

Glucagon-Like Peptide (GLP-1) Receptor Agonists Clinical Edit Criteria



Drug/Drug Class:

Glucagon-Like Peptide-1 (GLP-1) Receptor Agonists

Superior HealthPlan follows the guidance of the Texas Vendor Drug Program (VDP) for all clinical edit criteria. Superior has adjusted the clinical criteria to ease the prior authorization process regarding this clinical edit. The criteria logic step 7 (CPT codes for ESRD) and 8 (requirement for documentation of HgbA1c from previous 180 days) have been removed. Any changes to VDP criteria are noted in yellow highlight within the criteria and diagram.

The original clinical edit can be referenced at the Texas Vendor Drug Program website located at <https://www.txvendordrug.com/formulary/prior-authorization/mco-clinical-pa>.

Clinical Edit Information Included in this Document:

Glucagon-Like Peptide-1 (GLP-1) Receptor Agonists

- **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 edit criteria logic.
- **Diagnosis codes or drugs in step logic:** a list of diagnosis codes or drug information and additional step logic, claims and lookback period information.
- **Supporting tables:** a collection of information associated with the steps within the criteria (diagnosis codes, procedure codes, and therapy codes); provided when applicable
- **Clinical Edit References:** clinical edit references as provided by the Texas Vendor Drug Program.
- **Publication history:** to track when the eased criteria was put into production and any updates since this time.

Please note: All tables are provided by original Texas Vendor Drug Program Edit.

Drugs Requiring Prior Authorization GLP-1 Receptor Agonists:

Drugs Requiring Prior Authorization	
Label Name	GCN
ADLYXIN 10-20 MCG STARTER PACK	35688
ADLYXIN 20 MCG MAINTENANCE PK	35687
BYDUREON 2 MG VIAL	31304
BYDUREON 2 MG PEN INJECT	36352
BYDUREON BCISE 2 MG AUTOINJECT	44039
BYETTA 5 MCG DOSE PEN INJ	24613
BYETTA 10 MCG DOSE PEN INJ	24614
OZEMPIC 0.25-0.5 MG DOSE PEN	44163
OZEMPIC 1 MG DOSE PEN	44164
SOLIQUA 100 UNIT-33 MCG/ML PEN	42676
TRULICITY 0.75 MG/0.5 ML PEN	37169
TRULICITY 1.5 MG/0.5 ML PEN	37171
VICTOZA 18 MG/3 ML PEN	26189
XULTOPHY 100 UNIT-3.6 MG/ML PEN	38348

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

Superior HealthPlan Clinical Criteria Logic GLP-1 Receptor Agonists:

1. Is the client greater than or equal to (\geq) 18 years of age?

Yes (Go to #3)

No (And request is for Victoza, go to #2)

No (And request is for any agent other than Victoza, Deny)

2. Is the client greater than or equal to (\geq) 10 years of age?

Yes (Go to #3)

No (Deny)

3. Does the client have a diagnosis of type 2 diabetes in the last 365 days?

Yes (Go to #4)

No (Deny)

4. Does the client have a history of an oral antidiabetic agent for 14 days in the last 365 days?

Yes (Go to #6)

No (Go to #5)

5. Does the client have a history of the requested medication for 14 days in the last 365 days?

Yes (Go to #6)

No (Deny)

6. Does the client have a history of ESRD, chronic kidney disease (stage IV and V), pancreatitis, or gastroparesis in the last 730 days?

Yes (Deny)

No (Approve – 365 days)

~~7. Does the client have a history of ESRD services (CPT codes) in the last 730 days?~~

~~Yes (Deny)~~

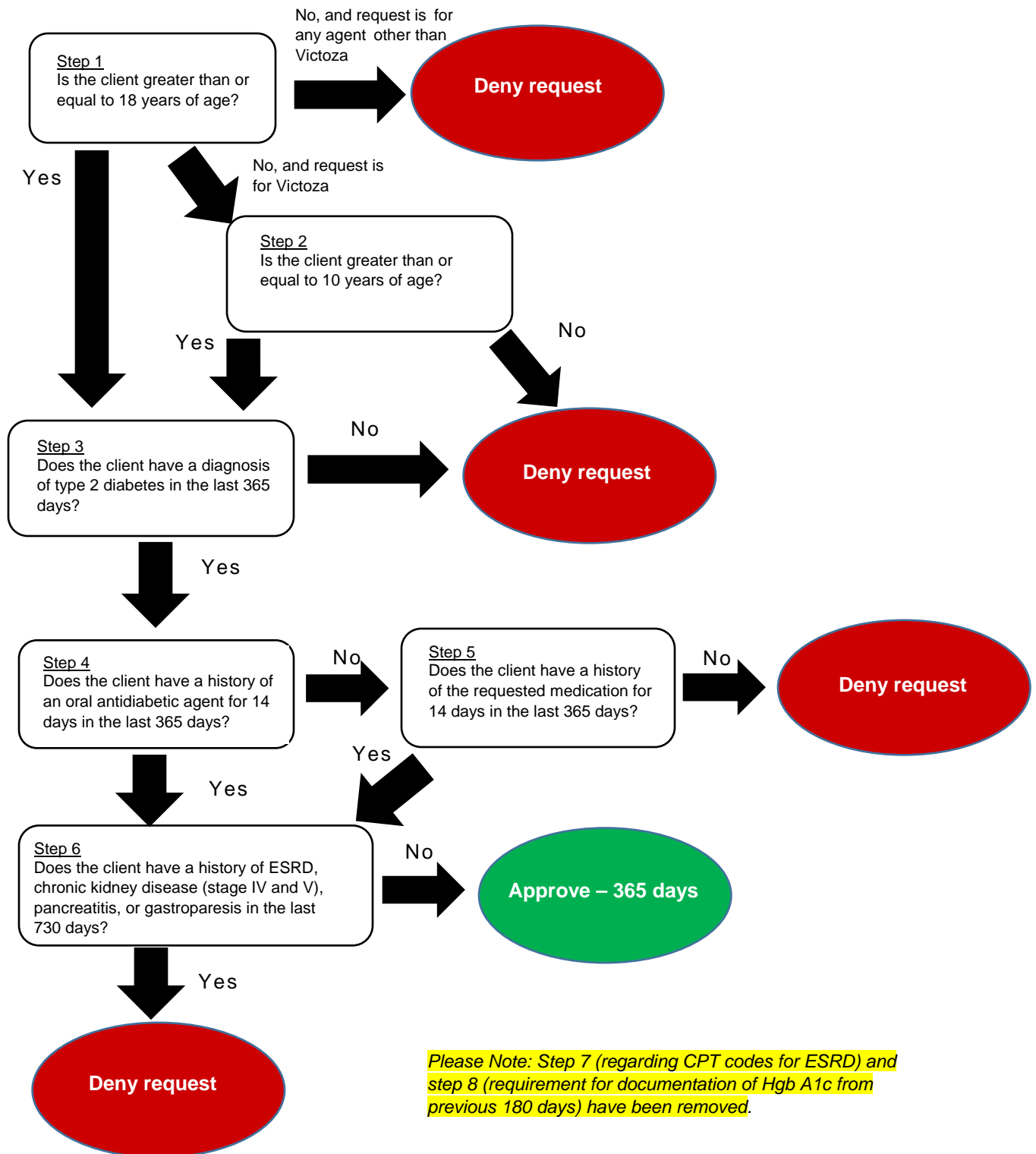
~~No (Go to #7)~~

~~8. Does the client have a history of an HbA1c test in the last 180 days?~~

~~Yes (Approve – 365 days)~~

~~No (Deny)~~

Superior HealthPlan Clinical Edit Logic Diagram GLP-1 Receptor Agonists:



Clinical Criteria Supporting Tables GLP-1 Receptor Agonists:

Step 2 (diagnosis of type II diabetes) Required diagnosis: 1 Look back timeframe: 365 days	
ICD-10 Code	Description
E1100	TYPE 2 DIABETES MELLITUS WITH HYPEROSMOLARITY WITHOUT NONKETOTIC HYPERGLYCEMIC-HYPEROSMOLAR COMA (NKHHC)
E1101	TYPE 2 DIABETES MELLITUS WITH HYPEROSMOLARITY WITH COMA
E1121	TYPE 2 DIABETES MELLITUS WITH DIABETIC NEPHROPATHY
E1122	TYPE 2 DIABETES MELLITUS WITH DIABETIC CHRONIC KIDNEY DISEASE
E1129	TYPE 2 DIABETES MELLITUS WITH OTHER DIABETIC KIDNEY COMPLICATION
E11311	TYPE 2 DIABETES MELLITUS WITH UNSPECIFIED DIABETIC RETINOPATHY WITH MACULAR EDEMA
E11319	TYPE 2 DIABETES MELLITUS WITH UNSPECIFIED DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA
E11321	TYPE 2 DIABETES MELLITUS WITH MILD NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA
E11329	TYPE 2 DIABETES MELLITUS WITH MILD NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA
E11331	TYPE 2 DIABETES MELLITUS WITH MODERATE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA
E11339	TYPE 2 DIABETES MELLITUS WITH MODERATE NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA
E11341	TYPE 2 DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA
E11349	TYPE 2 DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA
E11351	TYPE 2 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA
E11359	TYPE 2 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA
E1136	TYPE 2 DIABETES MELLITUS WITH DIABETIC CATARACT
E1139	TYPE 2 DIABETES MELLITUS WITH OTHER DIABETIC OPHTHALMIC COMPLICATION
E1140	TYPE 2 DIABETES MELLITUS WITH DIABETIC NEUROPATHY, UNSPECIFIED
E1141	TYPE 2 DIABETES MELLITUS WITH DIABETIC MONONEUROPATHY
E1142	TYPE 2 DIABETES MELLITUS WITH DIABETIC POLYNEUROPATHY

Step 2 (diagnosis of type II diabetes)	
Required diagnosis: 1	
Look back timeframe: 365 days	
E1143	TYPE 2 DIABETES MELLITUS WITH DIABETIC AUTONOMIC (POLY)NEUROPATHY
E1144	TYPE 2 DIABETES MELLITUS WITH DIABETIC AMYOTROPHY
E1149	TYPE 2 DIABETES MELLITUS WITH OTHER DIABETIC NEUROLOGICAL COMPLICATION
E1151	TYPE 2 DIABETES MELLITUS WITH DIABETIC PERIPHERAL ANGIOPATHY WITHOUT GANGRENE
E1152	TYPE 2 DIABETES MELLITUS WITH DIABETIC PERIPHERAL ANGIOPATHY WITH GANGRENE
E1159	TYPE 2 DIABETES MELLITUS WITH OTHER CIRCULATORY COMPLICATIONS
E11610	TYPE 2 DIABETES MELLITUS WITH DIABETIC NEUROPATHIC ARTHROPATHY
E11618	TYPE 2 DIABETES MELLITUS WITH OTHER DIABETIC ARTHROPATHY
E11620	TYPE 2 DIABETES MELLITUS WITH DIABETIC DERMATITIS
E11621	TYPE 2 DIABETES MELLITUS WITH FOOT ULCER
E11622	TYPE 2 DIABETES MELLITUS WITH OTHER SKIN ULCER
E11628	TYPE 2 DIABETES MELLITUS WITH OTHER SKIN COMPLICATIONS
E11630	TYPE 2 DIABETES MELLITUS WITH PERIODONTAL DISEASE
E11638	TYPE 2 DIABETES MELLITUS WITH OTHER ORAL COMPLICATIONS
E11641	TYPE 2 DIABETES MELLITUS WITH HYPOGLYCEMIA WITH COMA
E11649	TYPE 2 DIABETES MELLITUS WITH HYPOGLYCEMIA WITHOUT COMA
E1165	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA
E1169	TYPE 2 DIABETES MELLITUS WITH OTHER SPECIFIED COMPLICATION
E118	TYPE 2 DIABETES MELLITUS WITH UNSPECIFIED COMPLICATIONS
E119	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS

Step 3 (history of oral antidiabetic agent)	
Required quantity: 14 days supply	
Look back timeframe: 365 days	
Label Name	GCN
ACTOPLUS MET 15 MG-500 MG TAB	25444
ACTOPLUS MET 15 MG-850 MG TAB	25445
ACTOPLUS MET XR 15-1000 MG TB	28620
ACTOPLUS MET XR 30-1000 MG TB	28622
ACTOS 15 MG TABLET	92991
ACTOS 30 MG TABLET	93001
ACTOS 45 MG TABLET	93011

Step 3 (history of oral antidiabetic agent)

Required quantity: 14 days supply

Look back timeframe: 365 days

Label Name	GCN
ALOGLIPTIN 12.5 MG TABLET	34085
ALOGLIPTIN 25 MG TABLET	34076
ALOGLIPTIN 6.25 MG TABLET	34086
ALOGLIPTIN-METFORMIN 12.5-1000	34088
ALOGLIPTIN-METFORMIN 12.5-500	34087
ALOGLIPTIN-PIOGLIT 12.5-15 MG	34080
ALOGLIPTIN-PIOGLIT 12.5-30 MG	34083
ALOGLIPTIN-PIOGLIT 12.5-45 MG	34084
ALOGLIPTIN-PIOGLIT 25-15 MG	34077
ALOGLIPTIN-PIOGLIT 25-30 MG	34078
ALOGLIPTIN-PIOGLIT 25-45 MG	34079
AMARYL 1 MG TABLET	05830
AMARYL 2 MG TABLET	05832
AMARYL 4 MG TABLET	05833
AVANDIA 2 MG TABLET	93193
AVANDIA 4 MG TABLET	93203
AVANDIA 8 MG TABLET	93363
CHLORPROPAMIDE 100 MG TABLET	05731
CHLORPROPAMIDE 250 MG TABLET	05732
FARXIGA 10 MG TABLET	34394
FARXIGA 5 MG TABLET	35698
FORTAMET ER 1,000 MG TABLET	21831
FORTAMET ER 500 MG TABLET	21832
GLIMEPIRIDE 1 MG TABLET	05830
GLIMEPIRIDE 2 MG TABLET	05832
GLIMEPIRIDE 4 MG TABLET	05833
GLIPIZIDE 10 MG TABLET	10841
GLIPIZIDE 5 MG TABLET	10840
GLIPIZIDE ER 10 MG TABLET	10843
GLIPIZIDE ER 2.5 MG TABLET	50638
GLIPIZIDE ER 5 MG TABLET	10844
GLIPIZIDE XL 10 MG TABLET	10843
GLIPIZIDE XL 2.5 MG TABLET	50638
GLIPIZIDE XL 5 MG TABLET	10844
GLIPIZIDE-METFORMIN 2.5-250 MG	18366
GLIPIZIDE-METFORMIN 2.5-500 MG	18367

Step 3 (history of oral antidiabetic agent)

Required quantity: 14 days supply

Look back timeframe: 365 days

Label Name	GCN
GLIPIZIDE-METFORMIN 5-500 MG	18368
GLUCOPHAGE 1000 MG TABLET	10857
GLUCOPHAGE 500 MG TABLET	10810
GLUCOPHAGE 850 MG TABLET	10811
GLUCOPHAGE XR 500 MG TAB	89863
GLUCOPHAGE XR 750 MG TAB	19578
GLUCOTROL 10 MG TABLET	10841
GLUCOTROL 5 MG TABLET	10840
GLUCOTROL XL 10 MG TABLET	10843
GLUCOTROL XL 2.5 MG TABLET	50638
GLUCOVANCE 2.5-500 MG TABLET	92889
GLUCOVANCE 5-500 MG TABLET	89879
GLUMETZA ER 1,000 MG TABLET	97067
GLUMETZA ER 500 MG TABLET	97061
GLYBURIDE 1.25 MG TABLET	05710
GLYBURIDE 2.5 MG TABLET	05711
GLYBURIDE 5 MG TABLET	05712
GLYBURIDE MICRO 1.5 MG TAB	05713
GLYBURIDE MICRO 3 MG TABLET	05714
GLYBURIDE MICRO 6 MG TABLET	05715
GLYBURIDE-METFORMIN 1.25-250 MG	89878
GLYBURIDE-METFORMIN 2.5-500 MG	92889
GLYBURIDE-METFORMIN 5-500 MG	89879
GLYNASE 1.5 MG PRESTAB	05713
GLYNASE 3 MG PRESTAB	05714
GLYNASE 6 MG PRESTAB	05715
GLYSET 100 MG TABLET	95254
GLYSET 25 MG TABLET	95252
GLYSET 50 MG TABLET	95253
GLYXAMBI 10-5 MG TABLET	37832
GLYXAMBI 25-5 MG TABLET	37833
INVOKAMET 150-1000 MG TABLET	36859
INVOKAMET 150-500 MG TABLET	36953
INVOKAMET 50-1000 MG TABLET	36857
INVOKAMET 50-500 MG TABLET	36954
INVOKAMET XR 150-1000 MG TABLET	42315

Step 3 (history of oral antidiabetic agent)

Required quantity: 14 days supply

Look back timeframe: 365 days

Label Name	GCN
INVOKAMET XR 150-500 MG TABLET	42314
INVOKAMET XR 50-1000 MG TAB	42313
INVOKAMET XR 50-500 MG TABLET	42312
INVOKANA 100 MG TABLET	34439
INVOKANA 300 MG TABLET	34441
JANUMET 50-1,000 MG TABLET	98307
JANUMET 50-500 MG TABLET	98306
JANUMET XR 100-1000 MG TABLET	31348
JANUMET XR 50-1000 MG TABLET	31340
JANUMET XR 50-500 MG TABLET	31339
JANUVIA 100 MG TABLET	97400
JANUVIA 25 MG TABLET	97398
JANUVIA 50 MG TABLET	97399
JARDIANCE 10 MG TABLET	36716
JARDIANCE 25 MG TABLET	36723
JENTADUETO 2.5-1000 MG TAB	31317
JENTADUETO 2.5-500 MG TAB	31315
JENTADUETO 2.5-850 MG TAB	31316
JENTADUETO XR 2.5-1000 MG TAB	41637
JENTADUETO XR 5-1000 MG TAB	41639
KAZANO 12.5-1000 MG TABLET	34088
KAZANO 12.5-500 MG TABLET	34087
KOMBIGLYZE XR 2.5-1,000 MG TAB	29225
KOMBIGLYZE XR 5-1,000 MG TAB	29224
KOMBIGLYZE XR 5-500 MG TABLET	29118
METFORMIN HCL 1000 MG TABLET	10857
METFORMIN HCL 500 MG TABLET	10810
METFORMIN HCL 850 MG TABLET	10811
METFORMIN HCL ER 500 MG TABLET	89863
METFORMIN HCL ER 750 MG TABLET	19578
NATEGLINIDE 120 MG TABLET	34027
NATEGLINIDE 60 MG TABLET	12277
NESINA 12.5 MG TABLET	34085
NESINA 25 MG TABLET	34086
NESINA 6.25 MG TABLET	34086
ONGLYZA 2.5 MG TABLET	27393

Step 3 (history of oral antidiabetic agent)

Required quantity: 14 days supply

Look back timeframe: 365 days

Label Name	GCN
ONGLYZA 5 MG TABLET	27394
OSENI 12.5-15 MG TABLET	34080
OSENI 12.5-30 MG TABLET	34083
OSENI 12.5-45 MG TABLET	34084
OSENI 25-15 MG TABLET	34077
OSENI 25-30 MG TABLET	34078
OSENI 25-45 MG TABLET	34079
PIOGLITAZONE HCL 15 MG TABLET	92291
PIOGLITAZONE HCL 30 MG TABLET	93001
PIOGLITAZONE HCL 45 MG TABLET	93011
PIOGLITAZONE-GLIMEPIRIDE 30-2 MG	97181
PIOGLITAZONE-GLIMEPIRIDE 30-4 MG	97180
PIOGLITAZONE-METFORMIN 15-500 MG	25444
PIOGLITAZONE-METFORMIN 15-850 MG	25445
PRANDIMET 1 MG-500 MG TABLET	16084
PRANDIMET 2 MG-500 MG TABLET	16085
PRANDIN 0.5 MG TABLET	26311
PRANDIN 1 MG TABLET	26312
PRANDIN 2 MG TABLET	26313
PRECOSE 100 MG TABLET	02318
PRECOSE 25 MG TABLET	08070
PRECOSE 50 MG TABLET	02319
QTERN 10-5 MG TABLET	43126
REPAGLINIDE 0.5MG TABLET	26311
REPAGLINIDE 1 MG TABLET	26312
REPAGLINIDE 2 MG TABLET	26313
REPAGLINIDE-METFORMIN 1-500 MG TAB	16084
REPAGLINIDE-METFORMIN 2-500 MG TAB	16085
RIOMET 500 MG/5 ML SOLUTION	20808
STARLIX 120 MG TABLET	34027
STARLIX 60 MG TABLET	12277
STEGLUJAN 15-100 MG TABLET	44238
STEGLUJAN 5-100 MG TABLET	44237
SYNJARDY 12.5-1000 MG TABLET	38932
SYNJARDY 12.5-500 MG TABLET	39378
SYNJARDY 5-1000 MG TABLET	38929

Step 3 (history of oral antidiabetic agent) Required quantity: 14 days supply Look back timeframe: 365 days	
Label Name	GCN
SYNJARDY XR 10-1000 MG TABLET	42788
SYNJARDY XR 12.5-1000 MG TAB	42787
SYNJARDY XR 25-1000 MG TABLET	42789
SYNJARDY XR 5-1000 MG TABLET	42786
TOLAZAMIDE 250 MG TABLET	05741
TOLAZAMIDE 500 MG TABLET	05742
TOLBUTAMIDE 500 MG TABLET	05724
TRADJENTA 5 MG TABLET	29890
XIGDUO XR 10-1000 MG TABLET	37344
XIGDUO XR 10-500 MG TABLET	37342
XIGDUO XR 5-1000 MG TABLET	37343
XIGDUO XR 5-500 MG TABLET	37339

Step 4 (history of requested medication) Required quantity: 14 days supply Look back timeframe: 365 days	
Label Name	GCN
ADLYXIN 10-20 MCG STARTER PACK	35688
ADLYXIN 20 MCG MAINTENANCE PK	35687
BYDUREON 2 MG VIAL	31304
BYDUREON 2 MG PEN INJECT	36352
BYDUREON BCISE 2 MG AUTOINJECT	44039
BYETTA 5 MCG DOSE PEN INJ	24613
BYETTA 10 MCG DOSE PEN INJ	24614
OZEMPIC 0.25-0.5 MG DOSE PEN	44163
OZEMPIC 1 MG DOSE PEN	44164
SOLIQUA 100 UNIT-33 MCG/ML PEN	42676
TRULICITY 0.75 MG/0.5 ML PEN	37169
TRULICITY 1.5 MG/0.5 ML PEN	37171
VICTOZA 18 MG/3 ML PEN	26189
XULTOPHY 100 UNIT-3.6 MG/ML PEN	38348

Step 5 (diagnosis of ESRD, CKD, pancreatitis, or gastroparesis)	
Required diagnosis: 1	
Look back timeframe: 730 days	
ICD-10 Code	Description
V56	ENCOUNTER FOR DIALYSIS AND DIALYSIS CATHETER CARE
V560	RENAL DIALYSIS ENCOUNTER
V561	FT/ADJ XTRCORP DIAL CATH
V562	FIT/ADJ PERIT DIAL CATH
V563	ENCOUNTER FOR ADEQUACY TESTING FOR DIALYSIS
V5631	HEMODIALYSIS TESTING
V5632	PERITONEAL DIALYSIS TEST
V568	DIALYSIS ENCOUNTER, NEC
K3184	GASTROPARESIS
B252	CYTOMEGALOVIRAL PANCREATITIS
K850	IDIOPATHIC ACUTE PANCREATITIS
K851	BILIARY ACUTE PANCREATITIS
K852	ALCOHOL INDUCED ACUTE PANCREATITIS
K853	DRUG INDUCED ACUTE PANCREATITIS
K859	ACUTE PANCREATITIS, UNSPECIFIED
K858	OTHER ACUTE PANCREATITIS
K860	ALCOHOL-INDUCED CHRONIC PANCREATITIS
K861	OTHER CHRONIC PANCREATITIS
N184	CHRONIC KIDNEY DISEASE, STAGE 4 (SEVERE)
N185	CHRONIC KIDNEY DISEASE, STAGE 5
N186	END STAGE RENAL DISEASE
Z4901	ENCOUNTER FOR FITTING AND ADJUSTMENT OF EXTRACORPOREAL DIALYSIS CATHETER
Z4902	ENCOUNTER FOR FITTING AND ADJUSTMENT OF PERITONEAL DIALYSIS CATHETER
Z4931	ENCOUNTER FOR ADEQUACY TESTING FOR HEMODIALYSIS
Z4932	ENCOUNTER FOR ADEQUACY TESTING FOR PERITONEAL DIALYSIS

Step 7 (procedure for ESRD services)	
Required diagnosis: 1	
Look back timeframe: 730 days (this step is removed)	
CPT Code	Description
90918	ESRD RELATED SERVICES, MONTH
90919	ESRD RELATED SERVICES, MONTH
90920	ESRD RELATED SERVICES, MONTH
90924	ESRD RELATED SERVICES, MONTH

Step 7 (procedure for ESRD services)

Required diagnosis: 1

Look back timeframe: 730 days - This step is removed

CPT Code	Description
90922	ESRD RELATED SERVICES, DAY
90923	ESRD RELATED SERVICES, DAY
90924	ESRD RELATED SERVICES, DAY
90925	ESRD RELATED SERVICES, DAY
90935	HEMODIALYSIS, ONE EVALUATION
90937	HEMODIALYSIS, REPEATED EVAL
90940	HEMODIALYSIS ACCESS STUDY
90941	HEMODIALYSIS, INITIAL OR ACUTE (EG, ACUTE RENAL FAILURE OR INTOXICAT; PAT OVER 40 KG
90942	HEMODIALYSIS, INITIAL OR ACUTE (EG, ACUTE RENAL FAILURE OR INTOXICAT: PAT 21-40 KG
90943	HEMODIAL, INITIAL OR ACUTE (EG, ACUTE RENAL FAILURE OR INTOXICAT; PAT OVER 40 KG
90944	HEMODIAL, INITIAL OR ACUTE (EG, ACUTE RENAL FAILURE OR INTOXICAT; PAT UNDER 10 KG
90945	DIALYSIS, ONE EVALUATION
90947	DIALYSIS, REPEATED EVAL
90951	ESRD SERV, 4 VISITS P MO, <2
90952	ESRD SERV, 2-3 VSTS P MO, <2
90953	ESRD SERV, 1 VISIT P MO, <2
90954	ESRD SERV, 4 VSTS P MO, 2-11
90955	ESRD SRV 2-3 VSTS P MO, 2-11
90956	ESRD SRV, 1 VISIT P MO, 2-11
90957	ESRD SRV, 4 VSTS P MO, 12-19
90958	ESRD SRV 2-3 VSTS P MO 12-19
90959	ESRD SERV, 1 VST P MO, 12-19
90960	ESRD SRV, 4 VISITS P MO, 20+
90961	ESRD SRV, 2-3 VSTS P MO, 20+
90962	ESRD SERV, 1 VISIT P MO, 20+
90963	ESRD HOME PT, SERV P MO, <2
90964	ESRD HOME PT SERV P MO, 2-11
90965	ESRD HOME PT SERV P MO 12-19
90966	ESRD HOME PT, SERV P MO, 20+
90967	ESRD HOME PT SERV P DAY, <2
90968	ESRD HOME PT SRV P DAY, 2-11
90969	ESRD HOME PT SRV P DAY 12-19
90970	ESRD HOME PT SERV P DAY, 20+

Step 7 (procedure for ESRD services)	
Required diagnosis: 1	
Look back timeframe: 730 days - This step is removed	
CPT Code	Description
90976	PERITONEAL DIALYSIS FOR CHRONIC RENAL FAILURE; PATIENT MORE THAN 40 KG
90977	PERITONEAL DIALYSIS FOR CHRONIC RENAL FAILURE; PATIENT 21-40 KG
90978	PERITONEAL DIALYSIS FOR CHRONIC RENAL FAILURE; PATIENT 11-20 KG
90979	PERITONEAL DIALYSIS FOR CHRONIC RENAL FAILURE; PATIENT UNDER 10 KG
90982	PERITONEAL DIALYSIS FOR (ESRD), MAINT STABI COND, HOSP/OTHER FACIL PER SET; MORE 40 KG
90983	PERITONEAL DIALYSIS FOR (ESRD),MAINT STABL COND,HOSP/OTHER FAC PER SET;PATIENT 21-40 KG
90984	PERITONEAL DIALYSIS FOR (ESRD),MAINT STABI COND, HOSP/OTHER FAC PER SET;PATIENT 11-20 KG
90985	PERITONEAL DIALYSIS FOR (ESRD),MAINT STABI COND,HOSP/OTHER FAC PER SET;PATIENT UNDER 10K
90989	DIALYSIS TRAINING, COMPLETE
90990	HEMODIALYSIS TRAINING AND/OR COUNSELING
90991	HOME HEMODIALYSIS CARE, OUTPAT, SERV PROVID BY PHYSI RESPNS FOR TOTAL CARE
90992	PERITONEAL DIALYSIS TRAINING AND/OR COUNSELING (MEDICARE ONLY)
90993	DIALYSIS TRAINING, INCOMPL
90994	SUPERVISION OF CHRONIC AMBPERITONEAL DIAL (CAPD),HOME/OUT-PATIENT,MONTHLY

Step 8 (procedure for HbA1c test)	
Required procedure: 1	
Look back timeframe: 180 days - This step is removed.	
CPT Code	Description
83036	GLYCOSYLATED HEMOGLOBIN TEST
83037	GLYCOSYLATED HB, HOME DEVICE

Clinical Criteria References:

1. 2015 ICD-9-CM Diagnosis Codes. 2015. Available at www.icd9data.com. Accessed on April 3, 2015.
2. 2015 ICD-10-CM Diagnosis Codes. 2015. Available at www.icd10data.com. Accessed on April 3, 2015.
3. American Medical Association data files. 2015 ICD-9-CM Diagnosis Codes. Available at www.commerce.ama-assn.org.
4. American Medical Association data files. 2015 ICD-10-CM Diagnosis Codes. Available at www.commerce.ama-assn.org.
5. Clinical Pharmacology [online database]. Tampa, FL: Elsevier/Gold Standard, Inc.; 2018. Available at www.clinicalpharmacology.com. Accessed on July 5, 2019.
6. Micromedex [online database]. Available at www.micromedexsolutions.com. Accessed on July 5, 2019.
7. Adlyxin Prescribing Information. Bridgewater, NJ. sanofi-aventis U.S. LLC. January 2019.
8. Byetta Prescribing Information. Wilmington, DE. AstraZeneca Pharmaceuticals LP. December 2018.
9. Bydureon Prescribing Information. Wilmington, DE. AstraZeneca Pharmaceuticals LP. February 2019.
10. Bydureon BCise Prescribing Information. Wilmington, DE. AstraZeneca Pharmaceuticals LP. March 2019.
11. Ozempic Prescribing Information. Plainsboro, NJ. Novo Nordisk Inc. April 2019.
12. Soliqua Prescribing Information. Bridgewater, NJ. sanofi-aventis U.S. LLC. February 2019.
13. Tanzeum Prescribing Information. Research Triangle Park, NC. GlaxoSmithKline LLC. December 2017.
14. Trulicity Prescribing Information. Indianapolis, IL. Eli Lilly and Company. January 2019.
15. Victoza Prescribing Information. Plainsboro, NJ. Novo Nordisk Inc. June 2019.
16. Xultophy Prescribing Information. Plainsboro, NJ. Novo Nordisk Inc. February 2019.
17. American Diabetes Association. Standards of Medical Care in Diabetes-2018. Diabetes Care 2018;41(Suppl 1).
18. Qaseem A, Humphrey LL, Sweet DE, et al, for the Clinical Guidelines Committee of the American College of Physicians. Oral pharmacologic treatment of type 2 diabetes mellitus: a clinical practice guideline from the American College of Physicians. Ann Intern Med. 2012 Feb 7;156(3):218-31.

19. Rosenzweig JL, Ferrannini E, Grundy SM, et al. Primary Prevention of Cardiovascular Disease and Type 2 Diabetes in Patients at Metabolic Risk: An Endocrine Society Clinical Practice Guideline. J Clin Endocrinol Metab. October 2008, 93(10):3671-3689.

Publication History:

Publication	Notes
1/7/2019	Criteria created and cross referenced to VDP criteria. VDP criteria is dated 4-6-18. Removed steps 6 and 7 of original VDP criteria per Superior P&T Committee approval.
8/16/2019	<ul style="list-style-type: none"> • Removed GCNs for Tanzeum (no longer available), pages 2 and 11 • Expanded age for Victoza to ≥10 years (question #2) in criteria logic and logic diagram, pages 3-4 • Updated references, pages 15-16 • Updated to include formulary statement (The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit TxVendorDrug.com/formulary/formulary-search.) on each 'Drug Requiring PA' table