

Antimigraine Agents, Triptans



Drug/Drug Class

Antimigraine Agents, Triptans

Superior HealthPlan follows the guidance of the Texas Vendor Drug Program (VDP) for all clinical edit criteria. This clinical edit criteria applies to all Superior HealthPlan STAR, STAR Health, STAR Kids, STAR+PLUS and CHIP members. Superior has adjusted the clinical criteria to ease the prior authorization process regarding this clinical edit. Superior has changed the maximum quantities allowable for two oral triptans as follows: Amerge 22.5mg/30 days and Maxalt 180mg/30 days. Adjusted quantity limits are highlighted in yellow.

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

Clinical Edit information included in this document:

- **Drugs included in the edit:** List of medications included in this clinical edit logic.
- **Logic diagram:** Visual depiction of the clinical edit criteria logic, per drug formulation.
- **Supporting tables:** List of diagnosis codes or drug information and additional step logic, claims and look-back period information.
- **Clinical edit references:** Clinical edit references as provided by Texas Vendor Drug.
- **Publication history:** Review 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 Antimigraine Agents, Triptans Edit.

Drugs Requiring Prior Authorization- Triptans:

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.

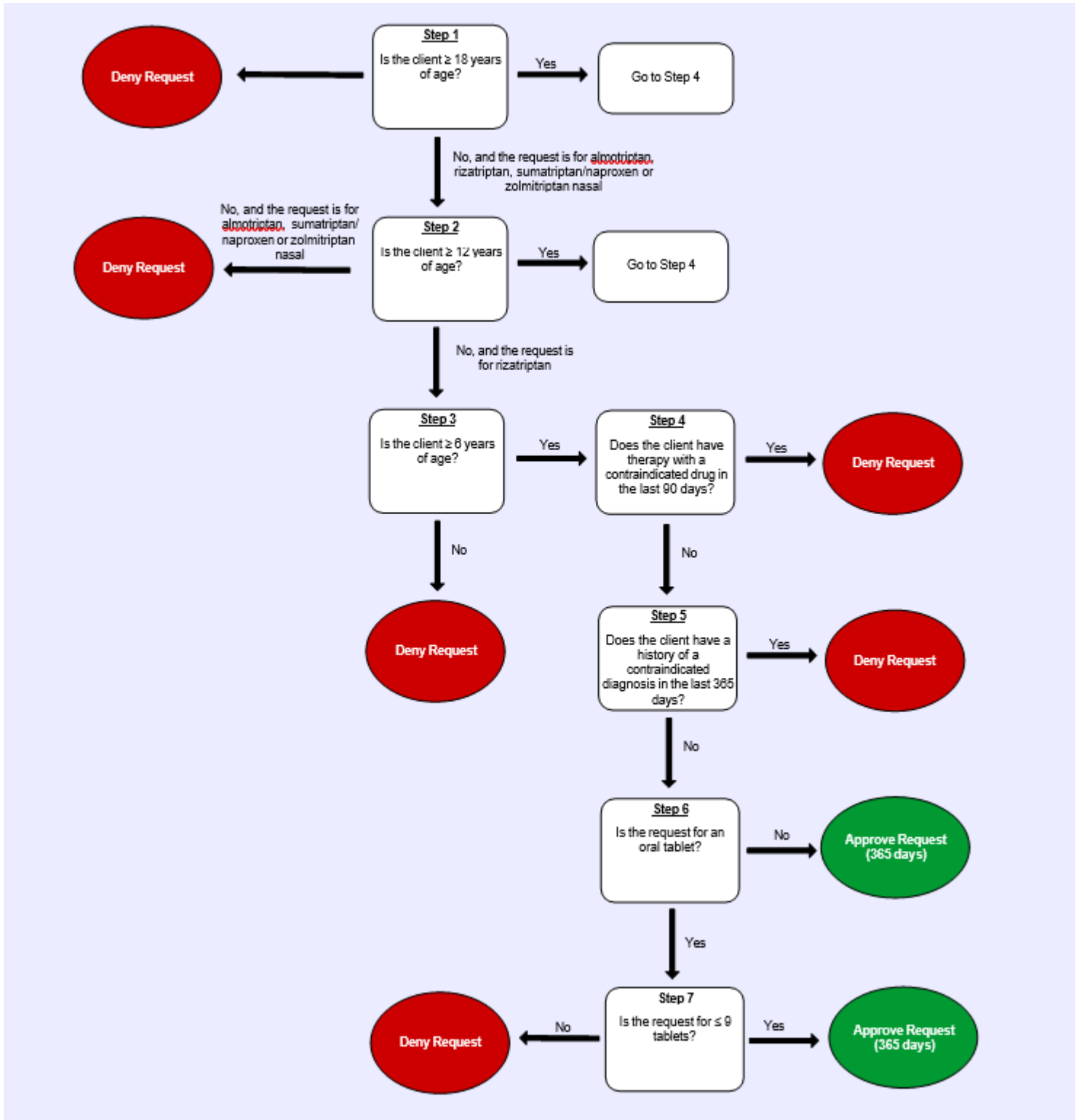
| Drugs Requiring Prior Authorization | |
|-------------------------------------|-------|
| Label Name | GCN |
| ALMOTRIPTAN MALATE 12.5 MG TAB | 12472 |
| ALMOTRIPTAN MALATE 6.25 MG TAB | 13587 |
| AMERGE 1 MG TABLET | 81112 |
| AMERGE 2.5 MG TABLET | 81111 |
| ELETRIPTAN HBR 20 MG TABLET | 15173 |
| 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 |
| RELPAK 20 MG TABLET | 15173 |
| RELPAK 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 |

| Drugs Requiring Prior Authorization | |
|-------------------------------------|-------|
| Label Name | GCN |
| SUMATRIPTAN 5 MG NASAL SPRAY | 50740 |
| SUMATRIPTAN 6 MG/0.5 ML CART | 24708 |
| 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 |
| ZOMIG ZMT 2.5 MG TABLET | 42098 |
| ZOMIG ZMT 5 MG TABLET | 14324 |

Superior Healthplan Prior Authorization Criteria Logic-Triptans:

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 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 (Go to #6)
6. Is the request for an oral tablet?
 Yes (Go to #7)
 No (Approve – 365 days)
7. Is the request for less than or equal to (\leq) the maximum quantity listed in Table 7?
 Yes (Approve – 365 days)
 No (Deny)

Superior HealthPlan Clinical Edit Logic Diagram - Triptans:



Supporting Tables- Antimigraine Agents, Triptans Step Logic:

| 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 |
| MIGRANAL NASAL SPRAY | 24732 |
| NARDIL 15 MG TABLET | 16417 |
| PHENELZINE SULFATE 15 MG TAB | 16417 |
| TRANLYCYPROMINE 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 |
| 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 |

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

| ICD-10 Code | Description |
|--------------------|--|
| 163039 | CEREBRAL INFARCTION DUE TO THROMBOSIS OF UNSPECIFIED CAROTID ARTERY |
| 16309 | CEREBRAL INFARCTION DUE TO THROMBOSIS OF OTHER PRECEREBRAL ARTERY |
| 16310 | CEREBRAL INFARCTION DUE TO EMBOLISM OF UNSPECIFIED PRECEREBRAL ARTERY |
| 163111 | CEREBRAL INFARCTION DUE TO EMBOLISM OF RIGHT VERTEBRAL ARTERY |
| 163112 | CEREBRAL INFARCTION DUE TO EMBOLISM OF LEFT VERTEBRAL ARTERY |
| 163119 | CEREBRAL INFARCTION DUE TO EMBOLISM OF UNSPECIFIED VERTEBRAL ARTERY |
| 16320 | CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF UNSPECIFIED PRECEREBRAL ARTERIES |
| 163211 | CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF RIGHT VERTEBRAL ARTERIES |
| 163212 | CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF LEFT VERTEBRAL ARTERIES |
| 163219 | CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF UNSPECIFIED VERTEBRAL ARTERIES |
| 16322 | CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF BASILAR ARTERIES |
| 163231 | CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF RIGHT CAROTID ARTERIES |
| 163232 | CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF LEFT CAROTID ARTERIES |
| 163239 | CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF UNSPECIFIED CAROTID ARTERIES |
| 16329 | CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF OTHER PRECEREBRAL ARTERIES |
| 16330 | CEREBRAL INFARCTION DUE TO THROMBOSIS OF UNSPECIFIED CEREBRAL ARTERY |
| 163311 | CEREBRAL INFARCTION DUE TO THROMBOSIS OF RIGHT MIDDLE CEREBRAL ARTERY |
| 163312 | CEREBRAL INFARCTION DUE TO THROMBOSIS OF LEFT MIDDLE CEREBRAL ARTERY |
| 163319 | CEREBRAL INFARCTION DUE TO THROMBOSIS OF UNSPECIFIED MIDDLE CEREBRAL ARTERY |
| 163321 | CEREBRAL INFARCTION DUE TO THROMBOSIS OF RIGHT ANTERIOR CEREBRAL ARTERY |
| 163322 | CEREBRAL INFARCTION DUE TO THROMBOSIS OF LEFT ANTERIOR CEREBRAL ARTERY |
| 163329 | CEREBRAL INFARCTION DUE TO THROMBOSIS OF UNSPECIFIED ANTERIOR CEREBRAL ARTERY |

Step 5 (history of a contraindicated diagnosis)

Required diagnoses: 1

Look back timeframe: 365 days

| ICD-10 Code | Description |
|-------------|---|
| 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 |
| 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 |

Step 5 (history of a contraindicated diagnosis)

Required diagnoses: 1

Look back timeframe: 365 days

| ICD-10 Code | Description |
|-------------|---|
| 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 |
| 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 |

Step 5 (history of a contraindicated diagnosis)

Required diagnoses: 1

Look back timeframe: 365 days

| ICD-10 Code | Description |
|-------------|---|
| I6782 | CEREBRAL ISCHEMIA |
| I6789 | OTHER CEREBROVASCULAR DISEASE |
| I67848 | OTHER CEREBROVASCULAR VASOSPASM AND VASOCONSTRICTION |
| 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 |

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

| ICD-10 Code | Description |
|--------------------|---|
| I70238 | ATHEROSCLEROSIS OF NATIVE ARTERIES OF RIGHT LEG WITH ULCERATION, OF OTHER PART OF LOWER RIGHT LEG |
| 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 |

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

| ICD-10 Code | Description |
|-------------|--|
| K55019 | ACUTE (REVERSIBLE) ISCHEMIA OF SMALL INTESTINE EXTENT UNSPECIFIED |
| 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 7 (Maximum Quantity)

| Label Name | Maximum Quantity |
|---|------------------|
| Amerge / Naratriptan | 22.5mg/30days |
| Axert / Almotriptan | 100mg/30days |
| Frova / Frovatriptan | 22.5mg/30days |
| Maxalt / Maxalt-MLT / Rizatriptan | 180mg/30days |
| Relpax / Eletriptan | 240mg/30days |
| Imitrex / Sumatriptan | 900mg/30days |
| Zomig / Zolmitriptan / Zolmitriptan ODT | 30mg/30days |

Clinical Edit References:

1. 2022 ICD-10-CM Diagnosis Codes. 2022. Available at www.icd10data.com. Accessed on January 21, 2022.
2. Clinical Pharmacology [online database]. Tampa, FL: Elsevier/Gold Standard, Inc.; 2022. Available at www.clinicalpharmacology.com. Accessed on August 5, 2022.
3. Micromedex [online database]. Available at www.micromedexsolutions.com. Accessed on August 5, 2022.
4. Almotriptan tablets [prescribing information]. Bridgewater, NJ: Ajanta Pharma USA Inc; April 2020.
5. Relpax (eletriptan) [prescribing information]. New York, NY: Pfizer Inc; March 2020.
6. Frova (frovatriptan) [prescribing information]. Malvern, PA: Endo Pharmaceuticals; August 2018.
7. Imitrex (sumatriptan) nasal spray [prescribing information]. Research Triangle Park, NC: GlaxoSmithKline; December 2017.
8. Amerge tablets (naratriptan hydrochloride) [prescribing information]. Research Triangle Park, NC: GlaxoSmithKline; October 2020.
9. Maxalt and Maxalt-MLT (rizatriptan) [prescribing information]. Whitehouse Station, NJ: Merck & Co; September 2020.
10. Imitrex tablets (sumatriptan) [prescribing information]. Research Triangle Park, NC: GlaxoSmithKline; December 2020.
11. Zomig and Zomig-ZMT (zolmitriptan) [prescribing information]. Hayward, CA: Impax Specialty Pharma; December 2018.
12. Todd J Schwedt. Acute treatment of migraine in adults. In: UpToDate, Jerry W Swanson(Ed), UpToDate, Waltham, MA. (Accessed on August 5, 2022.)

Publication History:

| Publication Date | Notes |
|-------------------------|--|
| 04/06/2023 | Clinical edit added, updated per VDP publication history on main edit cross reference. Updated maximum quantities allowable for Amerge and Maxalt |

