



Thiazolidinediones Clinical Edit Criteria

Drug/Drug Class:

Thiazolidinediones – Pioglitazone Thiazolidinediones – Rosiglitazone

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. Oseni and its generic version (alogliptin/pioglitazone) have been removed from this criteria. For coverage criteria of Oseni or its generic, please see Dipeptidyl peptidase-4 (DPP IV) Inhibitors criteria.

The original clinical edit can be referenced at the Texas Vendor Drug Program website located at <https://paxpress.txpa.hidinc.com/thiazolidinediones.pdf>.

Clinical Edit Information Included in this Document:

Thiazolidinediones – Pioglitazone Thiazolidinediones – Rosiglitazone

- **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

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

Drugs Requiring Prior Authorization Thiazolidinediones – Pioglitazone:

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.

Table 1 Drugs Requiring Prior Authorization for Criteria Steps 1 - 4 (Thiazolidinediones and Metformin)	
Label Name	GCN
ACTOPLUS MET 15 MG-500 MG TAB	25444
ACTOPLUS MET XR 15-1,000 MG TB	28620
ACTOPLUS MET XR 30-1,000 MG TB	28622
PIOGLITAZONE-METFORMIN 15-500	25444
PIOGLITAZONE-METFORMIN 15-850	25445

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.

Table 2 Drugs Requiring Prior Authorization for Criteria Steps 1 - 5 (Thiazolidinediones, plain and other Thiazolidinedione combinations)	
Label Name	GCN
ACTOS 15 MG TABLET	92991
ACTOS 30 MG TABLET	93001
ACTOS 45 MG TABLET	93011

ALOGLIPTIN-PIOGLIT 12.5-15	34080
ALOGLIPTIN-PIOGLIT 12.5-30	34083
ALOGLIPTIN-PIOGLIT 12.5-45	34084
ALOGLIPTIN-PIOGLIT 25-15	34077
ALOGLIPTIN-PIOGLIT 25-30	34078
ALOGLIPTIN-PIOGLIT 25-45	34079
DUETACT 30-2 MG TABLET	97181
DUETACT 30-4 MG TABLET	97180
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
Table 2 Drugs Requiring Prior Authorization for Criteria Steps 1 - 5 (Thiazolidinediones, plain and other Thiazolidinedione combinations)	
Label Name	GCN
OSENI 25-45 MG TABLET	34079
PIOGLITAZONE HCL 15 MG TABLET	92991
PIOGLITAZONE HCL 30 MG TABLET	93001
PIOGLITAZONE HCL 45 MG TABLET	93011
PIOGLITAZONE-GLIMEPIRIDE 30-2	97181
PIOGLITAZONE-GLIMEPIRIDE 30-4	97180

Superior HealthPlan Clinical Criteria Logic Thiazolidinediones – Pioglitazone:

1. Does the client have a diagnosis of heart failure in the last 365 days?

Yes (Go to # 2)

No (Go to #3)

2. Does the client have a history of 2 heart failure drugs for 30 days in the last 90 days?

Yes (Deny)

No (Go to #3)

3. Does the client have a diagnosis of type II diabetes in the last 730 days?

Yes (Go to #4)

No (Deny)

4. Does the client have a history of a metformin-containing agent for 30 days in the last 730 days?

Yes (Approve – 365 days)

If No, and drug is in Table 1 (Deny)

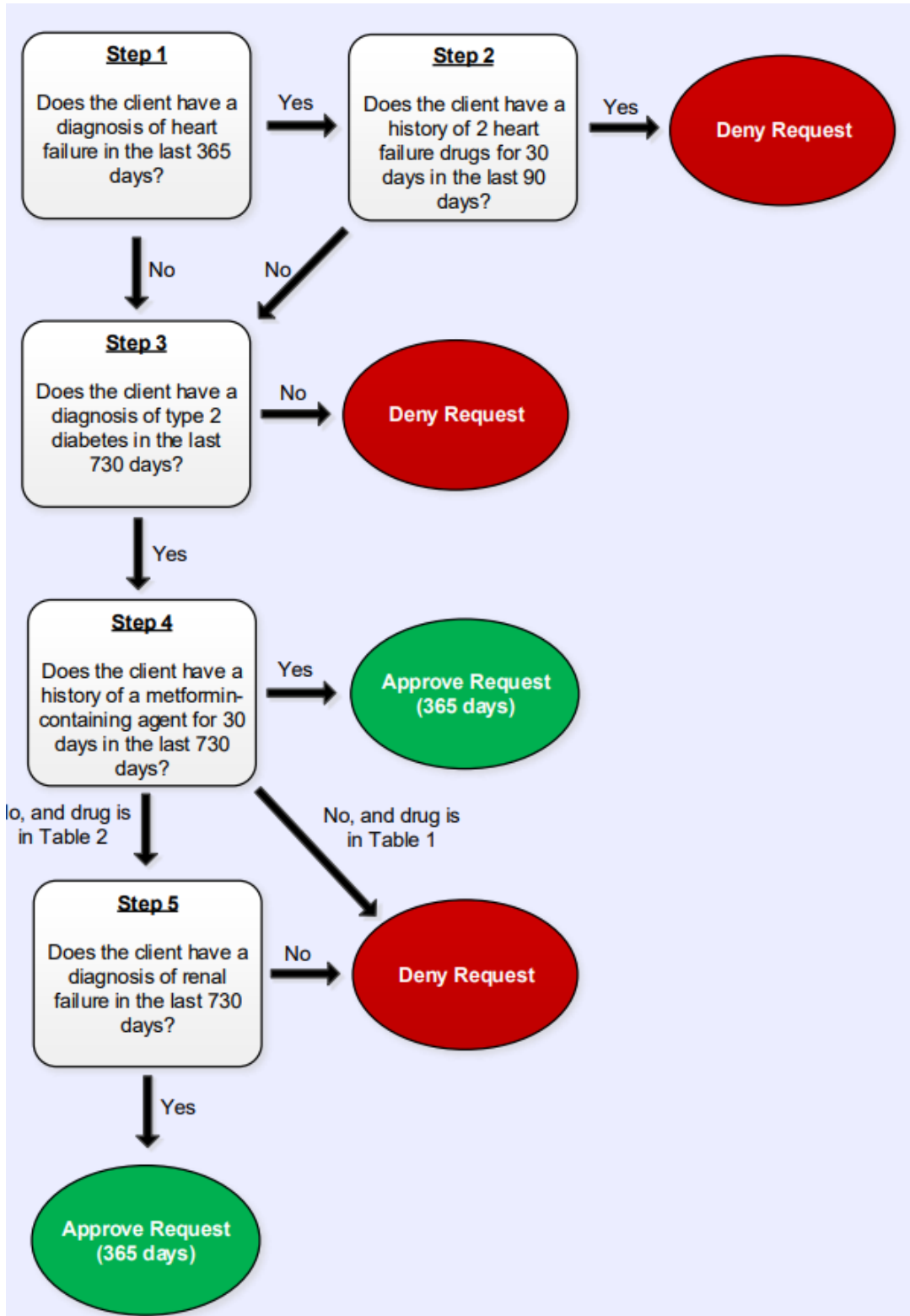
If No, and drug is in Table 2 (Go to #5)

5. Does the client have a diagnosis of renal failure in the last 730 days?

Yes (Approve – 365 days)

No (Deny)

Superior HealthPlan Clinical Edit Logic Diagram Thiazolidinediones – Pioglitazone:



Clinical Criteria Supporting Tables:

Step 1 (diagnosis of heart failure) Required diagnosis: 1 Look back timeframe: 365 day	
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
I509	HEART FAILURE, UNSPECIFIED

Step 2 (history of 2 heart failure drugs) Required quantity: 2 Look back timeframe: 90 days	
Label Name	GCN
BIDIL TABLET	24925
BUMETANIDE 0.5 MG TABLET	35020
BUMETANIDE 1 MG TABLET	35021
BUMETANIDE 2 MG TABLET	35022
CORLANOR 5 MG TABLET	26238
CORLANOR 7.5 MG TABLET	26239
DIGOXIN 50 MCG/ML SOLUTION	00120
DIGOXIN 125 MCG TABLET	00132

Step 2 (history of 2 heart failure drugs)	
Required quantity: 2	
Look back timeframe: 90 days	
Label Name	GCN
DIGOXIN 250 MCG TABLET	00133
ENTRESTO 24-26 MG TABLET	39046
ENTRESTO 49-51 MG TABLET	39047
ENTRESTO 97-103 MG TABLET	39048
EPLERENONE 25 MG TABLET	91883
EPLERENONE 50 MG TABLET	91884
ETHACRYNIC ACID 25 MG TABLET	34910
FUROSEMIDE 10 MG/ML SOLUTION	34950
FUROSEMIDE 40 MG/5 ML SOLN	34951
FUROSEMIDE 20 MG TABLET	34961
FUROSEMIDE 40 MG TABLET	34962
FUROSEMIDE 80 MG TABLET	34963
FUROSEMIDE 10 MG/ML VIAL	34940
INSPRA 25 MG TABLET	91883
INSPRA 50 MG TABLET	91884
LANOXIN 125 MCG TABLET	00132
TORSEMIDE 5 MG TABLET	21130
TORSEMIDE 10 MG TABLET	21131
TORSEMIDE 20 MG TABLET	21132
TORSEMIDE 100 MG TABLET	21133

Step 3 (diagnosis of type II diabetes)	
Required diagnosis: 1	
Look back timeframe: 730 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

Step 3 (diagnosis of type II diabetes)**Required diagnosis: 1****Look back timeframe: 730 days**

ICD-10 Code	Description
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
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

**Step 3 (diagnosis of type II diabetes)
Required diagnosis: 1
Look back timeframe: 730 days**

ICD-10 Code	Description
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
E1300	OTHER SPECIFIED DIABETES MELLITUS WITH HYPEROSMOLARITY WITHOUT NONKETOTIC HYPERGLYCEMIC-HYPEROSMOLAR COMA (NKHHC)
E1301	OTHER SPECIFIED DIABETES MELLITUS WITH HYPEROSMOLARITY WITH COMA
E1310	OTHER SPECIFIED DIABETES MELLITUS WITH KETOACIDOSIS WITHOUT COMA
E1311	OTHER SPECIFIED DIABETES MELLITUS WITH KETOACIDOSIS WITH COMA
E1321	OTHER SPECIFIED DIABETES MELLITUS WITH DIABETIC NEPHROPATHY
E1322	OTHER SPECIFIED DIABETES MELLITUS WITH DIABETIC CHRONIC KIDNEY DISEASE
E1329	OTHER SPECIFIED DIABETES MELLITUS WITH OTHER DIABETIC KIDNEY COMPLICATION
E13311	OTHER SPECIFIED DIABETES MELLITUS WITH UNSPECIFIED DIABETIC RETINOPATHY WITH MACULAR EDEMA
E13319	OTHER SPECIFIED DIABETES MELLITUS WITH UNSPECIFIED DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA
E13321	OTHER SPECIFIED DIABETES MELLITUS WITH MILD NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA
E13329	OTHER SPECIFIED DIABETES MELLITUS WITH MILD NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA
E13331	OTHER SPECIFIED DIABETES MELLITUS WITH MODERATE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA
E13339	OTHER SPECIFIED DIABETES MELLITUS WITH MODERATE NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA
E13341	OTHER SPECIFIED DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA
E13349	OTHER SPECIFIED DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA
E13351	OTHER SPECIFIED DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA
E13359	OTHER SPECIFIED DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA

Step 3 (diagnosis of type II diabetes)**Required diagnosis: 1****Look back timeframe: 730 days**

ICD-10 Code	Description
E1336	OTHER SPECIFIED DIABETES MELLITUS WITH DIABETIC CATARACT
E1339	OTHER SPECIFIED DIABETES MELLITUS WITH OTHER DIABETIC OPHTHALMIC COMPLICATION
E1340	OTHER SPECIFIED DIABETES MELLITUS WITH DIABETIC NEUROPATHY, UNSPECIFIED
E1341	OTHER SPECIFIED DIABETES MELLITUS WITH DIABETIC MONONEUROPATHY
E1342	OTHER SPECIFIED DIABETES MELLITUS WITH DIABETIC POLYNEUROPATHY
E1343	OTHER SPECIFIED DIABETES MELLITUS WITH DIABETIC AUTONOMIC (POLY)NEUROPATHY
E1344	OTHER SPECIFIED DIABETES MELLITUS WITH DIABETIC AMYOTROPHY
E1349	OTHER SPECIFIED DIABETES MELLITUS WITH OTHER DIABETIC NEUROLOGICAL COMPLICATION
E1351	OTHER SPECIFIED DIABETES MELLITUS WITH DIABETIC PERIPHERAL ANGIOPATHY WITHOUT GANGRENE
E1352	OTHER SPECIFIED DIABETES MELLITUS WITH DIABETIC PERIPHERAL ANGIOPATHY WITH GANGRENE
E1359	OTHER SPECIFIED DIABETES MELLITUS WITH OTHER CIRCULATORY COMPLICATIONS
E13610	OTHER SPECIFIED DIABETES MELLITUS WITH DIABETIC NEUROPATHIC ARTHROPATHY
E13618	OTHER SPECIFIED DIABETES MELLITUS WITH OTHER DIABETIC ARTHROPATHY
E13620	OTHER SPECIFIED DIABETES MELLITUS WITH DIABETIC DERMATITIS
E13621	OTHER SPECIFIED DIABETES MELLITUS WITH FOOT ULCER
E13622	OTHER SPECIFIED DIABETES MELLITUS WITH OTHER SKIN ULCER
E13628	OTHER SPECIFIED DIABETES MELLITUS WITH OTHER SKIN COMPLICATIONS
E13630	OTHER SPECIFIED DIABETES MELLITUS WITH PERIODONTAL DISEASE
E13638	OTHER SPECIFIED DIABETES MELLITUS WITH OTHER ORAL COMPLICATIONS
E13641	OTHER SPECIFIED DIABETES MELLITUS WITH HYPOGLYCEMIA WITH COMA
E13649	OTHER SPECIFIED DIABETES MELLITUS WITH HYPOGLYCEMIA WITHOUT COMA
E1365	OTHER SPECIFIED DIABETES MELLITUS WITH HYPERGLYCEMIA
E1369	OTHER SPECIFIED DIABETES MELLITUS WITH OTHER SPECIFIED COMPLICATION
E138	OTHER SPECIFIED DIABETES MELLITUS WITH UNSPECIFIED COMPLICATIONS
E139	OTHER SPECIFIED DIABETES MELLITUS WITHOUT COMPLICATIONS

Step 4 (history of a metformin-containing agent)**Required quantity: 1****Look back timeframe: 730 days**

Label Name	GCN
ACTOPLUS MET 15 MG-500 MG TAB	25444
ACTOPLUS MET XR 15-1,000 MG TB	28620
ACTOPLUS MET XR 30-1,000 MG TB	28622
ALOGLIPTIN-METFORMIN 12.5-1000	34088
ALOGLIPTIN-METFORMIN 12.5-500	34087
FORTAMET ER 1,000 MG TABLET	21831
FORTAMET ER 500 MG TABLET	21832
GLIPIZIDE-METFORMIN 2.5-250 MG	18366
GLIPIZIDE-METFORMIN 2.5-500 MG	18367
GLIPIZIDE-METFORMIN 5-500 MG	18368
GLUCOPHAGE 1,000 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
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-METFORMIN 2.5-500 MG	92889
GLYBURIDE-METFORMIN 5-500 MG	89879
GLYBURID-METFORMIN 1.25-250 MG	89878
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
INVOKAMET XR 150-500 MG TABLET	42314
INVOKAMET XR 50-1000 MG TABLET	42313
INVOKAMET XR 50-500 MG TABLET	42312
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

Step 4 (history of a metformin-containing agent) Required quantity: 1 Look back timeframe: 730 days	
Label Name	GCN
JANUMET XR 50-500 MG TABLET	31339
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 2.5-1000 MG TAB	29225
KOMBIGLYZE XR 5-1000 MG TAB	29224
KOMBIGLYZE XR 5-500 MG TAB	29118
METFORMIN HCL 1,000 MG TABLET	10857
METFORMIN HCL 500 MG TABLET	10810
METFORMIN HCL 850 MG TABLET	10811
METFORMIN HCL ER 1,000 MG TAB	21831
METFORMIN HCL ER 500 MG TABLET	21832
METFORMIN HCL ER 500 MG TABLET	89863
METFORMIN HCL ER 750 MG TABLET	19578
PIOGLITAZONE-METFORMIN 15-500	25444
PIOGLITAZONE-METFORMIN 15-850	25445
REPAGLINIDE-METFORMIN 1-500 MG	16084
REPAGLINIDE-METFORMIN 2-500 MG	16085
RIOMET 500 MG/5 ML SOLUTION	20808
SYNJARDY 12.5-1000 MG TABLET	38932
SYNJARDY 12.5-500 MG TABLET	39378
SYNJARDY 5-1000 MG TABLET	38929
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 5 (diagnosis of renal failure)**Required diagnosis: 1****Look back timeframe: 730 days**

ICD-10 Code	Description
B520	PLASMODIUM MALARIAE MALARIA WITH NEPHROPATHY
E0821	DIABETES MELLITUS DUE TO UNDERLYING CONDITION WITH DIABETIC NEPHROPATHY
E0822	DIABETES MELLITUS DUE TO UNDERLYING CONDITION WITH DIABETIC CHRONIC KIDNEY DISEASE
E0829	DIABETES MELLITUS DUE TO UNDERLYING CONDITION WITH OTHER DIABETIC KIDNEY COMPLICATION
E0921	DRUG OR CHEMICAL INDUCED DIABETES MELLITUS WITH DIABETIC NEPHROPATHY
E0922	DRUG OR CHEMICAL INDUCED DIABETES MELLITUS WITH DIABETIC CHRONIC KIDNEY DISEASE
E0929	DRUG OR CHEMICAL INDUCED DIABETES MELLITUS WITH OTHER DIABETIC KIDNEY COMPLICATION
M3214	GLOMERULAR DISEASE IN SYSTEMIC LUPUS ERYTHEMATOSUS
M3215	TUBULO-INTERSTITIAL NEPHROPATHY IN SYSTEMIC LUPUS ERYTHEMATOSUS
M3504	SICCA SYNDROME WITH TUBULO-INTERSTITIAL NEPHROPATHY
N000	ACUTE NEPHRITIC SYNDROME WITH MINOR GLOMERULAR ABNORMALITY
N001	ACUTE NEPHRITIC SYNDROME WITH FOCAL AND SEGMENTAL GLOMERULAR LESIONS
N002	ACUTE NEPHRITIC SYNDROME WITH DIFFUSE MEMBRANOUS GLOMERULONEPHRITIS
N003	ACUTE NEPHRITIC SYNDROME WITH DIFFUSE MESANGIAL PROLIFERATIVE GLOMERULONEPHRITIS
N004	ACUTE NEPHRITIC SYNDROME WITH DIFFUSE ENDOCAPILLARY PROLIFERATIVE GLOMERULONEPHRITIS
N005	ACUTE NEPHRITIC SYNDROME WITH DIFFUSE MESANGIOCAPILLARY GLOMERULONEPHRITIS
N006	ACUTE NEPHRITIC SYNDROME WITH DENSE DEPOSIT DISEASE
N007	ACUTE NEPHRITIC SYNDROME WITH DIFFUSE CRESCENTIC GLOMERULONEPHRITIS
N008	ACUTE NEPHRITIC SYNDROME WITH OTHER MORPHOLOGIC CHANGES
N009	ACUTE NEPHRITIC SYNDROME WITH UNSPECIFIED MORPHOLOGIC CHANGES
N010	RAPIDLY PROGRESSIVE NEPHRITIC SYNDROME WITH MINOR GLOMERULAR ABNORMALITY
N011	RAPIDLY PROGRESSIVE NEPHRITIC SYNDROME WITH FOCAL AND SEGMENTAL GLOMERULAR LESIONS
N012	RAPIDLY PROGRESSIVE NEPHRITIC SYNDROME WITH DIFFUSE MEMBRANOUS GLOMERULONEPHRITIS
N013	RAPIDLY PROGRESSIVE NEPHRITIC SYNDROME WITH DIFFUSE MESANGIAL PROLIFERATIVE GLOMERULONEPHRITIS

Step 5 (diagnosis of renal failure)**Required diagnosis: 1****Look back timeframe: 730 days**

ICD-10 Code	Description
N014	RAPIDLY PROGRESSIVE NEPHRITIC SYNDROME WITH DIFFUSE ENDOCAPILLARY PROLIFERATIVE GLOMERULONEPHRITIS
N015	RAPIDLY PROGRESSIVE NEPHRITIC SYNDROME WITH DIFFUSE MESANGIOCAPILLARY GLOMERULONEPHRITIS
N016	RAPIDLY PROGRESSIVE NEPHRITIC SYNDROME WITH DENSE DEPOSIT DISEASE
N017	RAPIDLY PROGRESSIVE NEPHRITIC SYNDROME WITH DIFFUSE CRESCENTIC GLOMERULONEPHRITIS
N018	RAPIDLY PROGRESSIVE NEPHRITIC SYNDROME WITH OTHER MORPHOLOGIC CHANGES
N019	RAPIDLY PROGRESSIVE NEPHRITIC SYNDROME WITH UNSPECIFIED MORPHOLOGIC CHANGES
N020	RECURRENT AND PERSISTENT HEMATURIA WITH MINOR GLOMERULAR ABNORMALITY
N021	RECURRENT AND PERSISTENT HEMATURIA WITH FOCAL AND SEGMENTAL GLOMERULAR LESIONS
N022	RECURRENT AND PERSISTENT HEMATURIA WITH DIFFUSE MEMBRANOUS GLOMERULONEPHRITIS
N023	RECURRENT AND PERSISTENT HEMATURIA WITH DIFFUSE MESANGIAL PROLIFERATIVE GLOMERULONEPHRITIS
N024	RECURRENT AND PERSISTENT HEMATURIA WITH DIFFUSE ENDOCAPILLARY PROLIFERATIVE GLOMERULONEPHRITIS
N025	RECURRENT AND PERSISTENT HEMATURIA WITH DIFFUSE MESANGIOCAPILLARY GLOMERULONEPHRITIS
N026	RECURRENT AND PERSISTENT HEMATURIA WITH DENSE DEPOSIT DISEASE
N027	RECURRENT AND PERSISTENT HEMATURIA WITH DIFFUSE CRESCENTIC GLOMERULONEPHRITIS
N028	RECURRENT AND PERSISTENT HEMATURIA WITH OTHER MORPHOLOGIC CHANGES
N029	RECURRENT AND PERSISTENT HEMATURIA WITH UNSPECIFIED MORPHOLOGIC CHANGES
N030	CHRONIC NEPHRITIC SYNDROME WITH MINOR GLOMERULAR ABNORMALITY
N031	CHRONIC NEPHRITIC SYNDROME WITH FOCAL AND SEGMENTAL GLOMERULAR LESIONS
N032	CHRONIC NEPHRITIC SYNDROME WITH DIFFUSE MEMBRANOUS GLOMERULONEPHRITIS
N033	CHRONIC NEPHRITIC SYNDROME WITH DIFFUSE MESANGIAL PROLIFERATIVE GLOMERULONEPHRITIS
N034	CHRONIC NEPHRITIC SYNDROME WITH DIFFUSE ENDOCAPILLARY PROLIFERATIVE GLOMERULONEPHRITIS
N035	CHRONIC NEPHRITIC SYNDROME WITH DIFFUSE MESANGIOCAPILLARY GLOMERULONEPHRITIS

**Step 5 (diagnosis of renal failure)
Required diagnosis: 1
Look back timeframe: 730 days**

ICD-10 Code	Description
N036	CHRONIC NEPHRITIC SYNDROME WITH DENSE DEPOSIT DISEASE
N037	CHRONIC NEPHRITIC SYNDROME WITH DIFFUSE CRESCENTIC GLOMERULONEPHRITIS
N038	CHRONIC NEPHRITIC SYNDROME WITH OTHER MORPHOLOGIC CHANGES
N039	CHRONIC NEPHRITIC SYNDROME WITH UNSPECIFIED MORPHOLOGIC CHANGES
N040	NEPHROTIC SYNDROME WITH MINOR GLOMERULAR ABNORMALITY
N041	NEPHROTIC SYNDROME WITH FOCAL AND SEGMENTAL GLOMERULAR LESIONS
N042	NEPHROTIC SYNDROME WITH DIFFUSE MEMBRANOUS GLOMERULONEPHRITIS
N043	NEPHROTIC SYNDROME WITH DIFFUSE MESANGIAL PROLIFERATIVE GLOMERULONEPHRITIS
N044	NEPHROTIC SYNDROME WITH DIFFUSE ENDOCAPILLARY PROLIFERATIVE GLOMERULONEPHRITIS
N045	NEPHROTIC SYNDROME WITH DIFFUSE MESANGIOCAPILLARY GLOMERULONEPHRITIS
N046	NEPHROTIC SYNDROME WITH DENSE DEPOSIT DISEASE
N047	NEPHROTIC SYNDROME WITH DIFFUSE CRESCENTIC GLOMERULONEPHRITIS
N048	NEPHROTIC SYNDROME WITH OTHER MORPHOLOGIC CHANGES
N049	NEPHROTIC SYNDROME WITH UNSPECIFIED MORPHOLOGIC CHANGES
N050	UNSPECIFIED NEPHRITIC SYNDROME WITH MINOR GLOMERULAR ABNORMALITY
N051	UNSPECIFIED NEPHRITIC SYNDROME WITH FOCAL AND SEGMENTAL GLOMERULAR LESIONS
N052	UNSPECIFIED NEPHRITIC SYNDROME WITH DIFFUSE MEMBRANOUS GLOMERULONEPHRITIS
N053	UNSPECIFIED NEPHRITIC SYNDROME WITH DIFFUSE MESANGIAL PROLIFERATIVE GLOMERULONEPHRITIS
N054	UNSPECIFIED NEPHRITIC SYNDROME WITH DIFFUSE ENDOCAPILLARY PROLIFERATIVE GLOMERULONEPHRITIS
N055	UNSPECIFIED NEPHRITIC SYNDROME WITH DIFFUSE MESANGIOCAPILLARY GLOMERULONEPHRITIS
N056	UNSPECIFIED NEPHRITIC SYNDROME WITH DENSE DEPOSIT DISEASE
N057	UNSPECIFIED NEPHRITIC SYNDROME WITH DIFFUSE CRESCENTIC GLOMERULONEPHRITIS
N058	UNSPECIFIED NEPHRITIC SYNDROME WITH OTHER MORPHOLOGIC CHANGES
N059	UNSPECIFIED NEPHRITIC SYNDROME WITH UNSPECIFIED MORPHOLOGIC CHANGES
N060	ISOLATED PROTEINURIA WITH MINOR GLOMERULAR ABNORMALITY

Step 5 (diagnosis of renal failure)	
Required diagnosis: 1	
Look back timeframe: 730 days	
ICD-10 Code	Description
N061	ISOLATED PROTEINURIA WITH FOCAL AND SEGMENTAL GLOMERULAR LESIONS
N062	ISOLATED PROTEINURIA WITH DIFFUSE MEMBRANOUS GLOMERULONEPHRITIS
N063	ISOLATED PROTEINURIA WITH DIFFUSE MESANGIAL PROLIFERATIVE GLOMERULONEPHRITIS
N064	ISOLATED PROTEINURIA WITH DIFFUSE ENDOCAPILLARY PROLIFERATIVE GLOMERULONEPHRITIS
N065	ISOLATED PROTEINURIA WITH DIFFUSE MESANGIOCAPILLARY GLOMERULONEPHRITIS
N066	ISOLATED PROTEINURIA WITH DENSE DEPOSIT DISEASE
N067	ISOLATED PROTEINURIA WITH DIFFUSE CRESCENTIC GLOMERULONEPHRITIS
N068	ISOLATED PROTEINURIA WITH OTHER MORPHOLOGIC LESION
N069	ISOLATED PROTEINURIA WITH UNSPECIFIED MORPHOLOGIC LESION
N070	HEREDITARY NEPHROPATHY, NOT ELSEWHERE CLASSIFIED WITH MINOR GLOMERULAR ABNORMALITY
N071	HEREDITARY NEPHROPATHY, NOT ELSEWHERE CLASSIFIED WITH FOCAL AND SEGMENTAL GLOMERULAR LESIONS
N072	HEREDITARY NEPHROPATHY, NOT ELSEWHERE CLASSIFIED WITH DIFFUSE MEMBRANOUS GLOMERULONEPHRITIS
N073	HEREDITARY NEPHROPATHY, NOT ELSEWHERE CLASSIFIED WITH DIFFUSE MESANGIAL PROLIFERATIVE GLOMERULONEPHRITIS
N074	HEREDITARY NEPHROPATHY, NOT ELSEWHERE CLASSIFIED WITH DIFFUSE ENDOCAPILLARY PROLIFERATIVE GLOMERULONEPHRITIS
N075	HEREDITARY NEPHROPATHY, NOT ELSEWHERE CLASSIFIED WITH DIFFUSE MESANGIOCAPILLARY GLOMERULONEPHRITIS
N076	HEREDITARY NEPHROPATHY, NOT ELSEWHERE CLASSIFIED WITH DENSE DEPOSIT DISEASE
N077	HEREDITARY NEPHROPATHY, NOT ELSEWHERE CLASSIFIED WITH DIFFUSE CRESCENTIC GLOMERULONEPHRITIS
N078	HEREDITARY NEPHROPATHY, NOT ELSEWHERE CLASSIFIED WITH OTHER MORPHOLOGIC LESIONS
N079	HEREDITARY NEPHROPATHY, NOT ELSEWHERE CLASSIFIED WITH UNSPECIFIED MORPHOLOGIC LESIONS
N08	GLOMERULAR DISORDERS IN DISEASES CLASSIFIED ELSEWHERE
N140	ANALGESIC NEPHROPATHY
N141	NEPHROPATHY INDUCED BY OTHER DRUGS, MEDICAMENTS AND BIOLOGICAL SUBSTANCES
N142	NEPHROPATHY INDUCED BY UNSPECIFIED DRUG, MEDICAMENT OR BIOLOGICAL SUBSTANCE
N143	NEPHROPATHY INDUCED BY HEAVY METALS

Step 5 (diagnosis of renal failure)**Required diagnosis: 1****Look back timeframe: 730 days**

ICD-10 Code	Description
N144	TOXIC NEPHROPATHY, NOT ELSEWHERE CLASSIFIED
N150	BALKAN NEPHROPATHY
N158	OTHER SPECIFIED RENAL TUBULO-INTERSTITIAL DISEASES
N159	RENAL TUBULO-INTERSTITIAL DISEASE, UNSPECIFIED
N16	RENAL TUBULO-INTERSTITIAL DISORDERS IN DISEASES CLASSIFIED ELSEWHERE
N170	ACUTE KIDNEY FAILURE WITH TUBULAR NECROSIS
N171	ACUTE KIDNEY FAILURE WITH ACUTE CORTICAL NECROSIS
N172	ACUTE KIDNEY FAILURE WITH MEDULLARY NECROSIS
N178	OTHER ACUTE KIDNEY FAILURE
N179	ACUTE KIDNEY FAILURE, UNSPECIFIED
N181	CHRONIC KIDNEY DISEASE, STAGE 1
N182	CHRONIC KIDNEY DISEASE, STAGE 2 (MILD)
N183	CHRONIC KIDNEY DISEASE, STAGE 3 (MODERATE)
N184	CHRONIC KIDNEY DISEASE, STAGE 4 (SEVERE)
N185	CHRONIC KIDNEY DISEASE, STAGE 5
N186	END STAGE RENAL DISEASE
N189	CHRONIC KIDNEY DISEASE, UNSPECIFIED
N19	UNSPECIFIED KIDNEY FAILURE
N250	RENAL OSTEODYSTROPHY
N251	NEPHROGENIC DIABETES INSIPIDUS
N2581	SECONDARY HYPERPARATHYROIDISM OF RENAL ORIGIN
N259	DISORDER RESULTING FROM IMPAIRED RENAL TUBULAR FUNCTION, UNSPECIFIED
N261	ATROPHY OF KIDNEY (TERMINAL)
N269	RENAL SCLEROSIS, UNSPECIFIED

Drugs Requiring Prior Authorization Thiazolidinediones – Rosiglitazone:

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
AVANDIA 2 MG TABLET	93193
AVANDIA 4 MG TABLET	93203
AVANDIA 8 MG TABLET	93363

Superior HealthPlan Clinical Criteria Logic Thiazolidinediones – Rosiglitazone:

1. Does the client have a diagnosis of heart failure in the last 365 days?

Yes (Go to # 2)

No (Go to #3)

2. Does the client have a history of 2 heart failure drugs for 30 days in the last 90 days?

Yes (Deny)

No (Go to #3)

3. Does the client have a diagnosis of type II diabetes in the last 730 days?

Yes (Go to #4)

No (Deny)

4. Does the client have a history of a metformin-containing agent for 30 days in the last 730 days?

Yes (Go to #6)

No (Go to #5)

5. Does the client have a diagnosis of renal failure in the last 730 days?

Yes (Go to #6)

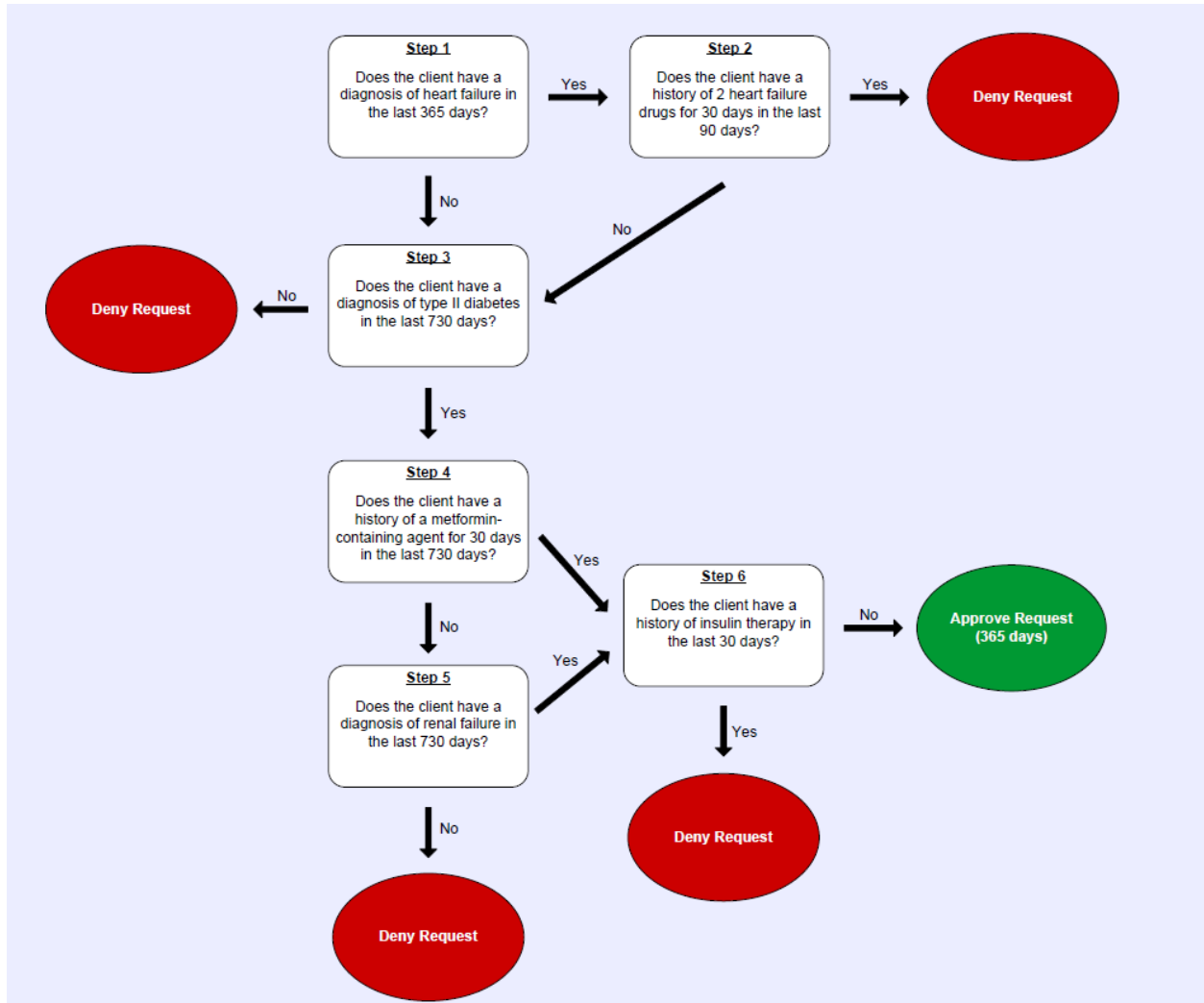
No (Deny)

6. Does the client have a history of insulin therapy in the last 30 days?

Yes (Deny)

No (Approve – 365 days)

Superior HealthPlan Clinical Edit Logic Diagram Thiazolidinediones – Rosiglitazone:



Clinical Criteria Supporting Tables:

Step 1 (diagnosis of heart failure) Required diagnosis: 1 Look back timeframe: 365 days
For the list of diagnosis codes that pertain to this step, see the Heart Failure Diagnosis Codes table in the previous "Supporting Tables" section.

Step 2 (history of 2 heart failure drugs) Required quantity: 2 Look back timeframe: 90 days
For the list of drug names and GCNs that pertain to this step, see the Heart Failure Drugs table in the previous "Supporting Tables" section.

Step 3 (diagnosis of type II diabetes) Required diagnosis: 1 Look back timeframe: 730 days
For the list of diagnosis codes that pertain to this step, see the Diabetes Type II Diagnosis Codes table in the previous "Supporting Tables" section.

Step 4 (history of a metformin-containing agent) Required quantity: 1 Look back timeframe: 730 days
For the list of drug names and GCNs that pertain to this step, see the Metformin-Containing Agents table in the previous "Supporting Tables" section.

Step 5 (diagnosis of renal failure) Required diagnosis: 1 Look back timeframe: 730 days
For the list of diagnosis codes that pertain to this step, see the Renal Failure Diagnosis Codes table in the previous "Supporting Tables" section.

Step 6 (history of an insulin agent)
Required quantity: 1
Look back timeframe: 30 days

Label Name	GCN
ADMELOG 100 UNIT/ML VIAL	05679
ADMELOG SOLOSTAR 100 UNIT/ML	96719
AFREZZA 30-4 UNIT / 60-8 UNIT	37623
AFREZZA 12 UNIT CARTRIDGE	38918
AFREZZA 4 UNIT / 8 UNIT / 12 UNIT	42833
AFREZZA 4 UNIT CARTRIDGE	37619
AFREZZA 8 UNIT CARTRIDGE	37621
AFREZZA 60-4 UNIT / 30-8 UNIT	37622
AFREZZA 60-8 UNIT / 30-12 UNIT	38923
AFREZZA 90-4 UNIT / 90-8 UNIT	37624
APIDRA 100 UNITS/ML VIAL	25936
APIDRA SOLOSTAR 100 UNITS/ML	26508
BASAGLAR 100 UNIT/ML KWIKPEN	98637
FIASP 100 UNIT/ML FLEXTOUCH	43053
FIASP 100 UNIT/ML VIAL	43054
FIASP PENFILL 100 UNIT/ML CART	43049
HUMALOG 100 UNITS/ML CARTRIDGE	05678
HUMALOG 100 UNITS/ML KWIKPEN	96719
HUMALOG 100 UNITS/ML VIAL	05679
HUMALOG 200 UNITS/ML KWIKPEN	33798
HUMALOG JR 100 UNIT/ML KWIKPEN	43753
HUMALOG MIX 50-50 KWIKPEN	50461
HUMALOG MIX 50-50 VIAL	97507
HUMALOG MIX 75-25 KWIKPEN	93717
HUMALOG MIX 75-25 VIAL	22681
HUMULIN 70-30 KWIKPEN	24486
HUMULIN 70-30 VIAL	50001
HUMULIN N 100 UNITS/ML KWIKPEN	18488
HUMULIN N 100 UNITS/ML VIAL	11660
HUMULIN R 100 UNITS/ML VIAL	11642
HUMULIN R 500 UNITS/ML KWIKPEN	40542
HUMULIN R 500 UNITS/ML VIAL	09633
INSULIN LISPRO 100 UNIT/ML PEN	96719
INSULIN LISPRO 100 UNIT/ML VL	05679
INSULIN LISPRO JR 100 UNIT/ML VL	43753
INSULIN LISPRO MIX 75-25 KWKPN	93717
LANTUS 100 UNITS/ML VIAL	13072
LANTUS SOLOSTAR 100 UNITS/ML	98637
LEVEMIR 100 UNITS/ML VIAL	25305
LEVEMIR FLEXPEN 100 UNITS/ML	22836
NOVOLIN 70-30 FLEXPEN	24486
NOVOLIN 70-30 100 UNIT/ML VIAL	50001
NOVOLIN N 100 UNIT/ML FLEXPEN	18488
NOVOLIN N 100 UNITS/ML VIAL	11660
NOVOLIN R 100 UNIT/ML FLEXPEN	15518
NOVOLIN R 100 UNITS/ML VIAL	11642
NOVOLOG 100 UNIT/ML CARTRIDGE	92886
NOVOLOG 100 UNIT/ML VIAL	92326
NOVOLOG FLEXPEN SYRINGE	92336
NOVOLOG MIX 70-30 FLEXPEN SYRN	17075

NOVOLOG MIX 70-30 VIAL	19057
SOLIQUA 100 UNIT-33MCG/ML PEN	42676
TOUJEO MAX SOLOSTR 300 UNIT/ML	44561
TOUJEO SOLOSTAR 300 UNITS/ML	37988
TRESIBA 100 UNIT/ML VIAL	42785
TRESIBA FLEXTOUCH 100 UNITS/ML	35836
TRESIBA FLEXTOUCH 200 UNITS/ML	35837
XULTOPHY 100 UNIT-3.6 MG/ML PEN	38348

Clinical Criteria References:

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Publication History:

Publication	Notes
12/19/18	Criteria created and cross referenced to VDP criteria. Criteria is noted to bypass for Osenia and the generic of this drug as it is also part of DPP4 criteria and created conflicting logic in processing.
02/23/21	Updated table for Step 6 (history of an insulin agent) pgs. 22-23.