

**Texas Prior Authorization Program
Clinical Edit Criteria**

Drug/Drug Class

Aliskiren-Containing Agents (Except Valturna)

Clinical Edit Information Included in this Document

150mg Aliskiren-Containing Agents

- **Drugs requiring prior authorization:** the list of drugs requiring prior authorization for this clinical edit
- **Prior authorization criteria logic:** a description of how the prior authorization request will be evaluated against the clinical edit criteria rules
- **Logic diagram:** a visual depiction of the clinical edit 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 edit

300mg Aliskiren-Containing Agents

- **Drugs requiring prior authorization:** the list of drugs requiring prior authorization for this clinical edit
- **Prior authorization criteria logic:** a description of how the prior authorization request will be evaluated against the clinical edit criteria rules
- **Logic diagram:** a visual depiction of the clinical edit 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
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Note: Click the hyperlink to navigate directly to that section.

Revision Notes

Initial publication and posting to website



150mg Aliskiren-Containing Agents (Except Valtorna)

Drugs Requiring Prior Authorization

Drugs Requiring Prior Authorization	
Label Name	GCN
AMTURNIDE 150-5-12.5 MG TAB	29393
TEKAMLO 150 MG-5 MG TABLET	28974
TEKAMLO 150 MG-10 MG TABLET	28975
TEKTURNA 150 MG TABLET	98077
TEKTURNA HCT 150-12.5 MG TAB	99310
TEKTURNA HCT 150-25 MG TABLET	99311



150mg Aliskiren-Containing Agents (Except Valtorna)

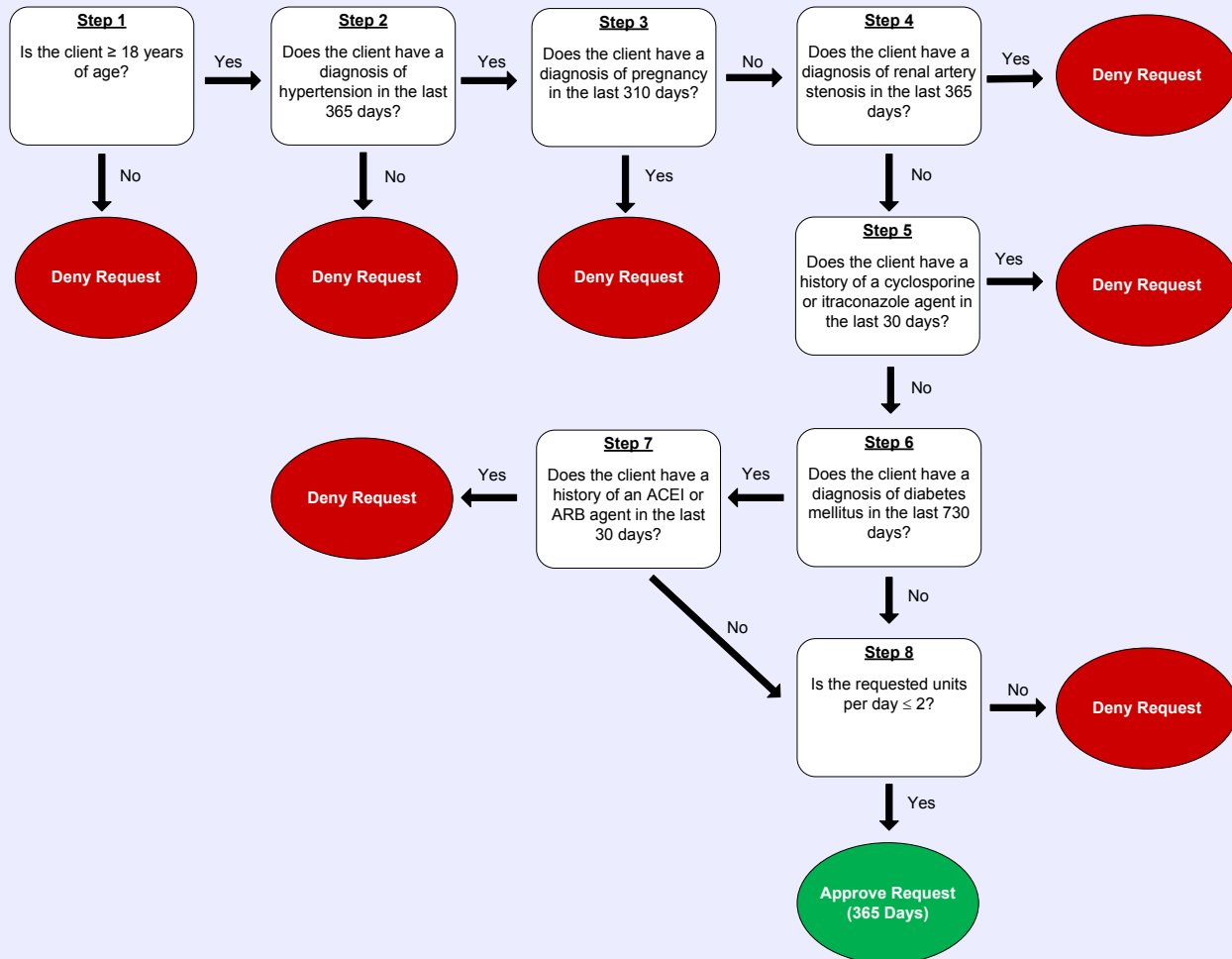
Clinical Edit Criteria Logic

1. Is the client greater than or equal to (\geq) 18 years of age?
 Yes (Go to #2)
 No (Deny)
2. Does the client have a diagnosis of hypertension in the last 365 days?
 Yes (Go to #3)
 No (Deny)
3. Does the client have a diagnosis of pregnancy in the last 310 days?
 Yes (Deny)
 No (Go to #4)
4. Does the client have a diagnosis of renal artery stenosis in the last 365 days?
 Yes (Deny)
 No (Go to #5)
5. Does the client have a history of a cyclosporine or itraconazole agent in the last 30 days?
 Yes (Deny)
 No (Go to #6)
6. Does the client have a diagnosis of diabetes mellitus in the last 730 days?
 Yes (Go to #7)
 No (Go to #8)
7. Does the client have a history of an ACEI or ARB agent in the last 30 days?
 Yes (Deny)
 No (Go to #8)
8. Is the requested units per day less than or equal (\leq) to 2?
 Yes (Approve – 365 Days)
 No (Deny)



150mg Aliskiren-Containing Agents (Except Valtorna)

Clinical Edit Criteria Logic Diagram





150mg Aliskiren-Containing Agents (Except Valtorna)

Clinical Edit Criteria Supporting Tables

Step 2 (diagnosis of hypertension)	
Required diagnosis: 1	
Look back timeframe: 365 days	
Hypertension Diagnoses	
ICD-9 Code	Description
4010	MALIGNANT HYPERTENSION
4011	BENIGN HYPERTENSION
4019	HYPERTENSION NOS
40200	HYPERTENSIVE HEART DISEASE, MALIGNANT, WITHOUT HEART FAILURE
40201	HYPERTENSIVE HEART DISEASE, MALIGNANT, WITH HEART FAILURE
40210	HYPERTENSIVE HEART DISEASE, BENIGN, WITHOUT HEART FAILURE
40211	HYPERTENSIVE HEART DISEASE, BENIGN, WITH HEART FAILURE
40290	HYPERTENSIVE HEART DISEASE, UNSPECIFIED, WITHOUT HEART FAILURE
40291	HYPERTENSIVE HEART DISEASE, UNSPECIFIED, WITH HEART FAILURE
40300	HYPERTENSIVE CHRONIC KIDNEY DISEASE, MALIGNANT, WITH CHRONIC KIDNEY DISEASE STAGE I THROUGH STAGE IV, OR UNSPECIFIED
40301	HYPERTENSIVE CHRONIC KIDNEY DISEASE, MALIGNANT, WITH CHRONIC KIDNEY DISEASE STAGE V OR END STAGE RENAL DISEASE
40311	HYPERTENSIVE CHRONIC KIDNEY DISEASE, BENIGN, WITH CHRONIC KIDNEY DISEASE STAGE V OR END STAGE RENAL DISEASE
40390	HYPERTENSIVE CHRONIC KIDNEY DISEASE, UNSPECIFIED, WITH CHRONIC KIDNEY DISEASE STAGE I THROUGH STAGE IV, OR UNSPECIFIED
40391	HYPERTENSIVE CHRONIC KIDNEY DISEASE, UNSPECIFIED, WITH CHRONIC KIDNEY DISEASE STAGE V OR END STAGE RENAL DISEASE
40400	HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE, MALIGNANT, WITHOUT HEART FAILURE AND WITH CHRONIC KIDNEY DISEASE STAGE I THROUGH STAGE IV, OR UNSPECIFIED
40401	HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE, MALIGNANT, WITH HEART FAILURE AND WITH CHRONIC KIDNEY DISEASE STAGE I THROUGH STAGE IV, OR UNSPECIFIED
40402	HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE, MALIGNANT, WITHOUT HEART FAILURE AND WITH CHRONIC KIDNEY DISEASE STAGE V OR END STAGE RENAL DISEASE
40403	HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE, MALIGNANT, WITH HEART FAILURE AND WITH CHRONIC KIDNEY DISEASE STAGE V OR END STAGE RENAL DISEASE

Step 2 (diagnosis of hypertension)	
Required diagnosis: 1	
Look back timeframe: 365 days	
Hypertension Diagnoses	
ICD-9 Code	Description
40410	HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE, BENIGN, WITHOUT HEART FAILURE AND WITH CHRONIC KIDNEY DISEASE STAGE I THROUGH STAGE IV, OR UNSPECIFIED
40411	HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE, BENIGN, WITH HEART FAILURE AND WITH CHRONIC KIDNEY DISEASE STAGE I THROUGH STAGE IV, OR UNSPECIFIED
40412	HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE, BENIGN, WITHOUT HEART FAILURE AND WITH CHRONIC KIDNEY DISEASE STAGE V OR END STAGE RENAL DISEASE
40413	HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE, BENIGN, WITH HEART FAILURE AND CHRONIC KIDNEY DISEASE STAGE V OR END STAGE RENAL DISEASE
40490	HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE, UNSPECIFIED, WITHOUT HEART FAILURE AND WITH CHRONIC KIDNEY DISEASE STAGE I THROUGH STAGE IV, OR UNSPECIFIED
40492	HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE, UNSPECIFIED, WITHOUT HEART FAILURE AND WITH CHRONIC KIDNEY DISEASE STAGE V OR END STAGE RENAL DISEASE
40493	HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE, UNSPECIFIED, WITH HEART FAILURE AND CHRONIC KIDNEY DISEASE STAGE V OR END STAGE RENAL DISEASE
40501	MAL RENOVASC HYPERTENS
40511	BENIGN RENOVASC HYPERTEN
40519	BENIGN SECOND HYPERT NEC
40591	RENOVASC HYPERTENSION
40599	SECOND HYPERTENSION NEC

Step 3 (diagnosis of pregnancy)	
Required diagnosis: 1	
Look back timeframe: 310 days	
Pregnancy Diagnoses	
ICD-9 Code	Description
64000	THREATENED ABORT-UNSPEC
64001	THREATENED ABORT-DELIVER
64003	THREATEN ABORT-ANTEPART
64080	HEM EARLY PREG NEC-UNSP
64081	HEM EARLY PREG NEC-DELIV
64083	HEM EARLY PG NEC-ANTEPAR

Step 3 (diagnosis of pregnancy)	
Required diagnosis: 1	
Look back timeframe: 310 days	
Pregnancy Diagnoses	
ICD-9 Code	Description
64090	HEMORR EARLY PREG-UNSPEC
64091	HEM EARLY PREG-DELIVERED
64093	HEM EARLY PREG-ANTEPART
64100	PLACENTA PREVIA-UNSPEC
64101	PLACENTA PREVIA-DELIVER
64103	PLACENTA PREVIA-ANTEPART
64110	PLACENTA PREV HEM-UNSPEC
64111	PLACENTA PREV HEM-DELIV
64113	PLACEN PREV HEM-ANTEPART
64120	PREM SEPAR PLACEN-UNSPEC
64121	PREM SEPAR PLACEN-DELIV
64123	PREM SEPAR PLAC-ANTEPART
64130	COAG DEF HEMORR-UNSPEC
64131	COAG DEF HEMORR-DELIVER
64133	COAG DEF HEMORR-ANTEPART
64180	ANTEPART HEM NEC-UNSPEC
64181	ANTEPARTUM HEM NEC-DELIV
64183	ANTEPART HEM NEC-ANTEPAR
64190	ANTEPART HEM NOS-UNSPEC
64191	ANTEPARTUM HEM NOS-DELIV
64193	ANTEPART HEM NOS-ANTEPAR
64200	ESSEN HYPERTEN PREG-UNSP
64201	ESSEN HYPERTEN-DELIVERED
64202	ESSEN HYPERTEN-DEL W P/P
64203	ESSEN HYPERTEN-ANTEPART
64204	ESSEN HYPERTEN-POSTPART
64210	RENAL HYPERTEN PREG-UNSP
64211	RENAL HYPERTEN PG-DELIV
64212	RENAL HYPERTEN-DEL P/P
64213	RENAL HYPERTEN-ANTEPART
64214	RENAL HYPERTEN-POSTPART
64220	OLD HYPERTEN PREG-UNSPEC
64221	OLD HYPERTEN NEC-DELIVER
64222	OLD HYPERTEN-DELIV W P/P

Step 3 (diagnosis of pregnancy)	
Required diagnosis: 1	
Look back timeframe: 310 days	
Pregnancy Diagnoses	
ICD-9 Code	Description
64223	OLD HYPERTEN NEC-ANTEPAR
64224	OLD HYPERTEN NEC-POSTPAR
64230	TRANS HYPERTEN PREG-UNSP
64231	TRANS HYPERTEN-DELIVERED
64232	TRANS HYPERTEN-DEL W P/P
64233	TRANS HYPERTEN-ANTEPART
64234	TRANS HYPERTEN-POSTPART
64240	MILD/NOS PREECLAMP-UNSP
64241	MILD/NOS PREECLAMP-DELIV
64242	MILD PREECLAMP-DEL W P/P
64243	MILD/NOS PREECLAMP-ANTEP
64244	MILD/NOS PREECLAMP-P/P
64250	SEVERE PREECLAMP-UNSPEC
64251	SEVERE PREECLAMP-DELIVER
64252	SEV PREECLAMP-DEL W P/P
64253	SEV PREECLAMP-ANTEPARTUM
64254	SEV PREECLAMP-POSTPARTUM
64260	ECLAMPSIA-UNSPECIFIED
64261	ECLAMPSIA-DELIVERED
64262	ECLAMPSIA-DELIV W P/P
64263	ECLAMPSIA-ANTEPARTUM
64264	ECLAMPSIA-POSTPARTUM
64270	TOX W OLD HYPERTEN-UNSP
64271	TOX W OLD HYPERTEN-DELIV
64272	TOX W OLD HYP-DEL W P/P
64273	TOX W OLD HYPER-ANTEPART
64274	TOX W OLD HYPER-POSTPART
64290	HYPERTEN PREG NOS-UNSPEC
64291	HYPERTENS NOS-DELIVERED
64292	HYPERTENS NOS-DEL W P/P
64293	HYPERTENS NOS-ANTEPARTUM
64294	HYPERTENS NOS-POSTPARTUM
64300	MILD HYPEREM GRAV-UNSPEC
64301	MILD HYPEREM GRAV-DELIV

Step 3 (diagnosis of pregnancy)	
Required diagnosis: 1	
Look back timeframe: 310 days	
Pregnancy Diagnoses	
ICD-9 Code	Description
64303	MILD HYPEREMESIS-ANTEPAR
64310	HYPEREM W METAB DIS-UNSP
64311	HYPEREM W METAB DIS-DEL
64313	HYPEREM W METAB-ANTEPART
64320	LATE VOMIT OF PREG-UNSP
64321	LATE VOMIT OF PREG-DELIV
64323	LATE VOMIT PREG-ANTEPART
64380	VOMIT COMPL PREG-UNSPEC
64381	VOMIT COMPL PREG-DELIVER
64383	VOMIT COMPL PREG-ANTEPAR
64400	THREAT PREM LABOR-UNSPEC
64403	THRT PREM LABOR-ANTEPART
64410	THREAT LABOR NEC-UNSPEC
64413	THREAT LABOR NEC-ANTEPAR
64420	EARLY ONSET DELIV-UNSPEC
64421	EARLY ONSET DELIVERY-DEL
64510	POST TERM PREG-UNSP
64511	POST TERM PREG-DEL
64513	POST TERM PREG-ANTEPAR
64520	PROLONGED PREG-UNSP
64521	PROLONGED PREG-DEL
64523	PROLONGED PREG-ANTEPAR
64600	PAPYRACEOUS FETUS-UNSPEC
64601	PAPYRACEOUS FETUS-DELIV
64603	PAPYRACEOUS FET-ANTEPAR
64610	EDEMA IN PREG-UNSPEC
64611	EDEMA IN PREG-DELIVERED
64612	EDEMA IN PREG-DEL W P/P
64613	EDEMA IN PREG-ANTEPARTUM
64614	EDEMA IN PREG-POSTPARTUM
64620	RENAL DIS PREG NOS-UNSP
64621	RENAL DIS NOS-DELIVERED
64622	RENAL DIS NOS-DEL W P/P
64623	RENAL DIS NOS-ANTEPARTUM

Step 3 (diagnosis of pregnancy)	
Required diagnosis: 1	
Look back timeframe: 310 days	
Pregnancy Diagnoses	
ICD-9 Code	Description
64624	RENAL DIS NOS-POSTPARTUM
64630	RECURRENT PREGNANCY LOSS, UNSPECIFIED AS TO EPISODE OF CARE OR NOT APPLICABLE
64631	RECURRENT PREGNANCY LOSS, DELIVERED, WITH OR WITHOUT MENTION OF ANTEPARTUM CONDITION
64633	RECURRENT PREGNANCY LOSS, ANTEPARTUM CONDITION OR COMPLICATION
64640	NEURITIS OF PREG-UNSPEC
64641	NEURITIS-DELIVERED
64642	NEURITIS-DELIVERED W P/P
64643	NEURITIS OF PREG-ANTEPAR
64644	NEURITIS OF PREG-POSTPAR
64650	BACTERIURIA PREG-UNSPEC
64651	ASYM BACTERIURIA-DELIVER
64652	ASY BACTERURIA-DEL W P/P
64653	ASY BACTERIURIA-ANTEPART
64654	ASY BACTERIURIA-POSTPART
64660	GU INFECT IN PREG-UNSPEC
64661	GU INFECTION-DELIVERED
64662	GU INFECTION-DELIV W P/P
64663	GU INFECTION-ANTEPARTUM
64664	GU INFECTION-POSTPARTUM
64670	LIVER DIS IN PREG-UNSPEC
64671	LIVER DISORDER-DELIVERED
64673	LIVER DISORDER-ANTEPART
64680	PREG COMPL NEC-UNSPEC
64681	PREG COMPL NEC-DELIVERED
64682	PREG COMPL NEC-DEL W P/P
64683	PREG COMPL NEC-ANTEPART
64684	PREG COMPL NEC-POSTPART
64690	PREG COMPL NOS-UNSPEC
64691	PREG COMPL NOS-DELIVERED
64693	PREG COMPL NOS-ANTEPART
64700	SYPHILIS IN PREG-UNSPEC
64701	SYPHILIS-DELIVERED
64702	SYPHILIS-DELIVERED W P/P

Step 3 (diagnosis of pregnancy)	
Required diagnosis: 1	
Look back timeframe: 310 days	
Pregnancy Diagnoses	
ICD-9 Code	Description
64703	SYPHILIS-ANTEPARTUM
64704	SYPHILIS-POSTPARTUM
64710	GONORRHEA IN PREG-UNSPEC
64711	GONORRHEA-DELIVERED
64712	GONORRHEA-DELIVER W P/P
64713	GONORRHEA-ANTEPARTUM
64714	GONORRHEA-POSTPARTUM
64720	OTHER VD IN PREG-UNSPEC
64721	OTHER VD-DELIVERED
64722	OTHER VD-DELIVERED W P/P
64723	OTHER VD-ANTEPARTUM
64724	OTHER VD-POSTPARTUM
64730	TB IN PREG-UNSPECIFIED
64731	TUBERCULOSIS-DELIVERED
64732	TUBERCULOSIS-DELIV W P/P
64733	TUBERCULOSIS-ANTEPARTUM
64734	TUBERCULOSIS-POSTPARTUM
64740	MALARIA IN PREG-UNSPEC
64741	MALARIA-DELIVERED
64742	MALARIA-DELIVERED W P/P
64743	MALARIA-ANTEPARTUM
64744	MALARIA-POSTPARTUM
64750	RUBELLA IN PREG-UNSPEC
64751	RUBELLA-DELIVERED
64752	RUBELLA-DELIVERED W P/P
64753	RUBELLA-ANTEPARTUM
64754	RUBELLA-POSTPARTUM
64760	OTH VIRUS IN PREG-UNSPEC
64761	OTH VIRAL DIS-DELIVERED
64762	OTH VIRAL DIS-DEL W P/P
64763	OTH VIRAL DIS-ANTEPARTUM
64764	OTH VIRAL DIS-POSTPARTUM
64780	INF DIS IN PREG NEC-UNSP
64781	INFECT DIS NEC-DELIVERED

Step 3 (diagnosis of pregnancy)	
Required diagnosis: 1	
Look back timeframe: 310 days	
Pregnancy Diagnoses	
ICD-9 Code	Description
64782	INFECT DIS NEC-DEL W P/P
64783	INFECT DIS NEC-ANTEPART
64784	INFECT DIS NEC-POSTPART
64790	INFECT IN PREG NOS-UNSP
64791	INFECT NOS-DELIVERED
64792	INFECT NOS-DELIVER W P/P
64793	INFECT NOS-ANTEPARTUM
64794	INFECT NOS-POSTPARTUM
64800	DIABETES IN PREG-UNSPEC
64801	DIABETES-DELIVERED
64802	DIABETES-DELIVERED W P/P
64803	DIABETES-ANTEPARTUM
64804	DIABETES-POSTPARTUM
64810	THYROID DYSFUN PREG-UNSP
64811	THYROID DYSFUNC-DELIVER
64812	THYROID DYSFUN-DEL W P/P
64813	THYROID DYSFUNC-ANTEPART
64814	THYROID DYSFUNC-POSTPART
64820	ANEMIA IN PREG-UNSPEC
64821	ANEMIA-DELIVERED
64822	ANEMIA-DELIVERED W P/P
64823	ANEMIA-ANTEPARTUM
64824	ANEMIA-POSTPARTUM
64830	DRUG DEPEND PREG-UNSPEC
64831	DRUG DEPENDENCE-DELIVER
64832	DRUG DEPENDEN-DEL W P/P
64833	DRUG DEPENDENCE-ANTEPART
64834	DRUG DEPENDENCE-POSTPART
64840	MENTAL DIS PREG-UNSPEC
64841	MENTAL DISORDER-DELIVER
64842	MENTAL DIS-DELIV W P/P
64843	MENTAL DISORDER-ANTEPART
64844	MENTAL DISORDER-POSTPART
64850	CONGEN CV DIS PREG-UNSP

Step 3 (diagnosis of pregnancy)	
Required diagnosis: 1	
Look back timeframe: 310 days	
Pregnancy Diagnoses	
ICD-9 Code	Description
64851	CONGEN CV DIS-DELIVERED
64852	CONGEN CV DIS-DEL W P/P
64853	CONGEN CV DIS-ANTEPARTUM
64854	CONGEN CV DIS-POSTPARTUM
64860	CV DIS NEC PREG-UNSPEC
64861	CV DIS NEC PREG-DELIVER
64862	CV DIS NEC-DELIVER W P/P
64863	CV DIS NEC-ANTEPARTUM
64864	CV DIS NEC-POSTPARTUM
64870	BONE DISORD IN PREG-UNSP
64871	BONE DISORDER-DELIVERED
64872	BONE DISORDER-DEL W P/P
64873	BONE DISORDER-ANTEPARTUM
64874	BONE DISORDER-POSTPARTUM
64880	ABN GLUCOSE IN PREG-UNSP
64881	ABN GLUCOSE TOLER-DELIV
64882	ABN GLUCOSE-DELIV W P/P
64883	ABN GLUCOSE-ANTEPARTUM
64884	ABN GLUCOSE-POSTPARTUM
64890	OTH CURR COND PREG-UNSP
64891	OTH CURR COND-DELIVERED
64892	OTH CURR COND-DEL W P/P
64893	OTH CURR COND-ANTEPARTUM
64894	OTH CURR COND-POSTPARTUM
64900	TOBACCO USE DISORDER COMPLICATING PREGNANCY, CHILDBIRTH, OR THE PUERPERIUM, UNSPECIFIED AS TO EPISODE OF CARE OR NOT APPLICABLE
64901	TOBACCO USE DISORDER COMPLICATING PREGNANCY, CHILDBIRTH, OR THE PUERPERIUM, DELIVERED, WITH OR WITHOUT MENTION OF ANTEPARTUM CONDITION
64902	TOBACCO USE DISORDER COMPLICATING PREGNANCY, CHILDBIRTH, OR THE PUERPERIUM, DELIVERED, WITH MENTION OF POSTPARTUM COMPLICATION
64903	TOBACCO USE DISORDER COMPLICATING PREGNANCY, CHILDBIRTH, OR THE PUERPERIUM, ANTEPARTUM CONDITION OR COMPLICATION
64904	TOBACCO USE DISORDER COMPLICATING PREGNANCY, CHILDBIRTH, OR THE PUERPERIUM, POSTPARTUM CONDITION OR COMPLICATION

Step 3 (diagnosis of pregnancy)	
Required diagnosis: 1	
Look back timeframe: 310 days	
Pregnancy Diagnoses	
ICD-9 Code	Description
64910	OBESITY COMPLICATING PREGNANCY, CHILDBIRTH, OR THE PUERPERIUM, UNSPECIFIED AS TO EPISODE OF CARE OR NOT APPLICABLE
64911	OBESITY COMPLICATING PREGNANCY, CHILDBIRTH, OR THE PUERPERIUM, DELIVERED, WITH OR WITHOUT MENTION OF ANTEPARTUM CONDITION
64912	OBESITY COMPLICATING PREGNANCY, CHILDBIRTH, OR THE PUERPERIUM, DELIVERED, WITH MENTION OF POSTPARTUM COMPLICATION
64913	OBESITY COMPLICATING PREGNANCY, CHILDBIRTH, OR THE PUERPERIUM, ANTEPARTUM CONDITION OR COMPLICATION
64914	OBESITY COMPLICATING PREGNANCY, CHILDBIRTH, OR THE PUERPERIUM, POSTPARTUM CONDITION OR COMPLICATION
64920	BARIATRIC SURGERY STATUS COMPLICATING PREGNANCY, CHILDBIRTH, OR THE PUERPERIUM, UNSPECIFIED AS TO EPISODE OF CARE OR NOT APPLICABLE
64921	BARIATRIC SURGERY STATUS COMPLICATING PREGNANCY, CHILDBIRTH, OR THE PUERPERIUM, DELIVERED, WITH OR WITHOUT MENTION OF ANTEPARTUM CONDITION
64922	BARIATRIC SURGERY STATUS COMPLICATING PREGNANCY, CHILDBIRTH, OR THE PUERPERIUM, DELIVERED, WITH MENTION OF POSTPARTUM COMPLICATION
64923	BARIATRIC SURGERY STATUS COMPLICATING PREGNANCY, CHILDBIRTH, OR THE PUERPERIUM, ANTEPARTUM CONDITION OR COMPLICATION
64924	BARIATRIC SURGERY STATUS COMPLICATING PREGNANCY, CHILDBIRTH, OR THE PUERPERIUM, POSTPARTUM CONDITION OR COMPLICATION
64930	COAGULATION DEFECTS COMPLICATING PREGNANCY, CHILDBIRTH, OR THE PUERPERIUM, UNSPECIFIED AS TO EPISODE OF CARE OR NOT APPLICABLE
64931	COAGULATION DEFECTS COMPLICATING PREGNANCY, CHILDBIRTH, OR THE PUERPERIUM, DELIVERED, WITH OR WITHOUT MENTION OF ANTEPARTUM CONDITION
64932	COAGULATION DEFECTS COMPLICATING PREGNANCY, CHILDBIRTH, OR THE PUERPERIUM, DELIVERED, WITH MENTION OF POSTPARTUM COMPLICATION
64933	COAGULATION DEFECTS COMPLICATING PREGNANCY, CHILDBIRTH, OR THE PUERPERIUM, ANTEPARTUM CONDITION OR COMPLICATION
64934	COAGULATION DEFECTS COMPLICATING PREGNANCY, CHILDBIRTH, OR THE PUERPERIUM, POSTPARTUM CONDITION OR COMPLICATION
64940	EPILEPSY COMPLICATING PREGNANCY, CHILDBIRTH, OR THE PUERPERIUM, UNSPECIFIED AS TO EPISODE OF CARE OR NOT APPLICABLE

Step 3 (diagnosis of pregnancy)	
Required diagnosis: 1	
Look back timeframe: 310 days	
Pregnancy Diagnoses	
ICD-9 Code	Description
64941	EPILEPSY COMPLICATING PREGNANCY, CHILDBIRTH, OR THE PUERPERIUM, DELIVERED, WITH OR WITHOUT MENTION OF ANTEPARTUM CONDITION
64942	EPILEPSY COMPLICATING PREGNANCY, CHILDBIRTH, OR THE PUERPERIUM, DELIVERED, WITH MENTION OF POSTPARTUM COMPLICATION
64943	EPILEPSY COMPLICATING PREGNANCY, CHILDBIRTH, OR THE PUERPERIUM, ANTEPARTUM CONDITION OR COMPLICATION
64944	EPILEPSY COMPLICATING PREGNANCY, CHILDBIRTH, OR THE PUERPERIUM, POSTPARTUM CONDITION OR COMPLICATION
64950	SPOTTING COMPLICATING PREGNANCY, UNSPECIFIED AS TO EPISODE OF CARE OR NOT APPLICABLE
64951	SPOTTING COMPLICATING PREGNANCY, DELIVERED, WITH OR WITHOUT MENTION OF ANTEPARTUM CONDITION
64953	SPOTTING COMPLICATING PREGNANCY, ANTEPARTUM CONDITION OR COMPLICATION
64960	UTERINE SIZE DATE DISCREPANCY, UNSPECIFIED AS TO EPISODE OF CARE OR NOT APPLICABLE
64961	UTERINE SIZE DATE DISCREPANCY, DELIVERED, WITH OR WITHOUT MENTION OF ANTEPARTUM CONDITION
64962	UTERINE SIZE DATE DISCREPANCY, DELIVERED, WITH MENTION OF POSTPARTUM COMPLICATION
64963	UTERINE SIZE DATE DISCREPANCY, ANTEPARTUM CONDITION OR COMPLICATION
64964	UTERINE SIZE DATE DISCREPANCY, POSTPARTUM CONDITION OR COMPLICATION
64970	CERVICAL SHORTENING, UNSPECIFIED AS TO EPISODE OF CARE OR NOT APPLICABLE
64971	CERVICAL SHORTENING, DELIVERED, WITH OR WITHOUT MENTION OF ANTEPARTUM CONDITION
64973	CERVICAL SHORTENING, ANTEPARTUM CONDITION OR COMPLICATION
650	NORMAL DELIVERY
65100	TWIN PREGNANCY-UNSPEC
65101	TWIN PREGNANCY-DELIVERED
65103	TWIN PREGNANCY-ANTEPART
65110	TRIPLER PREGNANCY-UNSPEC
65111	TRIPLER PREGNANCY-DELIV
65113	TRIPLER PREG-ANTEPARTUM
65120	QUADRUPLET PREG-UNSPEC
65121	QUADRUPLET PREG-DELIVER

Step 3 (diagnosis of pregnancy)	
Required diagnosis: 1	
Look back timeframe: 310 days	
Pregnancy Diagnoses	
ICD-9 Code	Description
65123	QUADRUPLET PREG-ANTEPART
65130	TWINS W FETAL LOSS-UNSP
65131	TWINS W FETAL LOSS-DEL
65133	TWINS W FETAL LOSS-ANTE
65140	TRIPLETS W FET LOSS-UNSP
65141	TRIPLETS W FET LOSS-DEL
65143	TRIPLETS W FET LOSS-ANTE
65150	QUADS W FETAL LOSS-UNSP
65151	QUADS W FETAL LOSS-DEL
65153	QUADS W FETAL LOSS-ANTE
65160	MULT GES W FET LOSS-UNSP
65161	MULT GES W FET LOSS-DEL
65163	MULT GES W FET LOSS-ANTE
65170	MULTIPLE GESTATION FOLLOWING (ELECTIVE) FETAL REDUCTION, UNSPECIFIED AS TO EPISODE OF CARE OR NOT APPLICABLE.
65171	MULTIPLE GESTATION FOLLOWING (ELECTIVE) FETAL REDUCTION, DELIVEREDM WITH OR WITHOUT MENTION OF ANTEPARTUM CONDITION.
65173	MULTIPLE GESTATION FOLLOWING (ELECTIVE) FETAL REDUCTION, ANTEPARTUM CONDITION OR COMPLICATION.
65180	MULTI GESTAT NEC-UNSPEC
65181	MULTI GESTAT NEC-DELIVER
65183	MULTI GEST NEC-ANTEPART
65190	MULTI GESTAT NOS-UNSPEC
65191	MULT GESTATION NOS-DELIV
65193	MULTI GEST NOS-ANTEPART
65200	UNSTABLE LIE-UNSPECIFIED
65201	UNSTABLE LIE-DELIVERED
65203	UNSTABLE LIE-ANTEPARTUM
65210	CEPHALIC VERS NOS-UNSPEC
65211	CEPHALIC VERS NOS-DELIV
65213	CEPHAL VERS NOS-ANTEPART
65220	BREECH PRESENTAT-UNSPEC
65221	BREECH PRESENTAT-DELIVER
65223	BREECH PRESENT-ANTEPART
65230	TRANSV/OBLIQ LIE-UNSPEC

Step 3 (diagnosis of pregnancy)	
Required diagnosis: 1	
Look back timeframe: 310 days	
Pregnancy Diagnoses	
ICD-9 Code	Description
65231	TRANSVER/OBLIQ LIE-DELIV
65233	TRANSV/OBLIQ LIE-ANTEPAR
65240	FACE/BROW PRESENT-UNSPEC
65241	FACE/BROW PRESENT-DELIV
65243	FACE/BROW PRES-ANTEPART
65250	HIGH HEAD AT TERM-UNSPEC
65251	HIGH HEAD AT TERM-DELIV
65253	HIGH HEAD TERM-ANTEPART
65260	MULT GEST MALPRESEN-UNSP
65261	MULT GEST MALPRES-DELIV
65263	MULT GES MALPRES-ANTEPAR
65270	PROLAPSED ARM-UNSPEC
65271	PROLAPSED ARM-DELIVERED
65273	PROLAPSED ARM-ANTEPART
65280	MALPOSITION NEC-UNSPEC
65281	MALPOSITION NEC-DELIVER
65283	MALPOSITION NEC-ANTEPART
65290	MALPOSITION NOS-UNSPEC
65291	MALPOSITION NOS-DELIVER
65293	MALPOSITION NOS-ANTEPART
65300	PELVIC DEFORM NOS-UNSPEC
65301	PELVIC DEFORM NOS-DELIV
65303	PELV DEFORM NOS-ANTEPART
65310	CONTRACT PELV NOS-UNSPEC
65311	CONTRACT PELV NOS-DELIV
65313	CONTRAC PELV NOS-ANTEPAR
65320	INLET CONTRACTION-UNSPEC
65321	INLET CONTRACTION-DELIV
65323	INLET CONTRACT-ANTEPART
65330	OUTLET CONTRACTION-UNSP
65331	OUTLET CONTRACTION-DELIV
65333	OUTLET CONTRACT-ANTEPART
65340	FETOPELV DISPROP-UNSPEC
65341	FETOPELV DISPROPOR-DELIV

Step 3 (diagnosis of pregnancy)	
Required diagnosis: 1	
Look back timeframe: 310 days	
Pregnancy Diagnoses	
ICD-9 Code	Description
65343	FETOPEL DISPROP-ANTEPART
65350	FETAL DISPROP NOS-UNSPEC
65351	FETAL DISPROP NOS-DELIV
65353	FETAL DISPRO NOS-ANTEPAR
65370	OTH ABN FET DISPROP-UNSP
65371	OTH ABN FET DISPRO-DELIV
65373	OTH ABN FET DISPRO-ANTEP
65380	DISPROPORTION NEC-UNSPEC
65381	DISPROPORTION NEC-DELIV
65383	DISPROPOR NEC-ANTEPARTUM
65390	DISPROPORTION NOS-UNSPEC
65391	DISPROPORTION NOS-DELIV
65393	DISPROPOR NOS-ANTEPARTUM
65400	CONG ABN UTER PREG-UNSP
65401	CONGEN ABN UTERUS-DELIV
65402	CONG ABN UTER-DEL W P/P
65403	CONGEN ABN UTER-ANTEPART
65404	CONGEN ABN UTER-POSTPART
65410	UTER TUMOR IN PREG-UNSP
65411	UTERINE TUMOR-DELIVERED
65412	UTERINE TUMOR-DEL W P/P
65413	UTERINE TUMOR-ANTEPARTUM
65414	UTERINE TUMOR-POSTPARTUM
65420	PREV C-DELIVERY UNSPEC
65421	PREV C-DELIVERY-DELIVRD
65423	PREV C-DELIVERY-ANTEPART
65430	RETROVERT UTERUS-UNSPEC
65431	RETROVERT UTERUS-DELIVER
65432	RETROVERT UTER-DEL W P/P
65433	RETROVERT UTER-ANTEPART
65434	RETROVERT UTER-POSTPART
65440	ABN GRAV UTERUS NEC-UNSP
65441	ABN UTERUS NEC-DELIVERED
65442	ABN UTERUS NEC-DEL W P/P

Step 3 (diagnosis of pregnancy)	
Required diagnosis: 1	
Look back timeframe: 310 days	
Pregnancy Diagnoses	
ICD-9 Code	Description
65443	ABN UTERUS NEC-ANTEPART
65444	ABN UTERUS NEC-POSTPART
65450	CERV INCOMPET PREG-UNSP
65451	CERVICAL INCOMPET-DELIV
65452	CERV INCOMPET-DEL W P/P
65453	CERV INCOMPET-ANTEPARTUM
65454	CERV INCOMPET-POSTPARTUM
65460	ABN CERVIX NEC PREG-UNSP
65461	ABN CERVIX NEC-DELIVERED
65462	ABN CERVIX NEC-DEL W P/P
65463	ABN CERVIX NEC-ANTEPART
65464	ABN CERVIX NEC-POSTPART
65470	ABN VAGINA IN PREG-UNSP
65471	ABNORM VAGINA-DELIVERED
65472	ABNORM VAGINA-DEL W P/P
65473	ABNORM VAGINA-ANTEPARTUM
65474	ABNORM VAGINA-POSTPARTUM
65480	ABN VULVA IN PREG-UNSPEC
65481	ABNORMAL VULVA-DELIVERED
65482	ABNORMAL VULVA-DEL W P/P
65483	ABNORMAL VULVA-ANTEPART
65484	ABNORMAL VULVA-POSTPART
65490	ABN PEL NEC IN PREG-UNSP
65491	ABN PELV ORG NEC-DELIVER
65492	ABN PELV NEC-DELIV W P/P
65493	ABN PELV ORG NEC-ANTEPAR
65494	ABN PELV ORG NEC-POSTPAR
65500	FETAL CNS MALFORM-UNSPEC
65501	FETAL CNS MALFORM-DELIV
65503	FETAL CNS MALFOR-ANTEPAR
65510	FETAL CHROMOS ABN-UNSPEC
65511	FETAL CHROMOSO ABN-DELIV
65513	FET CHROMO ABN-ANTEPART
65520	FAMIL HEREDIT DIS-UNSPEC

Step 3 (diagnosis of pregnancy)	
Required diagnosis: 1	
Look back timeframe: 310 days	
Pregnancy Diagnoses	
ICD-9 Code	Description
65521	FAMIL HEREDIT DIS-DELIV
65523	FAMIL HERED DIS-ANTEPART
65530	FET DAMG D/T VIRUS-UNSP
65531	FET DAMG D/T VIRUS-DELIV
65533	FET DAMG D/T VIRUS-ANTEP
65540	FET DAMG D/T DIS-UNSPEC
65541	FET DAMG D/T DIS-DELIVER
65543	FET DAMG D/T DIS-ANTEPAR
65550	FETAL DAMG D/T DRUG-UNSP
65551	FET DAMAG D/T DRUG-DELIV
65553	FET DAMG D/T DRUG-ANTEPA
65570	DECREASE FETL MOVMT UNSP
65571	DECREASE FETAL MOVMT DEL
65573	DEC FETAL MOVMT ANTEPART
65580	FETAL ABNORM NEC-UNSPEC
65581	FETAL ABNORM NEC-DELIVER
65583	FETAL ABNORM NEC-ANTEPAR
65590	FETAL ABNORM NOS-UNSPEC
65591	FETAL ABNORM NOS-DELIVER
65593	FETAL ABNORM NOS-ANTEPAR
65600	FETAL-MATERNAL HEM-UNSP
65601	FETAL-MATERNAL HEM-DELIV
65603	FETAL-MATERN HEM-ANTEPAR
65610	RH ISOIMMUNIZATION-UNSP
65611	RH ISOIMMUNIZAT-DELIVER
65613	RH ISOIMMUNIZAT-ANTEPART
65620	ABO ISOIMMUNIZATION-UNSP
65621	ABO ISOIMMUNIZAT-DELIVER
65623	ABO ISOIMMUNIZAT-ANTEPAR
65630	FETAL DISTRESS-UNSPEC
65631	FETAL DISTRESS-DELIVERED
65633	FETAL DISTRESS-ANTEPART
65640	INTRAUTERINE DEATH-UNSP
65641	INTRAUTER DEATH-DELIVER

Step 3 (diagnosis of pregnancy)	
Required diagnosis: 1	
Look back timeframe: 310 days	
Pregnancy Diagnoses	
ICD-9 Code	Description
65643	INTRAUTER DEATH-ANTEPART
65650	POOR FETAL GROWTH-UNSPEC
65651	POOR FETAL GROWTH-DELIV
65653	POOR FETAL GRTH-ANTEPART
65660	EXCESS FETAL GRTH-UNSPEC
65661	EXCESS FETAL GRTH-DELIV
65663	EXCESS FET GRTH-ANTEPART
65670	OTH PLACENT COND-UNSPEC
65671	OTH PLACENT COND-DELIVER
65673	OTH PLACENT COND-ANTEPAR
65680	FET/PLAC PROB NEC-UNSPEC
65681	FET/PLAC PROB NEC-DELIV
65683	FET/PLAC PROB NEC-ANTEPA
65690	FET/PLAC PROB NOS-UNSPEC
65691	FET/PLAC PROB NOS-DELIV
65693	FET/PLAC PROB NOS-ANTEPA
65700	POLYHYDRAMNIOS-UNSPEC
65701	POLYHYDRAMNIOS-DELIVERED
65703	POLYHYDRAMNIOS-ANTEPART
65800	OLIGOHYDRAMNIOS-UNSPEC
65801	OLIGOHYDRAMNIOS-DELIVER
65803	OLIGOHYDRAMNIOS-ANTEPAR
65810	PREM RUPT MEMBRAN-UNSPEC
65811	PREM RUPT MEMBRAN-DELIV
65813	PREM RUPT MEMB-ANTEPART
65820	PROLONG RUPT MEMB-UNSPEC
65821	PROLONG RUPT MEMB-DELIV
65823	PROLONG RUP MEMB-ANTEPAR
65830	ARTIFIC RUPT MEMBR-UNSP
65831	ARTIFIC RUPT MEMBR-DELIV
65833	ARTIF RUPT MEMB-ANTEPART
65840	AMNIOTIC INFECTION-UNSP
65841	AMNIOTIC INFECTION-DELIV
65843	AMNIOTIC INFECT-ANTEPART

Step 3 (diagnosis of pregnancy)	
Required diagnosis: 1	
Look back timeframe: 310 days	
Pregnancy Diagnoses	
ICD-9 Code	Description
65880	AMNIOTIC PROB NEC-UNSPEC
65881	AMNIOTIC PROB NEC-DELIV
65883	AMNION PROB NEC-ANTEPART
65890	AMNIOTIC PROB NOS-UNSPEC
65891	AMNIOTIC PROB NOS-DELIV
65893	AMNION PROB NOS-ANTEPART
65900	FAIL MECHAN INDUCT-UNSP
65901	FAIL MECH INDUCT-DELIVER
65903	FAIL MECH INDUCT-ANTEPAR
65910	FAIL INDUCTION NOS-UNSP
65911	FAIL INDUCTION NOS-DELIV
65913	FAIL INDUCT NOS-ANTEPART
65920	PYREXIA IN LABOR-UNSPEC
65921	PYREXIA IN LABOR-DELIVER
65923	PYREXIA IN LABOR-ANTEPAR
65930	SEPTICEMIA IN LABOR-UNSP
65931	SEPTICEM IN LABOR-DELIV
65933	SEPTICEM IN LABOR-ANTEPA
65940	GRAND MULTIPARITY-UNSPEC
65941	GRAND MULTIPARITY-DELIV
65943	GRAND MULTIPARITY-ANTEPA
65950	ELDERLY PRIMIGRAVID-UNSP
65951	ELDERLY PRIMIGRAVIDA-DEL
65953	ELDER PRIMIGRAVID-ANTEPA
65960	ELDERLY MULTIGRAVIDA-UNS
65961	ELDERLY MULTIGRAVIDA-DEL
65963	ELDERLY MULTIGRAVD-ANTEP
65970	ABN FTL HRT RATE/RHY-UNS
65971	ABN FTL HRT RATE/RHY-DEL
65973	ABN FTL HRT RATE/RHY-ANT
65980	COMPLIC LABOR NEC-UNSP
65981	COMPLIC LABOR NEC-DELIV
65983	COMPL LABOR NEC-ANTEPART
65990	COMPLIC LABOR NOS-UNSP

Step 3 (diagnosis of pregnancy)	
Required diagnosis: 1	
Look back timeframe: 310 days	
Pregnancy Diagnoses	
ICD-9 Code	Description
65991	COMPLIC LABOR NOS-DELIV
65993	COMPL LABOR NOS-ANTEPART
67900	MATERNAL COMPLICATIONS FROM IN UTERO PROCEDURE, UNSPECIFIED AS TO EPISODE OF CARE OR NOT APPLICABLE
67901	MATERNAL COMPLICATIONS FROM IN UTERO PROCEDURE, DELIVERED, WITH OR WITHOUT MENTION OF ANTEPARTUM CONDITION
67902	MATERNAL COMPLICATIONS FROM IN UTERO PROCEDURE, DELIVERED, WITH MENTION OF POSTPARTUM COMPLICATION
67903	MATERNAL COMPLICATIONS FROM IN UTERO PROCEDURE, ANTEPARTUM CONDITION OR COMPLICATION
67904	MATERNAL COMPLICATIONS FROM IN UTERO PROCEDURE, POSTPARTUM CONDITION OR COMPLICATION
67911	FETAL COMPLICATIONS FROM IN UTERO PROCEDURES, DELIVERED, WITH OR WITHOUT MENTION OF ANTEPARTUM CONDITION
67912	FETAL COMPLICATIONS FROM IN UTERO PROCEDURES, DELIVERED, WITH MENTION OF POSTPARTUM COMPLICATION
67913	FETAL COMPLICATIONS FROM IN UTERO PROCEDURES, ANTEPARTUM CONDITION OR COMPLICATION
67914	FETAL COMPLICATIONS FROM IN UTERO PROCEDURES, POSTPARTUM CONDITION OR COMPLICATION

Step 4 (diagnosis of renal artery stenosis)	
Required diagnosis: 1	
Look back timeframe: 365 days	
Renal Artery Stenosis Diagnoses	
ICD-9 Code	Description
4401	RENAL ARTERY ATHEROSCLER

Step 5 (history of cyclosporine or itraconazole agent)	
Required quantity: 1	
Look back timeframe: 30 days	
Cyclosporine and Itraconazole Agents	
Label Name	GCN
CYCLOSPORINE 100 MG/ML SOLN	13917
CYCLOSPORINE 50 MG SOFTGEL	13916
CYCLOSPORINE MODIFIED 25 MG	13918

Step 5 (history of cyclosporine or itraconazole agent)	
Required quantity: 1	
Look back timeframe: 30 days	
Cyclosporine and Itraconazole Agents	
Label Name	GCN
CYCLOSPORINE MODIFIED 100 MG	13919
GENGRAF 25 MG CAPSULE	13918
GENGRAF 100 MG CAPSULE	13919
GENGRAF 100 MG/ML SOLUTION	13917
ITRACONAZOLE 100 MG CAPSULE	49101
NEORAL 25 MG GELATIN CAPSULE	13918
NEORAL 100 MG GELATN CAPSULE	13919
NEORAL 100 MG/ML SOLUTION	13917
SPORANOX 10 MG/ML SOLUTION	49100
SPORANOX 100 MG CAPSULE	49101

Step 6 (diagnosis of diabetes mellitus)	
Required diagnosis: 1	
Look back timeframe: 730 days	
Diabetes Mellitus Diagnoses	
ICD-9 Code	Description
25000	DIABETES MELLITUS WITHOUT MENTION OF COMPLICATION, TYPE II OR UNSPECIFIED TYPE, NOT STATED AS UNCONTROLLED
25001	DIABETES MELLITUS WITHOUT MENTION OF COMPLICATION, TYPE I [JUVENILE TYPE], NOT STATED AS UNCONTROLLED
25002	DIABETES MELLITUS WITHOUT MENTION OF COMPLICATION, TYPE II OR UNSPECIFIED TYPE, UNCONTROLLED
25003	DIABETES MELLITUS WITHOUT MENTION OF COMPLICATION, TYPE I (JUVENILE TYPE), UNCONTROLLED
25010	DIABETES WITH KETOACIDOSIS, TYPE II OR UNSPECIFIED TYPE, NOT STATED AS UNCONTROLLED
25011	DIABETES WITH KETOACIDOSIS, TYPE I [JUVENILE TYPE], NOT STATED AS UNCONTROLLED
25012	DIABETES WITH KETOACIDOSIS, TYPE II OR UNSPECIFIED TYPE, UNCONTROLLED
25013	DIABETES WITH KETOACIDOSIS, TYPE I (JUVENILE TYPE), UNCONTROLLED
25020	DIABETES WITH HYPEROSMOLARITY, TYPE II OR UNSPECIFIED TYPE, NOT STATED AS UNCONTROLLED
25021	DIABETES WITH HYPEROSMOLARITY, TYPE I (JUVENILE TYPE), NOT STATED AS UNCONTROLLED
25022	DIABETES WITH HYPEROSMOLARITY, TYPE II OR UNSPECIFIED TYPE, UNCONTROLLED

Step 6 (diagnosis of diabetes mellitus)	
Required diagnosis: 1	
Look back timeframe: 730 days	
Diabetes Mellitus Diagnoses	
ICD-9 Code	Description
25023	DIABETES WITH HYPEROSMOLARITY, TYPE I (JUVENILE TYPE), UNCONTROLLED
25030	DIABETES WITH OTHER COMA, TYPE II OR UNSPECIFIED TYPE, NOT STATED AS UNCONTROLLED
25031	DIABETES WITH OTHER COMA,TYPE I (JUVENILE TYPE), NOT STATED AS UNCONTROLLED
25032	DIABETES WITH OTHER COMA, TYPE II OR UNSPECIFIED TYPE, UNCONTROLLED
25033	DIABETES WITH OTHER COMA, TYPE I (JUVENILE TYPE), UNCONTROLLED
25040	DIABETES WITH RENAL MANIFESTATIONS, TYPE II OR UNSPECIFIED TYPE, NOT STATED AS UNCONTROLLED
25041	DIABETES WITH RENAL MANIFESTATIONS, TYPE I (JUVENILE TYPE), NOT STATED AS UNCONTROLLED
25042	DIABETES WITH RENAL MANIFESTATIONS, TYPE II OR UNSPECIFIED TYPE, UNCONTROLLED
25043	DIABETES WITH RENAL MANIFESTATIONS, TYPE I (JUVENILE TYPE), UNCONTROLLED
25050	DIABETES WITH OPHTHALMIC MANIFESTATIONS, TYPE II OR UNSPECIFIED TYPE, NOT STATED AS UNCONTROLLED
25051	DIABETES WITH OPHTHALMIC MANIFESTATIONS, TYPE I [JUVENILE TYPE],NOT STATED AS UNCONTROLLED
25052	DIABETES WITH OPHTHALMIC MANIFESTATIONS, TYPE II OR UNSPECIFIED TYPE UNCONTROLLED
25053	DIABETES WITH OPHTHALMIC MANIFESTATIONS, TYPE I (JUVENILE TYPE), UNCONTROLLED
25060	DIABETES WITH NEUROLOGICAL MANIFESTATIONS, TYPE II OR UNSPECIFIED TYPE, NOT STATED AS UNCONTROLLED
25061	DIABETES WITH NEUROLOGICAL MANIFESTATIONS, TYPE I (JUVENILE TYPE), NOT STATED AS UNCONTROLLED
25062	DIABETES WITH NEUROLOGICAL MANIFESTATIONS, TYPE II OR UNSPECIFIED TYPE, UNCONTROLLED
25063	DIABETES WITH NEUROLOGICAL MANIFESTATIONS, TYPE I (JUVENILE TYPE), UNCONTROLLED
25070	DIABETES WITH PERIPHERAL CIRCULATORY DISORDERS, TYPE II OR UNSPECIFIED TYPE, NOT STATED AS UNCONTROLLED
25071	DIABETES WITH PERIPHERAL CIRCULATORY DISORDERS, TYPE I [JUVENILE TYPE], NOT STATED AS UNCONTROLLED
25072	DIABETES WITH PERIPHERAL CIRCULATORY DISORDERS, TYPE II OR UNSPECIFIED TYPE, UNCONTROLLED
25073	DIABETES WITH PERIPHERAL CIRCULATORY DISORDERS, TYPE I (JUVENILE TYPE), UNCONTROLLED

Step 6 (diagnosis of diabetes mellitus)	
Required diagnosis: 1	
Look back timeframe: 730 days	
Diabetes Mellitus Diagnoses	
ICD-9 Code	Description
25080	DIABETES WITH OTHER SPECIFIED MANIFESTATIONS, TYPE II OR UNSPECIFIED TYPE, NOT STATED AS UNCONTROLLED
25081	DIABETES WITH OTHER SPECIFIED MANIFESTATIONS, TYPE I [JUVENILE TYPE], NOT STATED AS UNCONTROLLED
25082	DIABETES WITH OTHER SPECIFIED MANIFESTATIONS, TYPE II OR UNSPECIFIED TYPE UNCONTROLLED
25083	DIABETES WITH OTHER SPECIFIED MANIFESTATIONS,TYPE I (JUVENILE TYPE), UNCONTROLLED
25090	DIABETES WITH UNSPECIFIED COMPLICATION, TYPE II OR UNSPECIFIED TYPE, NOT STATED AS UNCONTROLLED
25091	DIABETES WITH UNSPECIFIED COMPLICATION, TYPE I [JUVENILE TYPE], NOT STATED AS UNCONTROLLED
25092	DIABETES WITH UNSPECIFIED COMPLICATION, TYPE II OR UNSPECIFIED TYPE, UNCONTROLLED
25093	DIABETES WITH UNSPECIFIED COMPLICATION, TYPE I (JUVENILE TYPE), UNCONTROLLED

Step 7 (history of ACEI or ARB agent)	
Required quantity: 1	
Look back timeframe: 30 days	
ACEI and ARB Agents	
Label Name	GCN
ACCUPRIL 5 MG TABLET	27572
ACCUPRIL 10 MG TABLET	27570
ACCUPRIL 20 MG TABLET	27571
ACCUPRIL 40 MG TABLET	27573
ACCURETIC 10-12.5 MG TABLET	54160
ACCURETIC 20-12.5 MG TABLET	54161
ACCURETIC 20-25 MG TABLET	94490
ACEON 2 MG TABLET	13758
ACEON 4 MG TABLET	13759
ACEON 8 MG TABLET	93207
ALTACE 1.25 MG CAPSULE	48541
ALTACE 2.5 MG CAPSULE	48542
ALTACE 5 MG CAPSULE	48543
ALTACE 10 MG CAPSULE	48544
AMLODIPINE-BENAZEPRIL 2.5-10	33093

Step 7 (history of ACEI or ARB agent)	
Required quantity: 1	
Look back timeframe: 30 days	
ACEI and ARB Agents	
Label Name	GCN
AMLODIPINE-BENAZEPRIL 5-10 MG	33092
AMLODIPINE-BENAZEPRIL 5-20 MG	33090
AMLODIPINE-BENAZEPRIL 5-40 MG	26949
AMLODIPINE-BENAZEPRIL 10-20 MG	17604
AMLODIPINE-BENAZEPRIL 10-40 MG	26950
ATACAND 4 MG TABLET	73542
ATACAND 8 MG TABLET	73543
ATACAND 16 MG TABLET	73544
ATACAND 32 MG TABLET	73545
ATACAND HCT 16-12.5 MG TAB	21559
ATACAND HCT 32-12.5 MG TAB	21569
AVALIDE 150-12.5 MG TABLET	11042
AVALIDE 300-12.5 MG TABLET	11295
AVAPRO 75 MG TABLET	04752
AVAPRO 150 MG TABLET	04749
AVAPRO 300 MG TABLET	04750
AZOR 5-20 MG TABLET	98936
AZOR 5-40 MG TABLET	98938
AZOR 10-20 MG TABLET	98937
AZOR 10-40 MG TABLET	98939
BENAZEPRIL HCL 5 MG TABLET	48611
BENAZEPRIL HCL 10 MG TABLET	48612
BENAZEPRIL HCL 20 MG TABLET	48613
BENAZEPRIL HCL 40 MG TABLET	48614
BENAZEPRIL-HCTZ 5-6.25 MG TAB	33191
BENAZEPRIL-HCTZ 10-12.5 MG TAB	33192
BENAZEPRIL-HCTZ 20-25 MG TAB	33194
BENICAR 5 MG TABLET	17284
BENICAR 20 MG TABLET	17285
BENICAR 40 MG TABLET	17286
BENICAR HCT 20-12.5 MG TABLET	20074
BENICAR HCT 40-12.5 MG TABLET	20075
BENICAR HCT 40-25 MG TABLET	20076
CAPTOPRIL 12.5 MG TABLET	01483

Step 7 (history of ACEI or ARB agent)	
Required quantity: 1	
Look back timeframe: 30 days	
ACEI and ARB Agents	
Label Name	GCN
CAPTOPRIL 25 MG TABLET	01481
CAPTOPRIL 50 MG TABLET	01482
CAPTOPRIL 100 MG TABLET	01480
CAPTOPRIL-HCTZ 25-15 MG TABLET	54940
CAPTOPRIL-HCTZ 25-25 MG TABLET	54941
CAPTOPRIL-HCTZ 50-25 MG TABLET	54943
COZAAR 25 MG TABLET	14850
COZAAR 50 MG TABLET	14851
COZAAR 100 MG TABLET	14853
DIOVAN 40 MG TABLET	18092
DIOVAN 80 MG TABLET	13846
DIOVAN 160 MG TABLET	13844
DIOVAN 320 MG TABLET	13838
DIOVAN HCT 80-12.5 MG TABLET	07833
DIOVAN HCT 160-12.5 MG TAB	09760
DIOVAN HCT 160-25 MG TABLET	17245
DIOVAN HCT 320-12.5 MG TAB	27015
DIOVAN HCT 320-25 MG TABLET	27014
EDARBI 40 MG TABLET	29595
EDARBI 80 MG TABLET	29597
EDARBYCLOR 40-12.5 MG TABLET	31163
EDARBYCLOR 40-25 MG TABLET	31164
ENALAPRIL MALEATE 2.5 MG TAB	00963
ENALAPRIL MALEATE 5 MG TABLET	00960
ENALAPRIL MALEATE 10 MG TAB	00961
ENALAPRIL MALEATE 20 MG TAB	00962
ENALAPRIL-HCTZ 5-12.5 MG TAB	54862
ENALAPRIL-HCTZ 10-25 MG TABLET	54860
EXFORGE 5-160 MG TABLET	97962
EXFORGE 5-320 MG TABLET	98579
EXFORGE HCT 5-160-12.5 MG TAB	22625
EXFORGE HCT 5-160-25 MG TAB	22648
EXFORGE 10-160 MG TABLET	97963
EXFORGE 10-320 MG TABLET	98580

Step 7 (history of ACEI or ARB agent)	
Required quantity: 1	
Look back timeframe: 30 days	
ACEI and ARB Agents	
Label Name	GCN
EXFORGE HCT 10-160-12.5 MG TAB	22631
EXFORGE HCT 10-160-25 MG TAB	22649
EXFORGE HCT 10-320-25 MG TAB	22705
FOSINOPRIL SODIUM 20 MG TAB	48582
FOSINOPRIL SODIUM 40 MG TAB	48580
FOSINOPRIL-HCTZ 10-12.5 MG TAB	15621
FOSINOPRIL-HCTZ 20-12.5 MG TAB	10455
HYZAAR 100-12.5 TABLET	25851
HYZAAR 100-25 TABLET	14854
LISINOPRIL 2.5 MG TABLET	47264
LISINOPRIL 5 MG TABLET	47260
LISINOPRIL 10 MG TABLET	47261
LISINOPRIL 20 MG TABLET	47262
LISINOPRIL 30 MG TABLET	47265
LISINOPRIL 40 MG TABLET	47263
LISINOPRIL-HCTZ 10-12.5 MG TAB	88002
LISINOPRIL-HCTZ 20-12.5 MG TAB	88000
LISINOPRIL-HCTZ 20-25 MG TAB	88001
LOSARTAN POTASSIUM 25 MG TAB	14850
LOSARTAN POTASSIUM 50 MG TAB	14851
LOSARTAN POTASSIUM 100 MG TAB	14853
LOSARTAN-HCTZ 100-12.5 MG TAB	25851
LOSARTAN-HCTZ 100-25 MG TAB	14854
LOTENSIN 5 MG TABLET	48611
LOTENSIN 10 MG TABLET	48612
LOTENSIN 20 MG TABLET	48613
LOTENSIN 40 MG TABLET	48614
LOTENSIN HCT 5-6.25 TABLET	33191
LOTENSIN HCT 10-12.5 TABLET	33192
LOTENSIN HCT 20-25 TABLET	33194
LOTREL 2.5-10 MG CAPSULE	33093
LOTREL 5-10 MG CAPSULE	33092
LOTREL 5-20 MG CAPSULE	33090
LOTREL 5-40 MG CAPSULE	26949

Step 7 (history of ACEI or ARB agent)	
Required quantity: 1	
Look back timeframe: 30 days	
ACEI and ARB Agents	
Label Name	GCN
LOTREL 10-20 MG CAPSULE	17604
LOTREL 10-40 MG CAPSULE	26950
MAVIK 1 MG TABLET	32191
MAVIK 2 MG TABLET	32192
MAVIK 4 MG TABLET	32193
MICARDIS 20 MG TABLET	23833
MICARDIS 40 MG TABLET	23831
MICARDIS 80 MG TABLET	23832
MICARDIS HCT 40-12.5 MG TABLET	12257
MICARDIS HCT 80-12.5 MG TABLET	12259
MICARDIS HCT 80-25 MG TABLET	22866
MOEXIPRIL HCL 7.5 MG TABLET	48561
MOEXIPRIL HCL 15 MG TABLET	48562
MOEXIPRIL-HCTZ 7.5-12.5 MG TAB	67722
MOEXIPRIL-HCTZ 15-12.5 MG TAB	15777
MOEXIPRIL-HCTZ 15-25 MG TABLET	67721
MONOPRIL 40 MG TABLET	48580
PERINDOPRIL ERBUMINE 2 MG TAB	13758
PERINDOPRIL ERBUMINE 4 MG TAB	13759
PERINDOPRIL ERBUMINE 8 MG TAB	93207
PRINIVIL 10 MG TABLET	47261
PRINZIDE 10-12.5 MG TABLET	88002
PRINZIDE 20-12.5 MG TABLET	88000
QUINAPRIL 5 MG TABLET	27572
QUINAPRIL 10 MG TABLET	27570
QUINAPRIL 20 MG TABLET	27571
QUINAPRIL 40 MG TABLET	27573
QUINAPRIL-HCTZ 10-12.5 MG TAB	54160
QUINAPRIL-HCTZ 20-12.5 MG TAB	54161
QUINAPRIL-HCTZ 20-25 MG TAB	94490
RAMIPRIL 1.25 MG CAPSULE	48541
RAMIPRIL 2.5 MG CAPSULE	48542
RAMIPRIL 5 MG CAPSULE	48543
RAMIPRIL 10 MG CAPSULE	48544

Step 7 (history of ACEI or ARB agent)	
Required quantity: 1	
Look back timeframe: 30 days	
ACEI and ARB Agents	
Label Name	GCN
TARKA ER 2-180 MG TABLET	32111
TARKA ER 2-240 MG TABLET	32113
TARKA ER 4-240 MG TABLET	32114
TEVETEN 400 MG TABLET	47612
TEVETEN 600 MG TABLET	93456
TEVETEN HCT 600-12.5 MG TAB	18883
TEVETEN HCT 600-25 MG TAB	18884
TRANDOLAPR-VERAPAM ER 2-180 MG	32111
TRANDOLAPR-VERAPAM ER 2-240 MG	32113
TRANDOLAPR-VERAPAM ER 4-240 MG	32114
TRANDOLAPRIL 1 MG TABLET	32191
TRANDOLAPRIL 2 MG TABLET	32192
TRANDOLAPRIL 4 MG TABLET	32193
TRIBENZOR 20-5-12.5 MG TABLET	28837
TRIBENZOR 40-5-12.5 MG TABLET	28838
TRIBENZOR 40-5-25 MG TABLET	28839
TRIBENZOR 40-10-12.5 MG TABLET	28854
TRIBENZOR 40-10-25 MG TABLET	28855
TWYNSTA 40-5 MG TABLET	27783
TWYNSTA 40-10 MG TABLET	27784
TWYNSTA 80-5 MG TABLET	27785
TWYNSTA 80-10 MG TABLET	27786
UNIRETIC 7.5-12.5 MG TABLET	67722
UNIRETIC 15-12.5 TABLET	15777
UNIRETIC 15-25 MG TABLET	67721
UNIVASC 7.5 MG TABLET	48561
UNIVASC 15 MG TABLET	48562
VASERETIC 10-25 MG TABLET	54860
VASOTEC 2.5 MG TABLET	00963
VASOTEC 5 MG TABLET	00960
VASOTEC 10 MG TABLET	00961
VASOTEC 20 MG TABLET	00962
ZESTORETIC 10-12.5 TABLET	88002
ZESTORETIC 20-12.5 MG TABLET	88000

Step 7 (history of ACEI or ARB agent)	
Required quantity: 1	
Look back timeframe: 30 days	
ACEI and ARB Agents	
Label Name	GCN
ZESTORETIC 20-25 MG TABLET	88001
ZESTRIL 2.5 MG TABLET	47264
ZESTRIL 5 MG TABLET	47260
ZESTRIL 10 MG TABLET	47261
ZESTRIL 30 MG TABLET	47265



300mg Aliskiren-Containing Agents (Except Valturna)

Drugs Requiring Prior Authorization

Drugs Requiring Prior Authorization	
Label Name	GCN
AMTURNIDE 300-5-12.5 MG TAB	29394
AMTURNIDE 300-5-25 MG TAB	29395
AMTURNIDE 300-10-12.5 MG TAB	29397
AMTURNIDE 300-10-25 MG TAB	29396
TEKAMLO 300 MG-5 MG TABLET	28976
TEKAMLO 300 MG-10 MG TABLET	28977
TEKTURNA 300 MG TABLET	98076
TEKTURNA HCT 300-12.5 MG TAB	99312
TEKTURNA HCT 300-25 MG TABLET	99313



300mg Aliskiren-Containing Agents (Except Valtorna)

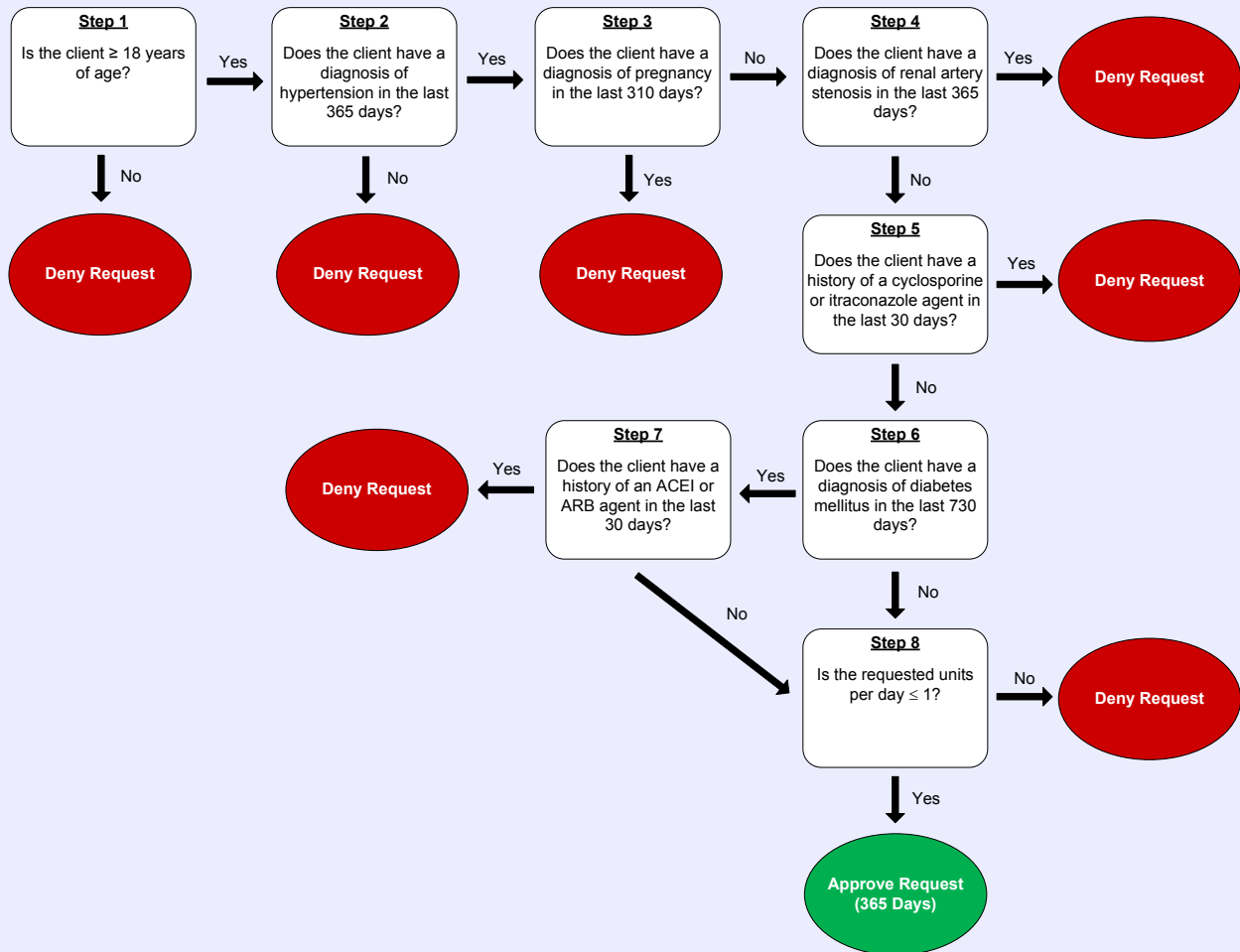
Clinical Edit Criteria Logic

1. Is the client greater than or equal to (\geq) 18 years of age?
 Yes (Go to #2)
 No (Deny)
2. Does the client have a diagnosis of hypertension in the last 365 days?
 Yes (Go to #3)
 No (Deny)
3. Does the client have a diagnosis of pregnancy in the last 310 days?
 Yes (Deny)
 No (Go to #4)
4. Does the client have a diagnosis of renal artery stenosis in the last 365 days?
 Yes (Deny)
 No (Go to #5)
5. Does the client have a history of a cyclosporine or itraconazole agent in the last 30 days?
 Yes (Deny)
 No (Go to #6)
6. Does the client have a diagnosis of diabetes mellitus in the last 730 days?
 Yes (Go to #7)
 No (Go to #8)
7. Does the client have a history of an ACEI or ARB agent in the last 30 days?
 Yes (Deny)
 No (Go to #8)
8. Is the requested units per day less than or equal to (\leq) 1?
 Yes (Approve – 365 Days)
 No (Deny)



300mg Aliskiren-Containing Agents (Except Valturna)

Clinical Edit Criteria Logic Diagram





300mg Aliskiren-Containing Agents (Except Valtorna)

Clinical Edit Criteria Supporting Tables

Step 2 (diagnosis of hypertension)

Required quantity: 1

Look back timeframe: 365 days

For the list of diagnoses that pertain to this step, see the [Hypertension Diagnoses](#) table in the previous "Supporting Tables" section.

Note: Click the hyperlink to navigate directly to the table.

Step 3 (diagnosis of pregnancy)

Required quantity: 1

Look back timeframe: 310 days

For the list of diagnoses that pertain to this step, see the [Pregnancy Diagnoses](#) table in the previous "Supporting Tables" section.

Note: Click the hyperlink to navigate directly to the table.

Step 4 (diagnosis of renal artery stenosis)

Required quantity: 1

Look back timeframe: 365 days

For the list of diagnoses that pertain to this step, see the [Renal Artery Stenosis Diagnoses](#) table in the previous "Supporting Tables" section.

Note: Click the hyperlink to navigate directly to the table.

Step 5 (history of cyclosporine or itraconazole agent)

Required quantity: 1

Look back timeframe: 30 days

For the list of drug names and GCNs that pertain to this step, see the [Cyclosporine and Itraconazole Agents](#) table in the previous "Supporting Tables" section.

Note: Click the hyperlink to navigate directly to the table.

Step 6 (diagnosis of diabetes mellitus)**Required quantity: 1****Look back timeframe: 730 days**

For the list of diagnoses that pertain to this step, see the **Diabetes Mellitus Diagnoses** table in the previous "Supporting Tables" section.

Note: Click the hyperlink to navigate directly to the table.

Step 7 (history of an ACEI or ARB agent)**Required quantity: 1****Look back timeframe: 30 days**

For the list of drug names and GCNs that pertain to this step, see the **ACEI and ARB Agents** table in the previous "Supporting Tables" section.

Note: Click the hyperlink to navigate directly to the table.



Aliskiren-Containing Agents (Except Valturna)

Clinical Edit Criteria References

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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.

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