

Texas Prior Authorization Program Clinical Criteria

Drug/Drug Class

Cortisol Receptor Antagonists

This criteria was recommended for review by Kepro to ensure appropriate and safe utilization

Clinical 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 maximum dosing check to criteria; not to exceed 1200mg/day

Updated references



Cortisol Receptor Antagonists

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 |
| KORLYM 300 MG TABLET | 31485 |
| RECORLEV 150 MG TABLET | 51757 |



Cortisol Receptor Antagonists

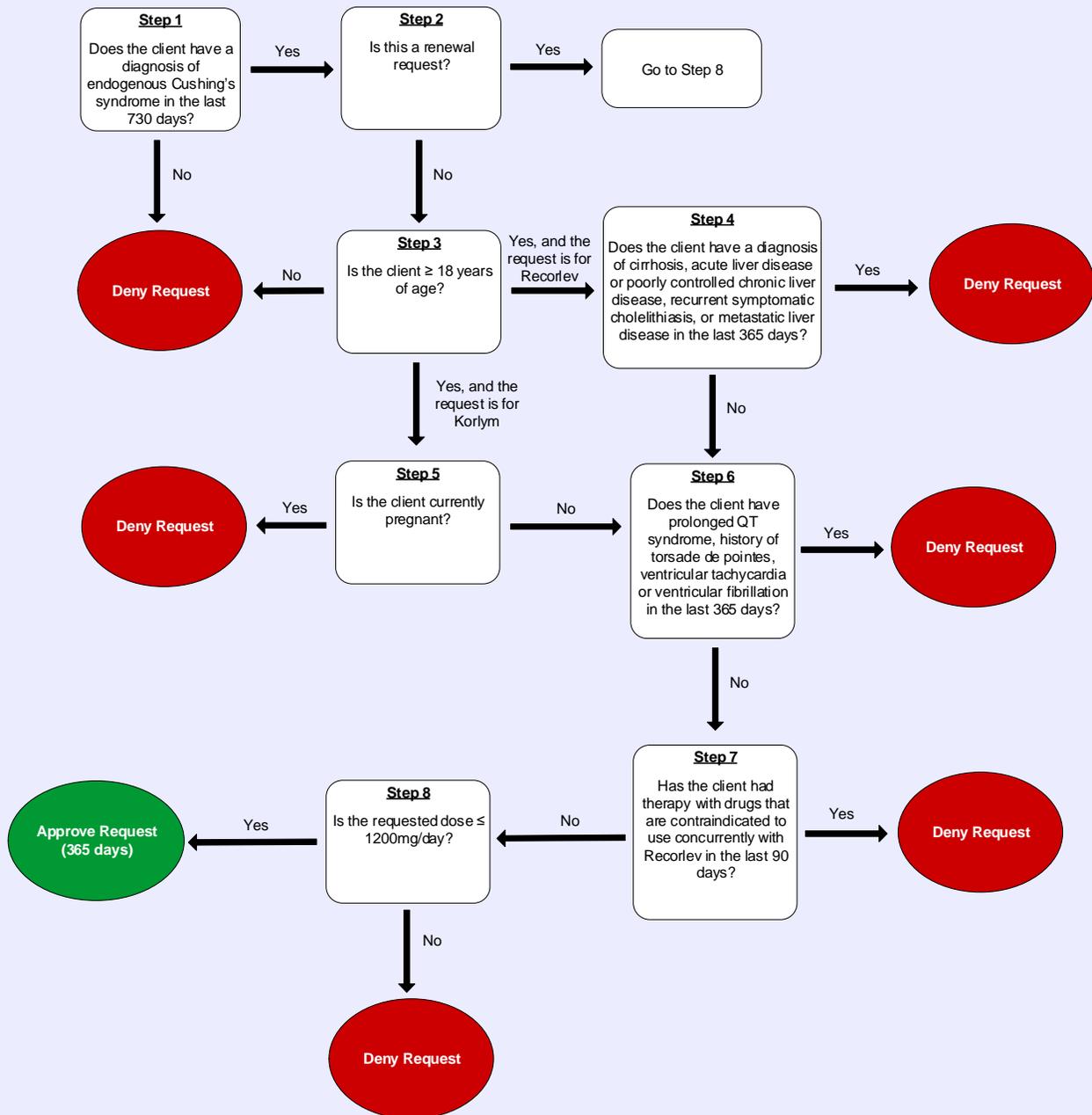
Clinical Criteria Logic

1. Does the client have diagnosis of **endogenous Cushing's syndrome for clients who have failed surgery or who are not candidates for surgery** in the last 730 days?
 Yes (Go to #2)
 No (Deny)
2. Is this a renewal request?
 Yes (Go to #8)
 No (Go to #3)
3. Is the client greater than or equal to (\geq) 18 years of age?
 Yes (And the request is for Recorlev, go to #4)
 Yes (And the request is for Korlym, go to #5)
 No (Deny)
4. Does the client have a diagnosis **cirrhosis, acute liver disease or poorly controlled chronic liver disease, recurrent symptomatic cholelithiasis, or extensive metastatic liver disease** in the last 365 days?
 Yes (Deny)
 No (Go to #6)
5. Is the client currently **pregnant**?
 Yes (Deny)
 No (Go to #6)
6. Does the client have a **prolonged QT syndrome, history of torsade de pointes, ventricular tachycardia, or ventricular fibrillation** in the last 365 days?
 Yes (Deny)
 No (Go to #7)
7. Has the client had therapy with **drugs that cause QT prolongation, drugs that are sensitive substrates of CYP3A4 or CYP3A4 and P-gp, or strong CYP3A4 inhibitors or inducers** in the last 90 days?
 Yes (Deny)
 No (Go to #8)
8. Is the requested dose less than or equal to (\leq) 1200mg/day?
 Yes (Approve – 365 days)
 No (Deny)



Cortisol Receptor Antagonists

Clinical Criteria Logic Diagram





Cortisol Receptor Antagonists

Clinical Criteria Supporting Tables

| Step 1 (diagnosis of endogenous Cushing's syndrome) Required diagnoses: 1 Look back timeframe: 730 days | |
|--|---------------------------------------|
| ICD-10 Code | Description |
| E240 | PITUITARY-DEPENDENT CUSHING'S DISEASE |
| E243 | ECTOPIC ACTH SYNDROME |
| E248 | OTHER CUSHING'S SYNDROME |
| E249 | CUSHING'S SYNDROME, UNSPECIFIED |

| Step 4 (diagnosis of cirrhosis, acute liver disease or poorly controlled chronic liver disease, recurrent symptomatic cholelithiasis, or extensive metastatic liver disease) Required quantity: 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 | UNSPECIFIED VIRAL HEPATITIS WITH HEPATIC COMA |
| B1910 | UNSPECIFIED VIRAL HEPATITIS B WITHOUT HEPATIC COMA |

Step 4 (diagnosis of cirrhosis, acute liver disease or poorly controlled chronic liver disease, recurrent symptomatic cholelithiasis, or extensive metastatic liver disease)

Required quantity: 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 |
| C220 | LIVER CELL CARCINOMA |
| C221 | INTRAHEPATIC BILE DUCT CARCINOMA |
| C222 | HEPATOBLASTOMA |
| C223 | ANGIOSARCOMA OF LIVER |
| C224 | OTHER SARCOMAS OF LIVER |
| C227 | OTHER SPECIFIED CARCINOMAS OF LIVER |
| C228 | MALIGNANT NEOPLASM OF LIVER, PRIMARY, UNSPECIFIED AS TO TYPE |
| C229 | MALIGNANT NEOPLASM OF LIVER, NOT SPECIFIED AS PRIMARY OR SECONDARY |
| C787 | SECONDARY MALIGNANT NEOPLASM OF LIVER AND INTRAHEPATIC BILE DUCT |
| 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 |

Step 4 (diagnosis of cirrhosis, acute liver disease or poorly controlled chronic liver disease, recurrent symptomatic cholelithiasis, or extensive metastatic liver disease)

Required quantity: 1

Look back timeframe: 365 days

| ICD-10 Code | Description |
|--------------------|--|
| K717 | TOXIC LIVER DISEASE WITH FIBROSIS AND CIRRHOSIS OF LIVER |
| 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 |
| 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 |

Step 4 (diagnosis of cirrhosis, acute liver disease or poorly controlled chronic liver disease, recurrent symptomatic cholelithiasis, or extensive metastatic liver disease)

Required quantity: 1

Look back timeframe: 365 days

| ICD-10 Code | Description |
|--------------------|---|
| K77 | LIVER DISORDERS IN DISEASES CLASSIFIED ELSEWHERE |
| K8010 | CALCULUS OF GALLBLADDER WITH CHRONIC CHOLECYSTITIS WITHOUT OBSTRUCTION |
| K8011 | CALCULUS OF GALLBLADDER WITH CHRONIC CHOLECYSTITIS WITH OBSTRUCTION |
| K8018 | CALCULUS OF GALLBLADDER WITH OTHER CHOLECYSTITIS WITHOUT OBSTRUCTION |
| K8019 | CALCULUS OF GALLBLADDER WITH OTHER CHOLECYSTITIS WITH OBSTRUCTION |
| K8020 | CALCULUS OF GALLBLADDER WITHOUT CHOLECYSTITIS WITHOUT OBSTRUCTION |
| K8021 | CALCULUS OF GALLBLADDER WITHOUT CHOLECYSTITIS WITH OBSTRUCTION |
| K8030 | CALCULUS OF BILE DUCT WITH CHOLANGITIS UNSPECIFIED, WITHOUT OBSTRUCTION |
| K8031 | CALCULUS OF BILE DUCT WITH CHOLANGITIS UNSPECIFIED, WITH OBSTRUCTION |
| K8034 | CALCULUS OF BILE DUCT WITH CHRONIC CHOLANGITIS WITHOUT OBSTRUCTION |
| K8035 | CALCULUS OF BILE DUCT WITH CHRONIC CHOLANGITIS WITH OBSTRUCTION |
| K8040 | CALCULUS OF BILE DUCT WITH CHOLECYSTITIS UNSPECIFIED, WITHOUT OBSTRUCTION |
| K8041 | CALCULUS OF BILE DUCT WITH CHOLECYSTITIS UNSPECIFIED, WITH OBSTRUCTION |
| K8044 | CALCULUS OF BILE DUCT WITH CHRONIC CHOLECYSTITIS WITHOUT OBSTRUCTION |
| K8045 | CALCULUS OF BILE DUCT WITH CHRONIC CHOLECYSTITIS WITH OBSTRUCTION |
| K8050 | CALCULUS OF BILE DUCT WITHOUT CHOLANGITIS OR CHOLECYSTITIS WITHOUT OBSTRUCTION |
| K8051 | CALCULUS OF BILE DUCT WITHOUT CHOLANGITIS OR CHOLECYSTITIS WITH OBSTRUCTION |
| K8060 | CALCULUS OF GALLBLADDER AND BILE DUCT WITH CHOLECYSTITIS UNSPECIFIED, WITHOUT OBSTRUCTION |
| K8061 | CALCULUS OF GALLBLADDER AND BILE DUCT WITH CHOLECYSTITIS UNSPECIFIED, WITH OBSTRUCTION |
| K8064 | CALCULUS OF GALLBLADDER AND BILE DUCT WITH CHRONIC CHOLECYSTITIS WITHOUT OBSTRUCTION |
| K8065 | CALCULUS OF GALLBLADDER AND BILE DUCT WITH CHRONIC CHOLECYSTITIS WITH OBSTRUCTION |
| K8070 | CALCULUS OF GALLBLADDER AND BILE DUCT WITHOUT CHOLECYSTITIS WITHOUT OBSTRUCTION |
| K8071 | CALCULUS OF GALLBLADDER AND BILE DUCT WITHOUT CHOLECYSTITIS WITH OBSTRUCTION |

Step 4 (diagnosis of cirrhosis, acute liver disease or poorly controlled chronic liver disease, recurrent symptomatic cholelithiasis, or extensive metastatic liver disease)

Required quantity: 1

Look back timeframe: 365 days

| ICD-10 Code | Description |
|-------------|--|
| K8080 | OTHER CHOLELITHIASIS WITHOUT OBSTRUCTION |
| K8081 | OTHER CHOLELITHIASIS WITH OBSTRUCTION |

Step 5 (diagnosis of pregnancy or pregnancy-related diagnosis)

Required diagnosis: 1

Look back timeframe: 310 days

| ICD-10 Code | Description |
|-------------|--|
| O0941 | SUPERVISION OF PREGNANCY WITH GRAND MULTIPARITY, FIRST TRIMESTER |
| O0942 | SUPERVISION OF PREGNANCY WITH GRAND MULTIPARITY, SECOND TRIMESTER |
| O0943 | SUPERVISION OF PREGNANCY WITH GRAND MULTIPARITY, THIRD TRIMESTER |
| O09511 | SUPERVISION OF ELDERLY PRIMIGRAVIDA, FIRST TRIMESTER |
| O09512 | SUPERVISION OF ELDERLY PRIMIGRAVIDA, SECOND TRIMESTER |
| O09513 | SUPERVISION OF ELDERLY PRIMIGRAVIDA, THIRD TRIMESTER |
| O09519 | SUPERVISION OF ELDERLY PRIMIGRAVIDA, UNSPECIFIED TRIMESTER |
| O09521 | SUPERVISION OF ELDERLY MULTIGRAVIDA, FIRST TRIMESTER |
| O09522 | SUPERVISION OF ELDERLY MULTIGRAVIDA, SECOND TRIMESTER |
| O09523 | SUPERVISION OF ELDERLY MULTIGRAVIDA, THIRD TRIMESTER |
| O09529 | SUPERVISION OF ELDERLY MULTIGRAVIDA, UNSPECIFIED TRIMESTER |
| O24410 | GESTATIONAL DIABETES MELLITUS IN PREGNANCY, DIET CONTROLLED |
| O24414 | GESTATIONAL DIABETES MELLITUS IN PREGNANCY, INSULIN CONTROLLED |
| O24419 | GESTATIONAL DIABETES MELLITUS IN PREGNANCY, UNSPECIFIED CONTROL |
| O24420 | GESTATIONAL DIABETES MELLITUS IN CHILDBIRTH, DIET CONTROLLED |
| O24424 | GESTATIONAL DIABETES MELLITUS IN CHILDBIRTH, INSULIN CONTROLLED |
| O24429 | GESTATIONAL DIABETES MELLITUS IN CHILDBIRTH, UNSPECIFIED CONTROL |
| O24430 | GESTATIONAL DIABETES MELLITUS IN THE PUERPERIUM, DIET CONTROLLED |
| O24434 | GESTATIONAL DIABETES MELLITUS IN THE PUERPERIUM, INSULIN CONTROLLED |
| O24439 | GESTATIONAL DIABETES MELLITUS IN THE PUERPERIUM, UNSPECIFIED CONTROL |

| Step 5 (diagnosis of pregnancy or pregnancy-related diagnosis) | |
|---|--|
| Required diagnosis: 1 | |
| Look back timeframe: 310 days | |
| ICD-10 Code | Description |
| O30001 | TWIN PREGNANCY, UNSPECIFIED NUMBER OF PLACENTA AND UNSPECIFIED NUMBER OF AMNIOTIC SACS, FIRST TRIMESTER |
| O30002 | TWIN PREGNANCY, UNSPECIFIED NUMBER OF PLACENTA AND UNSPECIFIED NUMBER OF AMNIOTIC SACS, SECOND TRIMESTER |
| O30003 | TWIN PREGNANCY, UNSPECIFIED NUMBER OF PLACENTA AND UNSPECIFIED NUMBER OF AMNIOTIC SACS, THIRD TRIMESTER |
| O30009 | TWIN PREGNANCY, UNSPECIFIED NUMBER OF PLACENTA AND UNSPECIFIED NUMBER OF AMNIOTIC SACS, UNSPECIFIED TRIMESTER |
| O30011 | TWIN PREGNANCY, MONOCHORIONIC/MONOAMNIOTIC, FIRST TRIMESTER |
| O30012 | TWIN PREGNANCY, MONOCHORIONIC/MONOAMNIOTIC, SECOND TRIMESTER |
| O30013 | TWIN PREGNANCY, MONOCHORIONIC/MONOAMNIOTIC, THIRD TRIMESTER |
| O30019 | TWIN PREGNANCY, MONOCHORIONIC/MONOAMNIOTIC, UNSPECIFIED TRIMESTER |
| O30031 | TWIN PREGNANCY, MONOCHORIONIC/DIAMNIOTIC, FIRST TRIMESTER |
| O30032 | TWIN PREGNANCY, MONOCHORIONIC/DIAMNIOTIC, SECOND TRIMESTER |
| O30033 | TWIN PREGNANCY, MONOCHORIONIC/DIAMNIOTIC, THIRD TRIMESTER |
| O30039 | TWIN PREGNANCY, MONOCHORIONIC/DIAMNIOTIC, UNSPECIFIED TRIMESTER |
| O30041 | TWIN PREGNANCY, DICHORIONIC/DIAMNIOTIC, FIRST TRIMESTER |
| O30042 | TWIN PREGNANCY, DICHORIONIC/DIAMNIOTIC, SECOND TRIMESTER |
| O30043 | TWIN PREGNANCY, DICHORIONIC/DIAMNIOTIC, THIRD TRIMESTER |
| O30049 | TWIN PREGNANCY, DICHORIONIC/DIAMNIOTIC, UNSPECIFIED TRIMESTER |
| O30091 | TWIN PREGNANCY, UNABLE TO DETERMINE NUMBER OF PLACENTA AND NUMBER OF AMNIOTIC SACS, FIRST TRIMESTER |
| O30092 | TWIN PREGNANCY, UNABLE TO DETERMINE NUMBER OF PLACENTA AND NUMBER OF AMNIOTIC SACS, SECOND TRIMESTER |
| O30093 | TWIN PREGNANCY, UNABLE TO DETERMINE NUMBER OF PLACENTA AND NUMBER OF AMNIOTIC SACS, THIRD TRIMESTER |
| O30099 | TWIN PREGNANCY, UNABLE TO DETERMINE NUMBER OF PLACENTA AND NUMBER OF AMNIOTIC SACS, UNSPECIFIED TRIMESTER |
| O30101 | TRIPLET PREGNANCY, UNSPECIFIED NUMBER OF PLACENTA AND UNSPECIFIED NUMBER OF AMNIOTIC SACS, FIRST TRIMESTER |
| O30102 | TRIPLET PREGNANCY, UNSPECIFIED NUMBER OF PLACENTA AND UNSPECIFIED NUMBER OF AMNIOTIC SACS, SECOND TRIMESTER |
| O30103 | TRIPLET PREGNANCY, UNSPECIFIED NUMBER OF PLACENTA AND UNSPECIFIED NUMBER OF AMNIOTIC SACS, THIRD TRIMESTER |
| O30109 | TRIPLET PREGNANCY, UNSPECIFIED NUMBER OF PLACENTA AND UNSPECIFIED NUMBER OF AMNIOTIC SACS, UNSPECIFIED TRIMESTER |
| O30111 | TRIPLET PREGNANCY WITH TWO OR MORE MONOCHORIONIC FETUSES, FIRST TRIMESTER |

| Step 5 (diagnosis of pregnancy or pregnancy-related diagnosis) | |
|---|---|
| Required diagnosis: 1 | |
| Look back timeframe: 310 days | |
| ICD-10 Code | Description |
| O30112 | TRIPLET PREGNANCY WITH TWO OR MORE MONOCHORIONIC FETUSES, SECOND TRIMESTER |
| O30113 | TRIPLET PREGNANCY WITH TWO OR MORE MONOCHORIONIC FETUSES, THIRD TRIMESTER |
| O30119 | TRIPLET PREGNANCY WITH TWO OR MORE MONOCHORIONIC FETUSES, UNSPECIFIED TRIMESTER |
| O30121 | TRIPLET PREGNANCY WITH TWO OR MORE MONOAMNIOTIC FETUSES, FIRST TRIMESTER |
| O30122 | TRIPLET PREGNANCY WITH TWO OR MORE MONOAMNIOTIC FETUSES, SECOND TRIMESTER |
| O30123 | TRIPLET PREGNANCY WITH TWO OR MORE MONOAMNIOTIC FETUSES, THIRD TRIMESTER |
| O30129 | TRIPLET PREGNANCY WITH TWO OR MORE MONOAMNIOTIC FETUSES, UNSPECIFIED TRIMESTER |
| O30191 | TRIPLET PREGNANCY, UNABLE TO DETERMINE NUMBER OF PLACENTA AND NUMBER OF AMNIOTIC SACS, FIRST TRIMESTER |
| O30192 | TRIPLET PREGNANCY, UNABLE TO DETERMINE NUMBER OF PLACENTA AND NUMBER OF AMNIOTIC SACS, SECOND TRIMESTER |
| O30193 | TRIPLET PREGNANCY, UNABLE TO DETERMINE NUMBER OF PLACENTA AND NUMBER OF AMNIOTIC SACS, THIRD TRIMESTER |
| O30199 | TRIPLET PREGNANCY, UNABLE TO DETERMINE NUMBER OF PLACENTA AND NUMBER OF AMNIOTIC SACS, UNSPECIFIED TRIMESTER |
| O30201 | QUADRUPLET PREGNANCY, UNSPECIFIED NUMBER OF PLACENTA AND UNSPECIFIED NUMBER OF AMNIOTIC SACS, FIRST TRIMESTER |
| O30202 | QUADRUPLET PREGNANCY, UNSPECIFIED NUMBER OF PLACENTA AND UNSPECIFIED NUMBER OF AMNIOTIC SACS, SECOND TRIMESTER |
| O30203 | QUADRUPLET PREGNANCY, UNSPECIFIED NUMBER OF PLACENTA AND UNSPECIFIED NUMBER OF AMNIOTIC SACS, THIRD TRIMESTER |
| O30209 | QUADRUPLET PREGNANCY, UNSPECIFIED NUMBER OF PLACENTA AND UNSPECIFIED NUMBER OF AMNIOTIC SACS, UNSPECIFIED TRIMESTER |
| O30211 | QUADRUPLET PREGNANCY WITH TWO OR MORE MONOCHORIONIC FETUSES, FIRST TRIMESTER |
| O30212 | QUADRUPLET PREGNANCY WITH TWO OR MORE MONOCHORIONIC FETUSES, SECOND TRIMESTER |
| O30213 | QUADRUPLET PREGNANCY WITH TWO OR MORE MONOCHORIONIC FETUSES, THIRD TRIMESTER |
| O30219 | QUADRUPLET PREGNANCY WITH TWO OR MORE MONOCHORIONIC FETUSES, UNSPECIFIED TRIMESTER |
| O30221 | QUADRUPLET PREGNANCY WITH TWO OR MORE MONOAMNIOTIC FETUSES, FIRST TRIMESTER |
| O30222 | QUADRUPLET PREGNANCY WITH TWO OR MORE MONOAMNIOTIC FETUSES, SECOND TRIMESTER |
| O30223 | QUADRUPLET PREGNANCY WITH TWO OR MORE MONOAMNIOTIC FETUSES, THIRD TRIMESTER |

| Step 5 (diagnosis of pregnancy or pregnancy-related diagnosis) | |
|---|---|
| Required diagnosis: 1 | |
| Look back timeframe: 310 days | |
| ICD-10 Code | Description |
| O30229 | QUADRUPLET PREGNANCY WITH TWO OR MORE MONOAMNIOTIC FETUSES, UNSPECIFIED TRIMESTER |
| O30291 | QUADRUPLET PREGNANCY, UNABLE TO DETERMINE NUMBER OF PLACENTA AND NUMBER OF AMNIOTIC SACS, FIRST TRIMESTER |
| O30292 | QUADRUPLET PREGNANCY, UNABLE TO DETERMINE NUMBER OF PLACENTA AND NUMBER OF AMNIOTIC SACS, SECOND TRIMESTER |
| O30293 | QUADRUPLET PREGNANCY, UNABLE TO DETERMINE NUMBER OF PLACENTA AND NUMBER OF AMNIOTIC SACS, THIRD TRIMESTER |
| O30299 | QUADRUPLET PREGNANCY, UNABLE TO DETERMINE NUMBER OF PLACENTA AND NUMBER OF AMNIOTIC SACS, UNSPECIFIED TRIMESTER |
| O30801 | OTHER SPECIFIED MULTIPLE GESTATION, UNSPECIFIED NUMBER OF PLACENTA AND UNSPECIFIED NUMBER OF AMNIOTIC SACS, FIRST TRIMESTER |
| O30802 | OTHER SPECIFIED MULTIPLE GESTATION, UNSPECIFIED NUMBER OF PLACENTA AND UNSPECIFIED NUMBER OF AMNIOTIC SACS, SECOND TRIMESTER |
| O30803 | OTHER SPECIFIED MULTIPLE GESTATION, UNSPECIFIED NUMBER OF PLACENTA AND UNSPECIFIED NUMBER OF AMNIOTIC SACS, THIRD TRIMESTER |
| O30809 | OTHER SPECIFIED MULTIPLE GESTATION, UNSPECIFIED NUMBER OF PLACENTA AND UNSPECIFIED NUMBER OF AMNIOTIC SACS, UNSPECIFIED TRIMESTER |

| Step 6 (diagnosis of prolonged QT syndrome, history of torsade de pointes, ventricular tachycardia, or ventricular fibrillation) | |
|---|-------------------------------------|
| Required quantity: 1 | |
| Look back timeframe: 365 days | |
| ICD-10 Code | Description |
| I4581 | LONG QT SYNDROME |
| I470 | RE-ENTRY VENTRICULAR ARRHYTHMIA |
| I471 | SUPRAVENTRICULAR TACHYCARDIA |
| I472 | VENTRICULAR TACHYCARDIA |
| I479 | PAROXYSMAL TACHYCARDIA, UNSPECIFIED |
| I4901 | VENTRICULAR FIBRILLATION |

| Step 7 (therapy with contraindicated drugs) | |
|--|--------------------------------|
| Required quantity: 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 |
| 20844 | AFINITOR 10 MG TABLET |
| 28783 | AFINITOR 2.5 MG TABLET |
| 20784 | AFINITOR 5 MG TABLET |
| 31396 | AFINITOR 7.5 MG TABLET |
| 34589 | AFINITOR DISPERZ 2 MG TABLET |
| 34590 | AFINITOR DISPERZ 3 MG TABLET |
| 34592 | AFINITOR DISPERZ 5 MG TABLET |
| 22391 | AGRYLIN 0.5 MG CAPSULE |
| 92024 | ALFUZOSIN HCL ER 10 MG TABLET |
| 63565 | ALLERGY-CONGEST 12HR 60-120 MG |
| 46594 | ALLERGY RELIEF 180 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 |
| 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 |

| Step 7 (therapy with contraindicated drugs) | |
|--|---------------------------------|
| Required quantity: 1 | |
| Look back timeframe: 90 days | |
| GCN | Label Name |
| 22391 | ANAGRELIDE HCL 0.5 MG CAPSULE |
| 22392 | ANAGRELIDE HCL 1 MG CAPSULE |
| 33533 | ANZEMET 100 MG TABLET |
| 33532 | ANZEMET 50 MG TABLET |
| 24906 | APTIVUS 250 MG CAPSULE |
| 04300 | ARICEPT 10 MG TABLET |
| 28828 | ARICEPT 23 MG TABLET |
| 04302 | ARICEPT 5 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 |
| 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 |
| 19952 | ATAZANAVIR SULFATE 150MG CAP |
| 19953 | ATAZANAVIR SULFATE 200MG CAP |
| 97430 | ATAZANAVIR SULFATE 300MG CAP |
| 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 |
| 92373 | BEXAROTENE 75 MG CAPSULE |
| 48852 | BIAXIN 250 MG TABLET |
| 11671 | BIAXIN 250 MG/5 ML SUSPENSION |

| Step 7 (therapy with contraindicated drugs) | |
|--|--------------------------------|
| Required quantity: 1 | |
| Look back timeframe: 90 days | |
| GCN | Label Name |
| 48851 | BIAXIN 500 MG TABLET |
| 39407 | BRILINTA 60 MG TABLET |
| 29385 | BRILINTA 90 MG TABLET |
| 34876 | BRISDELLE 7.5MG CAPSULE |
| 34063 | BUDESONIDE ER 9 MG TABLET |
| 28680 | BUDESONIDE DR 3 MG CAPSULE |
| 28891 | BUSPIRONE 10 MG TABLET |
| 28892 | BUSPIRONE 15 MG TABLET |
| 92121 | BUSPIRONE 30 MG TABLET |
| 28890 | BUSPIRONE 5 MG TABLET |
| 13037 | BUSPIRONE 7.5 MG TABLET |
| 29817 | CAPRELSA 100 MG TABLET |
| 29818 | CAPRELSA 300 MG TABLET |
| 17460 | CARBAMAZEPINE 100 MG TAB CHEW |
| 47500 | CARBAMAZEPINE 100 MG/5 ML SUSP |
| 17450 | CARBAMAZEPINE 200 MG TABLET |
| 23934 | CARBAMAZEPINE ER 100 MG CAP |
| 27820 | CARBAMAZEPINE ER 100 MG TAB |
| 23932 | CARBAMAZEPINE ER 200 MG CAP |
| 27821 | CARBAMAZEPINE ER 200 MG TABLET |
| 23933 | CARBAMAZEPINE ER 300 MG CAP |
| 27822 | CARBAMAZEPINE ER 400 MG TABLET |
| 23934 | CARBATROL ER 100 MG CAPSULE |
| 23932 | CARBATROL ER 200 MG CAPSULE |
| 23933 | CARBATROL ER 300 MG CAPSULE |
| 13130 | CELEXA 20MG TABLET |
| 16683 | CHLORDIAZEPO-AMITRIPTYL 5-12.5 |
| 16684 | CHLORDIAZEPOX-AMITRIPTYL 10-25 |
| 42890 | CHLOROQUINE PH 250 MG TABLET |
| 42891 | CHLOROQUINE PH 500 MG TABLET |
| 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 |

| Step 7 (therapy with contraindicated drugs) | |
|--|--------------------------------|
| Required quantity: 1 | |
| Look back timeframe: 90 days | |
| GCN | Label Name |
| 47050 | CIPRO 250MG TABLET |
| 47056 | CIPRO 5% SUSPENSION |
| 47051 | CIPRO 500MG TABLET |
| 23076 | CIPROFLOXACIN 200MG/20ML VIAL |
| 47056 | CIPROFLOXACIN 250MG/5ML SUSP |
| 23075 | CIPROFLOXACIN 400MG/40ML VIAL |
| 47057 | CIPROFLOXACIN 500MG/5ML SUSP |
| 20315 | CIPROFLOXACIN ER 1000MG TAB |
| 18898 | CIPROFLOXACIN ER 500MG TAB |
| 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 |
| 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 |
| 21785 | CLOZAPINE ODT 100MG TABLET |
| 98791 | CLOZAPINE ODT 12.5MG TABLET |
| 21784 | CLOZAPINE ODT 25MG TABLET |
| 18142 | CLOZARIL 100 MG TABLET |
| 18141 | CLOZARIL 25 MG TABLET |

| Step 7 (therapy with contraindicated drugs) | |
|--|-------------------------------|
| Required quantity: 1 | |
| Look back timeframe: 90 days | |
| GCN | Label Name |
| 10920 | CORDARONE 200 MG TABLET |
| 26820 | CRIXIVAN 200 MG CAPSULE |
| 26822 | CRIXIVAN 400 MG CAPSULE |
| 18020 | CYCLOBENZAPRINE 10 MG TABLET |
| 12805 | CYCLOBENZAPRINE 5 MG TABLET |
| 98299 | CYCLOBENZAPRINE 7.5 MG TABLET |
| 24044 | DARIFENACIN ER 15 MG TABLET |
| 24043 | DARIFENACIN ER 7.5 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 |
| 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 |
| 00132 | DIGITEK 125 MCG TABLET |
| 00133 | DIGITEK 250 MCG TABLET |
| 00132 | DIGOX 125 MCG TABLET |
| 00133 | DIGOX 250 MCG TABLET |
| 00120 | DIGOXIN 0.05 MG/ML SOLUTION |
| 00132 | DIGOXIN 125 MCG TABLET |
| 00133 | DIGOXIN 250 MCG TABLET |
| 17700 | DILANTIN 100 MG CAPSULE |
| 17241 | DILANTIN 125 MG/5 ML SUSP |
| 17701 | DILANTIN 30 MG CAPSULE |
| 17250 | DILANTIN 50 MG INFATAB |
| 92287 | DOFETILIDE 125 MCG CAPSULE |
| 92297 | DOFETILIDE 250MCG CAPSULE |
| 92307 | DOFETILIDE 500MCG CAPSULE |

| Step 7 (therapy with contraindicated drugs) | |
|--|--------------------------------|
| Required quantity: 1 | |
| Look back timeframe: 90 days | |
| GCN | Label Name |
| 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 |
| 24594 | DONEPEZIL HCL ODT 5 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 |
| 16818 | EFFEXOR XR 150MG CAPSULE |
| 16816 | EFFEXOR XR 37.5MG CAPSULE |
| 16817 | EFFEXOR XR 75MG CAPSULE |
| 15173 | ELETRIPTAN HBR 20 MG TABLET |
| 15174 | ELETRIPTAN HBR 40 MG TABLET |
| 39120 | ENVARUSUS XR 0.75 MG TABLET |
| 39123 | ENVARUSUS XR 1 MG TABLET |
| 39124 | ENVARUSUS XR 4 MG TABLET |
| 17450 | EPITOL 200 MG TABLET |
| 91883 | EPLERENONE 25 MG TABLET |
| 91884 | EPLERENONE 50 MG TABLET |
| 13781 | EQUETRO 100 MG CAPSULE |
| 13805 | EQUETRO 200 MG CAPSULE |
| 13818 | EQUETRO 300 MG CAPSULE |
| 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 |

| Step 7 (therapy with contraindicated drugs) | |
|--|--------------------------------|
| Required quantity: 1 | |
| Look back timeframe: 90 days | |
| GCN | Label Name |
| 40720 | ERYTHROMYCIN 250 MG FILMTAB |
| 40721 | ERYTHROMYCIN 500 MG FILMTAB |
| 40660 | ERYTHROMYCIN EC 250 MG CAP |
| 40560 | ERYTHROMYCIN ES 400 MG TAB |
| 17851 | ESCITALOPRAM 10MG TABLET |
| 17987 | ESCITALOPRAM 20MG TABLET |
| 18975 | ESCITALOPRAM 5MG TABLET |
| 19035 | ESCITALOPRAM 5MG/5ML SOLUTION |
| 24825 | EVEROLIMUS 0.25 MG TABLET |
| 24826 | EVEROLIMUS 0.5 MG TABLET |
| 24827 | EVEROLIMUS 0.75 MG TABLET |
| 28783 | EVEROLIMUS 2.5 MG TABLET |
| 20784 | EVEROLIMUS 5 MG TABLET |
| 31396 | EVEROLIMUS 7.5 MG TABLET |
| 37797 | EVOTAZ 300-150 MG TABLET |
| 37797 | EVOTAZ 300-150MG TABLET |
| 23121 | EZETIMIBE-SIMVASTATIN 10-10 MG |
| 23125 | EZETIMIBE-SIMVASTATIN 10-20 MG |
| 23127 | EZETIMIBE-SIMVASTATIN 10-40 MG |
| 23126 | EZETIMIBE-SIMVASTATIN 10-80 MG |
| 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 |
| 28874 | FAZACLO 200 MG ODT |
| 21784 | FAZACLO 25 MG ODT |
| 38021 | FELBAMATE 400 MG TABLET |

| Step 7 (therapy with contraindicated drugs) | |
|--|--------------------------------|
| Required quantity: 1 | |
| Look back timeframe: 90 days | |
| GCN | Label Name |
| 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 |
| 02622 | FELODIPINE ER 10 MG TABLET |
| 02620 | FELODIPINE ER 2.5 MG TABLET |
| 02621 | FELODIPINE ER 5 MG TABLET |
| 98299 | FEXMID 7.5 MG TABLET |
| 63565 | FEXOFENADINE-PSE ER 60-120 TAB |
| 46594 | FEXOFENADINE HCL 180 MG TABLET |
| 46593 | FEXOFENADINE HCL 60 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 |
| 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 |

| Step 7 (therapy with contraindicated drugs) | |
|--|---------------------------------|
| Required quantity: 1 | |
| Look back timeframe: 90 days | |
| GCN | Label Name |
| 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 |
| 40092 | GENVOYA 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 |
| 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 |
| 35599 | IMBRUVICA 140 MG CAPSULE |
| 44465 | IMBRUVICA 140 MG TABLET |
| 44466 | IMBRUVICA 280 MG TABLET |
| 44467 | IMBRUVICA 420 MG TABLET |
| 44468 | IMBRUVICA 560 MG TABLET |
| 44475 | IMBRUVICA 70 MG CAPSULE |
| 91883 | INSPIRA 25 MG TABLET |
| 91884 | INSPIRA 50 MG TABLET |
| 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 |

| Step 7 (therapy with contraindicated drugs) | |
|--|---------------------------------|
| Required quantity: 1 | |
| Look back timeframe: 90 days | |
| GCN | Label Name |
| 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 |
| 38698 | INVEGA TRINZA 410MG/1.315ML |
| 38699 | INVEGA TRINZA 546MG/1.75ML |
| 38702 | INVEGA TRINZA 819MG/2.625ML |
| 23952 | INVIRASE 500MG TABLET |
| 49100 | ITRACONAZOLE 10 MG/ML SOLUTION |
| 49101 | ITRACONAZOLE 100 MG CAPSULE |
| 33912 | JUXTAPID 10 MG CAPSULE |
| 33913 | JUXTAPID 20 MG CAPSULE |
| 38574 | JUXTAPID 30 MG CAPSULE |
| 38571 | JUXTAPID 40 MG CAPSULE |
| 33909 | JUXTAPID 5 MG CAPSULE |
| 38573 | JUXTAPID 60 MG CAPSULE |
| 39957 | JYNARQUE 45 MG - 15 MG TABLET |
| 39958 | JYNARQUE 60 MG - 30 MG TABLET |
| 39956 | JYNARQUE 90 MG - 30 MG TABLET |
| 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 |
| 31266 | LATUDA 20 MG TABLET |
| 29366 | LATUDA 40 MG TABLET |
| 35192 | LATUDA 60 MG TABLET |
| 29367 | LATUDA 80 MG TABLET |
| 33147 | LATUDA 120 MG TABLET |
| 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 |

| Step 7 (therapy with contraindicated drugs) | |
|--|--------------------------------|
| Required quantity: 1 | |
| Look back timeframe: 90 days | |
| GCN | Label Name |
| 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 |
| 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 |
| 47042 | LOVASTATIN 10 MG TABLET |
| 47040 | LOVASTATIN 20 MG TABLET |
| 47041 | LOVASTATIN 40 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 |
| 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 |
| 37810 | LYSODREN 500 MG TABLET |
| 42900 | MEFLOQUINE HCL 250 MG TABLET |
| 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 |
| 16423 | METHADOSE 40 MG TABLET DISPR |
| 43031 | METRONIDAZOLE 250 MG TABLET |
| 43035 | METRONIDAZOLE 375 MG CAPSULE |

| Step 7 (therapy with contraindicated drugs) | |
|--|--------------------------------|
| Required quantity: 1 | |
| Look back timeframe: 90 days | |
| GCN | Label Name |
| 43032 | METRONIDAZOLE 500 MG TABLET |
| 43025 | METRONIDAZOLE 500 MG/100 ML |
| 37725 | MOVANTIK 12.5 MG TABLET |
| 37726 | MOVANTIK 25 MG TABLET |
| 50767 | MOXIFLOXACIN HCL 400 MG TABLET |
| 26586 | MULTAQ 400 MG TABLET |
| 17321 | MYSOLINE 250 MG TABLET |
| 17322 | MYSOLINE 50 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 |
| 46309 | NAYZILAM 5 MG NASAL SPRAY |
| 16406 | NEFAZODONE 100MG TABLET |
| 16407 | NEFAZODONE 150MG TABLET |
| 16408 | NEFAZODONE 200MG TABLET |
| 16409 | NEFAZODONE 250MG TABLET |
| 16404 | NEFAZODONE 50MG TABLET |
| 26263 | NEXAVAR 200 MG TABLET |
| 99446 | NISOLDIPINE ER 17 MG TABLET |
| 99447 | NISOLDIPINE ER 25.5 MG TABLET |
| 99448 | NISOLDIPINE ER 34 MG TABLET |
| 99445 | NISOLDIPINE ER 8.5 MG TABLET |
| 16583 | NORPRAMIN 10 MG TABLET |
| 16586 | NORPRAMIN 25 MG TABLET |
| 40309 | NORVIR 100 MG POWDER PACKET |
| 26812 | NORVIR 100 MG SOFTGEL CAP |
| 28224 | NORVIR 100 MG TABLET |
| 26810 | NORVIR 80 MG/ML SOLUTION |
| 26502 | NOXAFIL 40 MG/ML SUSPENSION |
| 35649 | NOXAFIL DR 100 MG TABLET |
| 43693 | OFLOXACIN 400 MG TABLET |
| 15082 | OLANZAPINE 10 MG TABLET |
| 11814 | OLANZAPINE 10 MG VIAL |
| 15085 | OLANZAPINE 15 MG TABLET |
| 15084 | OLANZAPINE 2.5 MG TABLET |
| 15086 | OLANZAPINE 20MG TABLET |

| Step 7 (therapy with contraindicated drugs) | |
|--|--------------------------------|
| Required quantity: 1 | |
| Look back timeframe: 90 days | |
| GCN | Label Name |
| 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 |
| 20045 | ONDANSETRON ODT 4 MG TABLET |
| 20046 | ONDANSETRON ODT 8 MG TABLET |
| 11153 | ORAP 1 MG TABLET |
| 11150 | ORAP 2 MG TABLET |
| 36937 | ORKAMBI 100-125 MG GRANULE PKT |
| 42366 | ORKAMBI 100-125 MG TABLET |
| 42848 | ORKAMBI 150-188 MG GRANULE PKT |
| 39008 | ORKAMBI 200-125 MG TABLET |
| 10921 | PACERONE 100 MG TABLET |
| 10920 | PACERONE 200 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 |

| Step 7 (therapy with contraindicated drugs) | |
|--|--------------------------------|
| Required quantity: 1 | |
| Look back timeframe: 90 days | |
| GCN | Label Name |
| 16368 | PAROXETINE 40MG TABLET |
| 17078 | PAROXETINE CR 12.5MG TABLET |
| 17077 | PAROXETINE CR 25MG TABLET |
| 17079 | PAROXETINE CR 37.5MG TABLET |
| 33780 | PAXIL 20MG TABLET |
| 33781 | PAXIL 30MG TABLET |
| 40741 | PCE 333 MG TABLET |
| 40742 | PCE 500 MG TABLET |
| 45960 | PEPCID 40 MG/5 ML ORAL SUSP |
| 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 |
| 20854 | PEXEVA 10MG TABLET |
| 20855 | PEXEVA 20MG TABLET |
| 20856 | PEXEVA 30MG TABLET |
| 20857 | PEXEVA 40MG TABLET |
| 15001 | PHENADOZ 25 MG SUPP |
| 14981 | PHENERGAN 25 MG/ML VIAL |
| 12975 | PHENOBARBITAL 100 MG TABLET |
| 12892 | PHENOBARBITAL 130 MG/ML VIAL |
| 12971 | PHENOBARBITAL 15 MG TABLET |
| 97706 | PHENOBARBITAL 16.2 MG TABLET |
| 12956 | PHENOBARBITAL 20 MG/5 ML ELIX |
| 12973 | PHENOBARBITAL 30 MG TABLET |
| 97965 | PHENOBARBITAL 32.4 MG TABLET |
| 12972 | PHENOBARBITAL 60 MG TABLET |
| 97966 | PHENOBARBITAL 64.8 MG TABLET |
| 12894 | PHENOBARBITAL 65 MG/ML VIAL |
| 97967 | PHENOBARBITAL 97.2 MG TABLET |
| 15038 | PHENYTEK 200 MG CAPSULE |
| 15037 | PHENYTEK 300 MG CAPSULE |
| 17241 | PHENYTOIN 125 MG/5 ML SUSP |

| Step 7 (therapy with contraindicated drugs) | |
|--|-------------------------------|
| Required quantity: 1 | |
| Look back timeframe: 90 days | |
| GCN | Label Name |
| 17250 | PHENYTOIN 50 MG TABLET CHEW |
| 17200 | PHENYTOIN 50 MG/ML VIAL |
| 17700 | PHENYTOIN SOD EXT 100 MG CAP |
| 15038 | PHENYTOIN SOD EXT 200 MG CAP |
| 15037 | PHENYTOIN SOD EXT 300 MG CAP |
| 11153 | PIMOZIDE 1 MG TABLET |
| 11150 | PIMOZIDE 2 MG TABLET |
| 42940 | PLAQUENIL 200 MG TAB |
| 29166 | PRADAXA 150 MG CAPSULE |
| 99708 | PRADAXA 75 MG CAPSULE |
| 64269 | PREVPAC PATIENT PACK |
| 37367 | PREZCOBIX 800-150MG TABLET |
| 31201 | PREZISTA 100MG/ML SUSPENSION |
| 23489 | PREZISTA 150MG TABLET |
| 99434 | PREZISTA 600MG TABLET |
| 16759 | PREZISTA 75MG TABLET |
| 33723 | PREZISTA 800MG TABLET |
| 17321 | PRIMIDONE 250 MG TABLET |
| 17322 | PRIMIDONE 50 MG TABLET |
| 14771 | PROCHLORPERAZINE 10 MG TAB |
| 14761 | PROCHLORPERAZINE 25 MG SUPP |
| 14773 | PROCHLORPERAZINE 5 MG TABLET |
| 28251 | PROGRAF 0.2 MG GRANULE PACKET |
| 28495 | PROGRAF 0.5 MG CAPSULE |
| 28491 | PROGRAF 1 MG CAPSULE |
| 28249 | PROGRAF 1 MG GRANULE PACKET |
| 28492 | PROGRAF 5 MG CAPSULE |
| 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 |

| Step 7 (therapy with contraindicated drugs) | |
|--|---------------------------------|
| Required quantity: 1 | |
| Look back timeframe: 90 days | |
| GCN | Label Name |
| 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 |
| 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 |
| 982238 | 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 |
| 28502 | RAPAMUNE 0.5 MG TABLET |
| 13696 | RAPAMUNE 1 MG TABLET |
| 50356 | RAPAMUNE 1 MG/ML ORAL SOLN |
| 19299 | RAPAMUNE 2 MG TABLET |
| 84853 | RAZADYNE 12 MG TABLET |
| 84854 | RAZADYNE 4 MG TABLET |
| 84855 | RAZADYNE 8 MG TABLET |

| Step 7 (therapy with contraindicated drugs) | |
|--|------------------------------|
| Required quantity: 1 | |
| Look back timeframe: 90 days | |
| GCN | Label Name |
| 23606 | RAZADYNE ER 16 MG CAPSULE |
| 23607 | RAZADYNE ER 24 MG CAPSULE |
| 23605 | RAZADYNE ER 8 MG CAPSULE |
| 15173 | RELPAX 20 MG TABLET |
| 15174 | RELPAX 40 MG TABLET |
| 33186 | REVATIO 10 MG/ML ORAL SUSP |
| 24758 | REVATIO 20 MG TABLET |
| 19952 | REYATAZ 150 MG CAPSULE |
| 19953 | REYATAZ 200 MG CAPSULE |
| 97430 | REYATAZ 300 MG CAPSULE |
| 36647 | REYATAZ 50 MG POWDER PACKET |
| 36647 | REYATAZ 50MG POWDER PACK |
| 41260 | RIFADIN 150 MG CAPSULE |
| 41261 | RIFADIN 300 MG CAPSULE |
| 41470 | RIFADIN IV 600 MG VIAL |
| 89800 | RIFAMATE CAPSULE |
| 41260 | RIFAMPIN 150 MG CAPSULE |
| 41261 | RIFAMPIN 300 MG CAPSULE |
| 41470 | RIFAMPIN IV 600 MG VIAL |
| 14142 | RIFATER TABLET |
| 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 |
| 25025 | RISPERDAL M-TAB 4 MG ODT |
| 24448 | RISPERIDONE 0.25 MG ODT |
| 92872 | RISPERIDONE 0.25 MG TABLET |

| Step 7 (therapy with contraindicated drugs) | |
|--|----------------------------------|
| Required quantity: 1 | |
| Look back timeframe: 90 days | |
| GCN | Label Name |
| 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 |
| 28224 | RITONAVIR 100 MG TABLET |
| 24294 | SAMSCA 15 MG TABLET |
| 24302 | SAMSCA 30 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 |
| 98734 | SELZENTRY 150 MG TABLET |
| 42655 | SELZENTRY 20 MG/ML ORAL SOLN |
| 42976 | SELZENTRY 25 MG TABLET |
| 98739 | SELZENTRY 300 MG TABLET |
| 42977 | SELZENTRY 75 MG TABLET |
| 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 |
| 24758 | SILDENAFIL 20 MG TABLET |
| 33186 | SILDENAFIL 10 MG/ML ORAL SUSP |
| 26532 | SIMVASTATIN 10 MG TABLET |
| 26533 | SIMVASTATIN 20 MG TABLET |

| Step 7 (therapy with contraindicated drugs) | |
|--|-------------------------------|
| Required quantity: 1 | |
| Look back timeframe: 90 days | |
| GCN | Label Name |
| 26534 | SIMVASTATIN 40 MG TABLET |
| 26531 | SIMVASTATIN 5 MG TABLET |
| 26535 | SIMVASTATIN 80 MG TABLET |
| 28502 | SIROLIMUS 0.5 MG TABLET |
| 13696 | SIROLIMUS 1 MG TABLET |
| 50356 | SIROLIMUS 1 MG/ML SOLUTION |
| 19299 | SIROLIMUS 2 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 |
| 33130 | STRIBILD TABLET |
| 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 |
| 43968 | SYMTUZA 800-150-200-10 MG TAB |

| Step 7 (therapy with contraindicated drugs) | |
|--|-------------------------------|
| Required quantity: 1 | |
| Look back timeframe: 90 days | |
| GCN | Label Name |
| 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 |
| 47500 | TEGRETOL 100 MG/5 ML SUSP |
| 17450 | TEGRETOL 200 MG TABLET |
| 27820 | TEGRETOL XR 100 MG TABLET |
| 27821 | TEGRETOL XR 200 MG TABLET |
| 27822 | TEGRETOL XR 400 MG TABLET |
| 14882 | THIORIDAZINE 10 MG TABLET |
| 14883 | THIORIDAZINE 100 MG TABLET |
| 14880 | THIORIDAZINE 25 MG TABLET |
| 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 |
| 45848 | TOLSURA 65 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 |
| 24294 | TOLVAPTAN 15 MG TABLET |
| 24302 | TOLVAPTAN 30 MG TABLET |
| 16392 | TRAZODONE 100MG TABLET |
| 16393 | TRAZODONE 150MG TABLET |
| 16394 | TRAZODONE 300MG TABLET |
| 16391 | TRAZODONE 50MG TABLET |
| 14282 | TRIAZOLAM 0.125 MG TABLET |
| 14280 | TRIAZOLAM 0.25 MG TABLET |

| Step 7 (therapy with contraindicated drugs) | |
|--|---------------------------------|
| Required quantity: 1 | |
| Look back timeframe: 90 days | |
| GCN | Label Name |
| 16592 | TRIMIPRAMINE MALEATE 100 MG CAP |
| 16593 | TRIMIPRAMINE MALEATE 25 MG CAP |
| 16594 | TRIMIPRAMINE MALEATE 50 MG CAP |
| 36468 | TYBOST 150MG TABLET |
| 98140 | TYKERB 250 MG TABLET |
| 34063 | UCERIS 9 MG ER 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 |
| 40312 | VIRACEPT 250 MG TABLET |
| 19717 | VIRACEPT 625 MG TABLET |
| 13952 | VISTARIL 25 MG CAPSULE |
| 13953 | VISTARIL 50 MG CAPSULE |
| 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 |
| 33183 | XTANDI 40 MG CAPSULE |
| 24433 | ZANAFLEX 2 MG CAPSULE |

| Step 7 (therapy with contraindicated drugs) | |
|--|--------------------------------|
| Required quantity: 1 | |
| Look back timeframe: 90 days | |
| GCN | Label Name |
| 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 |
| 48795 | ZITHROMAX I.V. 500 MG VIAL |
| 24866 | ZMAX 2 G/60 ML ORAL SUSPENSION |
| 26532 | ZOCOR 10 MG TABLET |
| 26533 | ZOCOR 20 MG TABLET |
| 26534 | ZOCOR 40 MG TABLET |
| 26535 | ZOCOR 80 MG TABLET |
| 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 |
| 24825 | ZORTRESS 0.25 MG TABLET |
| 24826 | ZORTRESS 0.5 MG TABLET |
| 24827 | ZORTRESS 0.75 MG TABLET |
| 28589 | ZORTRESS 1 MG TABLET |
| 36884 | ZYDELIG 100MG TABLET |
| 36885 | ZYDELIG 150MG 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 |

| Step 7 (therapy with contraindicated drugs) | |
|--|------------------------------|
| Required quantity: 1 | |
| Look back timeframe: 90 days | |
| GCN | Label Name |
| 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 |



Cortisol Receptor Antagonists

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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 |
|------------------|--|
| 04/22/2022 | <ul style="list-style-type: none">• Initial publication and presentation to the DUR Board |
| 11/09/2023 | <ul style="list-style-type: none">• Annual review by staff• Added Korlym (Mifepristone) to criteria• Updated references |
| 06/10/2024 | <ul style="list-style-type: none">• Updated document name to Cortisol Receptor Antagonists |
| 06/30/2024 | <ul style="list-style-type: none">• Annual review by staff• Added maximum dosing check to criteria; not to exceed 1200mg/day• Updated references |