Texas Prior Authorization Program
Clinical Criteria

Drug/Drug Class

Nuplazid (Pimavanserin)

This criteria was recommended for review by the Texas Medicaid Vendor Drug Program to ensure appropriate and safe utilization. Additional MCO recommendations have been incorporated.

Clinical Criteria Information included in this Document

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

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

Revision Notes

Annual review by staff

Added GCNs for Aptivus (14234, 24906), Invirase (26760, 23952), Kaletra (31782), and Ketek (25905, 15175) to the Strong CYP3A4 Inhibitor supporting table

Removed GCNs for medications that are not strong CYP3A4 inhibitors from the Strong CYP3A4 Inhibitor supporting table

Updated references

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Nuplazid (Pimavanserin)

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/formulary/formulary-search.

Drugs Requiring Prior Authorization	
Label Name	**GCN**
NUPLAZID 10 MG TABLET	44959
NUPLAZID 34 MG CAPSULE	44963

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Clinical Criteria Logic

1. Does the client have a diagnosis of Parkinson's disease and psychosis with hallucinations and/or delusions in the last 730 days?

   [ ] Yes – Go to #2

   [ ] No – Deny

2. Does the client have a claim for a drug that increases the QT interval in the last 90 days?

   [ ] Yes – Deny

   [ ] No – Go to #3

3. Does the client have a diagnosis of hepatic impairment in the last 730 days?

   [ ] Yes – Deny

   [ ] No – Go to #4

4. Does the client have a claim for a strong CYP3A4 inhibitor in the last 90 days?

   [ ] Yes – Go to #5

   [ ] No – Approve (365 days)

5. Is the request for less than or equal to (≤) 1 tablet per day?

   [ ] Yes – Approve (365 days)

   [ ] No – Deny

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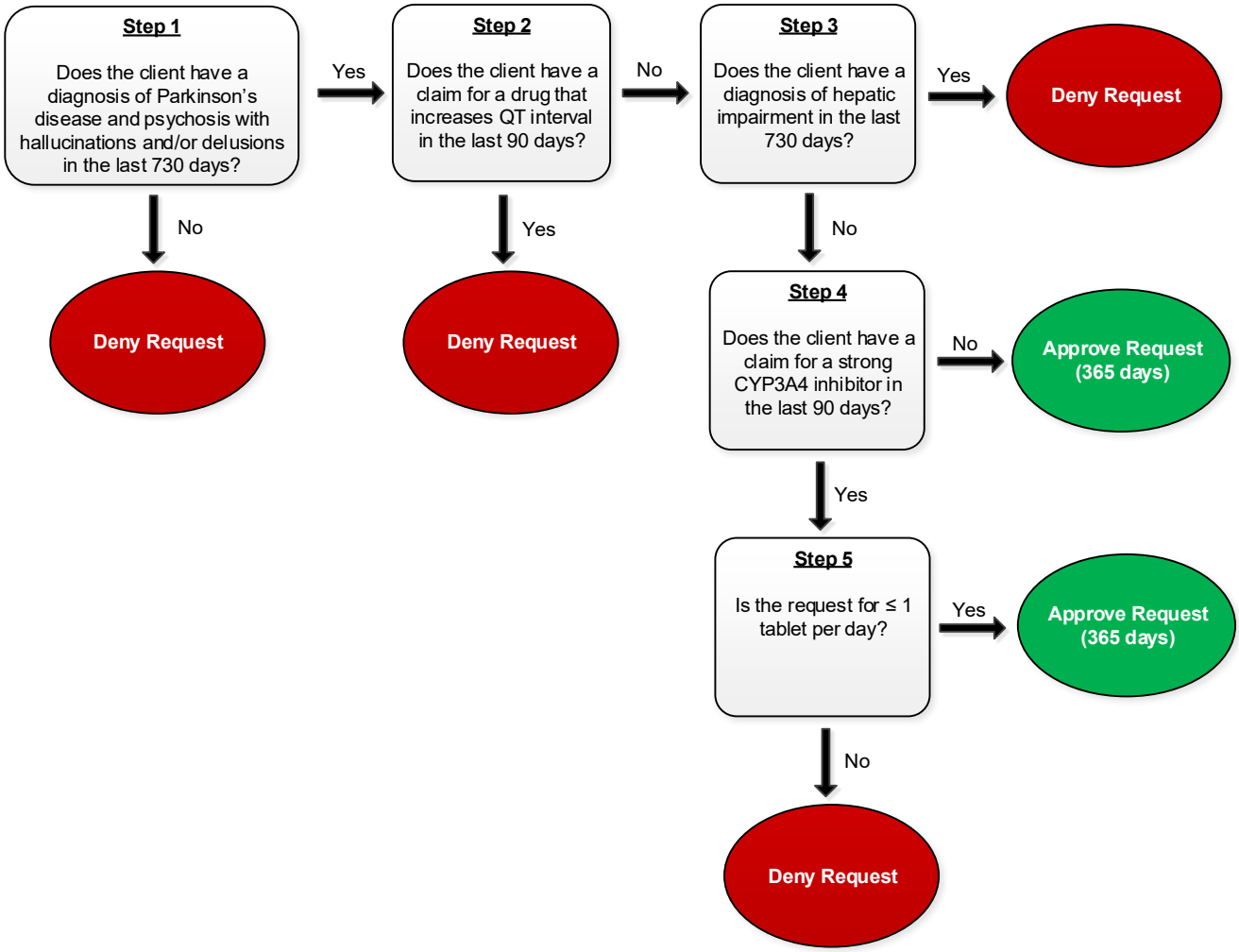
Clinical Criteria Logic Diagram



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Clinical Criteria Supporting Tables

Table 1a (diagnosis of Parkinson's disease) Required diagnosis: *1* Look back timeframe: *730* days	
ICD-10 Code	**Description**
G20	PARKINSON'S DISEASE

Table 1b (diagnosis of psychosis with hallucinations and/or delusions) Required diagnosis: *1* Look back timeframe: *730* days	
ICD-10 Code	**Description**
F060	PSYCHOTIC DISORDER WITH HALLUCINATIONS DUE TO KNOWN PHYSIOLOGICAL CONDITION
F062	PSYCHOTIC DISORDER WITH DELUSIONS DUE TO KNOWN PHYSIOLOGICAL CONDITION
R443	HALLUCINATIONS, UNSPECIFIED

Table 2 (claim for a drug which prolongs the QT interval) 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

Table 2 (claim for a drug which prolongs the QT interval) Required claims: *1* Look back timeframe: *90* days	
GCN	**Label Name**
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
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

Table 2 (claim for a drug which prolongs the QT interval) **Required claims: *1*** **Look back timeframe: *90* days**	
GCN	**Label Name**
16516	AMITRIPTYLINE HCL 50 MG TAB
16517	AMITRIPTYLINE HCL 75 MG TAB
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

Table 2 (claim for a drug which prolongs the QT interval) 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

Table 2 (claim for a drug which prolongs the QT interval) Required claims: *1* Look back timeframe: *90* days	
GCN	**Label Name**
92594	BIAXIN 187.5 MG/5 ML SUSP
48851	BIAXIN 500 MG TABLET
48850	BIAXIN XL 500 MG TABLET
34876	BRISDELLE 7.5MG CAPSULE
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
14432	CHLORPROMAZINE 25 MG TABLET
14391	CHLORPROMAZINE 30MG/ML CONC
14433	CHLORPROMAZINE 50 MG TABLET
47057	CIPRO 10% SUSPENSION

Table 2 (claim for a drug which prolongs the QT interval) Required claims: *1* Look back timeframe: *90* days	
GCN	**Label Name**
47053	CIPRO 100 MG TABLET
47050	CIPRO 250MG TABLET
47056	CIPRO 5% SUSPENSION
47051	CIPRO 500MG TABLET
47052	CIPRO 750 MG TABLET
18898	CIPRO XR 500 MG TABLET
20315	CIPRO XR 1,000 MG 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
16345	CITALOPRAM 10MG TABLET
16344	CITALOPRAM 10MG/5ML SOLUTION
16342	CITALOPRAM 20MG TABLET
34671	CITALOPRAM 20MG/10ML SOLUTION

Table 2 (claim for a drug which prolongs the QT interval) Required claims: *1* Look back timeframe: *90* days	
GCN	**Label Name**
16343	CITALOPRAM 40MG TABLET
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
21784	CLOZAPINE ODT 25MG TABLET
31672	CLOZARIL 200 MG TABLET
18142	CLOZARIL 100 MG TABLET
18143	CLOZARIL 50 MG TABLET
18141	CLOZARIL 25 MG TABLET

Table 2 (claim for a drug which prolongs the QT interval) Required claims: *1* Look back timeframe: *90* days	
GCN	**Label Name**
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
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
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
92287	DOFETILIDE 125 MCG CAPSULE

Table 2 (claim for a drug which prolongs the QT interval) Required claims: *1* Look back timeframe: *90* days	
GCN	**Label Name**
92297	DOFETILIDE 250MCG CAPSULE
92307	DOFETILIDE 500MCG CAPSULE
16420	DOLOPHINE HCL 10 MG TABLET
16422	DOLOPHINE HCL 5 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
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
40523	E.E.S. 200 MG/5 ML GRANULES
40560	E.E.S. 400 FILMTAB
16811	EFFEXOR 25 MG TABLET
16812	EFFEXOR 37.5 MG TABLET

Table 2 (claim for a drug which prolongs the QT interval) Required claims: *1* Look back timeframe: *90* days	
GCN	**Label Name**
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
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
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
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

Table 2 (claim for a drug which prolongs the QT interval) 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
40560	ERYTHROMYCIN ES 400 MG TAB
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
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

Table 2 (claim for a drug which prolongs the QT interval) Required claims: *1* Look back timeframe: *90* days	
GCN	**Label Name**
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
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

Table 2 (claim for a drug which prolongs the QT interval) Required claims: *1* Look back timeframe: *90* days	
GCN	**Label Name**
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
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

Table 2 (claim for a drug which prolongs the QT interval) Required claims: *1* Look back timeframe: *90* days	
GCN	**Label Name**
29073	GILENYA 0.5 MG CAPSULE
06019	GRANISETRON HCL 1 MG TABLET
99267	GRANISETRON HCL 1 MG/ML VIAL
60548	GRANISETRON HCL 4 MG/4 ML VIAL
42940	HYDROXYCHLOROQUINE 200 MG TAB
13932	HYDROXYZINE 10 MG/5 ML SYRUP
13881	HYDROXYZINE 25 MG/ML VIAL
13941	HYDROXYZINE HCL 10 MG TABLET
13943	HYDROXYZINE HCL 25 MG TABLET
13944	HYDROXYZINE HCL 50 MG TABLET
13951	HYDROXYZINE PAM 100 MG CAP
13952	HYDROXYZINE PAM 25 MG CAP
13953	HYDROXYZINE PAM 50 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
27416	INVEGA SUSTENNA 117 MG PREF SYR
27417	INVEGA SUSTENNA 156 MG PREF SYR
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

Table 2 (claim for a drug which prolongs the QT interval) Required claims: *1* Look back timeframe: *90* days	
GCN	**Label Name**
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
31782	KALETRA 400-100/5 ML ORAL SOLU
25905	KETEK 300 MG TABLET
15175	KETEK 400 MG TABLET
42590	KETOCONAZOLE 200 MG TABLET
31485	KORLYM 300 MG TABLET
64269	LANSOPRAZOL-AMOXICIL-CLARITHRO
84597	LEUPROLIDE 2WK 1 MG/0.2 ML KIT
84597	LEUPROLIDE 2WK 14 MG/2.8 ML KIT
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

Table 2 (claim for a drug which prolongs the QT interval) Required claims: *1* Look back timeframe: *90* days	
GCN	**Label Name**
47074	LEVOFLOXACIN 500 MG TABLET
47075	LEVOFLOXACIN 500 MG/100 ML-D5W
47071	LEVOFLOXACIN 500 MG/20 ML VIAL
89597	LEVOFLOXACIN 750 MG TABLET
89596	LEVOFLOXACIN 750 MG/150 ML-D5W
17851	LEXAPRO 10MG TABLET
17987	LEXAPRO 20MG TABLET
18975	LEXAPRO 5 MG TABLET
19035	LEXAPRO 5MG/5ML SOLUTION
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
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
13173	LUPRON DEPOT-PED 7.5 MG KIT
42900	MEFLOQUINE HCL 250 MG TABLET
16410	METHADONE 10 MG/5 ML SOLUTION
16415	METHADONE 10 MG/ML ORAL CONC

Table 2 (claim for a drug which prolongs the QT interval) Required claims: *1* Look back timeframe: *90* days	
GCN	**Label Name**
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
16423	METHADOSE 40 MG TABLET DISPR
43031	METRONIDAZOLE 250 MG TABLET
43035	METRONIDAZOLE 375 MG CAPSULE
43032	METRONIDAZOLE 500 MG TABLET
43025	METRONIDAZOLE 500 MG/100 ML
50767	MOXIFLOXACIN HCL 400 MG TABLET
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

Table 2 (claim for a drug which prolongs the QT interval) Required claims: *1* Look back timeframe: *90* days	
GCN	**Label Name**
16585	NORPRAMIN 150 MG TABLET
40309	NORVIR 100 MG POWDER PACKET
28224	NORVIR 100 MG TABLET
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
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

Table 2 (claim for a drug which prolongs the QT interval) Required claims: *1* Look back timeframe: *90* days	
GCN	**Label Name**
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
20045	ONDANSETRON ODT 4 MG TABLET
20046	ONDANSETRON ODT 8 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

Table 2 (claim for a drug which prolongs the QT interval) Required claims: *1* Look back timeframe: *90* days	
GCN	**Label Name**
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
33780	PAXIL 20MG TABLET
33781	PAXIL 30MG 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
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

Table 2 (claim for a drug which prolongs the QT interval) Required claims: *1* Look back timeframe: *90* days	
GCN	**Label Name**
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
20854	PEXEVA 10MG TABLET
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
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
28495	PROGRAF 0.5 MG CAPSULE
28491	PROGRAF 1 MG CAPSULE
28492	PROGRAF 5 MG CAPSULE
28251	PROGRAF 0.2 MG GRANULE PACKET

Table 2 (claim for a drug which prolongs the QT interval) Required claims: *1* Look back timeframe: *90* days	
GCN	**Label Name**
28249	PROGRAF 1 MG GRANULE PACKET
15042	PROMETHAZINE 12.5 MG TABLET
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
13977	PROMETHAZINE VC SYRUP
13978	PROMETHAZINE VC-CODEINE SYRUP
13971	PROMETHAZINE-CODEINE SYRUP
13975	PROMETHAZINE-DM SYRUP
15003	PROMETHEGAN 12.5 MG SUPP
15001	PROMETHEGAN 25 MG SUPP
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

Table 2 (claim for a drug which prolongs the QT interval) Required claims: *1* Look back timeframe: *90* days	
GCN	**Label Name**
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
47251	PROZAC 10MG PULVULE
47250	PROZAC 20MG PULVULE
48551	PROZAC 20MG/5ML SOLUTION
16355	PROZAC 40 MG PULVULE
98238	PYLERA CAPSULE
67662	QUETIAPINE 100 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
01011	QUINIDINE GLUC ER 324 MG TABLET
01053	QUINIDINE SULFATE 200 MG TABLET
01055	QUINIDINE SULFATE 300 MG TABLET
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

Table 2 (claim for a drug which prolongs the QT interval) Required claims: *1* Look back timeframe: *90* days	
GCN	**Label Name**
84855	RAZADYNE 8 MG TABLET
23606	RAZADYNE ER 16 MG CAPSULE
23607	RAZADYNE ER 24 MG CAPSULE
23605	RAZADYNE ER 8 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
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

Table 2 (claim for a drug which prolongs the QT interval) Required claims: *1* Look back timeframe: *90* days	
GCN	**Label Name**
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
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
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

Table 2 (claim for a drug which prolongs the QT interval) Required claims: *1* Look back timeframe: *90* days	
GCN	**Label Name**
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
50377	SOLTAMOX 10 MG/5 ML SOLN
39516	SORINE 120 MG TABLET
39511	SORINE 160 MG TABLET
39513	SORINE 240 MG TABLET
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

Table 2 (claim for a drug which prolongs the QT interval) Required claims: *1* Look back timeframe: *90* days	
GCN	**Label Name**
43303	SUSTIVA 200MG CAPSULE
43301	SUSTIVA 50MG CAPSULE
15555	SUSTIVA 600MG TABLET
26452	SUTENT 12.5 MG CAPSULE
26453	SUTENT 25 MG CAPSULE
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
38720	TAMOXIFEN 10 MG TABLET
38721	TAMOXIFEN 20 MG TABLET
28737	TASIGNA 150 MG CAPSULE
99070	TASIGNA 200 MG CAPSULE
37844	TECHNIVIE DOSE PACK
14882	THIORIDAZINE 10 MG TABLET
14883	THIORIDAZINE 100 MG TABLET
14880	THIORIDAZINE 25 MG TABLET

Table 2 (claim for a drug which prolongs the QT interval) Required claims: *1* Look back timeframe: *90* days	
GCN	**Label Name**
14881	THIORIDAZINE 50 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
16392	TRAZODONE 100MG TABLET
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

Table 2 (claim for a drug which prolongs the QT interval) Required claims: *1* Look back timeframe: *90* days	
GCN	**Label Name**
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
23276	VESICARE 10 MG TABLET
23276	VESICARE 5 MG 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

Table 2 (claim for a drug which prolongs the QT interval) Required claims: *1* Look back timeframe: *90* days	
GCN	**Label Name**
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
55029	XALKORI 150 MG PELLET
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

Table 2 (claim for a drug which prolongs the QT interval) Required claims: *1* Look back timeframe: *90* days	
GCN	**Label Name**
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
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
20040	ZOFRAN 4 MG/5 ML ORAL SOLN
20042	ZOFRAN 8 MG TABLET
20045	ZOFRAN ODT 4 MG TABLET
20046	ZOFRAN ODT 8 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

Table 2 (claim for a drug which prolongs the QT interval) Required claims: *1* Look back timeframe: *90* days	
GCN	**Label Name**
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

Table 3 (diagnosis of hepatic impairment) Required diagnosis: *1* Look back timeframe: *730* 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

Table 3 (diagnosis of hepatic impairment) Required diagnosis: *1* Look back timeframe: *730* days	
ICD-10 Code	**Description**
B182	CHRONIC VIRAL HEPATITIS C
B188	OTHER CHRONIC VIRAL HEPATITIS
B189	CHRONIC VIRAL HEPATITIS, UNSPECIFIED
B190	UNSPECIFIFED VIRAL HEPATITIS WITH HEPATIC COMA
B1910	UNSPECIFIED VIRAL HEPATITIS B WITHOUT HEPATIC COMA
B1911	UNSPECIFIED VIRAL HEPATITIS B WITH HEPATIC COMA
B1920	UNSPECIFIED VIRAL HEPATITIS C WITHOUT HEPATIC COMA
B1921	UNSPECIFIED VIRAL HEPATITIS C WITH HEPATIC COMA
B199	UNSPECIFIED VIRAL HEPATITIS WITHOUT HEPATIC COMA
K700	ALCOHOLIC FATTY LIVER
K7010	ALCOHOLIC HEPATITIS WITHOUT ASCITES
K7011	ALCOHOLIC HEPATITIS WITH ASCITES
K702	ALCOHOLIC FIBROSIS AND SCLEROSIS OF LIVER
K7030	ALCOHOLIC CIRRHOSIS OF LIVER WITHOUT ASCITES
K7031	ALCOHOLIC CIRRHOSIS OF LIVER WITH ASCITES
K7040	ALCOHOLIC HEPATIC FAILURE WITHOUT COMA
K7041	ALCOHOLIC HEPATIC FAILURE WITH COMA
K709	ALCOHOLIC 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

Table 3 (diagnosis of hepatic impairment) Required diagnosis: *1* Look back timeframe: *730* days	
ICD-10 Code	**Description**
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
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

Table 4 (claim for a strong CYP3A4 inhibitor) 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
48850	CLARITHROMYCIN ER 500 MG TAB
99434	DARUNAVIR 600MG TABLET
33723	DARUNAVIR 800MG TABLET
37797	EVOTAZ 300-150MG TABLET
40092	GENVOYA TABLET
26760	INVIRASE 200 MG CAPSULE
23952	INVIRASE 500 MG TABLET
49101	ITRACONAZOLE 100 MG CAPSULE
49100	ITRACONAZOLE 10 MG/ML SOLUTION
31781	KALETRA 133.3-33.3 MG SOFTGEL
99101	KALETRA 100-25 MG TABLET
25919	KALETRA 200-50 MG TABLET
31782	KALETRA 80 MG-20 MG/ML SOLN
31782	KALETRA 400-100/5 ML ORAL SOLU

Table 4 (claim for a strong CYP3A4 inhibitor) Required claims: *1* Look back timeframe: *90* days	
GCN	**Label Name**
25905	KETEK 300 MG TABLET
15175	KETEK 400 MG TABLET
15175	KETEK PAK 400 MG TABLET
42590	KETOCONAZOLE 200 MG TABLET
64269	LANSOPRAZOL-AMOXICIL-CLARITHRO
31782	LOPINAVIR-RITONAVIR 80-20MG/ML
25919	LOPINAVIR-RITONAVIR 200-50MG TAB
99101	LOPINAVIR-RITONAVIR 100-25MG TAB
16406	NEFAZODONE 100MG TABLET
16407	NEFAZODONE 150MG TABLET
16408	NEFAZODONE 200MG TABLET
16409	NEFAZODONE 250MG TABLET
16404	NEFAZODONE 50MG TABLET
26502	NOXAFIL 40 MG/ML SUSPENSION
35649	NOXAFIL DR 100 MG TABLET
49744	NOXAFIL 300MG POWDERMIX SUSP
32137	OMECLAMOX-PAK COMBO PACK
52199	PAXLOVID 150-100 MG PACK (EUA)
51742	PAXLOVID 300-100 MG PACK (EUA)
35649	POSACONAZOLE DR 100MG TABLET
26502	POSACONAZOLE 200MG/5ML SUSP
37367	PREZCOBIX 800-150MG TABLET
51757	RECORLEV 150MG TABLET

Table 4 (claim for a strong CYP3A4 inhibitor) Required claims: *1* Look back timeframe: *90* days	
GCN	**Label Name**
28224	RITONAVIR 100 MG TABLET
49100	SPORANOX 10 MG/ML SOLUTION
49101	SPORANOX 100 MG CAPSULE
33130	STRIBILD TABLET
45848	TOLSURA 65MG CAPSULE
47931	TUKYSA 150MG TABLET
47929	TUKYSA 50MG TABLET
17498	VFEND 200 MG TABLET
21513	VFEND 40 MG/ML SUSPENSION
17497	VFEND 50 MG TABLET
17499	VFEND IV 200 MG VIAL
17498	VORICONAZOLE 200 MG TABLET
17499	VORICONAZOLE 200 MG VIAL
21513	VORICONAZOLE 40 MG/ML SUSP
17497	VORICONAZOLE 50 MG TABLET
36884	ZYDELIG 100 MG TABLET
36885	ZYDELIG 150 MG TABLET

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Nuplazid (Pimavanserin)

Clinical Criteria References

1. 2025 ICD-10-CM Diagnosis Codes. 2025. Available at www.icd10data.com. Accessed on March 23, 2025.
2. Clinical Pharmacology [online database]. Tampa, FL: Elsevier/Gold Standard, Inc.; 2025. Available at www.clinicalpharmacology.com. Accessed on March 23, 2025.
3. Micromedex [online database]. 2025. Available at www.micromedexsolutions.com. Accessed on March 23, 2025.
4. Nuplazid Prescribing Information. San Diego, CA. Acadia Pharmaceuticals, Inc. January 2025.
5. Seppi K, Ray Chaudhuri K, et al. Update on treatments for nonmotor symptoms of Parkinson's disease-an evidence-based medicine review. Mov Disord. 2019 Feb;34(2):180-198.
6. Chahine L. Management of nonmotor symptoms in Parkinson disease. In: UpToDate, Hurtig H (Ed), UpToDate, Waltham, MA, 2025.

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Nuplazid (Pimavanserin)

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
07/28/2017	• Initial publication and presentation to the DUR Board
11/27/2018	• Added GCNs for 34mg capsule and 10mg table to 'Drugs Requiring PA' • Removed ICD-9 codes • Updated references
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
04/30/2021	• Annual review by staff • Removed GCN for Nuplazid 17mg tablet (41264) from drug table • Added GCNs for Abilify Mycite (44437, 44438, 44441, 44442, 44443); Aristada (43488, 44941); Caprelsa (29817, 29818); Celexa (16345, 16342, 16343); chlorpromazine (14331); clozapine (28873, 28874); cyclobenzaprine (97959, 97960); doxepin (28914, 28915); erythromycin (40730, 40731, 40732, 40523, 40524); itraconazole (49100); Norvir (40309); olanzapine (17407); paroxetine (34876); Paxil (16369, 16364, 16368, 17078, 17079); Prograf (28251, 28249); Prozac (16355) to Table 2 • Added GCNs for atazanavir (19952, 19953, 97430); itraconazole (49100); Korlym (31485); Prezista (31201, 23489, 99434, 16759, 33723); Reyataz (19952, 19953, 37430, 36647); ritonavir (28224); Symtuza (43968) to Table 4 • Updated references
12/08/2023	• Annual review by staff • Added GCNs for Darunavir (99434, 33723), Krazati (53379), lopinavir-ritonavir (31782, 25919, 99101), Noxafil (49744), Paxlovid (52199, 51742), posaconazole (35649, 26502), Recorlev (51757), Tolsura (45848), Tukysa (47931, 47929), Zokinvy (48901, 48902), and Zykadia (46119). • Removed GCNs for Biaxin (48852, 11671, 48821), Crixivan (26820, 26822), Invirase (26760, 23952), Ketek (25905, 15175), Prevpac (64269), Technivie (37844), Victrelis (29941), and Viekira (37614, 41932) – products have been discontinued. • Updated references

Publication Date	Notes
07/31/2024	• Annual review by staff • Added GCNs for Agrylin (22392), Aricept (24594, 24595), Betapace (39513), Biaxin (11670, 92594, 48850), Celexa (16344), Cipro (47053, 47052, 18898, 20315), Clozaril (18143, 31672), Dolophine (16422), Effexor (16811, 16812, 16813, 16814, 16815), Norpramin (16587, 16588, 16584, 16585), Ofloxacin (43692, 43691), Pacerone (23573), Pepcid (46430, 46431), Phenadoz (15003), Vistaril (13951, 13970), Xalkori (55027, 55028, 55029), Zanaflex (14690), Kaletra (31781), Prezista (27226, 14569), Reyataz (19949), and Zykadia (36447) to the "Supporting Tables" section. • Updated references
04/30/2025	• Annual review by staff • Added GCNs for Aptivus (14234, 24906), Invirase (26760, 23952), Kaletra (31782), and Ketek (25905, 15175) to the Strong CYP3A4 Inhibitor supporting table • Removed GCNs for medications that are not strong CYP3A4 inhibitors from the Strong CYP3A4 Inhibitor supporting table • Updated references

