

Texas Prior Authorization Program
Clinical Criteria

Drug/Drug Class

Rhapsido (Remibrutinib)

Clinical Criteria Information Included in this Document

Rhapsido (Remibrutinib)

- [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

Initial publication and presentation to the DUR Board



Rhapsido (Remibrutinib)

Drugs Requiring Prior Authorization

The listed GCNs may not be an indication of Texas Medicaid Formulary coverage. To learn the current formulary coverage, visit txvendordrug.com/searches/formulary-drug-search.

Drugs Requiring Prior Authorization	
Label Name	GCN
RHAPSIDO 25 MG TABLET	58417

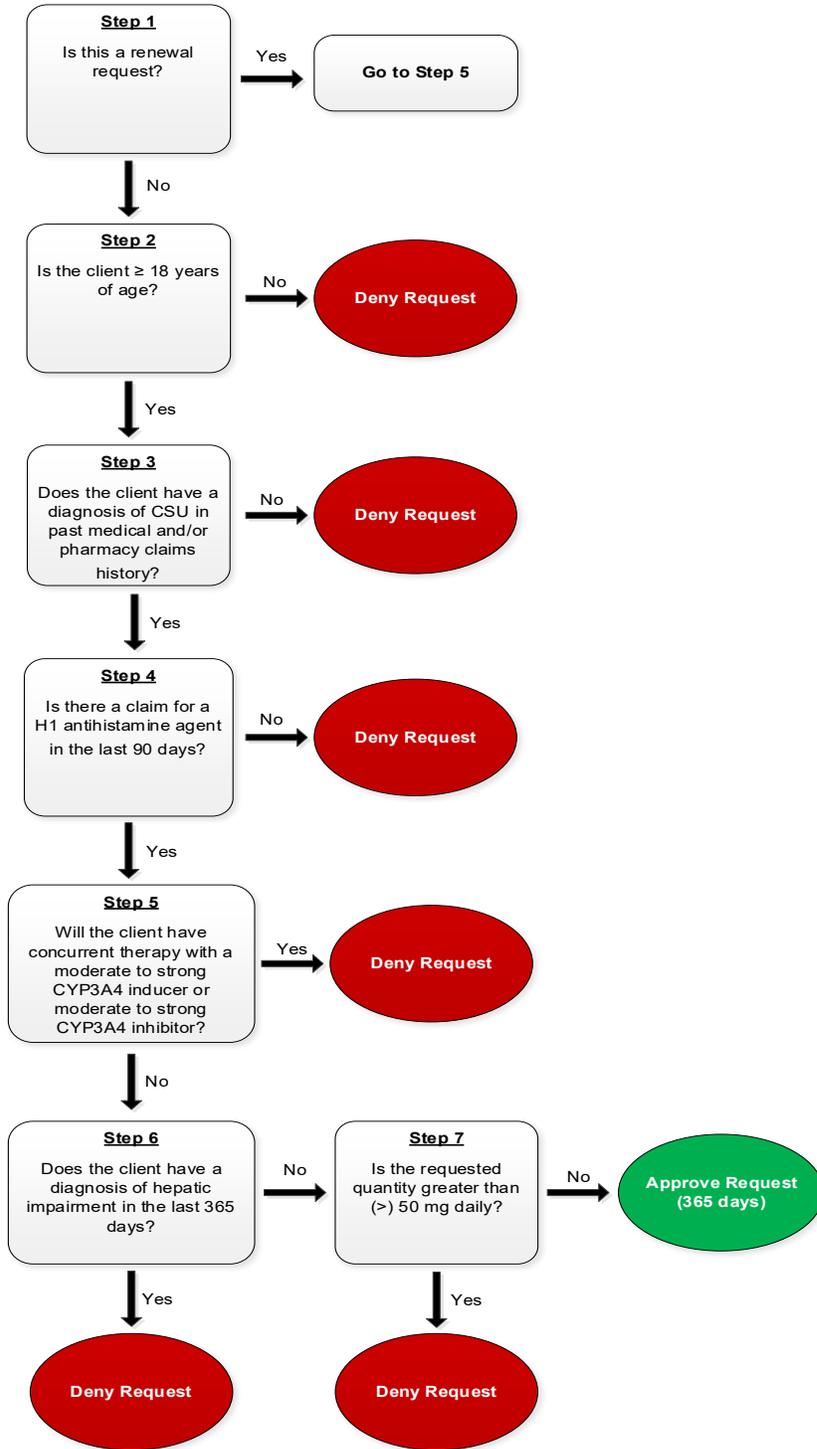
**Rhapsido (Remibrutinib)****Clinical Criteria Logic**

1. Is this a renewal request?
 - Yes – Go to #5
 - No – Go to #2
2. Is the client greater than or equal to (\geq) 18 years of age?
 - Yes – Go to #3
 - No – Deny
3. Does the client have a [diagnosis of chronic spontaneous urticaria \(CSU\)](#) in past medical and/or pharmacy claims history?
 - Yes – Go to #4
 - No – Deny
4. Is there a claim for a [H1 antihistamine agent](#) in the last 90 days?
 - Yes – Go to #5
 - No – Deny
5. Will the client have concurrent therapy with a [moderate to strong CYP3A4 inducer](#) or [moderate to strong CYP3A4 inhibitor](#)?
 - Yes – Deny
 - No – Go to #6
6. Does the client have a [diagnosis of hepatic impairment](#) in the last 365 days?
 - Yes – Deny
 - No – Go to #7
7. Is the requested quantity greater than ($>$) 50 mg daily?
 - Yes – Deny
 - No – Approve (365 days)



Rhapsido (Remibrutinib)

Clinical Criteria Logic Diagram





Rhapsido (Remibrutinib)

Clinical Criteria Supporting Tables

Table 3 (diagnosis of chronic spontaneous urticaria (CSU))	
ICD-10 Code	Description
L500	ALLERGIC URTICARIA
L501	IDIOPATHIC URTICARIA
L508	OTHER (CHRONIC, RECURRENT) URTICARIA
L509	UNSPECIFIED URTICARIA

Table 4 (H1 Antihistamine)	
GCN	Label Name
14901	24HR ALLERGY (LEVOCETIRZIN) 5 MG
49291	ALL DAY ALLERGY 10 MG TABLET
46512	ALLER-CHLOR 4MG TABLET
60563	ALLERGY (LORATADINE) 10 MG TAB
45971	ALLERGY 25 MG CAPSULE
46512	ALLERGY 4 MG TABLET
60563	ALLERGY RELIEF 10 MG TAB
46594	ALLERGY RELIEF 180 MG TABLET
45971	ALLERGY RELIEF 25 MG SOFTGEL
46071	ALLERGY RELIEF 25 MG TABLET
46512	ALLERGY RELIEF 4 MG TABLET
60562	ALLERGY RELIEF 5 MG/5 ML SOLN
63570	ALLERGY RELIEF D-12 TABLET
63577	ALLERGY RELIEF D-24HR TABLET
13866	ALLERGY RELIEF-D TABLET

Table 4 (H1 Antihistamine)	
GCN	Label Name
49291	ALLERGY RLF (CETRZN) 10 MG TAB
63565	ALLERGY-CONGEST 12HR 60-120 MG
45971	BANOPHEN 25 MG CAPSULE
45972	BANOPHEN 50 MG CAPSULE
49290	CETIRIZINE HCL 1 MG/ML SOLN
49290	CETIRIZINE HCL 1 MG/ML SYRUP
49290	CETIRIZINE HCL 1 MG/ML SYRUP
21771	CETIRIZINE HCL 10 MG CHEW TAB
49291	CETIRIZINE HCL 10 MG TABLET
21769	CETIRIZINE HCL 5 MG CHEW TAB
49292	CETIRIZINE HCL 5 MG TABLET
27714	CETIRIZINE HCL 5 MG/5 ML SYRUP
13866	CETIRIZINE-PSE ER 5-120 MG TAB
49290	CHILD ALL DAY ALLERGY 1 MG/ML
49290	CHILD ALLERGY RELIEF 1 MG/ML
60562	CHILD ALLERGY RELIEF 5MG/5 ML
48831	CHILD ALLERGY RLF 12.5 MG/5 ML
21771	CHILD CETIRIZINE 10 MG CHEW TAB
21769	CHILD CETIRIZINE 5 MG CHEW TAB
49290	CHILD CETIRIZINE HCL 1 MG/ML SOL
45393	CHILD LORATADINE 10 MG/10 ML
60562	CHILD LORATADINE 5 MG/5 ML SOL
46461	CHLORPHENIRAMINE 12 MG CP SA
46541	CHLORPHENIRAMINE 12 MG TB SA
46503	CHLORPHENIRAMINE 2 MG/5 ML SY

Table 4 (H1 Antihistamine)	
GCN	Label Name
46512	CHLORPHENIRAMINE 4 MG TABLET
46464	CHLORPHENIRAMINE 8 MG CAP SA
46544	CHLORPHENIRAMINE 8 MG TAB SA
96098	CHLORPHENIRAMINE/APAP TAB
12762	CLARINEX 5 MG TABLET
26558	CLARINEX-D 12 HR 2.5-120 MG TAB
46990	CLEMASTINE 0.5 MG/5 ML SYRUP
46990	CLEMASTINE 0.67 MG/5 ML SYRUP
46690	CLEMASTINE FUM 1.34 MG TAB
46691	CLEMASTINE FUM 2.68 MG TAB
15803	CYPROHEPTADINE 2 MG/5 ML SYRUP
15811	CYPROHEPTADINE 4 MG TABLET
25439	DESLORATADINE 2.5 MG ODT
19716	DESLORATADINE 5 MG ODT
12762	DESLORATADINE 5 MG TABLET
28379	DEXBROMPHENIR-PHENYLEPH 2-10 MG
46550	DEXCHLORPHEN 2 MG/5 ML SYRUP
46570	DEXCHLORPHENIRAMINE 4 MG TAB
46571	DEXCHLORPHENIRAMINE 6 MG TAB
18231	DIMENHYDRINATE 50 MG TABLET
18190	DIMENHYDRINATE 50 MG/ML SYRN
45971	DIPHENHIST 25 MG CAPSULE
48831	DIPHENHYDRAMINE 12.5 MG/5 ML
46032	DIPHENHYDRAMINE 12.5MG/5ML CUP
48831	DIPHENHYDRAMINE 12.5MG/5ML CUP

Table 4 (H1 Antihistamine)	
GCN	Label Name
45971	DIPHENHYDRAMINE 25 MG CAPSULE
27481	DIPHENHYDRAMINE 25 MG TABLET
46071	DIPHENHYDRAMINE 25 MG TABLET
45972	DIPHENHYDRAMINE 50 MG CAPSULE
46000	DIPHENHYDRAMINE 50 MG/ML SYN
46001	DIPHENHYDRAMINE 50 MG/ML SYN
42545	DIPHENHYDRAMINE 6.25 MG/ML
46062	DIPHENHYDRAMINE COUGH SYRUP
46032	DIPHENHYDRAMINE ELIXIR
46062	DIPHENHYDRAMINE SYRUP
46594	FEXOFENADINE HCL 180 MG TABLET
37198	FEXOFENADINE HCL 30 MG TABLET
97779	FEXOFENADINE HCL 30 MG/5 ML
46593	FEXOFENADINE HCL 60 MG TABLET
63565	FEXOFENADINE PSE ER 60-120 TAB
60563	GNP LORATADINE 10 MG TABLET
60563	GS ALLERGY RELIEF 10 MG TABLET
13932	HYDROXYZINE 10 MG/5 ML SYRUP
13901	HYDROXYZINE 25 MG/ML SYRINGE
13901	HYDROXYZINE 25 MG/ML TUBEX
13881	HYDROXYZINE 25 MG/ML VIAL
13900	HYDROXYZINE 50 MG/ML SYRINGE
13900	HYDROXYZINE 50 MG/ML TUBEX
13882	HYDROXYZINE 50 MG/ML VIAL
13941	HYDROXYZINE HCL 10 MG TABLET

Table 4 (H1 Antihistamine)	
GCN	Label Name
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
97950	LEVOCETIRIZINE 2.5 MG/5 ML SOL
14901	LEVOCETIRIZINE 5 MG TABLET
60521	LORATADINE 10 MG ODT
60563	LORATADINE 10 MG TABLET
60562	LORATADINE 5 MG/5 ML SYRUP
60562	LORATADINE ALLERGY 5 MG/5 ML
63570	LORATADINE-D 12 HOUR TABLET
63577	LORATADINE-D 24HR TABLET
18301	MECLIZINE 12.5 MG TABLET
18302	MECLIZINE 25 MG TABLET
18312	MECLIZINE 25 MG TABLET CHEW
15042	PROMETHAZINE 12.5 MG TABLET
15043	PROMETHAZINE 25 MG TABLET
15044	PROMETHAZINE 50 MG TABLET
15035	PROMETHAZINE 6.25 MG/5 ML SYR
52370	PROMETHAZINE VC SYRUP
52380	PROMETHAZINE VC/COD SYRUP
52360	PROMETHAZINE/CODEINE SYRUP
48831	QC CHILD ALLERGY 12.5 MG/5 ML
45971	QC COMPLETE ALLERGY 25 MG CAP

Table 4 (H1 Antihistamine)	
GCN	Label Name
60521	RA LORATADINE 10 MG ODT
60563	RA LORATADINE 10 MG TABLET
60562	RA LORATADINE 5 MG/5 ML SYRUP
48831	SILADRYL 12.5 MG/5 ML
45972	SK-DIPHENHYDRAMINE 50 MG CAP
48831	SM ALLERGY RELIEF 12.5 MG/5 ML
60562	SM CHILD LORATADINE 5 MG/5 ML
60521	SM LORATADINE 10 MG ODT
60563	SM LORATADINE 10 MG TABLET
60562	SM LORATADINE 5 MG/5 ML SYRUUP
63577	SM LORATADINE D 24HR TABLET
63570	SM LORATADINE-D 12 HOUR TABLET
13952	VISTARIL 25 MG CAPSULE
13953	VISTARIL 50 MG CAPSULE

Table 5a (moderate to strong CYP3A4 inducer)	
GCN	Label Name
25445	ACTOPLUS MET 15-850MG TABLET
25444	ACTOPLUS MET 15-500MG TABLET
28620	ACTOPLUS MET XR 15-1000MG TABLET
28622	ACTOPLUS MET XR 30-1000MG TABLET
92991	ACTOS 15MG TABLET
93001	ACTOS 30MG TABLET
93011	ACTOS 45MG TABLET
34080	ALOGLIPTIN-PIOGLIT 12.5-15 MG

Table 5a (moderate to strong CYP3A4 inducer)	
GCN	Label Name
34083	ALOGLIPTIN-PIOGLIT 12.5-30 MG
34084	ALOGLIPTIN-PIOGLIT 12.5-45 MG
34077	ALOGLIPTIN-PIOGLIT 25-15 MG TB
34078	ALOGLIPTIN-PIOGLIT 25-30 MG TB
34079	ALOGLIPTIN-PIOGLIT 25-45 MG TB
36098	APTiom 200MG TABLET
36099	APTiom 400MG TABLET
36106	APTiom 600MG TABLET
27409	APTiom 800MG TABLET
27346	ATRIPLA TABLET
92373	BEXAROTENE 75MG CAPSULE
14978	BOSENTAN 125 MG TABLET
14979	BOSENTAN 62.5 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
23932	CARBAMAZEPINE ER 200 MG CAP
27820	CARBAMAZEPINE ER 100 MG TABLET
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

Table 5a (moderate to strong CYP3A4 inducer)	
GCN	Label Name
17700	DILANTIN 100 MG CAPSULE
17241	DILANTIN 125 MG/5 ML SUSP
17701	DILANTIN 30 MG CAPSULE
17250	DILANTIN 50 MG INFATAB
97181	DUETACT 30-2MG TABLET
97180	DUETACT 30-4MG TABLET
15555	EFAVIRENZ 600 MG TABLET
44425	EFAVIR-LAMIV-TENOF 400-300-300
27346	EFAVIR-EMTRI-TENOF 600-200-300
44548	EFAVIR-LAMIV-TENOF 600-300-300
17450	EPITOL 200 MG TABLET
13781	EQUETRO 100 MG CAPSULE
13805	EQUETRO 200 MG CAPSULE
13818	EQUETRO 300 MG CAPSULE
53749	ERLEADA 240 MG TABLET
44446	ERLEADA 60 MG TABLET
99318	ETRAVIRINE 100 MG TABLET
29424	ETRAVIRINE 200 MG TABLET
99318	INTELENCE 100MG TABLET
29424	INTELENCE 200MG TABLET
32035	INTELENCE 25MG TABLET
45688	LORBRENA 100 MG TABLET
45687	LORBRENA 25 MG TABLET
38710	LYSODREN 500MG TABLET
26101	MODAFINIL 100MG TABLET

Table 5a (moderate to strong CYP3A4 inducer)	
GCN	Label Name
26102	MODAFINIL 200MG TABLET
29810	MYCOBUTIN 150 MG CAPSULE
17310	MYSOLINE 250 MG/5 ML SUSP
17321	MYSOLINE 250MG TABLET
17322	MYSOLINE 50MG TABLET
31420	NEVIRAPINE 200MG TABLET
31421	NEVIRAPINE 50MG/5ML SUSPENSION
29767	NEVIRAPINE ER 400MG TABLET
30935	NEVIRAPINE ER 100 MG TABLET
42366	ORKAMBI 100-125MG TABLET
39008	ORKAMBI 200-125MG TABLET
36937	ORKAMBI 100-125 MG GRANULE PKT
42848	ORKAMBI 150-188 MG GRANULE PKT
52865	ORKAMBI 75-94 MG GRANULE PKT
34080	OSENI 12.5-15MG TABLET
34083	OSENI 12.5-30MG TABLET
34084	OSENI 12.5-45MG TABLET
34077	OSENI 25-15MG TABLET
34078	OSENI 25-30MG TABLET
34079	OSENI 25-45MG TABLET
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

Table 5a (moderate to strong CYP3A4 inducer)	
GCN	Label Name
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
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
92991	PIOGLITAZONE HCL 15 MG TABLET
93001	PIOGLITAZONE HCL 30 MG TABLET
93011	PIOGLITAZONE HCL 45 MG TABLET
97181	PIOGLITAZONE-GLIMEPIRIDE 30-2
97180	PIOGLITAZONE-GLIMEPIRIDE 30-4
25444	PIOGLITAZONE-METFORMIN 15-500
25445	PIOGLITAZONE-METFORMIN 15-850
45911	PRIFTIN 150MG TABLET
21726	PRIMIDONE 125 MG TABLET
17321	PRIMIDONE 250MG TABLET
17322	PRIMIDONE 50MG TABLET

Table 5a (moderate to strong CYP3A4 inducer)	
GCN	Label Name
26101	PROVIGIL 100MG TABLET
26102	PROVIGIL 200MG TABLET
29810	RIFABUTIN 150 MG CAPSULE
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
43302	SUSTIVA 100 MG CAPSULE
43303	SUSTIVA 200MG CAPSULE
43301	SUSTIVA 50MG CAPSULE
15555	SUSTIVA 600MG TABLET
44548	SYMFI 600-300-300 MG TABLET
44425	SYMFI LO 400-300-300 MG TABLET
53863	TAFINLAR 10 MG TABLET FOR SUSP
34723	TAFINLAR 50MG CAPSULE
34724	TAFINLAR 75MG CAPSULE
92373	TARGRETIN 75 MG SOFTGEL
92373	TARGRETIN 75MG CAPSULE
17460	TEGRETOL 100 MG TABLET CHEW
47500	TEGRETOL 100 MG/5 ML SUSP
17450	TEGRETOL 200 MG TABLET

Table 5a (moderate to strong CYP3A4 inducer)	
GCN	Label Name
27820	TEGRETOL XR 100 MG TABLET
27821	TEGRETOL XR 200 MG TABLET
27822	TEGRETOL XR 400 MG TABLET
45016	TIBSOVO 250 MG TABLET
14978	TRACLEER 125MG TABLET
14979	TRACLEER 62.5MG TABLET
43819	TRACLEER 32 MG TABLET FOR SUSP
31420	VIRAMUNE 200MG TABLET
31421	VIRAMUNE 50MG/5ML SUSPENSION
30935	VIRAMUNE XR 100MG TABLET
29767	VIRAMUNE XR 400MG TABLET
47395	XCOPRI 100 MG TABLET
47409	XCOPRI 12.5-25 MG TITRATION PK
47396	XCOPRI 150 MG TABLET
47414	XCOPRI 150-200 MG TITRATION PK
47397	XCOPRI 200 MG TABLET
55041	XCOPRI 25 MG TABLET
49574	XCOPRI 250 MG DAILY DOSE PACK
47416	XCOPRI 350 MG DAILY DOSE PACK
47394	XCOPRI 50 MG TABLET
47413	XCOPRI 50-100 MG TITRATION PAK
33183	XTANDI 40MG CAPSULE
46626	XTANDI 40 MG TABLET
48452	XTANDI 80 MG TABLET

Table 5b (moderate to strong CYP3A4 inhibitor)	
GCN	Label Name
37239	AKYNZEO 300-0.5 MG CAPSULE
19366	APREPITANT 125 MG CAPSULE
19367	APREPITANT 125-80-80 MG PACK
27278	APREPITANT 40 MG CAPSULE
19365	APREPITANT 80 MG CAPSULE
19952	ATAZANAVIR SULFATE 150MG CAP
19953	ATAZANAVIR SULFATE 200MG CAP
97430	ATAZANAVIR SULFATE 300MG CAP
02341	CALAN 120 MG TABLET
32472	CALAN SR 120 MG CAPLET
32471	CALAN SR 180 MG CAPLET
32470	CALAN SR 240 MG CAPLET
02363	CARDIZEM 120 MG TABLET
02360	CARDIZEM 30 MG TABLET
02361	CARDIZEM 60 MG TABLET
02326	CARDIZEM CD 120 MG CAPSULE
02323	CARDIZEM CD 180 MG CAPSULE
02324	CARDIZEM CD 240 MG CAPSULE
02325	CARDIZEM CD 300 MG CAPSULE
07460	CARDIZEM CD 360 MG CAPSULE
19183	CARDIZEM LA 180 MG TABLET
02326	CARTIA XT 120MG CAPSULE
02323	CARTIA XT 180MG CAPSULE
02324	CARTIA XT 240MG CAPSULE
02325	CARTIA XT 300MG CAPSULE

Table 5b (moderate to strong CYP3A4 inhibitor)	
GCN	Label Name
47053	CIPRO 100 MG TABLET
47050	CIPRO 250 MG TABLET
47051	CIPRO 500 MG TABLET
47052	CIPRO 750 MG TABLET
20315	CIPRO XR 1,000 MG TABLET
18898	CIPRO XR 500 MG TABLET
47056	CIPROFLOXACIN 250 MG/5 ML SUSP
20315	CIPROFLOXACIN ER 1,000 MG TAB
18898	CIPROFLOXACIN ER 500 MG TABLET
47053	CIPROFLOXACIN HCL 100 MG TAB
47050	CIPROFLOXACIN HCL 250 MG TAB
47051	CIPROFLOXACIN HCL 500 MG TAB
47052	CIPROFLOXACIN HCL 750 MG TAB
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
45424	COPIKTRA 15 MG CAPSULE
45425	COPIKTRA 25 MG CAPSULE
38095	CRESEMBA 186 MG CAPSULE
38094	CRESEMBA 372 MG VIAL
54696	CRESEMBA 74.5 MG CAPSULE
26820	CRIVAN 200 MG CAPSULE
26822	CRIVAN 400 MG CAPSULE

Table 5b (moderate to strong CYP3A4 inhibitor)	
GCN	Label Name
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
07463	DILT XR 120 MG CAPSULE
07461	DILT XR 180 MG CAPSULE
07462	DILT XR 240 MG CAPSULE
02363	DILTIAZEM 120 MG TABLET
02321	DILTIAZEM 12HR ER 120 MG CAP
02322	DILTIAZEM 12HR ER 60 MG CAP
02320	DILTIAZEM 12HR ER 90 MG CAP
19180	DILTIAZEM 24H ER(LA) 120 MG TB
19183	DILTIAZEM 24H ER(LA) 180 MG TB
19184	DILTIAZEM 24H ER(LA) 240 MG TB
19185	DILTIAZEM 24H ER(LA) 300 MG TB
19186	DILTIAZEM 24H ER(LA) 360 MG TB
19187	DILTIAZEM 24H ER(LA) 420 MG TB
02326	DILTIAZEM 24HR ER 120 MG CAP
02323	DILTIAZEM 24HR ER 180 MG CAP
02324	DILTIAZEM 24HR ER 240 MG CAP
02325	DILTIAZEM 24HR ER 300 MG CAP
07460	DILTIAZEM 24HR ER 360 MG CAP
02360	DILTIAZEM 30 MG TABLET

Table 5b (moderate to strong CYP3A4 inhibitor)	
GCN	Label Name
02361	DILTIAZEM 60 MG TABLET
02362	DILTIAZEM 90 MG TABLET
02330	DILTIAZEM ER 120 MG CAPSULE
02329	DILTIAZEM ER 180 MG CAPSULE
02332	DILTIAZEM HCL ER 240 MG CAP
02333	DILTIAZEM HCL ER 300 MG CAP
02328	DILTIAZEM HCL ER 360 MG CAP
94691	DILTIAZEM HCL ER 420 MG CAP
40523	E.E.S. 200 MG/5 ML GRANULES
40560	E.E.S. 400 FILMTAB
99335	EMEND 115 MG VIAL
40344	EMEND 125 MG POWDER PACKET
19366	EMEND 125MG CAPSULE
29247	EMEND 150 MG VIAL
27278	EMEND 40MG CAPSULE
19365	EMEND 80MG CAPSULE
19367	EMEND TRIPACK
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
40523	ERYTHROMYCIN 200 MG/5 ML SUSP

Table 5b (moderate to strong CYP3A4 inhibitor)	
GCN	Label Name
40720	ERYTHROMYCIN 250 MG FILMTAB
40524	ERYTHROMYCIN 400 MG/5 ML SUSP
40721	ERYTHROMYCIN 500 MG FILMTAB
40660	ERYTHROMYCIN EC 250 MG CAP
40560	ERYTHROMYCIN ES 400 MG TAB
37797	EVOTAZ 300-150MG TABLET
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
69790	FLUCONAZOLE-NACL 200 MG/100 ML
69791	FLUCONAZOLE-NACL 400 MG/200 ML
20553	FOSAMPRENAVIR 700 MG TABLET
40092	GENVOYA TABLET
19908	GLEEVEC 100 MG TABLET
19907	GLEEVEC 400 MG TABLET
19908	IMATINIB MESYLATE 100 MG TAB
19907	IMATINIB MESYLATE 400 MG TAB
23952	INVIRASE 500 MG TABLET
49100	ITRACONAZOLE 10 MG/ML SOLUTION
49101	ITRACONAZOLE 100 MG CAPSULE
99101	KALETRA 100-25 MG TABLET
25919	KALETRA 200-50 MG TABLET

Table 5b (moderate to strong CYP3A4 inhibitor)	
GCN	Label Name
31782	KALETRA 400-100/5 ML ORAL SOLU
25905	KETEK 300 MG TABLET
15175	KETEK 400 MG TABLET
42590	KETOCONAZOLE 200 MG TABLET
43162	KISQALI 200 MG DAILY DOSE
43166	KISQALI 400 MG DAILY DOSE
43167	KISQALI 600 MG DAILY DOSE
43366	KISQALI FEMARA 200 MG CO-PACK
43368	KISQALI FEMARA 400 MG CO-PACK
43369	KISQALI FEMARA 600 MG CO-PACK
31485	KORLYM 300 MG TABLET
64269	LANSOPRAZOL-AMOXICIL-CLARITHRO
23783	LEXIVA 50MG/ML SUSPENSION
20553	LEXIVA 700MG TABLET
31782	LOPINAVIR-RITONAVIR 80-20MG/ML
99101	LOPINAVIR-RITONAVR 100-25MG TB
25919	LOPINAVIR-RITONAVR 200-50MG TB
19183	MATZIM LA 180MG TABLET
19184	MATZIM LA 240MG TABLET
19185	MATZIM LA 300MG TABLET
19186	MATZIM LA 360MG TABLET
19187	MATZIM LA 420MG TABLET
26586	MULTAQ 400 MG TABLET
16406	NEFAZODONE 100MG TABLET
16407	NEFAZODONE 150MG TABLET

Table 5b (moderate to strong CYP3A4 inhibitor)	
GCN	Label Name
16408	NEFAZODONE 200MG TABLET
16409	NEFAZODONE 250MG TABLET
16404	NEFAZODONE 50MG TABLET
26812	NORVIR 100 MG CAPSULE
40309	NORVIR 100 MG POWDER PACKET
28224	NORVIR 100 MG TABLET
26810	NORVIR 80 MG/ML SOLUTION
49744	NOXAFIL 300 MG POWDERMIX SUSP
36248	NOXAFIL 300 MG/16.7 ML VIAL
26502	NOXAFIL 40 MG/ML SUSPENSION
35649	NOXAFIL DR 100 MG TABLET
32137	OMECLAMOX-PAK COMBO PACK
26502	POSACONAZOLE 200 MG/5 ML SUSP
36248	POSACONAZOLE 300 MG/16.7 ML VL
35649	POSACONAZOLE DR 100 MG TABLET
44049	PREVYMIS 240 MG TABLET
44061	PREVYMIS 480 MG TABLET
37367	PREZCOBIX 150MG TABLET
31201	PREZISTA 100MG/ML SUSPENSION
23489	PREZISTA 150MG TABLET
99434	PREZISTA 600MG TABLET
16759	PREZISTA 75MG TABLET
33723	PREZISTA 800MG TABLET
19952	REYATAZ 150MG CAPSULE
19953	REYATAZ 200MG CAPSULE

Table 5b (moderate to strong CYP3A4 inhibitor)	
GCN	Label Name
37430	REYATAZ 300MG CAPSULE
36647	REYATAZ 50MG POWDER PACK
28224	RITONAVIR 100 MG TABLET
16406	SERZONE 100 MG TABLET
16407	SERZONE 150 MG TABLET
16408	SERZONE 200 MG TABLET
16409	SERZONE 250 MG TABLET
16404	SERZONE 50 MG TABLET
49100	SPORANOX 10 MG/ML SOLUTION
49101	SPORANOX 100 MG CAPSULE
91170	SPORANOX 250 MG KIT
33130	STRIBILD TABLET
43968	SYMTUZA 800-150-200-10 MG TAB
28737	TASIGNA 150 MG CAPSULE
99070	TASIGNA 200 MG CAPSULE
02330	TAZTIA XT 120MG CAPSULE
02329	TAZTIA XT 180MG CAPSULE
02332	TAZTIA XT 240MG CAPSULE
02333	TAZTIA XT 300MG CAPSULE
02328	TAZTIA XT 360MG CAPSULE
02330	TIADYLT ER 120 MG CAPSULE
02329	TIADYLT ER 180 MG CAPSULE
02332	TIADYLT ER 240 MG CAPSULE
02333	TIADYLT ER 300 MG CAPSULE
02328	TIADYLT ER 360 MG CAPSULE

Table 5b (moderate to strong CYP3A4 inhibitor)	
GCN	Label Name
94691	TIADYLT ER 420 MG CAPSULE
45848	TOLSURA 65 MG CAPSULE
32112	TRANDOLAPR-VERAPAM ER 1-240 MG
32111	TRANDOLAPR-VERAPAM ER 2-180 MG
32113	TRANDOLAPR-VERAPAM ER 2-240 MG
32114	TRANDOLAPR-VERAPAM ER 4-240 MG
36468	TYBOST 150MG TABLET
02341	VERAPAMIL 120 MG TABLET
03004	VERAPAMIL 360 MG CAP PELLETT
47110	VERAPAMIL 40 MG TABLET
02342	VERAPAMIL 80 MG TABLET
03003	VERAPAMIL ER 120 MG CAPSULE
32472	VERAPAMIL ER 120 MG TABLET
03001	VERAPAMIL ER 180 MG CAPSULE
32471	VERAPAMIL ER 180 MG TABLET
03002	VERAPAMIL ER 240 MG CAPSULE
32470	VERAPAMIL ER 240 MG TABLET
94122	VERAPAMIL ER PM 100 MG CAPSULE
94123	VERAPAMIL ER PM 200 MG CAPSULE
94124	VERAPAMIL ER PM 300 MG CAPSULE
03003	VERELAN 120 MG CAP PELLETT
03001	VERELAN 180 MG CAP PELLETT
03002	VERELAN 240 MG CAP PELLETT
03004	VERELAN 360 MG CAP PELLETT
94122	VERELAN PM 100 MG CAP PELLETT

Table 5b (moderate to strong CYP3A4 inhibitor)	
GCN	Label Name
94123	VERELAN PM 200 MG CAP PELLETT
94124	VERELAN PM 300 MG CAP PELLETT
17498	VFEND 200 MG TABLET
21513	VFEND 40 MG/ML SUSPENSION
17497	VFEND 50 MG TABLET
17499	VFEND IV 200 MG VIAL
37614	VIEKIRA PAK
41932	VIEKIRA XR TABLET
40312	VIRACEPT 250 MG TABLET
19717	VIRACEPT 625 MG TABLET
17498	VORICONAZOLE 200 MG TABLET
17499	VORICONAZOLE 200 MG VIAL
21513	VORICONAZOLE 40 MG/ML SUSP
17497	VORICONAZOLE 50 MG TABLET
55029	XALKORI 150 MG PELLETT
55027	XALKORI 20 MG PELLETT
30458	XALKORI 200 MG CAPSULE
30457	XALKORI 250 MG CAPSULE
55028	XALKORI 50 MG PELLETT
36884	ZYDELIG 100MG TABLET
36885	ZYDELIG 150MG TABLET
36447	ZYKADIA 150MG CAPSULE

Table 6 (diagnosis of hepatic impairment)	
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
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
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

Table 6 (diagnosis of hepatic impairment)	
ICD-10 Code	Description
K702	ALCOHOLIC FIBROSIS AND SCLEROSIS OF LIVER
K7030	ALCOHOLIC CIRRHOSIS OF LIVER WITHOUT ASCITES
K7031	ALCOHOLIC CIRRHOSIS OF LIVER WITH ASCITES
K7040	ALCOHOLIC HEPATIC FAILURE WITHOUT COMA
K7041	ALCOHOLIC HEPATIC FAILURE WITH COMA
K709	ALCOHOLIC LIVER DISEASE, UNSPECIFIED
K710	TOXIC LIVER DISEASE WITH CHOLESTASIS
K7110	TOXIC LIVER DISEASE WITH HEPATIC NECROSIS WITHOUT COMA
K7111	TOXIC LIVER DISEASE WITH HEPATIC NECROSIS WITH COMA
K712	TOXIC LIVER DISEASE WITH ACUTE HEPATITIS
K713	TOXIC LIVER DISEASE WITH CHRONIC PERSISTENT HEPATITIS
K714	TOXIC LIVER DISEASE WITH CHRONIC LOBULAR HEPATITIS
K7150	TOXIC LIVER DISEASE WITH CHRONIC ACTIVE HEPATITIS WITHOUT ASCITES
K7151	TOXIC LIVER DISEASE WITH CHRONIC ACTIVE HEPATITIS WITH ASCITES
K716	TOXIC LIVER DISEASE WITH HEPATITIS, NOT ELSEWHERE CLASSIFIED
K717	TOXIC LIVER DISEASE WITH FIBROSIS AND CIRRHOSIS OF LIVER
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

Table 6 (diagnosis of hepatic impairment)	
ICD-10 Code	Description
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
K77	LIVER DISORDERS IN DISEASES CLASSIFIED ELSEWHERE

**Rhapsido (Remibrutinib)****Clinical Criteria References**

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**Rhapsido (Remibrutinib)****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.

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01/23/2026	<ul style="list-style-type: none"><li data-bbox="492 579 1157 609">• Initial publication and presentation to the DUR Board