

**Texas Prior Authorization Program  
Clinical Edit Criteria**

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**Drug/Drug Class**

**Ranexa**

**Clinical Edit Information Included in this Document**

- **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

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

**Revision Notes**

Initial publication and posting to website



# Ranexa

## Drugs Requiring Prior Authorization

Drugs Requiring Prior Authorization	
Label Name	GCN
RANEXA ER 500 MG TABLET	26459
RANEXA ER 1,000 MG TABLET	98733

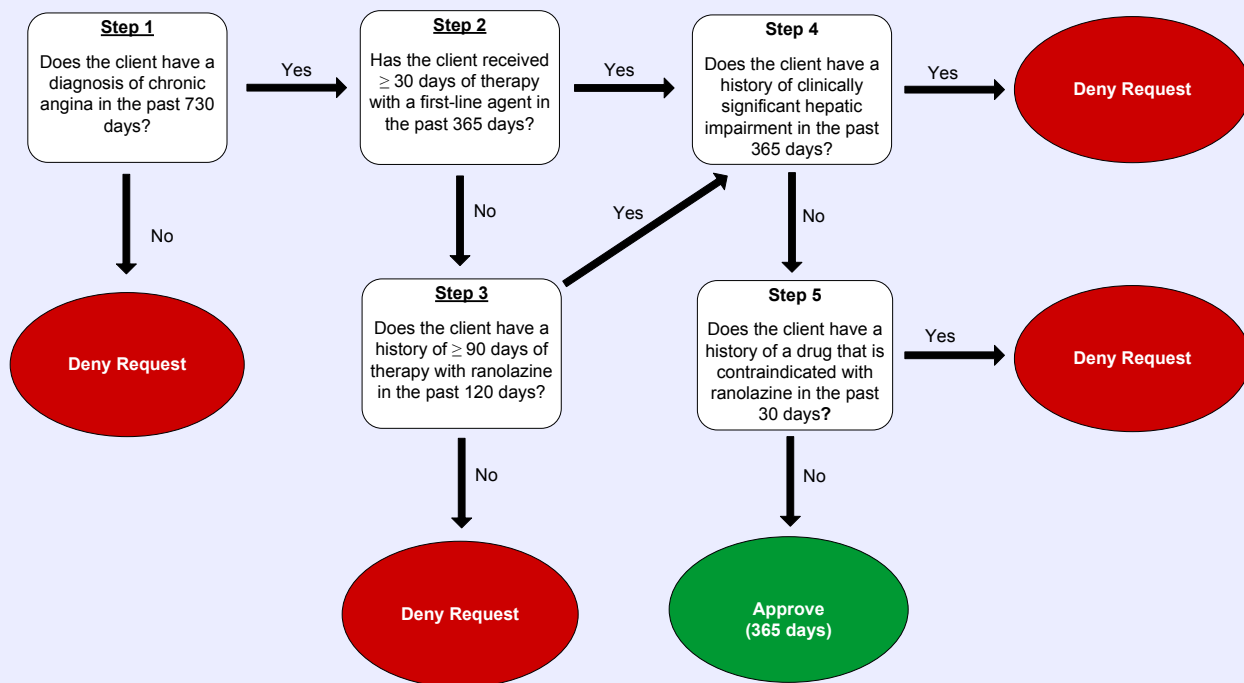
**Ranexa****Clinical Edit Criteria Logic**

1. Does the client have a diagnosis of chronic angina in the past 730 days?  
 Yes (Go to #2)  
 No (Deny)
2. Has the client received greater than or equal to ( $\geq$ ) 30 days of therapy with a first-line agent in the past 365 days?  
 Yes (Go to #4)  
 No (Go to #3)
3. Does the client have a history of greater than or equal to ( $\geq$ ) 90 days of therapy with ranolazine in the past 120 days?  
 Yes (Go to #4)  
 No (Deny)
4. Does the client have a diagnosis of clinically-significant hepatic impairment in the past 365 days?  
 Yes (Deny)  
 No (Go to step #5)
5. Does the client have a history of a drug that is contraindicated with ranolazine in the past 30 days?  
 Yes (Deny)  
 No (Approve – 365 days)



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Clinical Edit Criteria Logic Diagram





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## Clinical Edit Criteria Supporting Tables

<b>Step 1 (diagnosis of chronic angina)</b> <b>Required diagnosis: 1</b> <b>Look back timeframe: 730 days</b>	
<b>ICD-9 Code</b>	<b>Description</b>
4130	ANGINA DECUBITUS
4131	PRINZMETAL ANGINA
4139	ANGINA PECTORIS NEC/NOS

<b>Step 2 (≥ 30 days of therapy with first-line agent)</b> <b>Required quantity: 1</b> <b>Look back timeframe: 365 days</b>	
<b>Description</b>	<b>GCN</b>
ACEBUTOLOL 200 MG CAPSULE	26460
ACEBUTOLOL 400 MG CAPSULE	26461
ADALAT CC 30 MG TABLET	02226
ADALAT CC 60 MG TABLET	02227
ADALAT CC 90 MG TABLET	02228
AFEDITAB CR 30 MG TABLET	02226
AFEDITAB CR 60 MG TABLET	02227
AMLODIPINE BESYLATE 2.5 MG TAB	02681
AMLODIPINE BESYLATE 5 MG TAB	02683
AMLODIPINE BESYLATE 10 MG TAB	02682
AMLODIPINE-BENAZEPRIL 2.5-10	33093
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
ATENOLOL 25 MG TABLET	20662
ATENOLOL 50 MG TABLET	20661
ATENOLOL 100 MG TABLET	20660
ATENOLOL-CHLORTHAL 50-25 TB	66990
ATENOLOL-CHLORTHALIDONE 100-25	66991

<b>Step 2 (≥ 30 days of therapy with first-line agent)</b>	
<b>Required quantity: 1</b>	
<b>Look back timeframe: 365 days</b>	
<b>Description</b>	<b>GCN</b>
AZOR 5-20 MG TABLET	98936
AZOR 5-40 MG TABLET	98938
AZOR 10-20 MG TABLET	98937
AZOR 10-40 MG TABLET	98939
BETAXOLOL 10 MG TABLET	12791
BETAXOLOL 20 MG TABLET	12792
BIDIL TABLET	24925
BISOPROLOL FUMARATE 5 MG TAB	63821
BISOPROLOL FUMARATE 10 MG TAB	63820
BISOPROLOL-HCTZ 2.5-6.25 MG TB	45061
BISOPROLOL-HCTZ 5-6.25 MG TAB	45062
BISOPROLOL-HCTZ 10-6.25 MG TAB	45063
CADUET 10 MG-10 MG TABLET	21395
CADUET 10 MG-20 MG TABLET	21396
CADUET 10 MG-40 MG TABLET	21397
CADUET 10 MG-80 MG TABLET	21398
CADUET 5 MG-10 MG TABLET	21391
CADUET 5 MG-20 MG TABLET	21392
CADUET 5 MG-40 MG TABLET	21393
CADUET 5 MG-80 MG TABLET	21394
CORGARD 20 MG TABLET	20654
CORGARD 40 MG TABLET	20652
CORGARD 80 MG TABLET	20653
CORZIDE 40-5 TABLET	52060
CORZIDE 80-5 TABLET	52061
DILATRATE-SR 40 MG CAPSULE	01910
DYNACIRC CR 10 MG TABLET	02615
EXFORGE 5-160 MG TABLET	97962
EXFORGE 5-320 MG TABLET	98579
EXFORGE 10-160 MG TABLET	97963
EXFORGE 10-320 MG TABLET	98580
EXFORGE HCT 5-160-12.5 MG TAB	22625
EXFORGE HCT 5-160-25 MG TAB	22648
EXFORGE HCT 10-160-12.5 MG TAB	22631
EXFORGE HCT 10-160-25 MG TAB	22649

<b>Step 2 (≥ 30 days of therapy with first-line agent)</b>	
<b>Required quantity: 1</b>	
<b>Look back timeframe: 365 days</b>	
<b>Description</b>	<b>GCN</b>
EXFORGE HCT 10-320-25 MG TAB	22705
FELODIPINE ER 2.5 MG TABLET	02620
FELODIPINE ER 5 MG TABLET	02621
FELODIPINE ER 10 MG TABLET	02622
IMDUR ER 30 MG TABLET	48104
IMDUR ER 60 MG TABLET	48102
IMDUR ER 120 MG TABLET	48103
INDERAL LA 60 MG CAPSULE	03233
INDERAL LA 80 MG CAPSULE	03230
INDERAL LA 120 MG CAPSULE	03231
INDERAL LA 160 MG CAPSULE	03232
INNOPRAN XL 80 MG CAPSULE	20621
INNOPRAN XL 120 MG CAPSULE	19359
ISMO 20 MG TABLET	01931
ISORDIL 40 MG TABLET	01946
ISOSORBIDE DN 2.5 MG TAB SL	01976
ISOSORBIDE DN 5 MG TABLET	01947
ISOSORBIDE DN 5 MG TABLET SL	01975
ISOSORBIDE DN 10 MG TABLET	01942
ISOSORBIDE DN 20 MG TABLET	01944
ISOSORBIDE DN 30 MG TABLET	01945
ISOSORBIDE DN ER 40 MG TABLET	01960
ISOSORBIDE MN 10 MG TABLET	01932
ISOSORBIDE MN 20 MG TABLET	01931
ISOSORBIDE MN ER 30 MG TABLET	48104
ISOSORBIDE MN ER 60 MG TABLET	48102
ISOSORBIDE MN ER 120 MG TAB	48103
ISRADIPINE 2.5 MG CAPSULE	02611
ISRADIPINE 5 MG CAPSULE	02612
LEVATOL 20 MG TABLET	39350
LOPRESSOR 50 MG TABLET	20642
LOPRESSOR 100 MG TABLET	20641
LOTREL 2.5-10 MG CAPSULE	33093
LOTREL 5-10 MG CAPSULE	33092
LOTREL 5-20 MG CAPSULE	33090

<b>Step 2 (≥ 30 days of therapy with first-line agent)</b>	
<b>Required quantity: 1</b>	
<b>Look back timeframe: 365 days</b>	
<b>Description</b>	<b>GCN</b>
LOTREL 5-40 MG CAPSULE	26949
LOTREL 10-20 MG CAPSULE	17604
LOTREL 10-40 MG CAPSULE	26950
METOPROLOL SUCC ER 25 MG TAB	12947
METOPROLOL SUCC ER 50 MG TAB	20741
METOPROLOL SUCC ER 100 MG TAB	20742
METOPROLOL SUCC ER 200 MG TAB	20743
METOPROLOL TARTRATE 25 MG TAB	17734
METOPROLOL TARTRATE 50 MG TAB	20642
METOPROLOL TARTRATE 100 MG TAB	20641
METOPROLOL-HCTZ 50-25 MG TAB	51550
METOPROLOL-HCTZ 100-25 MG TAB	51551
METOPROLOL-HCTZ 100-50 MG TAB	51552
MINITRAN 0.1 MG/HR PATCH	01741
MINITRAN 0.2 MG/HR PATCH	01742
MINITRAN 0.4 MG/HR PATCH	01740
MINITRAN 0.6 MG/HR PATCH	01744
MONOKET 10 MG TABLET	01932
MONOKET 20 MG TABLET	01931
NADOLOL 20 MG TABLET	20654
NADOLOL 40 MG TABLET	20652
NADOLOL 80 MG TABLET	20653
NADOLOL-BENDROFLU 40-5 MG TAB	52060
NADOLOL-BENDROFLU 80-5 MG TAB	52061
NICARDIPINE 20 MG CAPSULE	02390
NICARDIPINE 30 MG CAPSULE	02391
NIFEDIAC CC 30 MG TABLET	02226
NIFEDIAC CC 60 MG TABLET	02227
NIFEDIAC CC 90 MG TABLET	02228
NIFEDICAL XL 30 MG TABLET	02221
NIFEDICAL XL 60 MG TABLET	02222
NIFEDIPINE 10 MG CAPSULE	02350
NIFEDIPINE 20 MG CAPSULE	02351
NIFEDIPINE ER 30 MG TABLET	02221
NIFEDIPINE ER 30 MG TABLET	02226



<b>Step 2 (≥ 30 days of therapy with first-line agent)</b>	
<b>Required quantity: 1</b>	
<b>Look back timeframe: 365 days</b>	
<b>Description</b>	<b>GCN</b>
NIFEDIPINE ER 60 MG TABLET	02222
NIFEDIPINE ER 60 MG TABLET	02227
NIFEDIPINE ER 90 MG TABLET	02223
NIFEDIPINE ER 90 MG TABLET	02228
NISOLDIPINE ER 8.5 MG TABLET	99445
NISOLDIPINE ER 17 MG TABLET	99446
NISOLDIPINE ER 25.5 MG TABLET	99447
NISOLDIPINE ER 34 MG TABLET	99448
NITRO-DUR 0.1 MG/HR PATCH	01741
NITRO-DUR 0.2 MG/HR PATCH	01742
NITRO-DUR 0.3 MG/HR PATCH	01743
NITRO-DUR 0.4 MG/HR PATCH	01740
NITRO-DUR 0.6 MG/HR PATCH	01744
NITRO-DUR 0.8 MG/HR PATCH	01746
NITROGLYCERIN 0.1 MG/HR PATCH	01741
NITROGLYCERIN 0.2 MG/HR PATCH	01742
NITROGLYCERIN 0.3 MG TAB SL	01771
NITROGLYCERIN 0.4 MG TABLET SL	01772
NITROGLYCERIN 0.4 MG/HR PATCH	01740
NITROGLYCERIN 0.6 MG TAB SL	01773
NITROGLYCERIN 0.6 MG/HR PATCH	01744
NITROGLYCERIN ER 2.5 MG CAP	01681
NITROGLYCERIN LINGUAL 0.4 MG	92257
NITROLINGUAL 0.4 MG SPRAY	92257
NITROQUICK 0.3 MG TABLET SL	01771
NITROQUICK 0.4 MG TABLET SL	01772
NITROQUICK 0.6 MG TABLET SL	01773
NITROSTAT 0.3 MG TABLET SL	01771
NITROSTAT 0.4 MG TABLET SL	01772
NITROSTAT 0.6 MG TABLET SL	01773
NORVASC 2.5 MG TABLET	02681
NORVASC 5 MG TABLET	02683
NORVASC 10 MG TABLET	02682
PINDOLOL 5 MG TABLET	20681
PINDOLOL 10 MG TABLET	20680

<b>Step 2 (≥ 30 days of therapy with first-line agent)</b>	
<b>Required quantity: 1</b>	
<b>Look back timeframe: 365 days</b>	
<b>Description</b>	<b>GCN</b>
PROCARDIA 10 MG CAPSULE	02350
PROCARDIA XL 30 MG TABLET	02221
PROCARDIA XL 60 MG TABLET	02222
PROCARDIA XL 90 MG TABLET	02223
PROPRANOLOL 10 MG TABLET	20630
PROPRANOLOL 20 MG TABLET	20631
PROPRANOLOL 20 MG/5 ML SOLN	45260
PROPRANOLOL 40 MG TABLET	20632
PROPRANOLOL 40 MG/5 ML SOLN	45261
PROPRANOLOL 60 MG TABLET	20633
PROPRANOLOL 80 MG TABLET	20634
PROPRANOLOL ER 60 MG CAPSULE	03233
PROPRANOLOL ER 80 MG CAPSULE	03230
PROPRANOLOL ER 120 MG CAPSULE	03231
PROPRANOLOL ER 160 MG CAPSULE	03232
PROPRANOLOL-HCTZ 40-25 MG TAB	52030
PROPRANOLOL-HCTZ 80-25 MG TAB	52031
SECTRAL 200 MG CAPSULE	26460
SECTRAL 400 MG CAPSULE	26461
SULAR ER 8.5 MG TABLET	99445
SULAR ER 17 MG TABLET	99446
SULAR ER 25.5 MG TABLET	99447
SULAR ER 34 MG TABLET	99448
TEKAMLO 150 MG-5 MG TABLET	28974
TEKAMLO 150 MG-10 MG TABLET	28975
TEKAMLO 300 MG-5 MG TABLET	28976
TEKAMLO 300 MG-10 MG TABLET	28977
TENORETIC 50 TABLET	66990
TENORETIC 100 TABLET	66991
TENORMIN 25 MG TABLET	20662
TENORMIN 50 MG TABLET	20661
TENORMIN 100 MG TABLET	20660
TIMOLOL MALEATE 5 MG TABLET	20672
TIMOLOL MALEATE 10 MG TABLET	20670
TIMOLOL MALEATE 20 MG TABLET	20671

<b>Step 2 (<math>\geq</math> 30 days of therapy with first-line agent)</b>	
<b>Required quantity: 1</b>	
<b>Look back timeframe: 365 days</b>	
<b>Description</b>	<b>GCN</b>
TOPROL XL 25 MG TABLET	12947
TOPROL XL 50 MG TABLET	20741
TOPROL XL 100 MG TABLET	20742
TOPROL XL 200 MG TABLET	20743
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
ZEBETA 5 MG TABLET	63821
ZEBETA 10 MG TABLET	63820
ZIAC 2.5-6.25 MG TABLET	45061
ZIAC 5-6.25 MG TABLET	45062
ZIAC 10-6.25 MG TABLET	45063

<b>Step 3 (history of greater than or equal to (<math>\geq</math>) 90 days of therapy with ranolazine)</b>	
<b>Required quantity: 1</b>	
<b>Look back timeframe: 120 days</b>	

For the list of drug names and GCNs that pertain to this step, see the [Drugs Requiring Prior Authorization](#) table in the "Supporting Tables" section.

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

<b>Step 4 (diagnosis of clinically-significant hepatic impairment)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 365 days</b>	
<b>ICD-9</b>	<b>Description</b>
0700	HEPATITIS A WITH COMA
0701	HEPATITIS A W/O COMA
07020	HPT B ACTE COMA WO DLTA

**Step 4 (diagnosis of clinically-significant hepatic impairment)****Required diagnosis: 1****Look back timeframe: 365 days**

<b>ICD-9</b>	<b>Description</b>
07021	HPT B ACTE COMA W DLTA
07022	HPT B CHRN COMA WO DLTA
07023	HPT B CHRN COMA W DLTA
07030	HPT B ACTE WO CM WO DLTA
07031	HPT B ACTE WO CM W DLTA
07032	HPT B CHRN WO CM WO DLTA
07033	HPT B CHRN WO CM W DLTA
07041	ACUTE HEPATITIS C WITH HEPATIC COMA
07042	HPT DLT WO B W HPT COMA
07043	HPT E W HEPAT COMA
07044	CHRN C HPT C W HEPAT COMA
07049	OTH VRL HEPAT W HPT COMA
07051	ACUTE HEPATITIS C WITHOUT MENTION OF HEPATIC COMA
07052	HPT DLT WO B WO HPT COMA
07053	HPT E WO HEPAT COMA
07054	CHRN C HPT C WO HPAT COMA
07059	OTH VRL HPAT WO HPT COMA
0706	VIRAL HEPAT NOS W COMA
07070	UNSPECIFIED VIRAL HEPATITIS C WITHOUT HEPATIC COMA
07071	UNSPECIFIED VIRAL HEPATITIS C WITH HEPATIC COMA
0709	VIRAL HEPAT NOS W/O COMA
5710	ALCOHOLIC FATTY LIVER
5711	AC ALCOHOLIC HEPATITIS
5712	ALCOHOL CIRRHOSIS LIVER
5713	ALCOHOL LIVER DAMAGE NOS
57140	CHRONIC HEPATITIS NOS
57141	CHR PERSISTENT HEPATITIS
57142	AUTOIMMUNE HEPATITIS
57149	CHRONIC HEPATITIS NEC
5715	CIRRHOSIS OF LIVER NOS
5716	BILIARY CIRRHOSIS
5718	CHRONIC LIVER DIS NEC
5719	CHRONIC LIVER DIS NOS
5720	ABSCESS OF LIVER
5721	PORTAL PYEMIA

<b>Step 4 (diagnosis of clinically-significant hepatic impairment)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 365 days</b>	
<b>ICD-9</b>	<b>Description</b>
5722	HEPATIC ENCEPHALOPATHY
5723	PORTAL HYPERTENSION
5724	HEPATORENAL SYNDROME
5728	OTH SEQUELA, CHR LIV DIS
5730	CHR PASSIV CONGEST LIVER
5731	HEPATITIS IN VIRAL DIS
5732	HEPATITIS IN OTH INF DIS
5733	HEPATITIS NOS
5734	HEPATIC INFARCTION
5738	LIVER DISORDERS NEC
5739	LIVER DISORDER NOS

<b>Step 5 (history of a drug that is contraindicated with ranolazine)</b>	
<b>Required quantity: 1</b>	
<b>Look back timeframe: 30 days</b>	
<b>Description</b>	<b>GCN</b>
BIAXIN 125 MG/5 ML SUSPENSION	11670
BIAXIN 250 MG TABLET	48852
BIAXIN 250 MG/5 ML SUSPENSION	11671
BIAXIN 500 MG TABLET	48851
BIAXIN XL 500 MG TABLET	48850
CARBAMAZEPINE 100 MG TAB CHEW	17460
CARBAMAZEPINE 100 MG/5 ML SUSP	47500
CARBAMAZEPINE 200 MG TABLET	17450
CARBAMAZEPINE XR 200 MG TABLET	27821
CARBAMAZEPINE XR 400 MG TABLET	27822
CARBATROL ER 100 MG CAPSULE	23934
CARBATROL ER 200 MG CAPSULE	23932
CARBATROL ER 300 MG CAPSULE	23933
CLARITHROMYCIN 125 MG/5 ML SUS	11670
CLARITHROMYCIN 250 MG TABLET	48852
CLARITHROMYCIN 250 MG/5 ML SUS	11671
CLARITHROMYCIN 500 MG TABLET	48851
CLARITHROMYCIN ER 500 MG TAB	48850
CRIXIVAN 100 MG CAPSULE	26823

<b>Step 5 (history of a drug that is contraindicated with ranolazine)</b>	
<b>Required quantity: 1</b>	
<b>Look back timeframe: 30 days</b>	
<b>Description</b>	<b>GCN</b>
CRIXIVAN 200 MG CAPSULE	26820
CRIXIVAN 400 MG CAPSULE	26822
EPITOL 200 MG TABLET	17450
EQUETRO 100 MG CAPSULE	13781
EQUETRO 200 MG CAPSULE	13805
EQUETRO 300 MG CAPSULE	13818
INVIRASE 200 MG CAPSULE	26760
INVIRASE 500 MG TABLET	23952
ISONARIF CAPSULE	89800
ITRACONAZOLE 100 MG CAPSULE	49101
KALETRA 100-25 MG TABLET	99101
KALETRA 200-50 MG TABLET	25919
KALETRA 400-100/5 ML ORAL SOLU	31782
KETOCONAZOLE 200 MG TABLET	42590
LEXIVA 50 MG/ML SUSPENSION	23783
LEXIVA 700 MG TABLET	20553
MYCOBUTIN 150 MG CAPSULE	29810
NEFAZODONE HCL 50 MG TABLET	16404
NEFAZODONE HCL 100 MG TABLET	16406
NEFAZODONE HCL 150 MG TABLET	16407
NEFAZODONE HCL 200 MG TABLET	16408
NEFAZODONE HCL 250 MG TABLET	16409
NORVIR 80 MG/ML SOLUTION	26810
NORVIR 100 MG SOFTGEL CAP	26812
NORVIR 100 MG TABLET	28224
PHENOBARBITAL 20 MG/5 ML ELIX	12956
PHENOBARBITAL 15 MG TABLET	12971
PHENOBARBITAL 16.2 MG TABLET	97706
PHENOBARBITAL 30 MG TABLET	12973
PHENOBARBITAL 32.4 MG TABLET	97965
PHENOBARBITAL 60 MG TABLET	12972
PHENOBARBITAL 64.8 MG TABLET	97966
PHENOBARBITAL 97.2 MG TABLET	97967
PHENOBARBITAL 100 MG TABLET	12975
PHENOBARBITAL 65 MG/ML VIAL	12894
PHENOBARBITAL 130 MG/ML VIAL	12892
PREVPAC PATIENT PACK	64269

<b>Step 5 (history of a drug that is contraindicated with ranolazine)</b>	
<b>Required quantity: 1</b>	
<b>Look back timeframe: 30 days</b>	
<b>Description</b>	<b>GCN</b>
PRIFTIN 150 MG TABLET	45911
REYATAZ 100 MG CAPSULE	19949
REYATAZ 150 MG CAPSULE	19952
REYATAZ 200 MG CAPSULE	19953
REYATAZ 300 MG CAPSULE	97430
RIFADIN 150 MG CAPSULE	41260
RIFADIN 300 MG CAPSULE	41261
RIFADIN IV 600 MG VIAL	41470
RIFAMATE CAPSULE	89800
RIFAMPIN 150 MG CAPSULE	41260
RIFAMPIN 300 MG CAPSULE	41261
RIFATER TABLET	14142
SPORANOX 10 MG/ML SOLUTION	49100
SPORANOX 100 MG CAPSULE	49101
TEGRETOL 100 MG TABLET CHEW	17460
TEGRETOL 100 MG/5 ML SUSP	47500
TEGRETOL 200 MG TABLET	17450
TEGRETOL XR 100 MG TABLET	27820
TEGRETOL XR 200 MG TABLET	27821
TEGRETOL XR 400 MG TABLET	27822
VIRACEPT 250 MG TABLET	40312
VIRACEPT 625 MG TABLET	19717



## Ranexa

### Clinical Edit Criteria References

1. Ranexa® [package insert]. Foster City, CA: Gilead Sciences, Inc. December 2011. Available at <http://www.ranexa.com/download/RanexaPI.PDF>. Accessed on March 7, 2012.
2. MICROMEDEX Health Services. DRUGDEX evaluations: Ranexa drug evaluation. Available at: <http://www.micromedex.com>. Accessed on February 28, 2012.
3. Lexi-Comp Drug Information Handbook. Ranexa drug evaluation. Available at: <http://www.lexi.com/>. Accessed on February 28, 2012.



## 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
04/03/2012	Initial publication and posting to website