

**Texas Prior Authorization Program
Clinical Criteria**

Drug/Drug Class

Plavix (Clopidogrel)

Clinical Edit Information Included in this Document

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

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

Revision Notes

Criteria will be retired November 10, 2024



Plavix (Clopidogrel)

Drugs Requiring Prior Authorization

The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit TxVendorDrug.com/formulary/formulary-search.

Drugs Requiring Prior Authorization	
Label Name	GCN
CLOPIDOGREL 75MG TABLET	96010
CLOPIDOGREL 300MG TABLET	99266
PLAVIX 75MG TABLET	96010



Plavix (Clopidogrel)

Clinical Criteria Logic

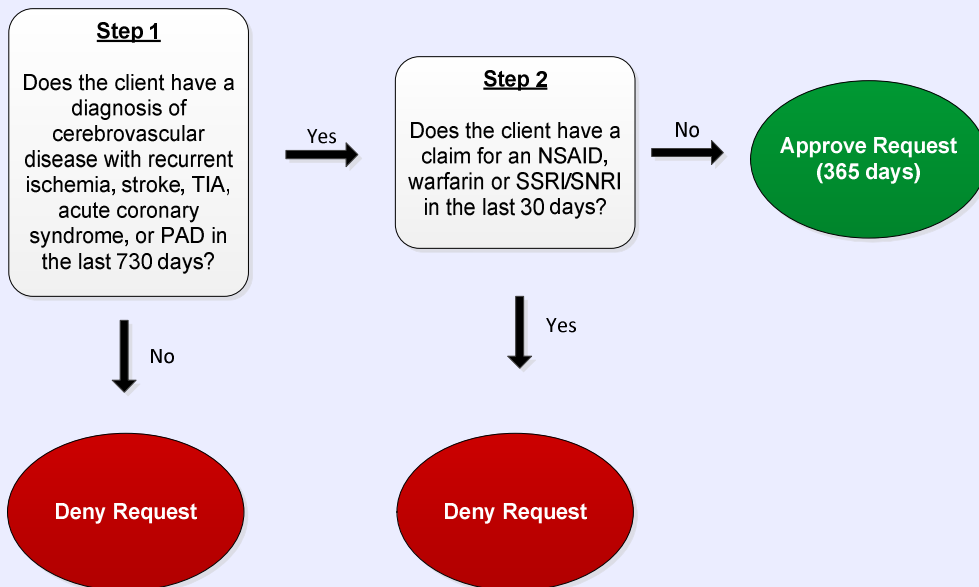
1. Does the client have a diagnosis of cerebrovascular disease with recurrent ischemia, stroke, transient ischemic attack (TIA), acute coronary syndrome or peripheral artery disease in the last 730 days?
☐ Yes –Go to #2
☐ No – Deny

2. Does the client have 1 claim for an NSAID, warfarin and/or an SSRI/SNRI in the last 30 days?
☐ Yes – Deny
☐ No – Approve (365 days)



Plavix (Clopidogrel)

Clinical Criteria Logic Diagram





Plavix (Clopidogrel)

Clinical Criteria Supporting Tables

Step 1 (diagnosis of cerebrovascular disease with recurrent ischemia, stroke, TIA, acute coronary syndrome, or peripheral artery disease) Required quantity: 1 Look back timeframe: 730 days	
ICD-10 Code	Description
G450	VERTEBRO-BASILAR ARTERY SYNDROME
G451	CAROTID ARTERY SYNDROME (HEMISPHERIC)
G452	MULTIPLE AND BILATERAL PRECEREBRAL ARTERY SYNDROMES
G453	AMAUROSIS FUGAX
G454	TRANSIENT GLOBAL AMNESIA
G458	OTHER TRANSIENT CEREBRAL ISCHEMIC ATTACKS AND RELATED SYNDROMES
G459	TRANSIENT CEREBRAL ISCHEMIC ATTACK, UNSPECIFIED
I200	UNSTABLE ANGINA
I2101	ST ELEVATION (STEMI) MYOCARDIAL INFARCTION INVOLVING LEFT MAIN CORONARY ARTERY
I2102	ST ELEVATION (STEMI) MYOCARDIAL INFARCTION INVOLVING LEFT ANTERIOR DESCENDING CORONARY ARTERY
I2109	ST ELEVATION (STEMI) MYOCARDIAL INFARCTION INVOLVING OTHER CORONARY ARTERY OF ANTERIOR WALL
I2111	ST ELEVATION (STEMI) MYOCARDIAL INFARCTION INVOLVING RIGHT CORONARY ARTERY
I2119	ST ELEVATION (STEMI) MYOCARDIAL INFARCTION INVOLVING OTHER CORONARY ARTERY OF INFERIOR WALL
I2121	ST ELEVATION (STEMI) MYOCARDIAL INFARCTION INVOLVING LEFT CIRCUMFLEX CORONARY ARTERY
I2129	ST ELEVATION (STEMI) MYOCARDIAL INFARCTION INVOLVING OTHER SITES
I213	ST ELEVATION (STEMI) MYOCARDIAL INFARCTION OF UNSPECIFIED SITE
I214	NON-ST ELEVATION (NSTEMI) MYOCARDIAL INFARCTION
I240	ACUTE CORONARY THROMBOSIS NOT RESULTING IN MYOCARDIAL INFARCTION
I248	OTHER FORMS OF ACUTE ISCHEMIC HEART DISEASE
I63011	CEREBRAL INFARCTION DUE TO THROMBOSIS OF RIGHT VERTEBRAL ARTERY
I63012	CEREBRAL INFARCTION DUE TO THROMBOSIS OF LEFT VERTEBRAL ARTERY

Step 1 (diagnosis of cerebrovascular disease with recurrent ischemia, stroke, TIA, acute coronary syndrome, or peripheral artery disease) Required quantity: 1 Look back timeframe: 730 days	
ICD-10 Code	Description
I63019	CEREBRAL INFARCTION DUE TO THROMBOSIS OF UNSPECIFIED VERTEBRAL ARTERY
I6302	CEREBRAL INFARCTION DUE TO THROMBOSIS OF BASILAR ARTERY
I63031	CEREBRAL INFARCTION DUE TO THROMBOSIS OF RIGHT CAROTID ARTERY
I63032	CEREBRAL INFARCTION DUE TO THROMBOSIS OF LEFT CAROTID ARTERY
I63039	CEREBRAL INFARCTION DUE TO THROMBOSIS OF UNSPECIFIED CAROTID ARTERY
I6309	CEREBRAL INFARCTION DUE TO THROMBOSIS OF OTHER PRECEREBRAL ARTERY
I6310	CEREBRAL INFARCTION DUE TO EMBOLISM OF UNSPECIFIED PRECEREBRAL ARTERY
I63111	CEREBRAL INFARCTION DUE TO EMBOLISM OF RIGHT VERTEBRAL ARTERY
I63112	CEREBRAL INFARCTION DUE TO EMBOLISM OF LEFT VERTEBRAL ARTERY
I63119	CEREBRAL INFARCTION DUE TO EMBOLISM OF UNSPECIFIED VERTEBRAL ARTERY
I6320	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF UNSPECIFIED PRECEREBRAL ARTERIES
I63211	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF RIGHT VERTEBRAL ARTERIES
I63212	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF LEFT VERTEBRAL ARTERIES
I63219	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF UNSPECIFIED VERTEBRAL ARTERIES
I6322	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF BASILAR ARTERIES
I63231	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF RIGHT CAROTID ARTERIES
I63232	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF LEFT CAROTID ARTERIES
I63239	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF UNSPECIFIED CAROTID ARTERIES
I6329	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF OTHER PRECEREBRAL ARTERIES
I6330	CEREBRAL INFARCTION DUE TO THROMBOSIS OF UNSPECIFIED CEREBRAL ARTERY
I63311	CEREBRAL INFARCTION DUE TO THROMBOSIS OF RIGHT MIDDLE CEREBRAL ARTERY
I63312	CEREBRAL INFARCTION DUE TO THROMBOSIS OF LEFT MIDDLE CEREBRAL ARTERY

Step 1 (diagnosis of cerebrovascular disease with recurrent ischemia, stroke, TIA, acute coronary syndrome, or peripheral artery disease) Required quantity: 1 Look back timeframe: 730 days	
ICD-10 Code	Description
I63319	CEREBRAL INFARCTION DUE TO THROMBOSIS OF UNSPECIFIED MIDDLE CEREBRAL ARTERY
I63321	CEREBRAL INFARCTION DUE TO THROMBOSIS OF RIGHT ANTERIOR CEREBRAL ARTERY
I63322	CEREBRAL INFARCTION DUE TO THROMBOSIS OF LEFT ANTERIOR CEREBRAL ARTERY
I63329	CEREBRAL INFARCTION DUE TO THROMBOSIS OF UNSPECIFIED ANTERIOR CEREBRAL ARTERY
I63331	CEREBRAL INFARCTION DUE TO THROMBOSIS OF RIGHT POSTERIOR CEREBRAL ARTERY
I63332	CEREBRAL INFARCTION DUE TO THROMBOSIS OF LEFT POSTERIOR CEREBRAL ARTERY
I63339	CEREBRAL INFARCTION DUE TO THROMBOSIS OF UNSPECIFIED POSTERIOR CEREBRAL ARTERY
I63341	CEREBRAL INFARCTION DUE TO THROMBOSIS OF RIGHT CEREBELLAR ARTERY
I63342	CEREBRAL INFARCTION DUE TO THROMBOSIS OF LEFT CEREBELLAR ARTERY
I63349	CEREBRAL INFARCTION DUE TO THROMBOSIS OF UNSPECIFIED CEREBELLAR ARTERY
I6339	CEREBRAL INFARCTION DUE TO THROMBOSIS OF OTHER CEREBRAL ARTERY
I6340	CEREBRAL INFARCTION DUE TO EMBOLISM OF UNSPECIFIED CEREBRAL ARTERY
I63411	CEREBRAL INFARCTION DUE TO EMBOLISM OF RIGHT MIDDLE CEREBRAL ARTERY
I63412	CEREBRAL INFARCTION DUE TO EMBOLISM OF LEFT MIDDLE CEREBRAL ARTERY
I63419	CEREBRAL INFARCTION DUE TO EMBOLISM OF UNSPECIFIED MIDDLE CEREBRAL ARTERY
I63421	CEREBRAL INFARCTION DUE TO EMBOLISM OF RIGHT ANTERIOR CEREBRAL ARTERY
I63422	CEREBRAL INFARCTION DUE TO EMBOLISM OF LEFT ANTERIOR CEREBRAL ARTERY
I63429	CEREBRAL INFARCTION DUE TO EMBOLISM OF UNSPECIFIED ANTERIOR CEREBRAL ARTERY
I63431	CEREBRAL INFARCTION DUE TO EMBOLISM OF RIGHT POSTERIOR CEREBRAL ARTERY
I63432	CEREBRAL INFARCTION DUE TO EMBOLISM OF LEFT POSTERIOR CEREBRAL ARTERY
I63439	CEREBRAL INFARCTION DUE TO EMBOLISM OF UNSPECIFIED POSTERIOR CEREBRAL ARTERY

Step 1 (diagnosis of cerebrovascular disease with recurrent ischemia, stroke, TIA, acute coronary syndrome, or peripheral artery disease) Required quantity: 1 Look back timeframe: 730 days	
ICD-10 Code	Description
I63441	CEREBRAL INFARCTION DUE TO EMBOLISM OF RIGHT CEREBELLAR ARTERY
I63442	CEREBRAL INFARCTION DUE TO EMBOLISM OF LEFT CEREBELLAR ARTERY
I63449	CEREBRAL INFARCTION DUE TO EMBOLISM OF UNSPECIFIED CEREBELLAR ARTERY
I6349	CEREBRAL INFARCTION DUE TO EMBOLISM OF OTHER CEREBRAL ARTERY
I6350	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF UNSPECIFIED CEREBRAL ARTERY
I63511	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF RIGHT MIDDLE CEREBRAL ARTERY
I63512	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF LEFT MIDDLE CEREBRAL ARTERY
I63519	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF UNSPECIFIED MIDDLE CEREBRAL ARTERY
I63521	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF RIGHT ANTERIOR CEREBRAL ARTERY
I63522	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF LEFT ANTERIOR CEREBRAL ARTERY
I63529	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF UNSPECIFIED ANTERIOR CEREBRAL ARTERY
I63531	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF RIGHT POSTERIOR CEREBRAL ARTERY
I63532	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF LEFT POSTERIOR CEREBRAL ARTERY
I63539	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF UNSPECIFIED POSTERIOR CEREBRAL ARTERY
I63541	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF RIGHT CEREBELLAR ARTERY
I63542	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF LEFT CEREBELLAR ARTERY
I63549	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF UNSPECIFIED CEREBELLAR ARTERY
I6359	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF OTHER CEREBRAL ARTERY
I636	CEREBRAL INFARCTION DUE TO CEREBRAL VENOUS THROMBOSIS, NONPYOGENIC
I638	OTHER CEREBRAL INFARCTION
I639	CEREBRAL INFARCTION, UNSPECIFIED
I658	OCCLUSION AND STENOSIS OF OTHER PRECEREBRAL ARTERIES
I659	OCCLUSION AND STENOSIS OF UNSPECIFIED PRECEREBRAL ARTERY

Step 1 (diagnosis of cerebrovascular disease with recurrent ischemia, stroke, TIA, acute coronary syndrome, or peripheral artery disease) Required quantity: 1 Look back timeframe: 730 days	
ICD-10 Code	Description
I6609	OCCLUSION AND STENOSIS OF UNSPECIFIED MIDDLE CEREBRAL ARTERY
I6619	OCCLUSION AND STENOSIS OF UNSPECIFIED ANTERIOR CEREBRAL ARTERY
I6629	OCCLUSION AND STENOSIS OF UNSPECIFIED POSTERIOR CEREBRAL ARTERY
I669	OCCLUSION AND STENOSIS OF UNSPECIFIED CEREBRAL ARTERY
I672	CEREBRAL ATHEROSCLEROSIS
I6781	ACUTE CEREBROVASCULAR INSUFFICIENCY
I6782	CEREBRAL ISCHEMIA
I6789	OTHER CEREBROVASCULAR DISEASE
I67848	OTHER CEREBROVASCULAR VASOSPASM AND VASOCONSTRICTION
I70201	UNSPECIFIED ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES, RIGHT LEG
I70202	UNSPECIFIED ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES, LEFT LEG
I70203	UNSPECIFIED ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES, BILATERAL LEGS
I70208	UNSPECIFIED ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES, OTHER EXTREMITY
I70209	UNSPECIFIED ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES, UNSPECIFIED EXTREMITY
I70211	ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES WITH INTERMITTENT CLAUDICATION, RIGHT LEG
I70212	ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES WITH INTERMITTENT CLAUDICATION, LEFT LEG
I70213	ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES WITH INTERMITTENT CLAUDICATION, BILATERAL LEGS
I70218	ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES WITH INTERMITTENT CLAUDICATION, OTHER EXTREMITY
I70219	ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES WITH INTERMITTENT CLAUDICATION, UNSPECIFIED EXTREMITY
I70221	ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES WITH REST PAIN, RIGHT LEG
I70222	ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES WITH REST PAIN, LEFT LEG
I70223	ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES WITH REST PAIN, BILATERAL LEGS
I70228	ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES WITH REST PAIN, OTHER EXTREMITY

Step 1 (diagnosis of cerebrovascular disease with recurrent ischemia, stroke, TIA, acute coronary syndrome, or peripheral artery disease) Required quantity: 1 Look back timeframe: 730 days	
ICD-10 Code	Description
I70229	ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES WITH REST PAIN, UNSPECIFIED EXTREMITY
I70231	ATHEROSCLEROSIS OF NATIVE ARTERIES OF RIGHT LEG WITH ULCERATION, OF THIGH
I70232	ATHEROSCLEROSIS OF NATIVE ARTERIES OF RIGHT LEG WITH ULCERATION, OF CALF
I70233	ATHEROSCLEROSIS OF NATIVE ARTERIES OF RIGHT LEG WITH ULCERATION, OF ANKLE
I70234	ATHEROSCLEROSIS OF NATIVE ARTERIES OF RIGHT LEG WITH ULCERATION, OF HEEL AND MIDFOOT
I70235	ATHEROSCLEROSIS OF NATIVE ARTERIES OF RIGHT LEG WITH ULCERATION, OF OTHER PART OF FOOT
I70238	ATHEROSCLEROSIS OF NATIVE ARTERIES OF RIGHT LEG WITH ULCERATION, OF OTHER PART OF LOWER RIGHT LEG
I70239	ATHEROSCLEROSIS OF NATIVE ARTERIES OF RIGHT LEG WITH ULCERATION, OF UNSPECIFIED SITE
I70241	ATHEROSCLEROSIS OF NATIVE ARTERIES OF LEFT LEG WITH ULCERATION, OF THIGH
I70242	ATHEROSCLEROSIS OF NATIVE ARTERIES OF LEFT LEG WITH ULCERATION, OF CALF
I70243	ATHEROSCLEROSIS OF NATIVE ARTERIES OF LEFT LEG WITH ULCERATION, OF ANKLE
I70244	ATHEROSCLEROSIS OF NATIVE ARTERIES OF LEFT LEG WITH ULCERATION, OF HEEL AND MIDFOOT
I70245	ATHEROSCLEROSIS OF NATIVE ARTERIES OF LEFT LEG WITH ULCERATION, OF OTHER PART OF FOOT
I70248	ATHEROSCLEROSIS OF NATIVE ARTERIES OF LEFT LEG WITH ULCERATION, OF OTHER PART OF LOWER LEFT LEG
I70249	ATHEROSCLEROSIS OF NATIVE ARTERIES OF LEFT LEG WITH ULCERATION, OF UNSPECIFIED SITE
I7025	ATHEROSCLEROSIS OF NATIVE ARTERIES OF OTHER EXTREMITIES WITH ULCERATION
I70261	ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES WITH GANGRENE, RIGHT LEG
I70262	ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES WITH GANGRENE, LEFT LEG
I70263	ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES WITH GANGRENE, BILATERAL LEGS
I70268	ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES WITH GANGRENE, OTHER EXTREMITY
I70269	ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES WITH GANGRENE, UNSPECIFIED EXTREMITY

Step 1 (diagnosis of cerebrovascular disease with recurrent ischemia, stroke, TIA, acute coronary syndrome, or peripheral artery disease) Required quantity: 1 Look back timeframe: 730 days	
ICD-10 Code	Description
I70291	OTHER ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES, RIGHT LEG
I70292	OTHER ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES, LEFT LEG
I70293	OTHER ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES, BILATERAL LEGS
I70298	OTHER ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES, OTHER EXTREMITY
I70299	OTHER ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES, UNSPECIFIED EXTREMITY

Step 2 (1 claim for an NSAID, warfarin or SNRI/SSRI) Required quantity: 1 Look back timeframe: 30 days	
Description	GCN
ANAPROX DS 550MG TABLET	47131
ARTHROTEC 50 MG-200 MCG TAB	62729
ARTHROTEC 75 MG-200 MCG TAB	06263
BRISDELLE 7.5MG CAPSULE	34876
CAMBIA 50MG POWDER PACKET	30891
CELEBREX 50 MG CAPSULE	97785
CELEBREX 100 MG CAPSULE	42001
CELEBREX 200 MG CAPSULE	42002
CELEBREX 400 MG CAPSULE	18127
CELECOXIB 100 MG CAPSULE	42001
CELECOXIB 200 MG CAPSULE	42002
CELECOXIB 50 MG CAPSULE	97785
CELECOXIB 400 MG CAPSULE	18127
CELEXA 10MG TABLET	16345
CELEXA 20MG TABLET	16342
CELEXA 40MG TABLET	16343
CITALOPRAM HBR 10 MG TABLET	16345
CITALOPRAM HBR 10 MG/5 ML SOLN	16344
CITALOPRAM HBR 20 MG TABLET	16342

Step 2 (1 claim for an NSAID, warfarin or SNRI/SSRI) Required quantity: 1 Look back timeframe: 30 days	
Description	GCN
CITALOPRAM HBR 40 MG TABLET	16343
COUMADIN 1 MG TABLET	25792
COUMADIN 10 MG TABLET	25790
COUMADIN 2 MG TABLET	25791
COUMADIN 2.5 MG TABLET	25794
COUMADIN 3 MG TABLET	25796
COUMADIN 4 MG TABLET	25797
COUMADIN 5 MG TABLET	25793
COUMADIN 6 MG TABLET	25798
COUMADIN 7.5 MG TABLET	25795
CYMBALTA 20MG CAPSULE	23161
CYMBALTA 30MG CAPSULE	23162
CYMBALTA 60MG CAPSULE	23164
DAYPRO 600MG CAPLET	01750
DESVENLAFAXINE ER 100MG TABLET	34482
DESVENLAFAXINE ER 50MG TABLET	34470
DESVENLAFAXINE SUC ER 50 MG TB	99451
DESVENLAFAXINE SUC ER 100 MG	99452
DESVENLAFAXINE SUC ER 25 MG TB	38222
DICLOFENAC POT 50 MG TABLET	13960
DICLOFENAC SOD EC 25 MG TAB	35850
DICLOFENAC SOD EC 50 MG TAB	35851
DICLOFENAC SOD EC 75 MG TAB	35852
DICLOFENAC SOD ER 100 MG TAB	13310
DICLOFENAC-MISOPROST 50-200 TB	62729
DICLOFENAC-MISOPROST 75-0.2 TB	06263
DIFLUNISAL 500MG TABLET	16851
DUEXIS 800-26.6 MG TABLET	30547
DULOXETINE HCL DR 20MG CAPSULE	23161
DULOXETINE HCL DR 30MG CAPSULE	23162
DULOXETINE HCL DR 60MG CAPSULE	23164

Step 2 (1 claim for an NSAID, warfarin or SNRI/SSRI) Required quantity: 1 Look back timeframe: 30 days	
Description	GCN
EFFEXOR XR 150MG CAPSULE	16818
EFFEXOR XR 37.5MG CAPSULE	16816
EFFEXOR XR 75MG CAPSULE	16817
ESCITALOPRAM 10 MG TABLET	17851
ESCITALOPRAM 20 MG TABLET	17987
ESCITALOPRAM 5 MG TABLET	18975
ESCITALOPRAM OXALATE 5 MG/5 ML	19035
ETODOLAC 200 MG CAPSULE	33870
ETODOLAC 300 MG CAPSULE	33871
ETODOLAC 400 MG TABLET	61761
ETODOLAC 500 MG TABLET	61766
ETODOLAC ER 400 MG TABLET	61765
ETODOLAC ER 500 MG TABLET	61767
ETODOLAC ER 600 MG TABLET	61762
FELDENE 10MG CAPSULE	35820
FELDENE 20MG CAPSULE	35821
FENOPROFEN 400MG CAPSULE	27999
FENOPROFEN 600MG TABLET	35760
FETZIMA 20-40MG TITRATION PAK	35335
FETZIMA ER 120MG CAPSULE	35334
FETZIMA ER 20MG CAPSULE	35327
FETZIMA ER 40MG CAPSULE	35328
FETZIMA ER 80MG CAPSULE	35329
FLUOXETINE 20 MG/5 ML SOLUTION	16357
FLUOXETINE DR 90 MG CAPSULE	12929
FLUOXETINE HCL 10 MG CAPSULE	16353
FLUOXETINE HCL 10 MG TABLET	16356
FLUOXETINE HCL 20 MG CAPSULE	16354
FLUOXETINE HCL 20 MG TABLET	16359
FLUOXETINE HCL 40 MG CAPSULE	16355
FLUOXETINE HCL 60 MG TABLET	30817

Step 2 (1 claim for an NSAID, warfarin or SNRI/SSRI) Required quantity: 1 Look back timeframe: 30 days	
Description	GCN
FLURBIPROFEN 100MG TABLET	35711
FLURBIPROFEN 50MG TABLET	35710
HYDROCODONE-IBUPROFEN 10-200	99371
HYDROCODONE-IBUPROFEN 5-200 MG	22678
HYDROCODONE-IBUPROFEN 7.5-200	63101
IBUDONE 5-200 MG TABLET	22678
IBUDONE 10-200 MG TABLET	99371
IBUPROFEN 200 MG SOFTGEL	35431
IBUPROFEN 200 MG TABLET	35743
IBUPROFEN 400 MG TABLET	35741
IBUPROFEN 600 MG TABLET	35742
IBUPROFEN 800 MG TABLET	35744
IBUPROFEN JR STR 100 MG CHEW	35749
INDOCIN 25MG/ML SUSPENSION	36490
INDOMETHACIN 25 MG CAPSULE	35680
INDOMETHACIN 50 MG CAPSULE	35681
INDOMETHACIN ER 75 MG CAPSULE	35690
JANTOVEN 1 MG TABLET	25792
JANTOVEN 10 MG TABLET	25790
JANTOVEN 2 MG TABLET	25791
JANTOVEN 2.5 MG TABLET	25794
JANTOVEN 3 MG TABLET	25796
JANTOVEN 4 MG TABLET	25797
JANTOVEN 5 MG TABLET	25793
JANTOVEN 6 MG TABLET	25798
JANTOVEN 7.5 MG TABLET	25795
KETOPROFEN 50MG CAPSULE	34420
KETOPROFEN 75MG CAPSULE	34421
KETOPROFEN ER 200MG CAPSULE	33792
KETOROLAC 10 MG TABLET	32531
KETOROLAC 60 MG/2 ML VIAL	35236

Step 2 (1 claim for an NSAID, warfarin or SNRI/SSRI) Required quantity: 1 Look back timeframe: 30 days	
Description	GCN
KHEDEZLA ER 100 MG TABLET	35584
KHEDEZLA ER 50 MG TABLET	35582
LEXAPRO 10 MG TABLET	17851
LEXAPRO 20 MG TABLET	17987
LEXAPRO 5 MG TABLET	18975
LEXAPRO 5 MG/5 ML SOLUTION	19035
LODINE 400 MG TABLET	61761
MECLOFENAMATE 100MG CAPSULE	35810
MECLOFENAMATE 50MG CAPSULE	35811
MEFENAMIC ACID 250MG CAPSULE	16530
MELOXICAM 7.5 MG/5 ML SUSPENSION	26227
MELOXICAM 7.5 MG TABLET	31661
MELOXICAM 15 MG TABLET	31662
MOBIC 7.5 MG TABLET	31661
MOBIC 15 MG TABLET	31662
NABUMETONE 500 MG TABLET	32961
NABUMETONE 750 MG TABLET	32962
NALFON 400MG CAPSULE	27999
NAPROSYN EC 500MG TABLET	61851
NAPROXEN 125 MG/5 ML SUSPEN	41670
NAPROXEN 250 MG TABLET	35790
NAPROXEN 375 MG TABLET	35792
NAPROXEN 500 MG TABLET	35793
NAPROXEN DR 375 MG TABLET	61850
NAPROXEN SOD CR 375 MG TABLET	98900
NAPROXEN DR 500 MG TABLET	61851
NAPROXEN SOD ER 500 MG TABLET	92253
NAPROXEN SODIUM 220 MG TABLET	47132
NAPROXEN SODIUM 275 MG TAB	47130
NAPROXEN SODIUM 550 MG TAB	47131
OXAPROZIN 600MG TABLET	01750

Step 2 (1 claim for an NSAID, warfarin or SNRI/SSRI) Required quantity: 1 Look back timeframe: 30 days	
Description	GCN
OXYCODONE-IBUPROFEN 5-400 TAB	23827
PAROXETINE CR 12.5 MG TABLET	17078
PAROXETINE CR 25 MG TABLET	17077
PAROXETINE CR 37.5 MG TABLET	17079
PAROXETINE HCL 10 MG TABLET	16364
PAROXETINE HCL 20 MG TABLET	16366
PAROXETINE HCL 30 MG TABLET	16367
PAROXETINE HCL 40 MG TABLET	16368
PAXIL 10 MG TABLET	16364
PAXIL 10 MG/5 ML SUSPENSION	16369
PAXIL 20 MG TABLET	16366
PAXIL 30 MG TABLET	16367
PAXIL 40 MG TABLET	16368
PAXIL CR 12.5 MG TABLET	17078
PAXIL CR 25 MG TABLET	17077
PAXIL CR 37.5 MG TABLET	17079
PEXEVA 10MG TABLET	20854
PEXEVA 20MG TABLET	20855
PEXEVA 30MG TABLET	20856
PEXEVA 40MG TABLET	20857
PIROXICAM 10MG CAPSULE	35820
PIROXICAM 20MG CAPSULE	35821
PONSTEL 250MG KAPSEALS	16530
PRISTIQ ER 100MG TABLET	99452
PRISTIQ ER 25 MG TABLET	38222
PRISTIQ ER 50 50MG TABLET	99451
PROZAC 10MG PULVULE	16353
PROZAC 20MG PULVULE	16354
PROZAC 40MG PULVULE	16355
PROZAC WEEKLY 90MG CAPSULE	12929
REPREXAIN 5-200 MG TABLET	22678

Step 2 (1 claim for an NSAID, warfarin or SNRI/SSRI) Required quantity: 1 Look back timeframe: 30 days	
Description	GCN
REPREXAIN 10-200 MG TABLET	99371
SERTRALINE 20 MG/ML ORAL CONC	16376
SERTRALINE HCL 100 MG TABLET	16375
SERTRALINE HCL 25 MG TABLET	16373
SERTRALINE HCL 50 MG TABLET	16374
SULINDAC 150MG TABLET	35800
SULINDAC 200MG TABLET	35801
TOLMETIN SODIUM 200MG TABLET	35780
TOLMETIN SODIUM 400MG CAPSULE	35770
TOLMETIN SODIUM 600MG TABLET	35781
VENLAFAXINE HCL 100 MG TABLET	16815
VENLAFAXINE HCL 25 MG TABLET	16811
VENLAFAXINE HCL 37.5 MG TABLET	16812
VENLAFAXINE HCL 50 MG TABLET	16813
VENLAFAXINE HCL 75 MG TABLET	16814
VENLAFAXINE HCL ER 150 MG CAP	16818
VENLAFAXINE HCL ER 150 MG TAB	14353
VENLAFAXINE HCL ER 225 MG TAB	14354
VENLAFAXINE HCL ER 37.5 MG CAP	16816
VENLAFAXINE HCL ER 37.5 MG TAB	14349
VENLAFAXINE HCL ER 75 MG CAP	16817
VENLAFAXINE HCL ER 75 MG TAB	14352
VIMOVO DR 500-20 MG TABLET	28570
VIMOVO DR 375-20 MG TABLET	28572
WARFARIN SODIUM 1 MG TABLET	25792
WARFARIN SODIUM 10 MG TABLET	25790
WARFARIN SODIUM 2 MG TABLET	25791
WARFARIN SODIUM 2.5 MG TABLET	25794
WARFARIN SODIUM 3 MG TABLET	25796
WARFARIN SODIUM 4 MG TABLET	25797
WARFARIN SODIUM 5 MG TABLET	25793

Step 2 (1 claim for an NSAID, warfarin or SNRI/SSRI) Required quantity: 1 Look back timeframe: 30 days	
Description	GCN
WARFARIN SODIUM 6 MG TABLET	25798
WARFARIN SODIUM 7.5 MG TABLET	25795
ZOLOFT 100MG TABLET	16375
ZOLOFT 20MG/ML ORAL CONC	16376
ZOLOFT 25MG TABLET	16373
ZOLOFT 50MG TABLET	16374
ZORVOLEX 18MG CAPSULE	35499
ZORVOLEX 35MG CAPSULE	35503



Plavix (Clopidogrel)

Clinical Criteria References

1. Clinical Pharmacology [online database]. Tampa, FL: Elsevier/Gold Standard, Inc.; 2024. Available at www.clinicalpharmacology.com. Accessed on July 31, 2024.
2. 2015 ICD-10-CM Diagnosis Codes, Volume 1. 2015. Available at www.icd10data.com. Accessed on September 7, 2015.
3. Plavix [package insert]. Bridgewater, NJ: Bristol-Myers Squibb/Sanofi Pharmaceuticals Partnership. July 2017.

Publication History

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

Publication Date	Notes
01/30/2014	Presented to the DUR Board
09/07/2015	Updated ICD-9 and ICD-10s
04/12/2018	Annual review by staff Removed ICD-9 codes Updated Table 2, pages 11-18
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
07/31/2024	Criteria will be retired November 10, 2024