

Texas Prior Authorization Program
Clinical Criteria

Drug/Drug Class

Sphingosine 1-phosphate (S1P) Receptor Modulators

Clinical Criteria Information included in this Document

Velsipity (Etrasimod)

- [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

Updated criteria lookback language to say, “in past medical and/or pharmacy claims history?”

Updated the check for contraindicated medication to check for concurrent therapy

Added GCNs for Diflucan 150 mg tablet (42193), Mifeprex 200 mg tablet (12207), Mifepristone 200 mg tablet (12207), and Mifepristone 300 mg tablet (31485) to the Contraindicated Medications supporting table

Added GCNs for Azasan 75 mg tablet (19170), Azasan 100 mg tablet (19173), Azathioprine 75 mg tablet (19170), Azathioprine 100 mg tablet (19173), Azulfidine 500 mg tablet (41611), Azulfidine Entab 500 mg (41620), Balsalazide disodium 750 mg (95348), Colazal 750 mg capsule (95348), Cyclosporine 100 mg/mL solution (08220), Entyvio (48647, 36544), Humira (44014, 43505, 43506, 44664, 44659, 18924, 97005), Litfulo (54429), Medrol 2 mg tablet (27052), Mercaptopurine 20 mg/mL suspension (33277), Omvoh (57116, 57115, 54923, 57114, 57113, 54920, 57892, 55033, 57889), Rinvoq (52085, 46822, 51719, 55651), Simponi (22536, 22533, 34697, 35001, 34983), Skyrizi (49617, 53397, 52475, 49591), Stelara (19903, 28158, 28159), Tremfya (43612, 57417, 46024, 56229, 56228), Ustekinumab (28158, 19903, 28159, 42351), Xeljanz (38086, 47546, 33617, 44882, 48684), Zeposia 0.92 mg capsule (47863), Zeposia Starter Pack (47864, 47865, 54286), and Zymfentra (55099, 55098) to the Conventional Therapy - Ulcerative Colitis supporting table

Removed GCNs for Delzicol DR 400 mg capsule (41428), Gengraf 50 mg capsule (13916), Otrexup 10 mg/0.4 mL (35427), Otrexup 15 mg/0.4 mL (35428), Otrexup 20 mg/0.4 mL (35437), Otrexup 25 mg/0.4 mL (35438), and Veripred 20 mg/5 mL solution (14565) from the Conventional Therapy – Ulcerative Colitis supporting table – products discontinued

Updated references

**Velsipity (Etrasimod)**
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
VELSIPITY 2 MG TABLET	54865



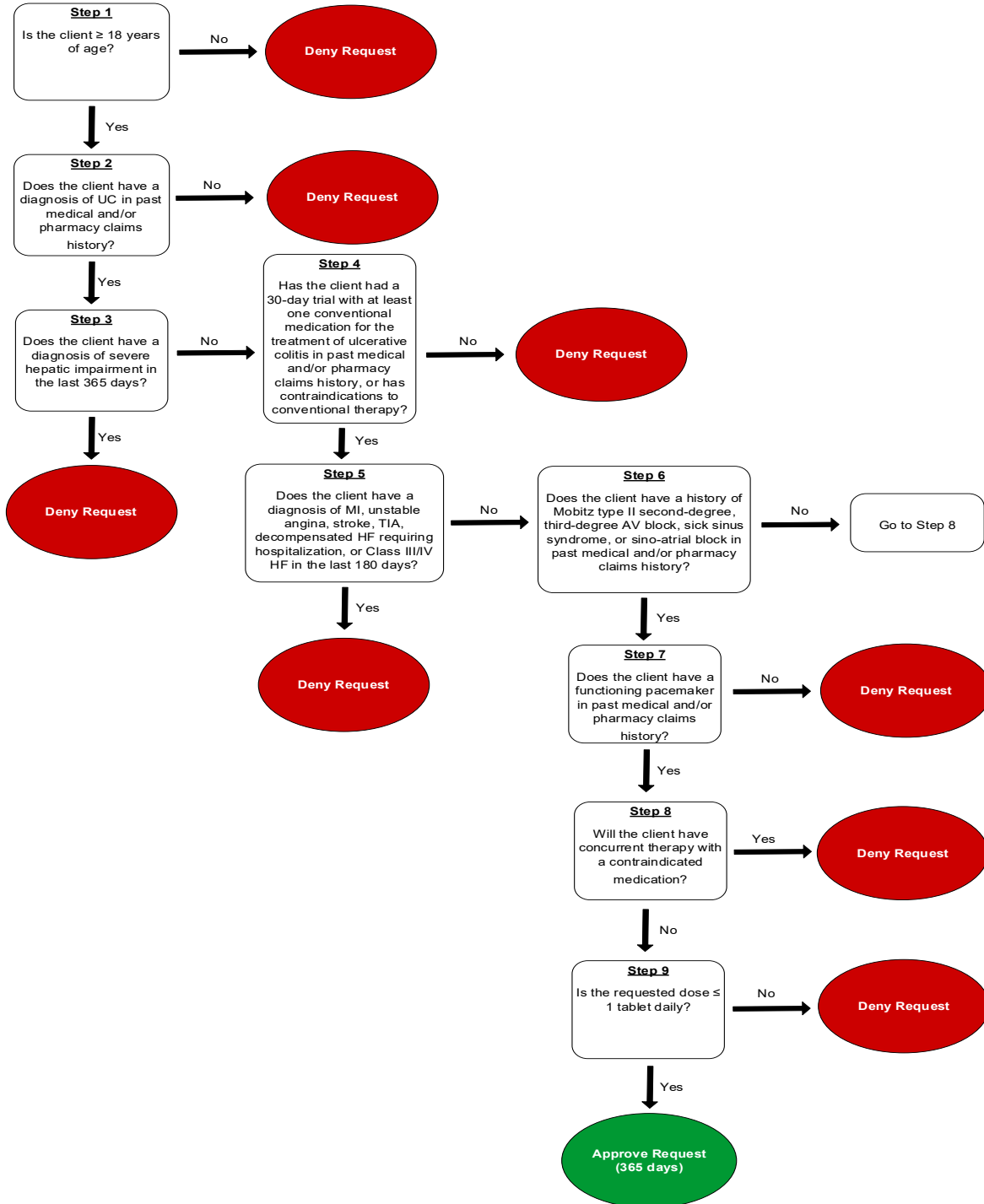
Velsipity (Etrasimod)

Clinical Criteria Logic

1. Is the client greater than or equal to (\geq) 18 years of age?
 - Yes – Go to #2
 - No – Deny
2. Does the client have a [diagnosis of ulcerative colitis \(UC\)](#) in past medical and/or pharmacy claims history?
 - Yes – Go to #3
 - No – Deny
3. Does the client have a [diagnosis of severe hepatic impairment](#) in the last 365 days?
 - Yes – Deny
 - No – Go to #4
4. Has the client had a 30-day trial with at least [one conventional medication](#) for the treatment of ulcerative colitis in past medical and/or pharmacy claims history, or has contraindications to conventional therapy?
 - Yes – Go to #5
 - No – Deny
5. Does the client have a [diagnosis of myocardial infarction \(MI\), unstable angina, stroke, transient ischemic attack \(TIA\), decompensated heart failure requiring hospitalization, or Class III/IV heart failure](#) in the last 180 days?
 - Yes – Deny
 - No – Go to #6
6. Does the client have a history of [Mobitz type II second-degree, third-degree AV block, sick sinus syndrome, or sino-atrial block](#) in past medical and/or pharmacy claims history?
 - Yes – Go to #7
 - No – Go to #8
7. Does the client have a functioning [pacemaker](#) in past medical and/or pharmacy claims history?
 - Yes – Go to #8
 - No – Deny
8. Will the client have concurrent therapy with a [contraindicated medication](#)?
 - Yes – Deny
 - No – Go to #9
9. Is the requested dose less than or equal to (\leq) 1 tablet daily?
 - Yes – Approve (365 days)

No – Deny

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Clinical Criteria Logic Diagram





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Clinical Criteria Supporting Tables

Table 2 (Ulcerative Colitis (UC))	
ICD-10 Code	Description
K5100	ULCERATIVE (CHRONIC) PANCOLITIS WITHOUT COMPLICATIONS
K51011	ULCERATIVE (CHRONIC) PANCOLITIS WITH RECTAL BLEEDING
K51012	ULCERATIVE (CHRONIC) PANCOLITIS WITH INTESTINAL OBSTRUCTION
K51013	ULCERATIVE (CHRONIC) PANCOLITIS WITH FISTULA
K51014	ULCERATIVE (CHRONIC) PANCOLITIS WITH ABSCESS
K51018	ULCERATIVE (CHRONIC) PANCOLITIS WITH OTHER COMPLICATION
K51019	ULCERATIVE (CHRONIC) PANCOLITIS WITH UNSPECIFIED COMPLICATIONS
K5120	ULCERATIVE (CHRONIC) PROCTITIS WITHOUT COMPLICATIONS
K51211	ULCERATIVE (CHRONIC) PROCTITIS WITH RECTAL BLEEDING
K51212	ULCERATIVE (CHRONIC) PROCTITIS WITH INTESTINAL OBSTRUCTION
K51213	ULCERATIVE (CHRONIC) PROCTITIS WITH FISTULA
K51214	ULCERATIVE (CHRONIC) PROCTITIS WITH ABSCESS
K51218	ULCERATIVE (CHRONIC) PROCTITIS WITH OTHER COMPLICATION
K51219	ULCERATIVE (CHRONIC) PROCTITIS WITH UNSPECIFIED COMPLICATIONS
K5130	ULCERATIVE (CHRONIC) RECTOSIGMOIDITIS WITHOUT COMPLICATIONS
K51311	ULCERATIVE (CHRONIC) RECTOSIGMOIDITIS WITH RECTAL BLEEDING
K51312	ULCERATIVE (CHRONIC) RECTOSIGMOIDITIS WITH INTESTINAL OBSTRUCTION
K51313	ULCERATIVE (CHRONIC) RECTOSIGMOIDITIS WITH FISTULA
K51314	ULCERATIVE (CHRONIC) RECTOSIGMOIDITIS WITH ABSCESS
K51318	ULCERATIVE (CHRONIC) RECTOSIGMOIDITIS WITH OTHER COMPLICATION

Table 2 (Ulcerative Colitis (UC))	
ICD-10 Code	Description
K51319	ULCERATIVE (CHRONIC) RECTOSIGMOIDITIS WITH UNSPECIFIED COMPLICATIONS
K5180	OTHER ULCERATIVE COLITIS WITHOUT COMPLICATIONS
K51811	OTHER ULCERATIVE COLITIS WITH RECTAL BLEEDING
K51812	OTHER ULCERATIVE COLITIS WITH INTESTINAL OBSTRUCTION
K51813	OTHER ULCERATIVE COLITIS WITH FISTULA
K51814	OTHER ULCERATIVE COLITIS WITH ABSCESS
K51818	OTHER ULCERATIVE COLITIS WITH OTHER COMPLICATION
K51819	OTHER ULCERATIVE COLITIS WITH UNSPECIFIED COMPLICATIONS
K5190	ULCERATIVE COLITIS, UNSPECIFIED WITHOUT COMPLICATIONS
K51911	ULCERATIVE COLITIS, UNSPECIFIED WITH RECTAL BLEEDING
K51912	ULCERATIVE COLITIS, UNSPECIFIED WITH INTESTINAL OBSTRUCTION
K51913	ULCERATIVE COLITIS, UNSPECIFIED WITH FISTULA
K51914	ULCERATIVE COLITIS, UNSPECIFIED WITH ABSCESS
K51918	ULCERATIVE COLITIS, UNSPECIFIED WITH OTHER COMPLICATION
K51919	ULCERATIVE COLITIS, UNSPECIFIED WITH UNSPECIFIED COMPLICATIONS

Table 3 (Severe 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

Table 3 (Severe Hepatic Impairment)	
ICD-10 Code	Description
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
B1911	UNSPECIFIED VIRAL HEPATITIS B WITH HEPATIC COMA
B1920	UNSPECIFIED VIRAL HEPATITIS C WITHOUT HEPATIC COMA
B1921	UNSPECIFIED VIRAL HEPATITIS C WITH HEPATIC COMA
B199	UNSPECIFIED VIRAL HEPATITIS WITHOUT HEPATIC COMA
K700	ALCOHOLIC FATTY LIVER
K7010	ALCOHOLIC HEPATITIS WITHOUT ASCITES
K7011	ALCOHOLIC HEPATITIS WITH ASCITES
K702	ALCOHOLIC FIBROSIS AND SCLEROSIS OF LIVER
K7030	ALCOHOLIC CIRRHOSIS OF LIVER WITHOUT ASCITES
K7031	ALCOHOLIC CIRRHOSIS OF LIVER WITH ASCITES
K7040	ALCOHOLIC HEPATIC FAILURE WITHOUT COMA
K7041	ALCOHOLIC HEPATIC FAILURE WITH COMA
K709	ALCOHOLIC LIVER DISEASE, UNSPECIFIED

Table 3 (Severe Hepatic Impairment)	
ICD-10 Code	Description
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
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

Table 3 (Severe Hepatic Impairment)	
ICD-10 Code	Description
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	ABSCCESS 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

Table 4 (Conventional Therapy – Ulcerative Colitis)	
GCN	Label Name
16159	APRISO ER 0.375 GRAM CAPSULE

Table 4 (Conventional Therapy – Ulcerative Colitis)	
GCN	Label Name
19170	AZASAN 75 MG TABLET
19173	AZASAN 100 MG TABLET
46771	AZATHIOPRINE 50 MG TABLET
19170	AZATHIOPRINE 75 MG TABLET
19173	AZATHIOPRINE 100 MG TABLET
41611	AZULFIDINE 500 MG TABLET
41620	AZULFIDINE ENTAB 500 MG
95348	BALSALAZIDE DISODIUM 750 MG CP
28680	BUDESONIDE DR 3 MG CAPSULE
34063	BUDESONIDE ER 9 MG TABLET
95348	COLAZAL 750 MG CAPSULE
26781	CORTEF 10 MG TABLET
26782	CORTEF 20 MG TABLET
26783	CORTEF 5 MG TABLET
13910	CYCLOSPORINE 100 MG CAPSULE
13917	CYCLOSPORINE 100 MG/ML
13911	CYCLOSPORINE 25 MG CAPSULE
13919	CYCLOSPORINE MODIFIED 100 MG
13918	CYCLOSPORINE MODIFIED 25 MG
13916	CYCLOSPORINE MODIFIED 50 MG
08220	CYCLOSPORINE 100 MG/ML SOLN
27422	DEXAMETHASONE 0.5 MG TABLET
27400	DEXAMETHASONE 0.5 MG/5 ML ELX
27411	DEXAMETHASONE 0.5 MG/5 ML LIQ

Table 4 (Conventional Therapy – Ulcerative Colitis)	
GCN	Label Name
27425	DEXAMETHASONE 0.75 MG TABLET
27424	DEXAMETHASONE 1 MG TABLET
27427	DEXAMETHASONE 1.5 MG TABLET
27426	DEXAMETHASONE 2 MG TABLET
27428	DEXAMETHASONE 4 MG TABLET
27429	DEXAMETHASONE 6 MG TABLET
27412	DEXAMETHASONE INTENSOL 1 MG/ 1 ML
33401	DIPENTUM 250 MG CAPSULE
48647	ENTYVIO 108 MG/0.68 ML PEN
36544	ENTYVIO 300 MG VIAL
13919	GENGRAF 100 MG CAPSULE
13917	GENGRAF 100 MG/ML SOLN
13918	GENGRAF 25 MG CAPSULE
44014	HUMIRA(CF) PEN 80 MG/0.8 ML
44014	HUMIRA(CF) PEN CRHN-UC-HS 80MG
43505	HUMIRA(CF) 40 MG/0.4 ML SYRING
43506	HUMIRA(CF) PEN 40 MG/0.4 ML
44664	HUMIRA(CF) 20 MG/0.2 ML SYRING
44659	HUMIRA(CF) 10 MG/0.1 ML SYRING
18924	HUMIRA 40 MG/0.8 ML SYRINGE
97005	HUMIRA PEN 40 MG/0.8 ML
26781	HYDROCORTISONE 10 MG TABLET
26782	HYDROCORTISONE 20 MG TABLET
26783	HYDROCORTISONE 5 MG TABLET

Table 4 (Conventional Therapy – Ulcerative Colitis)	
GCN	Label Name
46771	IMURAN 50 MG TABLET
97842	LIALDA DR 1.2 GM TABLET
54429	LITFULO 50 MG CAPSULE
27052	MEDROL 2 MG TABLET
27051	MEDROL 16 MG TABLET
27055	MEDROL 32 MG TABLET
27056	MEDROL 4 MG TABLET
27058	MEDROL 8 MG TABLET
38520	MERCAPTOPYRINE 50 MG TABLET
33277	MERCAPTOPYRINE 20 MG/ML SUSPEN
21663	MESALAMINE 800 MG DR TABLET
97842	MESALAMINE DR 1.2 GM TABLET
41428	MESALAMINE DR 400 MG CAPSULE
16159	MESALAMINE ER 0.375 GRAM CAP
38489	METHOTREXATE 2.5 MG TABLET
38466	METHOTREXATE 50 MG/ 2 ML VIAL
18936	METHOTREXATE 50 MG/2 ML VIAL
27051	METHYLPREDNISOLONE 16 MG TABLET
27055	METHYLPREDNISOLONE 32 MG TABLET
27056	METHYLPREDNISOLONE 4 MG TABLET
27058	METHYLPREDNISOLONE 8 MG TABLET
99610	MILLIPRED 10 MG/5 ML SOLUTION
26963	MILLIPRED 5 MG TABLET
13919	NEORAL 100 MG CAPSULE

Table 4 (Conventional Therapy – Ulcerative Colitis)	
GCN	Label Name
13917	NEORAL 100 MG/ML SOLN
13918	NEORAL 25 MG CAPSULE
57116	OMVOH 200 MG/2 ML SYRINGE
57115	OMVOH 200 MG/2 ML PEN
54923	OMVOH 300 MG/15 ML VIAL
57114	OMVOH 300 MG DOSE - 2 PENS
57113	OMVOH 300 MG DOSE - 2 SYRINGES
54920	OMVOH 100 MG/ML PEN
57892	OMVOH 200 MG DOSE - 2 PENS
55033	OMVOH 100 MG/ML SYRINGE
57889	OMVOH 200 MG DOSE - 2 SYRINGES
30220	PENTASA 250 MG CAPSULE
23422	PENTASA 500 MG CAPSULE
26800	PREDNISOLONE 15 MG/5 ML SOLN
33806	PREDNISOLONE 15 MG/5 ML SOLN
09115	PREDNISOLONE 5 MG/5 ML SOLN
27108	PREDNISOLONE ODT 10 MG TABLET
27109	PREDNISOLONE ODT 15 MG TABLET
27114	PREDNISOLONE ODT 30 MG TABLET
27171	PREDNISONONE 1 MG TABLET
27172	PREDNISONONE 10 MG TABLET
27173	PREDNISONONE 2.5 MG TABLET
27174	PREDNISONONE 20 MG TABLET
27176	PREDNISONONE 5 MG TABLET

Table 4 (Conventional Therapy – Ulcerative Colitis)	
GCN	Label Name
27160	PREDNISONE 5 MG/5 ML SOLUTION
27161	PREDNISONE 5 MG/5 ML SOLUTION
27177	PREDNISONE 50 MG TABLET
33277	PURIXAN 20 MG/ML ORAL SUSP
52085	RINVOQ ER 45 MG TABLET
46822	RINVOQ ER 15 MG TABLET
51719	RINVOQ ER 30 MG TABLET
55651	RINVOQ LQ 1 MG/ML SOLUTION
13910	SANDIMMUNE 100 MG CAPSULE
08220	SANDIMMUNE 100 MG/ML SOLN
13911	SANDIMMUNE 25 MG CAPSULE
22536	SIMPONI 50 MG/0.5 ML SYRINGE
22533	SIMPONI 50 MG/0.5 ML PEN INJEC
34697	SIMPONI 100 MG/ML SYRINGE
35001	SIMPONI 100 MG/ML PEN INJECTOR
34983	SIMPONI ARIA 50 MG/4 ML VIAL
49617	SKYRIZI 150 MG/ML SYRINGE
53397	SKYRIZI 180 MG/1.2 ML ON-BODY
52475	SKYRIZI 360 MG/2.4 ML ON-BODY
49591	SKYRIZI 150 MG/ML PEN
19903	STELARA 45 MG/0.5 ML VIAL
28158	STELARA 45 MG/0.5 ML SYRINGE
28159	STELARA 90 MG/ML SYRINGE
41611	SULFASALAZINE 500MG TABLET

Table 4 (Conventional Therapy – Ulcerative Colitis)	
GCN	Label Name
41620	SULFASALAZINE DR 500 MG TABLET
43612	TREMFYA 100 MG/ML SYRINGE
57417	TREMFYA 100 MG/ML PEN
46024	TREMFYA 100 MG/ML ONE-PRESS
56229	TREMFYA 200 MG/2 ML PEN
56228	TREMFYA 200 MG/2 ML SYRINGE
06484	TREXALL 10MG TABLET
13135	TREXALL 15MG TABLET
13134	TREXALL 5MG TABLET
38485	TREXALL 7.5MG TABLET
34063	UCERIS 9 MG ER TABLET
28158	USTEKINUMAB 45MG/0.5ML SYRINGE
19903	USTEKINUMAB 45 MG/0.5 ML VIAL
28159	USTEKINUMAB 90 MG/ML SYRINGE
42351	USTEKINUMAB 130 MG/26 ML VIAL
43319	XATMEP 2.5MG/ML ORAL SOLUTION
38086	XELJANZ XR 11 MG TABLET
47546	XELJANZ XR 22 MG TABLET
33617	XELJANZ 5 MG TABLET
44882	XELJANZ 10 MG TABLET
48684	XELJANZ 1 MG/ML SOLUTION
47863	ZEPOSIA 0.92 MG CAPSULE
47864	ZEPOSIA STARTER PACK (7-DAY)
47865	ZEPOSIA STARTER KIT (37-DAY)

Table 4 (Conventional Therapy – Ulcerative Colitis)	
GCN	Label Name
54286	ZEPOSIA STARTER KIT (28-DAY)
55099	ZYMFENTRA 120 MG/ML PEN KIT
55098	ZYMFENTRA 120 MG/ML SYRINGE KT

Table 5 (MI, unstable angina, stroke, TIA, or HF)	
ICD-10 Code	Description
G458	OTHER TRANSIENT CEREBRAL ISCHEMIC ATTACKS AND RELATED SYNDROMES
G459	TRANSIENT CEREBRAL ISCHEMIC ATTACK, UNSPECIFIED
I200	UNSTABLE ANGINA
I209	ANGINA PECTORIS, UNSPECIFIED
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

Table 5 (MI, unstable angina, stroke, TIA, or HF)	
ICD-10 Code	Description
I501	LEFT VENTRICULAR FAILURE
I5020	UNSPECIFIED SYSTOLIC (CONGESTIVE) HEART FAILURE
I5021	ACUTE SYSTOLIC (CONGESTIVE) HEART FAILURE
I5022	CHRONIC SYSTOLIC (CONGESTIVE) HEART FAILURE
I5023	ACUTE ON CHRONIC SYSTOLIC (CONGESTIVE) HEART FAILURE
I5030	UNSPECIFIED DIASTOLIC (CONGESTIVE) HEART FAILURE
I5031	ACUTE DIASTOLIC (CONGESTIVE) HEART FAILURE
I5032	CHRONIC DIASTOLIC (CONGESTIVE) HEART FAILURE
I5033	ACUTE ON CHRONIC DIASTOLIC (CONGESTIVE) HEART FAILURE
I5040	UNSPECIFIED COMBINED SYSTOLIC (CONGESTIVE) AND DIASTOLIC (CONGESTIVE) HEART FAILURE
I5041	ACUTE COMBINED SYSTOLIC (CONGESTIVE) AND DIASTOLIC (CONGESTIVE) HEART FAILURE
I5042	CHRONIC COMBINED SYSTOLIC (CONGESTIVE) AND DIASTOLIC (CONGESTIVE) HEART FAILURE
I5043	ACUTE ON CHRONIC COMBINED SYSTOLIC (CONGESTIVE) AND DIASTOLIC (CONGESTIVE) HEART FAILURE
I50810	RIGHT HEART FAILURE UNSPECIFIED
I50811	ACUTE RIGHT HEART FAILURE
I50812	CHRONIC RIGHT HEART FAILURE
I50813	ACUTE ON CHRONIC RIGHT HEART FAILURE
I50814	RIGHT HEART FAILURE DUE TO LEFT HEART FAILURE
I5082	BIVENTRICULAR HEART FAILURE
I5083	HIGH OUTPUT HEART FAILURE
I5084	END STAGE HEART FAILURE
I5089	OTHER HEART FAILURE
I509	HEART FAILURE, UNSPECIFIED

Table 5 (MI, unstable angina, stroke, TIA, or HF)	
ICD-10 Code	Description
I63011	CEREBRAL INFARCTION DUE TO THROMBOSIS OF RIGHT VERTEBRAL ARTERY
I63012	CEREBRAL INFARCTION DUE TO THROMBOSIS OF LEFT VERTEBRAL ARTERY
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

Table 5 (MI, unstable angina, stroke, TIA, or HF)	
ICD-10 Code	Description
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
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

Table 5 (MI, unstable angina, stroke, TIA, or HF)	
ICD-10 Code	Description
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
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

Table 5 (MI, unstable angina, stroke, TIA, or HF)	
ICD-10 Code	Description
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

Table 6 (Mobitz type II second-degree, third-degree AV block, sick sinus syndrome, or sino-atrial block)	
ICD-10 Code	Description
I441	ATRIOVENTRICULAR BLOCK, SECOND DEGREE
I442	ATRIOVENTRICULAR BLOCK, COMPLETE
I455	OTHER SPECIFIED HEART BLOCK
I495	SICK SINUS SYNDROME

Table 7 (Pacemaker)	
ICD-10 Code	Description
Z950	PRESENCE OF CARDIAC PACEMAKER

Table 8 (Contraindicated Medications)	
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
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-NAACL 200 MG/100 ML

Table 8 (Contraindicated Medications)	
GCN	Label Name
69791	FLUCONAZOLE-NACL 400 MG/200 ML
31485	KORLYM 300 MG TABLET
12207	MIFEPRISTONE 200 MG TABLET
31485	MIFEPRISTONE 300 MG TABLET
12207	MIFEPREX 200 MG TABLET
41260	RIFAMPIN 150 MG CAPSULE
41261	RIFAMPIN 300 MG CAPSULE
41470	RIFAMPIN IV 600 MG VIAL

**S1P Receptor Modulators****Clinical Criteria References**

1. Clinical Pharmacology [online database]. Tampa, FL: Elsevier/Gold Standard, Inc.; 2025. Available at www.clinicalpharmacology.com. Accessed on November 15, 2025.
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S1P Receptor Modulators

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
04/26/2024	<ul style="list-style-type: none"> Initial publication and presentation to the DUR Board
11/28/2025	<ul style="list-style-type: none"> Annual review by staff Updated criteria lookback language to say, “in past medical and/or pharmacy claims history?” Updated the check for contraindicated medication to check for concurrent therapy Added GCNs for Diflucan 150 mg tablet (42193), Mifeprex 200 mg tablet (12207), Mifepristone 200 mg tablet (12207), and Mifepristone 300 mg tablet (31485) to the Contraindicated Medications supporting table Added GCNs for Azasan 75 mg tablet (19170), Azasan 100 mg tablet (19173), Azathioprine 75 mg tablet (19170), Azathioprine 100 mg tablet (19173), Azulfidine 500 mg tablet (41611), Azulfidine Entab 500 mg (41620), Balsalazide disodium 750 mg (95348), Colazal 750 mg capsule (95348), Cyclosporine 100 mg/mL solution (08220), Entyvio (48647, 36544), Humira (44014, 43505, 43506, 44664, 44659, 18924, 97005), Litfulo (54429), Medrol 2 mg tablet (27052), Mercaptopurine 20 mg/mL suspension (33277), Omvoh (57116, 57115, 54923, 57114, 57113, 54920, 57892, 55033, 57889), Rinvoq (52085, 46822, 51719, 55651), Simponi (22536, 22533, 34697, 35001, 34983), Skyrizi (49617, 53397, 52475, 49591), Stelara (19903, 28158, 28159), Tremfya (43612, 57417, 46024, 56229, 56228), Ustekinumab (28158, 19903, 28159, 42351), Xeljanz (38086, 47546, 33617, 44882, 48684), Zeposia 0.92 mg capsule (47863), Zeposia Starter Pack (47864, 47865, 54286), and Zymfentra (55099, 55098) to the Conventional Therapy - Ulcerative Colitis supporting table Removed GCNs for Delzicol DR 400 mg capsule (41428), Gengraf 50 mg capsule (13916), Otrexup 10 mg/0.4 mL (35427), Otrexup 15 mg/0.4 mL (35428), Otrexup 20 mg/0.4 mL (35437), Otrexup 25 mg/0.4 mL (35438), and Veripred 20 mg/5 mL solution (14565) from the Conventional Therapy – Ulcerative Colitis supporting table – products discontinued Updated references