRIER
B1710	ACUTE HEPATITIS C WITHOUT HEPATIC COMA
B1711	ACUTE HEPATITIS C WITH HEPATIC COMA
B172	ACUTE HEPATITIS E
B178	OTHER SPECIFIED ACUTE VIRAL HEPATITIS
B179	ACUTE VIRAL HEPATITIS, UNSPECIFIED
B180	CHRONIC VIRAL HEPATITIS B WITH DELTA-AGENT
B181	CHRONIC VIRAL HEPATITIS B WITHOUT DELTA-AGENT
B182	CHRONIC VIRAL HEPATITIS C
B188	OTHER CHRONIC VIRAL HEPATITIS
B189	CHRONIC VIRAL HEPATITIS, UNSPECIFIED
B190	UNSPECIFIFED VIRAL HEPATITIS WITH HEPATIC COMA
B1910	UNSPECIFIED VIRAL HEPATITIS B WITHOUT HEPATIC COMA

Severe Renal Impairment or Mild to Moderate Hepatic Impairment Required diagnosis: *1* Look back timeframe: *365* days	
ICD-10 Code	**Description**
B1911	UNSPECIFIED VIRAL HEPATITIS B WITH HEPATIC COMA
B1920	UNSPECIFIED VIRAL HEPATITIS C WITHOUT HEPATIC COMA
B1921	UNSPECIFIED VIRAL HEPATITIS C WITH HEPATIC COMA
B199	UNSPECIFIED VIRAL HEPATITIS WITHOUT HEPATIC COMA
K700	ALCOHOLIC FATTY LIVER
K7010	ALCOHOLIC HEPATITIS WITHOUT ASCITES
K7011	ALCOHOLIC HEPATITIS WITH ASCITES
K702	ALCOHOLIC FIBROSIS AND SCLEROSIS OF LIVER
K7030	ALCOHOLIC CIRRHOSIS OF LIVER WITHOUT ASCITES
K7031	ALCOHOLIC CIRRHOSIS OF LIVER WITH ASCITES
K7040	ALCOHOLIC HEPATIC FAILURE WITHOUT COMA
K7041	ALCOHOLIC HEPATIC FAILURE WITH COMA
K709	ALCOHOLIC LIVER DISEASE, UNSPECIFIED
K710	TOXIC LIVER DISEASE WITH CHOLESTASIS
K7110	TOXIC LIVER DISEASE WITH HEPATIC NECROSIS WITHOUT COMA
K7111	TOXIC LIVER DISEASE WITH HEPATIC NECROSIS WITH COMA
K712	TOXIC LIVER DISEASE WITH ACUTE HEPATITIS
K713	TOXIC LIVER DISEASE WITH CHRONIC PERSISTENT HEPATITIS
K714	TOXIC LIVER DISEASE WITH CHRONIC LOBULAR HEPATITIS
K7150	TOXIC LIVER DISEASE WITH CHRONIC ACTIVE HEPATITIS WITHOUT ASCITES
K7151	TOXIC LIVER DISEASE WITH CHRONIC ACTIVE HEPATITIS WITH ASCITES
K716	TOXIC LIVER DISEASE WITH HEPATITIS, NOT ELSEWHERE CLASSIFIED
K717	TOXIC LIVER DISEASE WITH FIBROSIS AND CIRRHOSIS OF LIVER

Severe Renal Impairment or Mild to Moderate Hepatic Impairment Required diagnosis: *1* Look back timeframe: *365* days	
ICD-10 Code	**Description**
K718	TOXIC LIVER DISEASE WITH OTHER DISORDERS OF LIVER
K719	TOXIC LIVER DISEASE, UNSPECIFIED
K7200	ACUTE AND SUBACUTE HEPATIC FAILURE WITHOUT COMA
K7201	ACUTE AND SUBACUTE HEPATIC FAILURE WITH COMA
K7210	CHRONIC HEPATIC FAILURE WITHOUT COMA
K7211	CHRONIC HEPATIC FAILURE WITH COMA
K7290	HEPATIC FAILURE, UNSPECIFIED WITHOUT COMA
K7291	HEPATIC FAILURE, UNSPECIFIED WITH COMA
K730	CHRONIC PERSISTENT HEPATITIS, NOT ELSEWHERE CLASSIFIED
K731	CHRONIC LOBULAR HEPATITIS, NOT ELSEWHERE CLASSIFIED
K732	CHRONIC ACTIVE HEPATITIS, NOT ELSEWHERE CLASSIFIED
K738	OTHER CHRONIC HEPATITIS, NOT ELSEWHERE CLASSIFIED
K739	CHRONIC HEPATITIS, UNSPECIFIED
K740	HEPATIC FIBROSIS
K741	HEPATIC SCLEROSIS
K742	HEPATIC FIBROSIS WITH HEPATIC SCLEROSIS
K743	PRIMARY BILIARY CIRRHOSIS
K744	SECONDARY BILIARY CIRRHOSIS
K745	BILIARY CIRRHOSIS, UNSPECIFIED
K7460	UNSPECIFIED CIRRHOSIS OF LIVER
K7469	OTHER CIRRHOSIS OF LIVER
K750	ABSCESS OF LIVER
K751	PHLEBITIS OF PORTAL VEIN

Severe Renal Impairment or Mild to Moderate Hepatic Impairment Required diagnosis: *1* Look back timeframe: *365* days	
ICD-10 Code	**Description**
K752	NONSPECIFIC REACTIVE HEPATITIS
K753	GRANULOMATOUS HEPATITIS, NOT ELSEWHERE CLASSIFIED
K754	AUTOIMMUNE HEPATITIS
K7581	NONALCOHOLIC STEATOHEPATITIS (NASH)
K7589	OTHER SPECIFIED INFLAMMATORY LIVER DISEASES
K759	INFLAMMATORY LIVER DISEASE, UNSPECIFIED
K761	CHRONIC PASSIVE CONGESTION OF LIVER
K763	INFARCTION OF LIVER
K7689	OTHER SPECIFIED DISEASES OF LIVER
K769	LIVER DISEASE, UNSPECIFIED
K77	LIVER DISORDERS IN DISEASES CLASSIFIED ELSEWHERE
N184	CHRONIC KIDNEY DISEASE, STAGE 4 (SEVERE)
N185	CHRONIC KIDNEY DISEASE, STAGE 5

Pure Red Cell Aplasia Required diagnosis: *1* Look back timeframe: *730* days	
ICD-10 Code	**Description**
D600	CHRONIC ACQUIRED PURE RED CELL APLASIA
D601	TRANSIENT ACQUIRED PURE RED CELL APLASIA
D608	OTHER ACQUIRED PURE RED CELL APLASIAS
D609	ACQUIRED PURE RED CELL APLASIA, UNSPECIFIED
D6101	CONSTITUTIONAL (PURE) RED BLOOD CELL APLASIA

QT Prolonging Agent Required claims: *1* Look back timeframe: *90* days	
GCN	**Label Name**
24062	ABILIFY 1 MG/ML SOLUTION
18537	ABILIFY 10 MG TABLET
18538	ABILIFY 15 MG TABLET
26305	ABILIFY 2 MG TABLET
18539	ABILIFY 20 MG TABLET
18541	ABILIFY 30 MG TABLET
20173	ABILIFY 5 MG TABLET
26445	ABILIFY DISCMELT 10 MG TABLET
26448	ABILIFY DISCMELT 15 MG TABLET
37681	ABILIFY MAINTENA ER 300MG SYR
34284	ABILIFY MAINTENA ER 300MG VL
37682	ABILIFY MAINTENA ER 400MG SYR
34285	ABILIFY MAINTENA ER 400MG VL
44437	ABILIFY MYCITE 2 MG KIT
44438	ABILIFY MYCITE 5 MG KIT
44439	ABILIFY MYCITE 10 MG KIT
44441	ABILIFY MYCITE 15 MG KIT
44442	ABILIFY MYCITE 20 MG KIT
44443	ABILIFY MYCITE 30 MG KIT
49363	ABILIFY MYCITE 15 MG START KIT
49364	ABILIFY MYCITE 15 MG MAINT KIT
49365	ABILIFY MYCITE 5 MG MAINT KIT
49366	ABILIFY MYCITE 5 MG START KIT

QT Prolonging Agent Required claims: *1* Look back timeframe: *90* days	
GCN	**Label Name**
49369	ABILIFY MYCITE 10 MG START KIT
49371	ABILIFY MYCITE 2 MG MAINT KIT
49372	ABILIFY MYCITE 20 MG START KIT
49373	ABILIFY MYCITE 30 MG MAINT KIT
49374	ABILIFY MYCITE 2 MG START KIT
49375	ABILIFY MYCITE 20 MG MAINT KIT
49376	ABILIFY MYCITE 10 MG MAINT KIT
49377	ABILIFY MYCITE 30 MG START KIT
22391	AGRYLIN 0.5 MG CAPSULE
22392	AGRYLIN 1 MG CAPSULE
92024	ALFUZOSIN HCL ER 10 MG TABLET
10921	AMIODARONE HCL 100 MG TABLET
10920	AMIODARONE HCL 200 MG TABLET
12465	AMIODARONE HCL 400 MG TABLET
16512	AMITRIPTYLINE HCL 10 MG TAB
16513	AMITRIPTYLINE HCL 100 MG TAB
16514	AMITRIPTYLINE HCL 150 MG TAB
16515	AMITRIPTYLINE HCL 25 MG TAB
16516	AMITRIPTYLINE HCL 50 MG TAB
16517	AMITRIPTYLINE HCL 75 MG TAB
16674	AMITRIP/PERPHEN 10-2 TABLET
16675	AMITRIP/PERPHEN 10-4 TABLET
16676	AMITRIP/PERPHEN 25-2 TABLET

QT Prolonging Agent Required claims: *1* Look back timeframe: *90* days	
GCN	**Label Name**
16677	AMITRIP/PERPHEN 25-4 TABLET
16678	AMITRIP/PERPHEN 50-4 TABLET
97959	AMRIX ER 15 MG CAPSULE
97960	AMRIX ER 30 MG CAPSULE
16602	ANAFRANIL 25 MG CAPSULE
16603	ANAFRANIL 50 MG CAPSULE
16604	ANAFRANIL 75 MG CAPSULE
22391	ANAGRELIDE HCL 0.5 MG CAPSULE
22392	ANAGRELIDE HCL 1 MG CAPSULE
33533	ANZEMET 100 MG TABLET
33532	ANZEMET 50 MG TABLET
04300	ARICEPT 10 MG TABLET
28828	ARICEPT 23 MG TABLET
04302	ARICEPT 5 MG TABLET
24594	ARICEPT ODT 5 MG TABLET
24595	ARICEPT ODT 10 MG TABLET
18537	ARIPIPRAZOLE 10MG TABLET
18538	ARIPIPRAZOLE 15MG TABLET
24062	ARIPIPRAZOLE 1MG/ML SOLUTION
18539	ARIPIPRAZOLE 20MG TABLET
26305	ARIPIPRAZOLE 2MG TABLET
18541	ARIPIPRAZOLE 30MG TABLET
20173	ARIPIPRAZOLE 5MG TABLET

QT Prolonging Agent Required claims: *1* Look back timeframe: *90* days	
GCN	**Label Name**
26445	ARIPIPRAZOLE ODT 10MG TABLET
26448	ARIPIPRAZOLE ODT 15MG TABLET
39726	ARISTADA ER 441MG/1.6ML SYRINGE
39727	ARISTADA ER 662MG/2.4ML SYRINGE
39728	ARISTADA ER 882MG/3.2ML SYRINGE
43488	ARISTADA ER 1064 MG/3.9 ML SYRINGE
44941	ARISTADA INITIO ER 675 MG/2.4 ML
27346	ATRIPLA TABLET
50767	AVELOX 400 MG TABLET
48790	AZITHROMYCIN 1 GM PWD PACKET
48792	AZITHROMYCIN 100 MG/5 ML SUSP
61199	AZITHROMYCIN 200 MG/5 ML SUSP
48793	AZITHROMYCIN 250 MG TABLET
61198	AZITHROMYCIN 500 MG TABLET
48794	AZITHROMYCIN 600 MG TABLET
48795	AZITHROMYCIN I.V. 500 MG VIAL
39516	BETAPACE 120 MG TABLET
39511	BETAPACE 160 MG TABLET
39512	BETAPACE 80 MG TABLET
39513	BETAPACE 240 MG TABLET
48852	BIAXIN 250 MG TABLET
11671	BIAXIN 250 MG/5 ML SUSPENSION
11670	BIAXIN 125 MG/5 ML SUSPENSION

QT Prolonging Agent Required claims: *1* Look back timeframe: *90* days	
GCN	**Label Name**
92594	BIAXIN 187.5 MG/5 ML SUSP
48850	BIAXIN XL 500 MG TABLET
48851	BIAXIN 500 MG TABLET
44924	BRAFTOVI 50 MG CAPSULE
44925	BRAFTOVI 75 MG CAPSULE
34876	BRISDELLE 7.5MG CAPSULE
31611	CAPECITABINE 150 MG TABLET
31612	CAPECITABINE 500 MG TABLET
29817	CAPRELSA 100 MG TABLET
29818	CAPRELSA 300 MG TABLET
16345	CELEXA 10 MG TABLET
16342	CELEXA 20MG TABLET
16343	CELEXA 40 MG TABLET
16344	CELEXA 10 MG/5 ML SOLUTION
16683	CHLORDIAZEPO-AMITRIPTYL 5-12.5
16684	CHLORDIAZEPOX-AMITRIPTYL 10-25
42890	CHLOROQUINE PH 250 MG TABLET
42891	CHLOROQUINE PH 500 MG TABLET
14331	CHLORPROMAZINE 25 MG/ML AMP
14431	CHLORPROMAZINE 10 MG TABLET
14434	CHLORPROMAZINE 100 MG TABLET
14390	CHLORPROMAZINE 100MG/ML CONC
14435	CHLORPROMAZINE 200 MG TABLET

QT Prolonging Agent Required claims: *1* Look back timeframe: *90* days	
GCN	**Label Name**
14432	CHLORPROMAZINE 25 MG TABLET
14391	CHLORPROMAZINE 30MG/ML CONC
14433	CHLORPROMAZINE 50 MG TABLET
47053	CIPRO 100 MG TABLET
47052	CIPRO 750 MG TABLET
18898	CIPRO XR 500 MG TABLET
20315	CIPRO XR 1,000 MG TABLET
47057	CIPRO 10% SUSPENSION
47050	CIPRO 250MG TABLET
47056	CIPRO 5% SUSPENSION
47051	CIPRO 500MG TABLET
23076	CIPROFLOXACIN 200MG/20ML VIAL
23075	CIPROFLOXACIN 400MG/40ML VIAL
20315	CIPROFLOXACIN ER 1000MG TAB
18898	CIPROFLOXACIN ER 500MG TAB
47056	CIPROFLOXACIN 250MG/5ML SUSP
47057	CIPROFLOXACIN 500MG/5ML SUSP
47053	CIPROFLOXACIN HCL 100MG TABLET
47050	CIPROFLOXACIN HCL 250MG TAB
47051	CIPROFLOXACIN HCL 500MG TAB
47052	CIPROFLOXACIN HCL 750MG TAB
52121	CIPROFLOXACIN-D5W 200MG/100ML
52122	CIPROFLOXACIN-D5W 400MG/200ML

QT Prolonging Agent Required claims: *1* Look back timeframe: *90* days	
GCN	**Label Name**
16345	CITALOPRAM 10MG TABLET
16344	CITALOPRAM 10MG/5ML SOLUTION
16342	CITALOPRAM 20MG TABLET
34671	CITALOPRAM 20MG/10ML SOLUTION
16343	CITALOPRAM 40MG TABLET
51883	CITALOPRAM HBR 30 MG CAPSULE
11670	CLARITHROMYCIN 125 MG/5 ML SUS
48852	CLARITHROMYCIN 250 MG TABLET
11671	CLARITHROMYCIN 250 MG/5 ML SUS
48851	CLARITHROMYCIN 500 MG TABLET
48850	CLARITHROMYCIN ER 500 MG TAB
16602	CLOMIPRAMINE 25 MG CAPSULE
16603	CLOMIPRAMINE 50 MG CAPSULE
16604	CLOMIPRAMINE 75 MG CAPSULE
18142	CLOZAPINE 100 MG TABLET
20334	CLOZAPINE 12.5MG TABLET
31672	CLOZAPINE 200 MG TABLET
18141	CLOZAPINE 25 MG TABLET
18143	CLOZAPINE 50 MG TABLET
28873	CLOZAPINE ODT 150 MG TABLET
28874	CLOZAPINE ODT 200 MG TABLET
21785	CLOZAPINE ODT 100MG TABLET
98791	CLOZAPINE ODT 12.5MG TABLET

QT Prolonging Agent Required claims: *1* Look back timeframe: *90* days	
GCN	**Label Name**
21784	CLOZAPINE ODT 25MG TABLET
18142	CLOZARIL 100 MG TABLET
18141	CLOZARIL 25 MG TABLET
18143	CLOZARIL 50 MG TABLET
31672	CLOZARIL 200 MG TABLET
10920	CORDARONE 200 MG TABLET
18020	CYCLOBENZAPRINE 10 MG TABLET
12805	CYCLOBENZAPRINE 5 MG TABLET
98299	CYCLOBENZAPRINE 7.5 MG TABLET
97959	CYCLOBENZAPRINE ER 15 MG CAP
97960	CYCLOBENZAPRINE ER 30 MG CAP
27257	DASATINIB 20 MG TABLET
27258	DASATINIB 50 MG TABLET
27259	DASATINIB 70 MG TABLET
29405	DASATINIB 80 MG TABLET
99867	DASATINIB 100 MG TABLET
29406	DASATINIB 140 MG TABLET
16583	DESIPRAMINE 10 MG TABLET
16584	DESIPRAMINE 100 MG TABLET
16585	DESIPRAMINE 150 MG TABLET
16586	DESIPRAMINE 25 MG TABLET
16587	DESIPRAMINE 50 MG TABLET
16588	DESIPRAMINE 75 MG TABLET

QT Prolonging Agent Required claims: *1* Look back timeframe: *90* days	
GCN	**Label Name**
37061	DETROL 1 MG TABLET
37062	DETROL 2 MG TABLET
12264	DETROL LA 2 MG CAPSULE
12263	DETROL LA 4 MG CAPSULE
60822	DIFLUCAN 10 MG/ML SUSPENSION
42190	DIFLUCAN 100 MG TABLET
42193	DIFLUCAN 150 MG TABLET
42191	DIFLUCAN 200 MG TABLET
60821	DIFLUCAN 40 MG/ML SUSPENSION
42192	DIFLUCAN 50 MG TABLET
01130	DISOPYRAMIDE PHOS 100 MG CAP
01131	DISOPYRAMIDE PHOS 150 MG CAP
01140	DISOPYRAMIDE 100 MG CAPSULE
01141	DISOPYRAMIDE 150 MG CAPSULE
92287	DOFETILIDE 125 MCG CAPSULE
92297	DOFETILIDE 250MCG CAPSULE
92307	DOFETILIDE 500MCG CAPSULE
16422	DOLOPHINE HCL 5 MG TABLET
16420	DOLOPHINE HCL 10 MG TABLET
04300	DONEPEZIL HCL 10 MG TABLET
28828	DONEPEZIL HCL 23 MG TABLET
04302	DONEPEZIL HCL 5 MG TABLET
24595	DONEPEZIL HCL ODT 10 MG TABLET

QT Prolonging Agent Required claims: *1* Look back timeframe: *90* days	
GCN	**Label Name**
24594	DONEPEZIL HCL ODT 5 MG TABLET
28914	DOXEPIN 3 MG TABLET
28915	DOXEPIN 6 MG TABLET
16563	DOXEPIN 10 MG CAPSULE
16571	DOXEPIN 10 MG/ML ORAL CONC
16564	DOXEPIN 100 MG CAPSULE
16565	DOXEPIN 150 MG CAPSULE
16566	DOXEPIN 25 MG CAPSULE
16567	DOXEPIN 50 MG CAPSULE
16568	DOXEPIN 75 MG CAPSULE
30547	DUEXIS 800-26.6 MG TABLET
40522	E.E.S. 200 MG/5 ML SUSPENSION
40526	E.E.S. 400 MG/5 ML SUSPENSION
40523	E.E.S. 200 MG/5 ML GRANULES
40560	E.E.S. 400 FILMTAB
40570	E.E.S. 200 MG TABLET CHEW
16811	EFFEXOR 25 MG TABLET
16812	EFFEXOR 37.5 MG TABLET
16813	EFFEXOR 50 MG TABLET
16814	EFFEXOR 75 MG TABLET
16815	EFFEXOR 100 MG TABLET
16818	EFFEXOR XR 150MG CAPSULE
16816	EFFEXOR XR 37.5MG CAPSULE

QT Prolonging Agent Required claims: *1* Look back timeframe: *90* days	
GCN	**Label Name**
16817	EFFEXOR XR 75MG CAPSULE
39120	ENVARSUS XR 0.75 MG TABLET
39123	ENVARSUS XR 1 MG TABLET
39124	ENVARSUS XR 4 MG TABLET
40523	ERYPED 200 MG/5 ML SUSPENSION
40524	ERYPED 400 MG/5 ML SUSPENSION
40570	ERYPED 200 MG TABLET CHEW
40730	ERY-TAB EC 250 MG TABLET
40731	ERY-TAB EC 333 MG TABLET
40732	ERY-TAB EC 500 MG TABLET
40642	ERYTHROCIN 250 MG FILMTAB
40644	ERYTHROCIN 500 MG FILMTAB
25529	ERYTHROCIN 500 MG ADDVNT VL
40601	ERYTHROCIN 500 MG VIAL
40720	ERYTHROMYCIN 250 MG FILMTAB
40721	ERYTHROMYCIN 500 MG FILMTAB
40660	ERYTHROMYCIN EC 250 MG CAP
40730	ERYTHROMYCIN DR 250 MG TABLET
40731	ERYTHROMYCIN DR 333 MG TABLET
40732	ERYTHROMYCIN DR 500 MG TABLET
40642	ERYTHROMYCIN ST 250 MG TAB
40644	ERYTHROMYCIN ST 500 MG TAB
40522	ERYTHROMYCIN 200 MG/5 ML SUSP

QT Prolonging Agent Required claims: *1* Look back timeframe: *90* days	
GCN	**Label Name**
40523	ERYTHROMYCIN 200 MG/5 ML SUSP
40524	ERYTHROMYCIN 400 MG/5 ML SUSP
40526	ERYTHROMYCIN 400 MG/5 ML SUSP
40560	ERYTHROMYCIN ES 400 MG TAB
40462	ERYTHROMYCIN EST 250 MG CAP
40500	ERYTHROMYCIN EST 125 MG CHEW
40471	ERYTHROMYCIN EST 125 MG/5 ML
40472	ERYTHROMYCIN EST 250 MG/5 ML
17851	ESCITALOPRAM 10MG TABLET
17987	ESCITALOPRAM 20MG TABLET
18975	ESCITALOPRAM 5MG TABLET
19035	ESCITALOPRAM 5MG/5ML SOLUTION
37797	EVOTAZ 300-150 MG TABLET
46432	FAMOTIDINE 10 MG TABLET
46430	FAMOTIDINE 20 MG TABLET
46431	FAMOTIDINE 40 MG TABLET
45960	FAMOTIDINE 40 MG/5 ML SUSP
28025	FANAPT 1 MG TABLET
28030	FANAPT 10 MG TABLET
28033	FANAPT 12 MG TABLET
28026	FANAPT 2 MG TABLET
28027	FANAPT 4 MG TABLET
28028	FANAPT 6 MG TABLET

QT Prolonging Agent Required claims: *1* Look back timeframe: *90* days	
GCN	**Label Name**
28029	FANAPT 8 MG TABLET
28034	FANAPT TITRATION PACK
21785	FAZACLO 100 MG ODT
98791	FAZACLO 12.5 MG ODT
28873	FAZACLO 150 MG ODT
28874	FAZACLO 200 MG ODT
21784	FAZACLO 25 MG ODT
38021	FELBAMATE 400 MG TABLET
38022	FELBAMATE 600 MG TABLET
38020	FELBAMATE 600 MG/5 ML SUSP
38021	FELBATOL 400 MG TABLET
38022	FELBATOL 600 MG TABLET
38020	FELBATOL 600 MG/5 ML SUSP
98299	FEXMID 7.5 MG TABLET
43031	FLAGYL 250 MG TABLET
43035	FLAGYL 375 MG CAPSULE
43032	FLAGYL 500 MG TABLET
43029	FLAGYL ER 750 MG TABLET
01580	FLECAINIDE ACETATE 100 MG TAB
01582	FLECAINIDE ACETATE 150 MG TAB
01581	FLECAINIDE ACETATE 50 MG TAB
60822	FLUCONAZOLE 10 MG/ML SUSP
42190	FLUCONAZOLE 100 MG TABLET

QT Prolonging Agent Required claims: *1* Look back timeframe: *90* days	
GCN	**Label Name**
42193	FLUCONAZOLE 150 MG TABLET
42191	FLUCONAZOLE 200 MG TABLET
60821	FLUCONAZOLE 40 MG/ML SUSP
42192	FLUCONAZOLE 50 MG TABLET
55590	FLUCONAZOLE-DEXT 200 MG/100 ML
69790	FLUCONAZOLE-NACL 200 MG/100 ML
69791	FLUCONAZOLE-NACL 400 MG/200 ML
25303	FLUCONAZOLE-NS 200 MG/100 ML
16353	FLUOXETINE 10MG CAPSULE
16356	FLUOXETINE 10MG TABLET
16354	FLUOXETINE 20MG CAPSULE
16359	FLUOXETINE 20MG TABLET
16357	FLUOXETINE 20MG/5ML SOLUTION
16355	FLUOXETINE 40MG CAPSULE
30817	FLUOXETINE 60MG TABLET
12929	FLUOXETINE DR 90MG CAPSULE
13898	GALANTAMINE 4 MG/ML ORAL SOLN
23606	GALANTAMINE ER 16 MG CAPSULE
23607	GALANTAMINE ER 24 MG CAPSULE
23605	GALANTAMINE ER 8 MG CAPSULE
84853	GALANTAMINE HBR 12 MG TABLET
84854	GALANTAMINE HBR 4 MG TABLET
84855	GALANTAMINE HBR 8 MG TABLET

QT Prolonging Agent Required claims: *1* Look back timeframe: *90* days	
GCN	**Label Name**
13331	GEODON 20 MG CAPSULE
17037	GEODON 20 MG VIAL
13332	GEODON 40 MG CAPSULE
13333	GEODON 60 MG CAPSULE
13334	GEODON 80 MG CAPSULE
29073	GILENYA 0.5 MG CAPSULE
44798	GILENYA 0.25 MG CAPSULE
06019	GRANISETRON HCL 1 MG TABLET
99267	GRANISETRON HCL 1 MG/ML VIAL
60548	GRANISETRON HCL 4 MG/4 ML VIAL
15520	HALOPERIDOL LAC 2 MG/ML CONC
15522	HALOPERIDOL 1 MG/ML SOLUTION
15530	HALOPERIDOL 0.5 MG TABLET
15531	HALOPERIDOL 1 MG TABLET
15533	HALOPERIDOL 2 MG TABLET
15535	HALOPERIDOL 5 MG TABLET
15532	HALOPERIDOL 10 MG TABLET
15534	HALOPERIDOL 20 MG TABLET
22137	HYDROXYCHLOROQUINE 100 MG TAB
42940	HYDROXYCHLOROQUINE 200 MG TAB
50494	HYDROXYCHLOROQUINE 300 MG TAB
12904	HYDROXYCHLOROQUINE 400 MG TAB
13932	HYDROXYZINE 10 MG/5 ML SYRUP

QT Prolonging Agent Required claims: *1* Look back timeframe: *90* days	
GCN	**Label Name**
13881	HYDROXYZINE 25 MG/ML VIAL
13941	HYDROXYZINE HCL 10 MG TABLET
13943	HYDROXYZINE HCL 25 MG TABLET
13944	HYDROXYZINE HCL 50 MG TABLET
13942	HYDROXYZINE 100 MG TABLET
13951	HYDROXYZINE PAM 100 MG CAP
13952	HYDROXYZINE PAM 25 MG CAP
13953	HYDROXYZINE PAM 50 MG CAP
16541	IMIPRAMINE HCL 10 MG TABLET
16542	IMIPRAMINE HCL 25 MG TABLET
16543	IMIPRAMINE HCL 50 MG TABLET
16554	IMIPRAMINE PAMOATE 75 MG CAP
16548	IMIPRAMINE PAMOATE 100 MG CAP
16549	IMIPRAMINE PAMOATE 125 MG CAP
16553	IMIPRAMINE PAMOATE 150 MG CAP
27685	INVEGA ER 1.5 MG TABLET
97769	INVEGA ER 3 MG TABLET
97770	INVEGA ER 6 MG TABLET
97771	INVEGA ER 9 MG TABLET
50889	INVEGA HAFYERA 1,092 MG/3.5 ML
50891	INVEGA HAFYERA 1,560 MG/5 ML
27416	INVEGA SUSTENNA 117 MG PREF SYR
27417	INVEGA SUSTENNA 156 MG PREF SYR

QT Prolonging Agent Required claims: *1* Look back timeframe: *90* days	
GCN	**Label Name**
27418	INVEGA SUSTENNA 234 MG PREF SYR
27414	INVEGA SUSTENNA 39 MG PREF SYR
27415	INVEGA SUSTENNA 78 MG PREF SYR
38697	INVEGA TRINZA 273MG/0.875ML
38698	INVEGA TRINZA 410MG/1.315ML
38699	INVEGA TRINZA 546MG/1.75ML
38702	INVEGA TRINZA 819MG/2.625ML
26760	INVIRASE 200MG CAPSULE
23952	INVIRASE 500MG TABLET
49101	ITRACONAZOLE 100 MG CAPSULE
49100	ITRACONAZOLE 10 MG/ML SOLUTION
99101	KALETRA 100-25 MG TABLET
25919	KALETRA 200-50 MG TABLET
31781	KALETRA 133.3-33.3 MG SOFTGEL
31782	KALETRA 400-100/5 ML ORAL SOLU
25905	KETEK 300 MG TABLET
15175	KETEK 400 MG TABLET
42590	KETOCONAZOLE 200 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

QT Prolonging Agent Required claims: *1* Look back timeframe: *90* days	
GCN	**Label Name**
43369	KISQALI FEMARA 600 MG CO-PACK
53379	KRAZATI 200 MG TABLET
31485	KORLYM 300 MG TABLET
64269	LANSOPRAZOL-AMOXICIL-CLARITHRO
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
84597	LEUPROLIDE 2WK 1 MG/0.2 ML KIT
84597	LEUPROLIDE 2WK 14 MG/2.8 ML KIT
84601	LEUPROLIDE 2WK 14 MG/2.8 ML VL
47073	LEVAQUIN 250 MG TABLET
47074	LEVAQUIN 500 MG TABLET
89597	LEVAQUIN 750 MG TABLET
23725	LEVOFLOXACIN 25 MG/ML SOLUTION
47073	LEVOFLOXACIN 250 MG TABLET
47072	LEVOFLOXACIN 250 MG/50 ML-D5W
47074	LEVOFLOXACIN 500 MG TABLET
47075	LEVOFLOXACIN 500 MG/100 ML-D5W

QT Prolonging Agent Required claims: *1* Look back timeframe: *90* days	
GCN	**Label Name**
47071	LEVOFLOXACIN 500 MG/20 ML VIAL
89597	LEVOFLOXACIN 750 MG TABLET
89596	LEVOFLOXACIN 750 MG/150 ML-D5W
23725	LEVOFLOXACIN 25 MG/ML SOLUTION
35624	LEVOFLOXACIN 500 MG/20 ML SOLN
35626	LEVOFLOXACIN 250 MG/10 ML SOLN
17851	LEXAPRO 10MG TABLET
17987	LEXAPRO 20MG TABLET
18975	LEXAPRO 5 MG TABLET
19035	LEXAPRO 5MG/5ML SOLUTION
52540	LOFEXIDINE 0.18 MG TABLET
84350	LUPRON DEPOT 11.25 MG 3MO KIT
84593	LUPRON DEPOT 22.5 MG 3MO KIT
80254	LUPRON DEPOT 3.75 MG KIT
30083	LUPRON DEPOT 45 MG 6MO KIT
29894	LUPRON DEPOT 7.5 MG KIT
84602	LUPRON DEPOT 7.5 MG KIT
84598	LUPRON DEPOT-4MO KIT
13172	LUPRON DEPOT-PED 11.25 KIT
30357	LUPRON DEPOT-PED 11.25 MG 3MO
13174	LUPRON DEPOT-PED 15 MG KIT
30356	LUPRON DEPOT-PED 30 MG 3MO KIT
54034	LUPRON DEPOT-PED 45 MG 6MO KIT

QT Prolonging Agent Required claims: *1* Look back timeframe: *90* days	
GCN	**Label Name**
13173	LUPRON DEPOT-PED 7.5 MG KIT
42900	MEFLOQUINE HCL 250 MG TABLET
38257	MEMANTINE-DONEPEZIL ER 14-10MG
38258	MEMANTINE-DONEPEZIL ER 28-10MG
42127	MEMANTINE-DONEPEZIL ER 21-10MG
16410	METHADONE 10 MG/5 ML SOLUTION
16415	METHADONE 10 MG/ML ORAL CONC
16423	METHADONE 40 MG TABLET DISPR
16400	METHADONE 5 MG/5 ML SOLUTION
16420	METHADONE HCL 10 MG TABLET
16422	METHADONE HCL 5 MG TABLET
16415	METHADOSE 10 MG/ML ORAL CONC
33293	METHADONE 5 MG/5 ML ORAL SYRNG
49405	METHADONE 5 MG/0.5 ML ORAL SYR
16422	METHADOSE 5 MG TABLET
16420	METHADOSE 10 MG TABLET
16423	METHADOSE 40 MG TABLET DISPR
43031	METRONIDAZOLE 250 MG TABLET
43035	METRONIDAZOLE 375 MG CAPSULE
43032	METRONIDAZOLE 500 MG TABLET
43029	METRONIDAZOLE ER 750 MG TAB
43025	METRONIDAZOLE 500 MG/100 ML
50767	MOXIFLOXACIN HCL 400 MG TABLET

QT Prolonging Agent Required claims: *1* Look back timeframe: *90* days	
GCN	**Label Name**
26586	MULTAQ 400 MG TABLET
38257	NAMZARIC 14-10 MG CAPSULE
42127	NAMZARIC 21-10 MG CAPSULE
38258	NAMZARIC 28-10 MG CAPSULE
42126	NAMZARIC 7-10 MG CAPSULE
42546	NAMZARIC TITRATION PACK
26263	NEXAVAR 200 MG TABLET
16583	NORPRAMIN 10 MG TABLET
16586	NORPRAMIN 25 MG TABLET
16587	NORPRAMIN 50 MG TABLET
16588	NORPRAMIN 75 MG TABLET
16584	NORPRAMIN 100 MG TABLET
16585	NORPRAMIN 150 MG TABLET
40309	NORVIR 100 MG POWDER PACKET
28224	NORVIR 100 MG TABLET
26812	NORVIR 100 MG CAPSULE
26810	NORVIR 80 MG/ML SOLUTION
43693	OFLOXACIN 400 MG TABLET
43692	OFLOXACIN 300 MG TABLET
43691	OFLOXACIN 200 MG TABLET
15082	OLANZAPINE 10 MG TABLET
17407	OLANZAPINE 10 MG VIAL
15085	OLANZAPINE 15 MG TABLET

QT Prolonging Agent Required claims: *1* Look back timeframe: *90* days	
GCN	**Label Name**
15084	OLANZAPINE 2.5 MG TABLET
15086	OLANZAPINE 20MG TABLET
15083	OLANZAPINE 5 MG TABLET
15081	OLANZAPINE 7.5 MG TABLET
92008	OLANZAPINE ODT 10 MG TABLET
34022	OLANZAPINE ODT 15 MG TABLET
34023	OLANZAPINE ODT 20MG TABLET
92007	OLANZAPINE ODT 5MG TABLET
20870	OLANZAPINE/FLUOXETINE 12-25 MG
20872	OLANZAPINE/FLUOXETINE 12-50 MG
98648	OLANZAPINE/FLUOXETINE 3-25 MG
20868	OLANZAPINE/FLUOXETINE 6-25 MG
20869	OLANZAPINE/FLUOXETINE 6-50 MG
28715	OLEPTRO ER 150MG TABLET
28719	OLEPTRO ER 300MG TABLET
32137	OMECLAMOX-PAK COMBO PACK
20040	ONDANSETRON 4 MG/5 ML SOLUTION
20011	ONDANSETRON 40 MG/20 ML VIAL
20041	ONDANSETRON HCL 4 MG TABLET
97502	ONDANSETRON HCL 4 MG/2 ML VIAL
20042	ONDANSETRON HCL 8 MG TABLET
50201	ONDANSETRON HCL 24 MG TABLET
20045	ONDANSETRON ODT 4 MG TABLET

QT Prolonging Agent Required claims: *1* Look back timeframe: *90* days	
GCN	**Label Name**
20046	ONDANSETRON ODT 8 MG TABLET
55937	ONDANSETRON ODT 16 MG TABLET
11153	ORAP 1 MG TABLET
11150	ORAP 2 MG TABLET
10921	PACERONE 100 MG TABLET
10920	PACERONE 200 MG TABLET
23573	PACERONE 300 MG TABLET
12465	PACERONE 400 MG TABLET
27685	PALIPERIDONE ER 1.5 MG TABLET
97769	PALIPERIDONE ER 3 MG TABLET
97770	PALIPERIDONE ER 6 MG TABLET
97771	PALIPERIDONE ER 9 MG TABLET
16364	PAROXETINE 10MG TABLET
16369	PAROXETINE 10MG/5ML SUSPENSION
16366	PAROXETINE 20MG TABLET
16367	PAROXETINE 30MG TABLET
16368	PAROXETINE 40MG TABLET
17078	PAROXETINE CR 12.5MG TABLET
17077	PAROXETINE CR 25MG TABLET
17079	PAROXETINE CR 37.5MG TABLET
34876	PAROXETINE MESYLATE 7.5 MG CAP
16369	PAXIL 10 MG/5 ML SUSPENSION
16364	PAXIL 10 MG TABLET

QT Prolonging Agent Required claims: *1* Look back timeframe: *90* days	
GCN	**Label Name**
16366	PAXIL 20 MG TABLET
16367	PAXIL 30 MG TABLET
16368	PAXIL 40 MG TABLET
17078	PAXIL CR 12.5 MG TABLET
17077	PAXIL CR 25 MG TABLET
17079	PAXIL CR 37.5 MG TABLET
27829	PAZOPANIB HCL 200 MG TABLET
40741	PCE 333 MG TABLET
40742	PCE 500 MG TABLET
45960	PEPCID 40 MG/5 ML ORAL SUSP
46430	PEPCID 20 MG TABLET
46431	PEPCID 40 MG TABLET
16674	PERPHEN-AMITRIP 2 MG-10 MG TAB
16676	PERPHEN-AMITRIP 2 MG-25 MG TAB
16675	PERPHEN-AMITRIP 4 MG-10 MG TAB
16677	PERPHEN-AMITRIP 4 MG-25 MG TAB
16678	PERPHEN-AMITRIP 4 MG-50 MG TAB
14650	PERPHENAZINE 16 MG TABLET
14651	PERPHENAZINE 2 MG TABLET
14652	PERPHENAZINE 4 MG TABLET
14653	PERPHENAZINE 8 MG TABLET
14640	PERPHENAZINE ORAL SOLUTION
20854	PEXEVA 10MG TABLET

QT Prolonging Agent Required claims: *1* Look back timeframe: *90* days	
GCN	**Label Name**
20855	PEXEVA 20MG TABLET
20856	PEXEVA 30MG TABLET
20857	PEXEVA 40MG TABLET
15001	PHENADOZ 25 MG SUPP
15003	PHENADOZ 12.5 MG SUPPOSITORY
14981	PHENERGAN 25 MG/ML VIAL
15035	PHENERGAN 6.25 MG/5 ML SYRUP
15042	PHENERGAN 12.5 MG TABLET
15043	PHENERGAN 25 MG TABLET
11153	PIMOZIDE 1 MG TABLET
11150	PIMOZIDE 2 MG TABLET
42940	PLAQUENIL 200 MG TAB
64269	PREVPAC PATIENT PACK
14771	PROCHLORPERAZINE 10 MG TAB
14761	PROCHLORPERAZINE 25 MG SUPP
14773	PROCHLORPERAZINE 5 MG TABLET
14680	PROCHLORPERAZINE 5 MG/ML
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
15042	PROMETHAZINE 12.5 MG TABLET

QT Prolonging Agent Required claims: *1* Look back timeframe: *90* days	
GCN	**Label Name**
15003	PROMETHAZINE 12.5MG SUPP
15001	PROMETHAZINE 25 MG SUPP
15043	PROMETHAZINE 25 MG TABLET
14970	PROMETHAZINE 25 MG/ML AMPUL
14981	PROMETHAZINE 25 MG/ML VIAL
15002	PROMETHAZINE 50 MG SUPP
15044	PROMETHAZINE 50 MG TABLET
14971	PROMETHAZINE 50 MG/ML AMPUL
14983	PROMETHAZINE 50 MG/ML VIAL
15035	PROMETHAZINE 6.25 MG/5 ML SYR
15033	PROMETHAZINE 25 MG/5 ML SYRUP
13977	PROMETHAZINE VC SYRUP
52370	PROMETHAZINE VC SYRUP
13978	PROMETHAZINE VC-CODEINE SYRUP
52380	PROMETHAZINE VC/COD SYRUP
38665	PROMETH-CODEIN 6.25-10 MG/5 ML
52360	PROMETHAZINE W/CODEINE SYRUP
13971	PROMETHAZINE-CODEINE SYRUP
13975	PROMETHAZINE-DM SYRUP
46123	PROMETHAZINE-DM 6.25-15 MG/5ML
96102	PROMETHAZINE W/DM SYRUP
15003	PROMETHEGAN 12.5 MG SUPP
15001	PROMETHEGAN 25 MG SUPP

QT Prolonging Agent Required claims: *1* Look back timeframe: *90* days	
GCN	**Label Name**
15002	PROMETHEGAN 50 MG SUPP
12431	PROPAFENONE HCL 150 MG TABLET
12433	PROPAFENONE HCL 225 MG TAB
12432	PROPAFENONE HCL 300 MG TAB
21056	PROPAFENONE HCL ER 225 MG CAP
21058	PROPAFENONE HCL ER 325 MG CAP
21059	PROPAFENONE HCL ER 425 MG CAP
16555	PROTRIPTYLINE HCL 10 MG TABLET
16556	PROTRIPTYLINE HCL 5 MG TABLET
16356	PROZAC 10 MG TABLET
16353	PROZAC 10 MG PULVULE
16354	PROZAC 20 MG PULVULE
16357	PROZAC 20 MG/5 ML SOLUTION
16355	PROZAC 40 MG PULVULE
12929	PROZAC WEEKLY 90 MG CAPSULE
98238	PYLERA CAPSULE
67662	QUETIAPINE 100 MG TABLET
93088	QUETIAPINE 150 MG TABLET
67663	QUETIAPINE 200 MG TABLET
67661	QUETIAPINE 25 MG TABLET
67665	QUETIAPINE 300 MG TABLET
26411	QUETIAPINE 400 MG TABLET
26409	QUETIAPINE 50 MG TABLET

QT Prolonging Agent Required claims: *1* Look back timeframe: *90* days	
GCN	**Label Name**
98994	QUETIAPINE ER 50 MG TABLET
16193	QUETIAPINE ER 150 MG TABLET
98522	QUETIAPINE ER 200 MG TABLET
98523	QUETIAPINE ER 300 MG TABLET
98524	QUETIAPINE ER 400 MG TABLET
01011	QUINIDINE GLUC ER 324 MG TABLET
01053	QUINIDINE SULFATE 200 MG TABLET
01055	QUINIDINE SULFATE 300 MG TABLET
01060	QUINIDINE SULF 300 MG TAB SA
42773	QUININE SULFATE 200 MG CAPS
47472	QUININE SULFATE 260 MG TAB
42776	QUININE SULFATE 300 MG CAPS
42777	QUININE SULFATE 325 MG CAP
25092	QUININE SULFATE 324 MG CAPSULE
98733	RANEXA ER 1,000 MG TABLET
26459	RANEXA ER 500 MG TABLET
84853	RAZADYNE 12 MG TABLET
84854	RAZADYNE 4 MG TABLET
84855	RAZADYNE 8 MG TABLET
23606	RAZADYNE ER 16 MG CAPSULE
23607	RAZADYNE ER 24 MG CAPSULE
23605	RAZADYNE ER 8 MG CAPSULE
13898	RAZADYNE 4 MG/ML ORAL SOLUTION

QT Prolonging Agent Required claims: *1* Look back timeframe: *90* days	
GCN	**Label Name**
51757	RECORLEV 150 MG TABLET
48026	RETEVMO 80 MG CAPSULE
48025	RETEVMO 40 MG CAPSULE
55549	RETEVMO 40 MG TABLET
55552	RETEVMO 80 MG TABLET
55553	RETEVMO 120 MG TABLET
55554	RETEVMO 160 MG TABLET
19949	REYATAZ 100 MG CAPSULE
19952	REYATAZ 150 MG CAPSULE
19953	REYATAZ 200 MG CAPSULE
97430	REYATAZ 300 MG CAPSULE
36647	REYATAZ 50 MG POWDER PACKET
92872	RISPERDAL 0.25 MG TABLET
92892	RISPERDAL 0.5 MG TABLET
16136	RISPERDAL 1 MG TABLET
16135	RISPERDAL 1 MG/ML SOLUTION
16137	RISPERDAL 2 MG TABLET
16138	RISPERDAL 3 MG TABLET
16139	RISPERDAL 4 MG TABLET
98414	RISPERDAL CONSTA 12.5 MG SYR
20217	RISPERDAL CONSTA 25 MG SYR
20218	RISPERDAL CONSTA 37.5 MG SYR
20219	RISPERDAL CONSTA 50 MG SYR

QT Prolonging Agent Required claims: *1* Look back timeframe: *90* days	
GCN	**Label Name**
19541	RISPERDAL M-TAB 0.5 MG ODT
19178	RISPERDAL M-TAB 1 MG ODT
19179	RISPERDAL M-TAB 2 MG ODT
25024	RISPERDAL M-TAB 3 MG ODT
25025	RISPERDAL M-TAB 4 MG ODT
24448	RISPERIDONE 0.25 MG ODT
92872	RISPERIDONE 0.25 MG TABLET
19541	RISPERIDONE 0.5 MG ODT
92892	RISPERIDONE 0.5 MG TABLET
19178	RISPERIDONE 1 MG ODT
16136	RISPERIDONE 1 MG TABLET
16135	RISPERIDONE 1 MG/ML SOLUTION
35049	RISPERIDONE 1 MG/ML ORAL SYRNG
35051	RISPERIDONE 2 MG/2 ML ORAL SYR
35052	RISPERIDONE 3 MG/3 ML ORAL SYR
19179	RISPERIDONE 2 MG ODT
16137	RISPERIDONE 2 MG TABLET
25024	RISPERIDONE 3 MG ODT
16138	RISPERIDONE 3 MG TABLET
25025	RISPERIDONE 4 MG ODT
16139	RISPERIDONE 4 MG TABLET
46815	ROZLYTREK 100 MG CAPSULE
46816	ROZLYTREK 200 MG CAPSULE

QT Prolonging Agent Required claims: *1* Look back timeframe: *90* days	
GCN	**Label Name**
54899	ROZLYTREK 50 MG PELLET PACKET
43327	RYDAPT 25 MG CAPSULE
14348	SANCUSO 3.1 MG/24 HR PATCH
27528	SAPHRIS 10 MG TAB SUBLINGUAL
38479	SAPHRIS 2.5 MG TABLET SUBLINGUAL
21636	SAPHRIS 5 MG TABLET SUBLINGUAL
67662	SEROQUEL 100 MG TABLET
67663	SEROQUEL 200 MG TABLET
67661	SEROQUEL 25 MG TABLET
67665	SEROQUEL 300 MG TABLET
26411	SEROQUEL 400 MG TABLET
26409	SEROQUEL 50 MG TABLET
16193	SEROQUEL XR 150 MG TABLET
98522	SEROQUEL XR 200 MG TABLET
98523	SEROQUEL XR 300 MG TABLET
98524	SEROQUEL XR 400 MG TABLET
98994	SEROQUEL XR 50 MG TABLET
48316	SIRTURO 20 MG TABLET
33934	SIRTURO 100 MG TABLET
50377	SOLTAMOX 10 MG/5 ML SOLN
39516	SORINE 120 MG TABLET
39511	SORINE 160 MG TABLET
39513	SORINE 240 MG TABLET

QT Prolonging Agent Required claims: *1* Look back timeframe: *90* days	
GCN	**Label Name**
39512	SORINE 80 MG TABLET
39516	SOTALOL 120 MG TABLET
39511	SOTALOL 160 MG TABLET
39513	SOTALOL 240 MG TABLET
39512	SOTALOL 80 MG TABLET
49100	SPORANOX 10 MG/ML SOLUTION
49101	SPORANOX 100 MG CAPSULE
99867	SPRYCEL 100 MG TABLET
29406	SPRYCEL 140MG TABLET
27257	SPRYCEL 20 MG TABLET
27258	SPRYCEL 50 MG TABLET
27259	SPRYCEL 70 MG TABLET
29405	SPRYCEL 80 MG 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
43303	SUSTIVA 200MG CAPSULE
43302	SUSTIVA 100 MG CAPSULE
43301	SUSTIVA 50MG CAPSULE
15555	SUSTIVA 600MG TABLET
26452	SUTENT 12.5 MG CAPSULE
26453	SUTENT 25 MG CAPSULE

QT Prolonging Agent Required claims: *1* Look back timeframe: *90* days	
GCN	**Label Name**
35596	SUTENT 37.5 MG CAPSULE
26454	SUTENT 50 MG CAPSULE
20870	SYMBYAX 12-25 MG CAPSULE
20872	SYMBYAX 12-50 MG CAPSULE
98648	SYMBYAX 3-25 MG CAPSULE
20868	SYMBYAX 6-25 MG CAPSULE
20869	SYMBYAX 6-50 MG CAPSULE
28495	TACROLIMUS 0.5 MG CAPSULE
28491	TACROLIMUS 1 MG CAPSULE
28492	TACROLIMUS 5 MG CAPSULE
98662	TACROLIMUS XL 0.5 MG CAPSULE
98663	TACROLIMUS XL 1 MG CAPSULE
98664	TACROLIMUS XL 5 MG CAPSULE
40132	TAGRISSO 40 MG TABLET
40133	TAGRISSO 80 MG TABLET
38720	TAMOXIFEN 10 MG TABLET
38721	TAMOXIFEN 20 MG TABLET
44546	TASIGNA 50 MG CAPSULE
28737	TASIGNA 150 MG CAPSULE
99070	TASIGNA 200 MG CAPSULE
37844	TECHNIVIE DOSE PACK
20072	TERBUTALINE SULFATE 2.5 MG TAB
20071	TERBUTALINE SULFATE 5 MG TAB

QT Prolonging Agent Required claims: *1* Look back timeframe: *90* days	
GCN	**Label Name**
21815	TERBUTALINE SULF 1 MG/ML VIAL
14882	THIORIDAZINE 10 MG TABLET
14883	THIORIDAZINE 100 MG TABLET
14880	THIORIDAZINE 25 MG TABLET
14881	THIORIDAZINE 50 MG TABLET
14884	THIORIDAZINE 15 MG TABLET
14885	THIORIDAZINE 150 MG TABLET
14886	THIORIDAZINE 200 MG TABLET
45016	TIBSOVO 250 MG TABLET
92287	TIKOSYN 125 MCG CAPSULE
92297	TIKOSYN 250 MCG CAPSULE
92307	TIKOSYN 500 MCG CAPSULE
24433	TIZANIDINE HCL 2 MG CAPSULE
14690	TIZANIDINE HCL 2 MG TABLET
24434	TIZANIDINE HCL 4 MG CAPSULE
14693	TIZANIDINE HCL 4 MG TABLET
24435	TIZANIDINE HCL 6 MG CAPSULE
12264	TOLTERODINE TART ER 2 MG CAP
12263	TOLTERODINE TART ER 4 MG CAP
37061	TOLTERODINE TARTRATE 1 MG TAB
37062	TOLTERODINE TARTRATE 2 MG TAB
42721	TOREMIFENE CITRATE 60 MG TAB
16392	TRAZODONE 100MG TABLET

QT Prolonging Agent Required claims: *1* Look back timeframe: *90* days	
GCN	**Label Name**
15400	TRAZODONE 100MG TABLET
16393	TRAZODONE 150MG TABLET
15402	TRAZODONE 150MG TABLET
16394	TRAZODONE 300MG TABLET
16391	TRAZODONE 50MG TABLET
15401	TRAZODONE 50MG TABLET
16592	TRIMIPRAMINE MALEATE 100 MG CAP
16593	TRIMIPRAMINE MALEATE 25 MG CAP
16594	TRIMIPRAMINE MALEATE 50 MG CAP
98140	TYKERB 250 MG TABLET
16815	VENLAFAXINE 100MG TABLET
16811	VENLAFAXINE 25MG TABLET
16812	VENLAFAXINE 37.5MG TABLET
16813	VENLAFAXINE 50MG TABLET
16814	VENLAFAXINE 75MG TABLET
16818	VENLAFAXINE ER 150MG CAPSULE
14353	VENLAFAXINE ER 150MG TABLET
14354	VENLAFAXINE ER 225MG TABLET
16816	VENLAFAXINE ER 37.5MG CAPSULE
14349	VENLAFAXINE ER 37.5MG TABLET
16817	VENLAFAXINE ER 75MG CAPSULE
14352	VENLAFAXINE ER 75MG TABLET
23277	VESICARE 10 MG TABLET

QT Prolonging Agent Required claims: *1* Look back timeframe: *90* days	
GCN	**Label Name**
23276	VESICARE 5 MG TABLET
47476	VESICARE LS 5 MG/5 ML SUSP
17498	VFEND 200 MG TABLET
21513	VFEND 40 MG/ML SUSPENSION
17497	VFEND 50 MG TABLET
17499	VFEND IV 200 MG VIAL
37614	VIEKIRA PAK
41932	VIEKIRA XR TABLET
40312	VIRACEPT 250 MG TABLET
19717	VIRACEPT 625 MG TABLET
13952	VISTARIL 25 MG CAPSULE
13953	VISTARIL 50 MG CAPSULE
13951	VISTARIL 100 MG CAPSULE
13970	VISTARIL 25 MG/5 ML ORAL SUSP
17498	VORICONAZOLE 200 MG TABLET
17499	VORICONAZOLE 200 MG VIAL
21513	VORICONAZOLE 40 MG/ML SUSP
17497	VORICONAZOLE 50 MG TABLET
27829	VOTRIENT 200 MG TABLET
30458	XALKORI 200 MG CAPSULE
30457	XALKORI 250 MG CAPSULE
55027	XALKORI 20 MG PELLET
55028	XALKORI 50 MG PELLET

QT Prolonging Agent Required claims: *1* Look back timeframe: *90* days	
GCN	**Label Name**
55029	XALKORI 150 MG PELLET
45803	XOSPATA 40 MG TABLET
14690	ZANAFLEX 2 MG TABLET
24433	ZANAFLEX 2 MG CAPSULE
24434	ZANAFLEX 4 MG CAPSULE
14693	ZANAFLEX 4MG TABLET
24435	ZANAFLEX 6 MG CAPSULE
30332	ZELBORAF 240 MG TABLET
13331	ZIPRASIDONE 20 MG CAPSULE
13332	ZIPRASIDONE 40 MG CAPSULE
13333	ZIPRASIDONE 60 MG CAPSULE
13334	ZIPRASIDONE 80 MG CAPSULE
48790	ZITHROMAX 1 GM POWDER PACKET
48792	ZITHROMAX 100 MG/5 ML SUSP
61199	ZITHROMAX 200 MG/5 ML SUSP
48793	ZITHROMAX 250 MG TABLET
61198	ZITHROMAX 500 MG TABLET
48794	ZITHROMAX 600 MG TABLET
48791	ZITHROMAX 250 MG CAPSULE
48795	ZITHROMAX I.V. 500 MG VIAL
24866	ZMAX 2 G/60 ML ORAL SUSPENSION
20011	ZOFRAN 2 MG/ML VIAL
20041	ZOFRAN 4 MG TABLET

QT Prolonging Agent Required claims: *1* Look back timeframe: *90* days	
GCN	**Label Name**
20040	ZOFRAN 4 MG/5 ML ORAL SOLN
20042	ZOFRAN 8 MG TABLET
50201	ZOFRAN 24 MG TABLET
20045	ZOFRAN ODT 4 MG TABLET
20046	ZOFRAN ODT 8 MG TABLET
48901	ZOKINVY 50 MG CAPSULE
48902	ZOKINVY 75 MG CAPSULE
36447	ZYKADIA 150 MG CAPSULE
46119	ZYKADIA 150 MG TABLET
15082	ZYPREXA 10 MG TABLET
17407	ZYPREXA 10 MG VIAL
15085	ZYPREXA 15 MG TABLET
15084	ZYPREXA 2.5 MG TABLET
15086	ZYPREXA 20 MG TABLET
15083	ZYPREXA 5 MG TABLET
15081	ZYPREXA 7.5 MG TABLET
27855	ZYPREXA RELPREVV 210 MG VIAL
27849	ZYPREXA RELPREVV 300 MG VIAL
27848	ZYPREXA RELPREVV 405 MG VIAL
92008	ZYPREXA ZYDIS 10 MG TABLET
34022	ZYPREXA ZYDIS 15 MG TABLET
34023	ZYPREXA ZYDIS 20 MG TABLET
92007	ZYPREXA ZYDIS 5 MG TABLET

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Clinical Criteria References

1. 2025 ICD-10-CM Diagnosis Codes. Available at http://www.icd10data.com/. Accessed on July 29, 2025.
2. Clinical Pharmacology [online database]. Tampa, FL: Elsevier / Gold Standard, Inc. 2025. Available at http://www.clinicalpharmacology.com. Accessed on July 29, 2025.
3. Micromedex [online database]. Available at www.micromedexsolutions.com. Accessed on July 29, 2025.
4. Benlysta Prescribing Information. Philadelphia, PA. GlaxoSmithKline LLC. June 2025.
5. Lupkynis Prescribing Information. Rockville, MD. Aurinia Pharma U.S., Inc. October 2025.
6. Falk RJ, Dall'Era M, Appel GB. Lupus nephritis: Initial and subsequent therapy for focal or diffuse lupus nephritis In: UpToDate, Post TW (Ed), UpToDate, Waltham, MA. 2025.
7. Wallace DJ. Systemic lupus erythematosus in adults: Overview of the management and prognosis. In: UpToDate, Post TW (Ed), UpToDate, Waltham, MA. 2025.
8. Kidney Disease: Improving Global Outcomes (KDIGO) Lupus Nephritis Work Group. KDIGO 2024 Clinical Practice Guideline for the Management of Lupus Nephritis. Kidney Int. 2024;105(1S):S1–S69.

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Publication History

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

Publication Date	Notes
10/22/2021	• Initial publication and presentation to the DUR Board
03/14/2022	• Updated GCN for Reyataz 300mg capsule (97430)
02/14/2024	• Annual review by staff • Added GCNs for Actemra (45082), adalimumab (53875, 53884, 48318, 48336, 48317), Amjevota (54007, 42592, 42639, 42637), Cosentyx (49372), Cyltezo (53841, 53842, 43789, 54205), Enbrel (48417), Hadlima (53846, 53848, 46718,46717), Hulio (48336, 48317), Hyrimoz (53885, 53883, 53884, 53899, 53891, 53875, 53887, 53878), Stelara (19903, 28159), and Tremfya (46024) • Removed GCNs for Humira (37262, 99439) and Ilaris (27445) • Updated references
07/03/2024	• Updated age for Benlysta to ≥ 5 years
01/17/2025	• Annual review by staff • Added GCNs for adalimumab (55665, 55668, 55332, 56016), Cyltezo (55665, 55668), Humira (37262, 99439), Ilaris (27445), Stelara (19903, 28159, 42351), Taltz (40848, 55341, 55342), and Tyenne (55373, 55374) to biologic DMARDs table • Added a check for pure red cell aplasia and QT prolonging agents to the Lupkynis criteria • Updated references
07/30/2025	• Updated question 3 in Lupkynis criteria to ask, “Will the client take Lupkynis in combination with a background immunosuppressive therapy?”
08/29/2025	• Annual review by staff • Added GCNs for azathioprine (19170, 19173), hydroxychloroquine (22137, 12904), methotrexate (17718, 18933, 18934, 38461, 18935, 38468), mycophenolate (47563), Otrexup (41007, 41008, 41774), and prednisone (27165) to the Standard/Background Immunosuppressive Therapy supporting table • Added GCNs for Imuldosa (56368, 56367), Otulfi (56286, 56287), Pyzchiva (56844), Selarsdi (55583, 55584), Simlandi (57361, 56047, 56048), Steqeyma (56753, 56754), Tremfya (57417, 56229, 56228),

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	ustekinumab (55956, 55957), and Yesintek (56599, 56607, 56603) to the Biologic DMARDs supporting table • Added GCNs for Crixivan (26823, 26824), Invirase (26760), Ketek (25905, 15175), lopinavir-ritonavir (99101, 25919), Norvir (26812), Posaconazole (26502, 35649), Prezista (27226, 14569), Reyataz (19949), Viekira (41932), and Zykadia (36447, 46119) to the Strong CYP3A4 Inhibitors supporting table • Added GCNs for cyclophosphamide (38360, 38361) to the Cyclophosphamide supporting table • Added GCNs for Abilify (49363, 49364, 49365, 49366, 49369, 49371, 49372, 49373, 49374, 49375, 49376, 49377), amitriptyline (16674, 16675, 16676, 16677, 16678), citalopram (51883), E.E.S. (40522, 40526, 40570), Eryped (40570), Erythrocin (40644), erythromycin (40642, 40644, 40522, 40526, 40462, 40500, 40471, 40472), Gilenya (44798), haloperidol (15522, 15534), hydroxychloroquine (22137, 50494, 12904), hydroxyzine (13942), Invega (50889, 50891), Kaletra (31781), leuprolide (84601), levofloxacin (23725, 35624, 35626), Lupron (84602, 54034), memantine-donepezil (38257, 38258, 42127), methadone (33293, 49405), Methadose (16422, 16420), metronidazole (43029), Norvir (26812), ondansetron (50201, 55937), perphenazine (14640), Phenergan (15035, 15042, 15043), prochlorperazine (14680), promethazine (15033, 52370, 52380, 38665, 52360, 46123, 96102), Prozac (16356, 16353, 16354, 16357, 12929), quetiapine (93088, 98994, 16193, 98522, 98524), quinidine (01060), quinine (47472, 42777), Razadyne (13898), Reyataz (19949), risperidone (35049, 35051, 35052), Sustiva (43302), tacrolimus (98662, 98663, 98664), thioridazine (14884, 14885, 14886), Vesicare (47476), Zithromax (48791), and Zofran (50201) to the QT Prolonging Agent supporting table • Updated references

