

**Texas Prior Authorization Program
Clinical Criteria**

Drug/Drug Class

Antimigraine Agents, Triptans

This criteria was recommended for review by an MCO and 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

Added clarification in step 1 of the criteria logic/diagram that sumatriptan includes both oral and nasal dosage forms



Antimigraine Agents, Triptans

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
ALMOTRIPTAN MALATE 12.5 MG TAB	12472
ALMOTRIPTAN MALATE 6.25 MG TAB	13587
ELETRIPTAN HBR 20 MG TABLET	15173
ELETRIPTAN HBR 40 MG TABLET	15174
FROVA 2.5 MG TABLET	14977
FROVATRIPTAN SUCC 2.5 MG TAB	14977
IMITREX 100 MG TABLET	05701
IMITREX 20 MG NASAL SPRAY	50744
IMITREX 25 MG TABLET	05702
IMITREX 4 MG/0.5 ML CARTRIDGES	26667
IMITREX 4 MG/0.5 ML PEN INJECT	26666
IMITREX 5 MG NASAL SPRAY	50740
IMITREX 50 MG TABLET	05700
IMITREX 6 MG/0.5 ML CARTRIDGES	24708
IMITREX 6 MG/0.5 ML PEN INJECT	50741
MAXALT 10 MG TABLET	19592
MAXALT MLT 10 MG TABLET	19594
NARATRIPTAN HCL 1 MG TABLET	81112
NARATRIPTAN HCL 2.5 MG TABLET	81111
RELPAX 20 MG TABLET	15173
RELPAX 40 MG TABLET	15174
RIZATRIPTAN 10 MG ODT	19594
RIZATRIPTAN 10 MG TABLET	19592
RIZATRIPTAN 5 MG ODT	19593
RIZATRIPTAN 5 MG TABLET	19591
SUMATRIPTAN 20 MG NASAL SPRAY	50744
SUMATRIPTAN 4 MG/0.5 ML CART	26667
SUMATRIPTAN 4 MG/0.5 ML INJECT	26666
SUMATRIPTAN 5 MG NASAL SPRAY	50740
SUMATRIPTAN 6 MG/0.5 ML CART	24708

Drugs Requiring Prior Authorization	
Label Name	GCN
SUMATRIPTAN 6 MG/0.5 ML INJECT	50741
SUMATRIPTAN 6 MG/0.5 ML VIAL	50742
SUMATRIPTAN SUCC 100 MG TABLET	05701
SUMATRIPTAN SUCC 25 MG TABLET	05702
SUMATRIPTAN SUCC 50 MG TABLET	05700
SUMATRIPTAN-NAPROXEN 85-500 MG	99597
TOSYMRA 10 MG NASAL SPRAY	50743
ZEMBRACE SYMTOUCH 3 MG/0.5 ML	40811
ZOLMITRIPTAN 2.5 MG NASAL SPRAY	24217
ZOLMITRIPTAN 2.5 MG ODT	42098
ZOLMITRIPTAN 2.5 MG TABLET	46131
ZOLMITRIPTAN 5 MG NASAL SPRAY	18972
ZOLMITRIPTAN 5 MG ODT	14324
ZOLMITRIPTAN 5 MG TABLET	46132
ZOMIG 2.5 MG NASAL SPRAY	24217
ZOMIG 2.5 MG TABLET	46131
ZOMIG 5 MG NASAL SPRAY	18972
ZOMIG 5 MG TABLET	46132



Antimigraine Agents, Triptans

Clinical Criteria Logic

1. Is the client greater than or equal to (\geq) 18 years of age?
 Yes (Go to #4)
 No (And the request is for eletriptan, frovatriptan, naratriptan, sumatriptan oral or nasal or zolmitriptan oral – Deny)
 No (And the request is for almotriptan, rizatriptan, sumatriptan/naproxen or zolmitriptan nasal – Go to #2)
2. Is the client greater than or equal to (\geq) 12 years of age?
 Yes (Go to #4)
 No (And the request is for almotriptan, sumatriptan/naproxen or zolmitriptan nasal – Deny)
 No (And the request is for rizatriptan – Go to #3)
3. Is the client greater than or equal to (\geq) 6 years of age?
 Yes (Go to #4)
 No (Deny)
4. Does the client have a history of therapy with a **contraindicated drug** in the last 90 days?
 Yes (Deny)
 No (Go to #5)
5. Does the client have a history of a **contraindicated diagnosis** in the last 365 days?
 Yes (Deny)
 No (And the request is for naratriptan or an oral sumatriptan product, go to #6)
 No (And the request is for an agent other than naratriptan or oral sumatriptan, go to #8)
6. Does the client have a diagnosis of **severe hepatic impairment** in the last 365 days?
 Yes (Deny)
 No (And the request is for naratriptan, go to #7)
 No (And the request is for oral sumatriptan, go to #8)
7. Does the client have a diagnosis of **severe renal impairment** in the last 365 days?
 Yes (Deny)
 No (Go to #8)

8. Is the request for an oral tablet?

- Yes (Go to #9)
- No (Approve – 365 days)

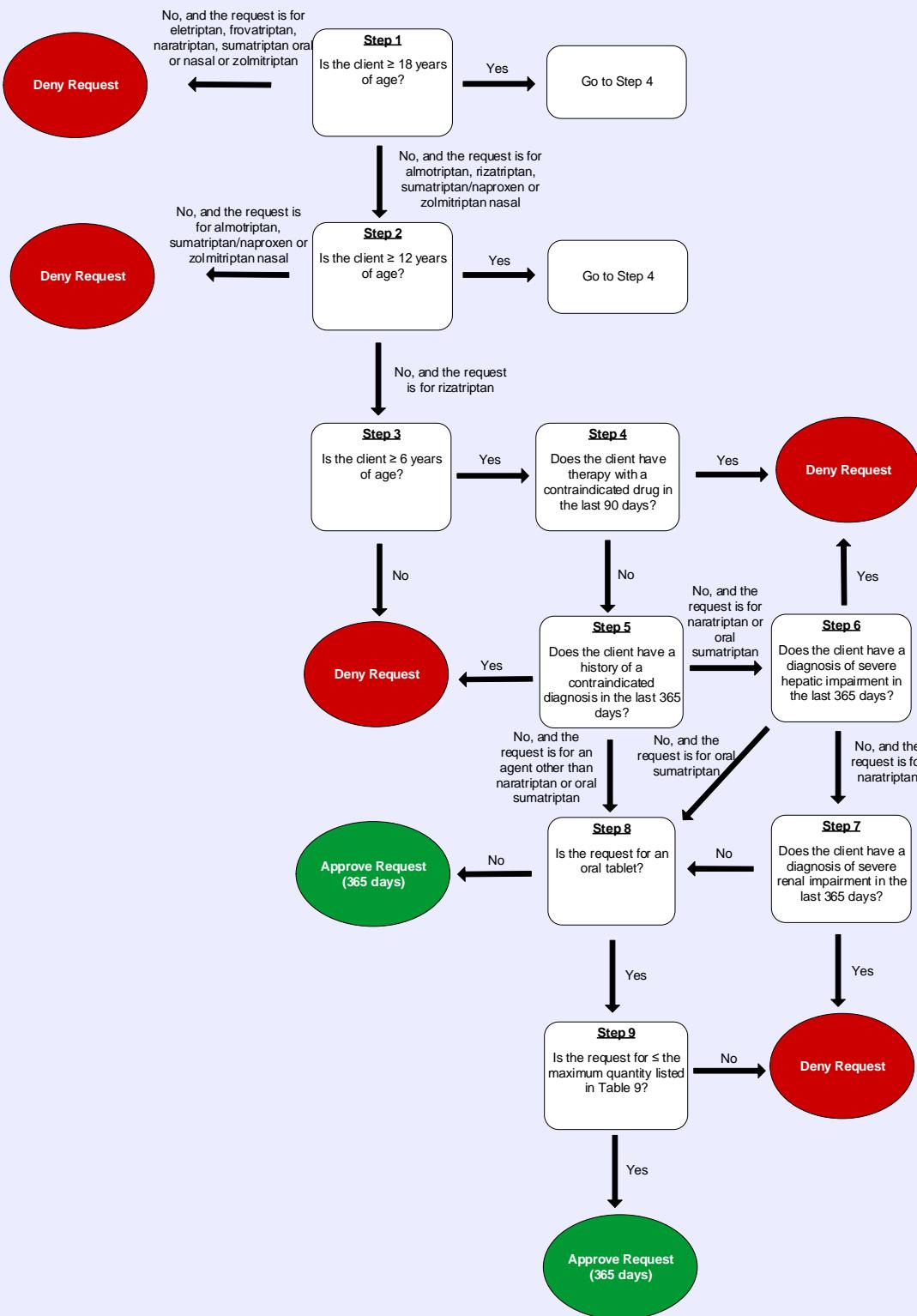
9. Is the request for less than or equal to (\leq) the **maximum quantity** listed in Table 9?

- Yes (Approve – 365 days)
- No (Deny)



Antimigraine Agents, Triptans

Clinical Criteria Logic Diagram





Antimigraine Agents, Triptans

Clinical Criteria Supporting Tables

Step 4 (claim for a contraindicated drug) Required claims: 1 Look back timeframe: 90 days	
Label Name	GCN
BROMOCRIPTINE 2.5 MG TABLET	26081
BROMOCRIPTINE 5 MG CAPSULE	26070
CYCLOSET 0.8 MG TABLET	29227
D.H.E.45 1 MG/ML AMPULE	01590
DIHYDROERGOTAMINE 1 MG/ML AMP	01590
DIHYDROERGOTAMINE 4 MG/ML SPRY	24732
EMSAM 12MG/24 HOURS PATCH	26614
EMSAM 6MG/24 HOURS PATCH	26612
ERGOLOID MESYLATES 1 MG TAB	02213
LINEZOLID 100MG/5ML SUSP	26871
LINEZOLID 600MG TABLET	26870
LINEZOLID 600MG/300ML IV SOLN	26873
MARPLAN 10 MG TABLET	16416
METHERGINE 0.2MG TABLET	11350
METHYLERGONOVINE 0.2MG TABLET	11350
MIGRAL NASAL SPRAY	24732
NARDIL 15 MG TABLET	16417
PHENELZINE SULFATE 15 MG TAB	16417
TRANYLCYPROMINE 10MG TABLET	16418
ZYVOX 100 MG/5 ML SUSPENSION	26871
ZYVOX 600 MG TABLET	26870
ZYVOX 600 MG/300 ML IV SOLN	26873

Step 5 (history of a contraindicated diagnosis) Required diagnoses: 1 Look back timeframe: 365 days	
ICD-10 Code	Description
G450	VERTEBRO-BASILAR ARTERY SYNDROME
G451	CAROTID ARTERY SYNDROME (HEMISPHERIC)
G452	MULTIPLE AND BILATERAL PRECEREBRAL ARTERY SYNDROMES

Step 5 (history of a contraindicated diagnosis) Required diagnoses: 1 Look back timeframe: 365 days	
ICD-10 Code	Description
G453	AMAUROSIS FUGAX
G454	TRANSIENT GLOBAL AMNESIA
I200	UNSTABLE ANGINA
I2101	ST ELEVATION (STEMI) MYOCARDIAL INFARCTION INVOLVING LEFT MAIN CORONARY ARTERY
I2102	ST ELEVATION (STEMI) MYOCARDIAL INFARCTION INVOLVING LEFT ANTERIOR DESCENDING CORONARY ARTERY
I2109	ST ELEVATION (STEMI) MYOCARDIAL INFARCTION INVOLVING OTHER CORONARY ARTERY OF ANTERIOR WALL
I2111	ST ELEVATION (STEMI) MYOCARDIAL INFARCTION INVOLVING RIGHT CORONARY ARTERY
I2119	ST ELEVATION (STEMI) MYOCARDIAL INFARCTION INVOLVING OTHER CORONARY ARTERY OF INFERIOR WALL
I2121	ST ELEVATION (STEMI) MYOCARDIAL INFARCTION INVOLVING LEFT CIRCUMFLEX CORONARY ARTERY
I2129	ST ELEVATION (STEMI) MYOCARDIAL INFARCTION INVOLVING OTHER SITES
I213	ST ELEVATION (STEMI) MYOCARDIAL INFARCTION OF UNSPECIFIED SITE
I214	NON-ST ELEVATION (NSTEMI) MYOCARDIAL INFARCTION
I240	ACUTE CORONARY THROMBOSIS NOT RESULTING IN MYOCARDIAL INFARCTION
I248	OTHER FORMS OF ACUTE ISCHEMIC HEART DISEASE
I456	PRE-EXCITATION SYNDROME
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

Step 5 (history of a contraindicated diagnosis) Required diagnoses: 1 Look back timeframe: 365 days	
ICD-10 Code	Description
I63111	CEREBRAL INFARCTION DUE TO EMBOLISM OF RIGHT VERTEBRAL ARTERY
I63112	CEREBRAL INFARCTION DUE TO EMBOLISM OF LEFT VERTEBRAL ARTERY
I63119	CEREBRAL INFARCTION DUE TO EMBOLISM OF UNSPECIFIED VERTEBRAL ARTERY
I6320	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF UNSPECIFIED PRECEREBRAL ARTERIES
I63211	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF RIGHT VERTEBRAL ARTERIES
I63212	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF LEFT VERTEBRAL ARTERIES
I63219	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF UNSPECIFIED VERTEBRAL ARTERIES
I6322	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF BASILAR ARTERIES
I63231	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF RIGHT CAROTID ARTERIES
I63232	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF LEFT CAROTID ARTERIES
I63239	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF UNSPECIFIED CAROTID ARTERIES
I6329	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF OTHER PRECEREBRAL ARTERIES
I6330	CEREBRAL INFARCTION DUE TO THROMBOSIS OF UNSPECIFIED CEREBRAL ARTERY
I63311	CEREBRAL INFARCTION DUE TO THROMBOSIS OF RIGHT MIDDLE CEREBRAL ARTERY
I63312	CEREBRAL INFARCTION DUE TO THROMBOSIS OF LEFT MIDDLE CEREBRAL ARTERY
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

Step 5 (history of a contraindicated diagnosis) Required diagnoses: 1 Look back timeframe: 365 days	
ICD-10 Code	Description
I63341	CEREBRAL INFARCTION DUE TO THROMBOSIS OF RIGHT CEREBELLAR ARTERY
I63342	CEREBRAL INFARCTION DUE TO THROMBOSIS OF LEFT CEREBELLAR ARTERY
I63349	CEREBRAL INFARCTION DUE TO THROMBOSIS OF UNSPECIFIED CEREBELLAR ARTERY
I6339	CEREBRAL INFARCTION DUE TO THROMBOSIS OF OTHER CEREBRAL ARTERY
I6340	CEREBRAL INFARCTION DUE TO EMBOLISM OF UNSPECIFIED CEREBRAL ARTERY
I63411	CEREBRAL INFARCTION DUE TO EMBOLISM OF RIGHT MIDDLE CEREBRAL ARTERY
I63412	CEREBRAL INFARCTION DUE TO EMBOLISM OF LEFT MIDDLE CEREBRAL ARTERY
I63419	CEREBRAL INFARCTION DUE TO EMBOLISM OF UNSPECIFIED MIDDLE CEREBRAL ARTERY
I63421	CEREBRAL INFARCTION DUE TO EMBOLISM OF RIGHT ANTERIOR CEREBRAL ARTERY
I63422	CEREBRAL INFARCTION DUE TO EMBOLISM OF LEFT ANTERIOR CEREBRAL ARTERY
I63429	CEREBRAL INFARCTION DUE TO EMBOLISM OF UNSPECIFIED ANTERIOR CEREBRAL ARTERY
I63431	CEREBRAL INFARCTION DUE TO EMBOLISM OF RIGHT POSTERIOR CEREBRAL ARTERY
I63432	CEREBRAL INFARCTION DUE TO EMBOLISM OF LEFT POSTERIOR CEREBRAL ARTERY
I63439	CEREBRAL INFARCTION DUE TO EMBOLISM OF UNSPECIFIED POSTERIOR CEREBRAL ARTERY
I63441	CEREBRAL INFARCTION DUE TO EMBOLISM OF RIGHT CEREBELLAR ARTERY
I63442	CEREBRAL INFARCTION DUE TO EMBOLISM OF LEFT CEREBELLAR ARTERY
I63449	CEREBRAL INFARCTION DUE TO EMBOLISM OF UNSPECIFIED CEREBELLAR ARTERY
I6349	CEREBRAL INFARCTION DUE TO EMBOLISM OF OTHER CEREBRAL ARTERY
I6350	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF UNSPECIFIED CEREBRAL ARTERY
I63511	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF RIGHT MIDDLE CEREBRAL ARTERY
I63512	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF LEFT MIDDLE CEREBRAL ARTERY

Step 5 (history of a contraindicated diagnosis) Required diagnoses: 1 Look back timeframe: 365 days	
ICD-10 Code	Description
I63519	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF UNSPECIFIED MIDDLE CEREBRAL ARTERY
I63521	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF RIGHT ANTERIOR CEREBRAL ARTERY
I63522	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF LEFT ANTERIOR CEREBRAL ARTERY
I63529	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF UNSPECIFIED ANTERIOR CEREBRAL ARTERY
I63531	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF RIGHT POSTERIOR CEREBRAL ARTERY
I63532	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF LEFT POSTERIOR CEREBRAL ARTERY
I63539	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF UNSPECIFIED POSTERIOR CEREBRAL ARTERY
I63541	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF RIGHT CEREBELLAR ARTERY
I63542	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF LEFT CEREBELLAR ARTERY
I63549	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF UNSPECIFIED CEREBELLAR ARTERY
I6359	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF OTHER CEREBRAL ARTERY
I636	CEREBRAL INFARCTION DUE TO CEREBRAL VENOUS THROMBOSIS, NONPYOGENIC
I638	OTHER CEREBRAL INFARCTION
I639	CEREBRAL INFARCTION, UNSPECIFIED
I658	OCCLUSION AND STENOSIS OF OTHER PRECEREBRAL ARTERIES
I659	OCCLUSION AND STENOSIS OF UNSPECIFIED PRECEREBRAL ARTERY
I6609	OCCLUSION AND STENOSIS OF UNSPECIFIED MIDDLE CEREBRAL ARTERY
I6619	OCCLUSION AND STENOSIS OF UNSPECIFIED ANTERIOR CEREBRAL ARTERY
I6629	OCCLUSION AND STENOSIS OF UNSPECIFIED POSTERIOR CEREBRAL ARTERY
I669	OCCLUSION AND STENOSIS OF UNSPECIFIED CEREBRAL ARTERY
I672	CEREBRAL ATHEROSCLEROSIS
I6781	ACUTE CEREBROVASCULAR INSUFFICIENCY
I6782	CEREBRAL ISCHEMIA
I6789	OTHER CEREBROVASCULAR DISEASE

Step 5 (history of a contraindicated diagnosis) Required diagnoses: 1 Look back timeframe: 365 days	
ICD-10 Code	Description
I67848	OTHER CEREBROVASCULAR VASOSPASM AND VASOCONSTRICITION
I70201	UNSPECIFIED ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES, RIGHT LEG
I70202	UNSPECIFIED ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES, LEFT LEG
I70203	UNSPECIFIED ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES, BILATERAL LEGS
I70208	UNSPECIFIED ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES, OTHER EXTREMITY
I70209	UNSPECIFIED ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES, UNSPECIFIED EXTREMITY
I70211	ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES WITH INTERMITTENT CLAUDICATION, RIGHT LEG
I70212	ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES WITH INTERMITTENT CLAUDICATION, LEFT LEG
I70213	ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES WITH INTERMITTENT CLAUDICATION, BILATERAL LEGS
I70218	ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES WITH INTERMITTENT CLAUDICATION, OTHER EXTREMITY
I70219	ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES WITH INTERMITTENT CLAUDICATION, UNSPECIFIED EXTREMITY
I70221	ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES WITH REST PAIN, RIGHT LEG
I70222	ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES WITH REST PAIN, LEFT LEG
I70223	ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES WITH REST PAIN, BILATERAL LEGS
I70228	ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES WITH REST PAIN, OTHER EXTREMITY
I70229	ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES WITH REST PAIN, UNSPECIFIED EXTREMITY
I70231	ATHEROSCLEROSIS OF NATIVE ARTERIES OF RIGHT LEG WITH ULCERATION, OF THIGH
I70232	ATHEROSCLEROSIS OF NATIVE ARTERIES OF RIGHT LEG WITH ULCERATION, OF CALF
I70233	ATHEROSCLEROSIS OF NATIVE ARTERIES OF RIGHT LEG WITH ULCERATION, OF ANKLE
I70234	ATHEROSCLEROSIS OF NATIVE ARTERIES OF RIGHT LEG WITH ULCERATION, OF HEEL AND MIDFOOT
I70235	ATHEROSCLEROSIS OF NATIVE ARTERIES OF RIGHT LEG WITH ULCERATION, OF OTHER PART OF FOOT
I70238	ATHEROSCLEROSIS OF NATIVE ARTERIES OF RIGHT LEG WITH ULCERATION, OF OTHER PART OF LOWER RIGHT LEG

Step 5 (history of a contraindicated diagnosis) Required diagnoses: 1 Look back timeframe: 365 days	
ICD-10 Code	Description
I70239	ATHEROSCLEROSIS OF NATIVE ARTERIES OF RIGHT LEG WITH ULCERATION, OF UNSPECIFIED SITE
I70241	ATHEROSCLEROSIS OF NATIVE ARTERIES OF LEFT LEG WITH ULCERATION, OF THIGH
I70242	ATHEROSCLEROSIS OF NATIVE ARTERIES OF LEFT LEG WITH ULCERATION, OF CALF
I70243	ATHEROSCLEROSIS OF NATIVE ARTERIES OF LEFT LEG WITH ULCERATION, OF ANKLE
I70244	ATHEROSCLEROSIS OF NATIVE ARTERIES OF LEFT LEG WITH ULCERATION, OF HEEL AND MIDFOOT
I70245	ATHEROSCLEROSIS OF NATIVE ARTERIES OF LEFT LEG WITH ULCERATION, OF OTHER PART OF FOOT
I70248	ATHEROSCLEROSIS OF NATIVE ARTERIES OF LEFT LEG WITH ULCERATION, OF OTHER PART OF LOWER LEFT LEG
I70249	ATHEROSCLEROSIS OF NATIVE ARTERIES OF LEFT LEG WITH ULCERATION, OF UNSPECIFIED SITE
I7025	ATHEROSCLEROSIS OF NATIVE ARTERIES OF OTHER EXTREMITIES WITH ULCERATION
I70261	ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES WITH GANGRENE, RIGHT LEG
I70262	ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES WITH GANGRENE, LEFT LEG
I70263	ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES WITH GANGRENE, BILATERAL LEGS
I70268	ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES WITH GANGRENE, OTHER EXTREMITY
I70269	ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES WITH GANGRENE, UNSPECIFIED EXTREMITY
I70291	OTHER ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES, RIGHT LEG
I70292	OTHER ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES, LEFT LEG
I70293	OTHER ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES, BILATERAL LEGS
I70298	OTHER ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES, OTHER EXTREMITY
I70299	OTHER ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES, UNSPECIFIED EXTREMITY
K55011	FOCAL (SEGMENTAL) ACUTE (REVERSIBLE) ISCHEMIA OF SMALL INTESTINE
K55012	DIFFUSE ACUTE (REVERSIBLE) ISCHEMIA OF SMALL INTESTINE
K55019	ACUTE (REVERSIBLE) ISCHEMIA OF SMALL INTESTINE EXTENT UNSPECIFIED

Step 5 (history of a contraindicated diagnosis)**Required diagnoses: 1****Look back timeframe: 365 days**

ICD-10 Code	Description
K55031	FOCAL (SEGMENTAL) ACUTE (REVERSIBLE) ISCHEMIA OF LARGE INTESTINE
K55032	DIFFUSE ACUTE (REVERSIBLE) ISCHEMIA OF LARGE INTESTINE
K55039	ACUTE (REVERSIBLE) ISCHEMIA OF LARGE INTESTINE EXTENT UNSPECIFIED
K55051	FOCAL (SEGMENTAL) ACUTE (REVERSIBLE) ISCHEMIA OF INTESTINE, PART UNSPECIFIED
K55052	DIFFUSE ACUTE (REVERSIBLE) ISCHEMIA OF INTESTINE, PART UNSPECIFIED
K55059	ACUTE (REVERSIBLE) ISCHEMIA OF INTESTINE, PART AND EXTENT UNSPECIFIED
K559	VASCULAR DISORDER OF INTESTINE, UNSPECIFIED

Step 6 (diagnosis of severe hepatic impairment)**Required diagnoses: 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
B1911	UNSPECIFIED VIRAL HEPATITIS B WITH HEPATIC COMA
B1920	UNSPECIFIED VIRAL HEPATITIS C WITHOUT HEPATIC COMA

Step 6 (diagnosis of severe hepatic impairment) Required diagnoses: 1 Look back timeframe: 365 days	
ICD-10 Code	Description
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
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

Step 6 (diagnosis of severe hepatic impairment) Required diagnoses: 1 Look back timeframe: 365 days	
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

Step 7 (diagnosis of severe renal impairment) Required diagnoses: 1 Look back timeframe: 365 days	
ICD-10 Code	Description
N184	CHRONIC KIDNEY DISEASE, STAGE 4 (SEVERE) (eGFR 29-15 mL/min)
N185	CHRONIC KIDNEY DISEASE, STAGE 5 (eGFR < 15 mL/min)
N186	END STAGE RENAL DISEASE

Step 9 (Maximum Quantity)	
Label Name	Maximum Quantity
Amerge / Naratriptan	20mg/30days
Axert / Almotriptan	100mg/30days

Step 9 (Maximum Quantity)	
Label Name	Maximum Quantity
Frova / Frovatriptan	22.5mg/30days
Maxalt / Maxalt-MLT / Rizatriptan	120mg/30days
Relpax / Eletriptan	240mg/30days
Imitrex / Sumatriptan	900mg/30days
Zomig / Zomitriptan / Zolmitriptan ODT	30mg/30days



Antimigraine Agents, Triptans

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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
01/21/2022	<ul style="list-style-type: none">Initial publication and presentation to the DUR Board
10/31/2022	<ul style="list-style-type: none">Annual review by staffUpdated references
02/07/2023	<ul style="list-style-type: none">Updated criteria logic to add a dose check for all oral tablets
11/09/2023	<ul style="list-style-type: none">Annual review by staffRemoved GCNs for Amerge (81112, 81111) and Zomig ZMT (42098, 14324) from PA drug table – products have been discontinuedUpdated references
01/26/2024	<ul style="list-style-type: none">Added additional check for contraindicated diagnoses for naratriptan and oral sumatriptan
06/30/2024	<ul style="list-style-type: none">Annual review by staffUpdated references
09/18/2024	<ul style="list-style-type: none">Added clarification in step 1 of the criteria logic/diagram that sumatriptan includes both oral and nasal dosage forms