

**Texas Prior Authorization Program
Clinical Edit Criteria**

Drug/Drug Class

Agents for Gaucher's Disease

Clinical Edit Information Included in this Document

Agents for Gaucher's Disease

- **Drugs requiring clinical prior authorization:** the list of drugs requiring prior authorization for this clinical edit
- **Clinical 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)
- **References:** clinical publications and sources relevant to this clinical edit

Note: Click the hyperlink to navigate directly to that section.

Revision Notes

- Page 1: Updated 'Drugs requiring prior authorization' to 'Drugs requiring clinical prior authorization'.
- Page 1: Updated 'Prior authorization criteria logic' to 'Clinical prior authorization criteria logic'.
- Page 3: Updated 'Drugs requiring prior authorization' to 'Drugs requiring clinical prior authorization'.
- Page 4: Amended question 2 to 'Is the client currently pregnant?'.
- Page 5: Updated question 2 on clinical criteria logic diagram to 'Is the client currently pregnant?'.
- Page 5: Corrected numbering on 'Step 3'.
- Page 5: Corrected spelling error on step 3.



Agents for Gaucher's Disease

Drugs Requiring Clinical Prior Authorization

Agents for Gaucher's Disease	
Label Name	GCN
CEREZYME 200 UNITS VIAL	39941
CEREZYME 400 UNITS VIAL	62531
ELELYSO 200 UNITS VIAL	32078
VPRIV 400 UNITS VIAL	28299
ZAVESCA 100MG CAPSULE	19453



Agents for Gaucher's Disease

Clinical Edit Criteria Logic

1. Does the client have a diagnosis of Gaucher's disease in the last 730 days?
 Yes – Go to #2
 No – Deny

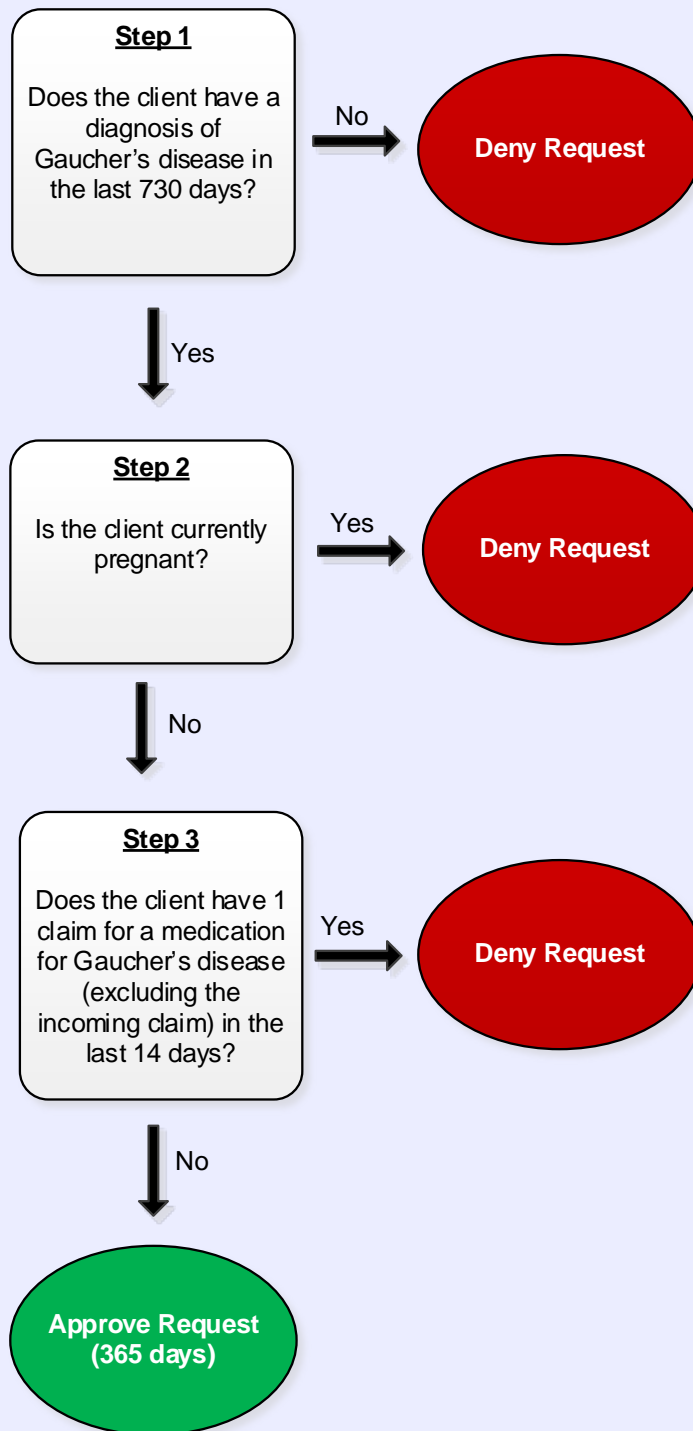
2. Is the client currently pregnant?
 Yes – Deny
 No – Go to #3

3. Does the client have 1 claim for a medication for Gaucher's disease (excluding the incoming claim) in the last 14 days?
 Yes – Deny
 No – Approve (365 days)



Agents for Gaucher's Disease

Clinical Edit Criteria Logic Diagram





Agents for Gaucher's Disease

Clinical Edit Criteria Supporting Tables

Step 1 (diagnosis of Gaucher's Disease) Required quantity: 1 Look back timeframe: 730 days	
ICD-9 Code	Description
272.7	LIPIDOSES
ICD-10 Code	Description
E75.22	GAUCHER DISEASE

Step 2 (diagnosis of Pregnancy) Required quantity: 1 Look back timeframe: 90 days	
ICD-9 Code	Description
640	HEMORRHAGE IN EARLY PREGNANCY
642	HYPERTENSION COMPLICATING PREGNANCY CHILDBIRTH AND THE PUERPERIUM
643	EXCESSIVE VOMITING IN PREGNANCY
644	EARLY OR THREATENED LABOR
645	LATE PREGNANCY
646	OTHER COMPLICATIONS OF PREGNANCY NOT ELSEWHERE CLASSIFIED
647	INFECTIOUS AND PARASITIC CONDITIONS IN THE MOTHER CLASSIFIABLE ELSEWHERE BUT COMPLICATING PREGNANCY CHILDBIRTH OR THE PUERPERIUM
648	OTHER CURRENT CONDITIONS IN THE MOTHER CLASSIFIABLE ELSEWHERE BUT COMPLICATING PREGNANCY CHILDBIRTH OR THE PUERPERIUM
649	OTHER CONDITIONS OR STATUS OF THE MOTHER COMPLICATING PREGNANCY CHILDBIRTH OR THE PUERPERIUM
651	MULTIPLE GESTATION
656.53	POOR FETAL GROWTH, AFFECTING MANAGEMENT OF MOTHER, UNSPECIFIED AS TO EPISODE OF CARE OR NOT APPLICABLE
656.63	EXCESSIVE FETAL GROWTH, AFFECTING MANAGEMENT OF MOTHER, ANTEPARTUM CONDITION OR COMPLICATION
657.03	POLYHYDRAMNIOS, ANTEPARTUM CONDITION OR COMPLICATION
658.03	OLIGOHYDRAMNIOS, ANTEPARTUM CONDITION OR COMPLICATION

Step 2 (diagnosis of Pregnancy)	
Required quantity: 1	
Look back timeframe: 90 days	
ICD-9 Code	Description
658.83	OTHER PROBLEMS ASSOCIATED WITH AMNIOTIC CAVITY AND MEMBRANES, ANTEPARTUM
658.93	UNSPECIFIED PROBLEM ASSOCIATED WITH AMNIOTIC CAVITY AND MEMBRANES, ANTEPARTUM CONDITION OR COMPLICATION
659.50	ELDERLY PRIMIGRAVIDA, UNSPECIFIED AS TO EPISODE OF CARE OR NOT APPLICABLE
659.53	ELDERLY PRIMIGRAVIDA, ANTEPARTUM CONDITION OR COMPLICATION
659.60	ELDERLY MULTIGRAVIDA, UNSPECIFIED AS TO EPISODE OF CARE OR NOT APPLICABLE
659.63	ELDERLY MULTIGRAVIDA, ANTEPARTUM CONDITION OR COMPLICATION
678.03	FETAL HEMATOLOGIC CONDITIONS, ANTEPARTUM CONDITION OR COMPLICATION
V22	NORMAL PREGNANCY
V23	SUPERVISION OF HIGH-RISK PREGNANCY
ICD-10 Code	Description
O09	SUPERVISION OF HIGH RISK PREGNANCY
O10	PRE-EXISTING HYPERTENSION COMPLICATING PREGNANCY, CHILDBIRTH AND THE PUERPERIUM
O11	PRE-EXISTING HYPERTENSION WITH PRE-ECLAMPSIA
O12	GESTATIONAL EDEMA AND PROTEINURIA WITHOUT HYPERTENSION
O13	GESTATIONAL HYPERTENSION WITHOUT SIGNIFICANT PROTEINURIA
O14	PRE-ECLAMPSIA
O15	ECLAMPSIA
O16	UNSPECIFIED MATERNAL HYPERTENSION
O20	HEMORRHAGE IN EARLY PREGNANCY
O21	EXCESSIVE VOMITING IN PREGNANCY
O22	VENOUS COMPLICATIONS AND HEMORRHOIDS IN PREGNANCY
O23	INFECTIONS OF GENITOURINARY TRACT IN PREGNANCY
O24	DIABETES MELLITUS IN PREGNANCY, CHILDBIRTH, AND THE PUERPERIUM
O25	MALNUTRITION IN PREGNANCY, CHILDBIRTH, AND THE PUERPERIUM
O26	MATERNAL CARE FOR OTHER CONDITIONS PREDOMINATLY RELATED TO PREGNANCY
O28	ABNORMAL FINDINGS ON ANTENATAL SCREENING OF MOTHER
O30	MULTIPLE GESTATION
O31	COMPLICATIONS SPECIFIC TO MULTIPLE GESTATION
O35	MATERNAL CARE FOR KNOWN OR SUSPECTED FETAL ABNORMALITY AND DAMAGE
O36	MATERNAL CARE FOR OTHER FETAL PROBLEMS

Step 2 (diagnosis of Pregnancy)	
Required quantity: 1	
Look back timeframe: 90 days	
ICD-9 Code	Description
O40	POLYHYDRAMNIOS
O41	OTHER DISORDERS OF AMNIOTIC FLUID AND MEMBRANES
O48	LATE PREGNANCY
O60	PRETERM LABOR
O94	SEQUELAE OF COMPLICATION OF PREGNANCY, CHILDBIRTH, AND THE PUERPERIUM
O98	MATERNAL INFECTIOUS AND PARASITIC DISEASES CLASSIFIABLE ELSEWHERE BUT COMPLICATING PREGNANCY, CHILDBIRTH, AND THE PUERPERIUM
O99	OTHER MATERNAL DISEASES CLASSIFIABLE ELSEWHERE BUT COMPLICATING PREGNANCY, CHILDBIRTH, AND THE PUERPERIUM
Z33	PREGNANT STATE
Z34	ENCOUNTER FOR SUPERVISION OF NORMAL PREGNANCY



Agents for Gaucher's Disease

Clinical Edit Criteria References

1. Clinical Pharmacology [online database]. Tampa, FL: Elsevier / Gold Standard, Inc. 2014. Available at <http://www.clinicalpharmacology.com>. Accessed on March 26, 2014.
2. 2014 ICD-9-CM Diagnosis Codes, Volume 1. 2013. Available at <http://www.icd9data.com/>. Accessed on March 26, 2014.
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4. Cerezyme Prescribing Information. Genzyme Corporation. Cambridge, MA. Accessed March 2014.
5. ELELYSO Prescribing Information. Pfizer Labs. New York, New York. May 2012.
6. VPRIV Prescribing Information. Shire Human Genetic Therapies, Inc. Lexington, MA. August 2013.
7. Zavesca Prescribing Information. Actelion nPharmaceuticals US, Inc. South San Francisco, CA. February 2014.

Publication History

The Publication History records the publication iterations and revisions to this document. Notes for the *most current revision* are also provided in the **Revision Notes** on the first page of this document.

Publication Date	Notes
04/25/2014	<ul style="list-style-type: none">• Page 1: Updated 'Drugs requiring prior authorization' to 'Drugs requiring clinical prior authorization'.• Page 1: Updated 'Prior authorization criteria logic' to 'Clinical prior authorization criteria logic'.• Page 3: Updated 'Drugs requiring prior authorization' to 'Drugs requiring clinical prior authorization'.• Page 4: Amended question 2 to 'Is the client currently pregnant?'.• Page 5: Updated question 2 on clinical criteria logic diagram to 'Is the client currently pregnant?'.• Page 5: Corrected numbering on 'Step 3'.• Page 5: Corrected spelling error on step 3.