

**Texas Prior Authorization Program  
Clinical Edit Criteria**

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**Drug/Drug Class**

## **Thiazolidinediones**

**Clinical Edit Information Included in this Document**

**Thiazolidinediones – Pioglitazone**

- **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

**Thiazolidinediones – Rosiglitazone**

- **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**

- Added a new section to specify the drugs requiring prior authorization for Pioglitazone and Rosiglitazone
- In the "Clinical Edit Supporting Tables" section for Pioglitazone, added a table to specify the drug names and GCNs pertinent to step 2 of the logic diagram
- In each "Clinical Edit Supporting Tables" sections, revised tables to specify the diagnosis codes pertinent to steps 1, 3, and 5 of the logic diagrams
- In the "Clinical Edit Supporting Tables" section for Pioglitazone, revised tables to specify the drug names and GCNs pertinent to step 4 of the logic diagram
- In the "Clinical Edit Supporting Tables" section for Rosiglitazone, revised tables to specify the drug names and GCNs pertinent to steps 2, 4, and 6 of the logic diagram



**Thiazolidinediones**  
**Pioglitazone**  
**Drugs Requiring Prior Authorization**

<b>Drugs Requiring Prior Authorization</b>	
<b>Label Name</b>	<b>GCN</b>
ACTOPLUS MET 15 MG-500 MG TAB	25444
ACTOPLUS MET 15 MG-850 MG TAB	25445
ACTOPLUS MET XR 15-1,000 MG TB	28620
ACTOPLUS MET XR 30-1,000 MG TB	28622
ACTOS 15 MG TABLET	92991
ACTOS 30 MG TABLET	93001
ACTOS 45 MG TABLET	93011
DUETACT 30-2 MG TABLET	97181
DUETACT 30-4 MG TABLET	97180

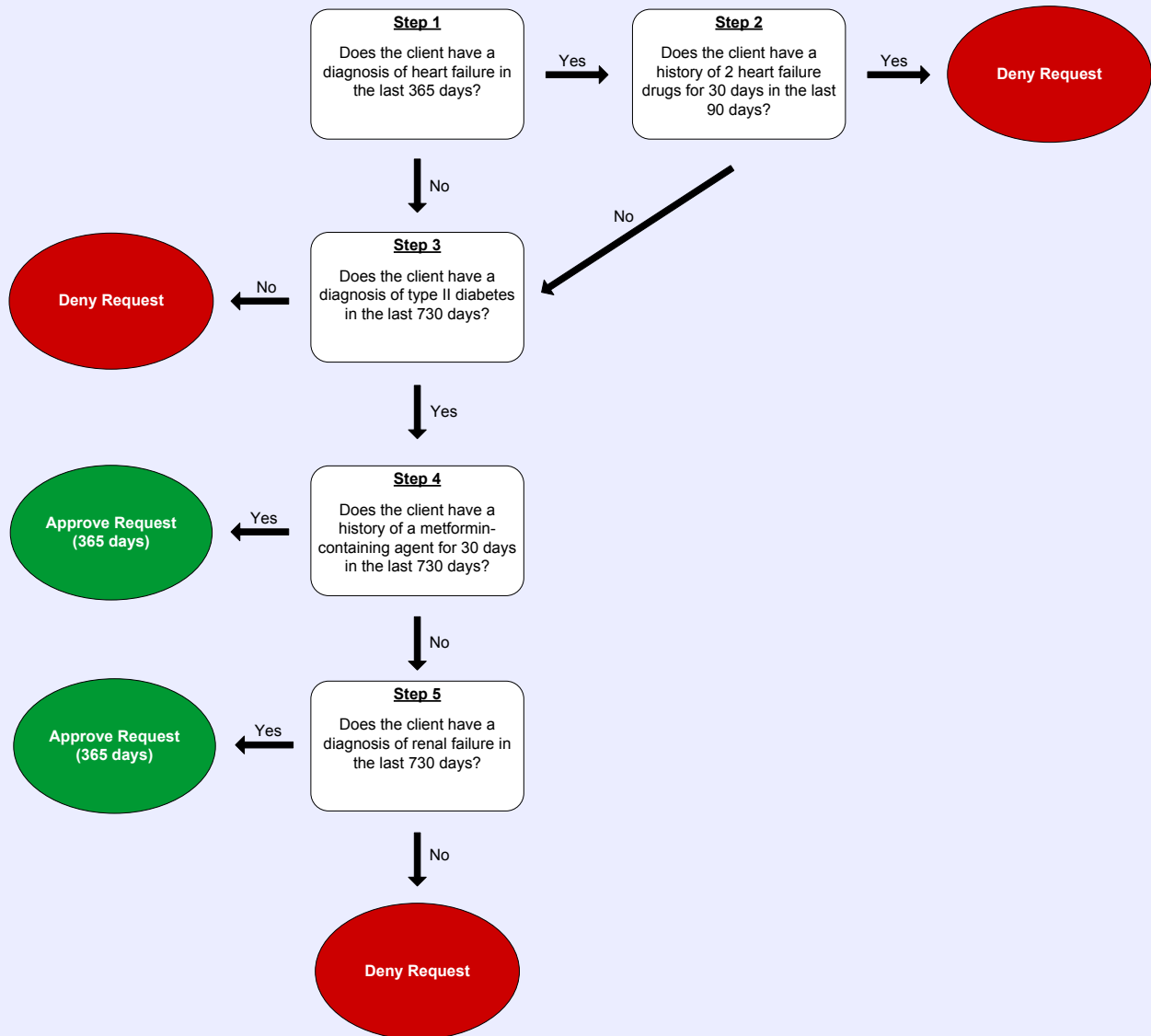


**Thiazolidinediones**  
**Pioglitazone**  
**Clinical Edit Criteria Logic**

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)  
 No (Go to #5)
  
5. Does the client have a diagnosis of renal failure in the last 730 days?  
 Yes (Approve – 365 days)  
 No (Deny)



# Thiazolidinediones Pioglitazone Clinical Edit Criteria Logic Diagram





## Thiazolidinediones Pioglitazone

### Clinical Edit Criteria Supporting Tables

<b>Step 1 (diagnosis of heart failure)</b> <b>Required diagnosis: 1</b> <b>Look back timeframe: 365 days</b>	
<b>Heart Failure Diagnosis Codes</b>	
ICD-9 Code	Description
428	HEART FAILURE
4280	CONGESTIVE HEART FAILURE, UNSPECIFIED
4281	LEFT HEART FAILURE
4282	SYSTOLIC HEART FAILURE
42820	UNSPECIFIED SYSTOLIC HEART FAILURE
42821	ACUTE SYSTOLIC HEART FAILURE
42822	CHRONIC SYSTOLIC HEART FAILURE
42823	ACUTE ON CHRONIC SYSTOLIC HEART FAILURE
4283	DIASTOLIC HEART FAILURE
42830	UNSPECIFIED DIASTOLIC HEART FAILURE
42831	ACUTE DIASTOLIC HEART FAILURE
42832	CHRONIC DIASTOLIC HEART FAILURE
42833	ACUTE ON CHRONIC DIASTOLIC HEART FAILURE
4284	COMBINED SYSTOLIC AND DIASTOLIC HEART FAILURE
42840	UNSPECIFIED COMBINED SYSTOLIC AND DIASTOLIC HEART FAILURE
42841	ACUTE COMBINED SYSTOLIC AND DIASTOLIC HEART FAILURE
42842	CHRONIC COMBINED SYSTOLIC AND DIASTOLIC HEART FAILURE
42843	ACUTE ON CHRONIC COMBINED SYSTOLIC AND DIASTOLIC HEART FAILURE
4289	HEART FAILURE NOS

<b>Step 2 (history of 2 heart failure drugs)</b> <b>Required quantity: 2</b> <b>Look back timeframe: 90 days</b>	
<b>Heart Failure Drugs</b>	
Label Name	GCN
BIDIL TABLET	24925
BUMETANIDE 0.5 MG TABLET	35020

<b>Step 2 (history of 2 heart failure drugs)</b>	
<b>Required quantity: 2</b>	
<b>Look back timeframe: 90 days</b>	
<b>Heart Failure Drugs</b>	
<b>Label Name</b>	<b>GCN</b>
BUMETANIDE 1 MG TABLET	35021
BUMETANIDE 2 MG TABLET	35022
DEMADEX 20 MG TABLET	21132
DIGOXIN 50 MCG/ML SOLUTION	00120
DIGOXIN 125 MCG TABLET	00132
DIGOXIN 250 MCG TABLET	00133
EDECIN 25 MG TABLET	34910
EPLERENONE 25 MG TABLET	91883
EPLERENONE 50 MG TABLET	91884
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
INSPIRA 25 MG TABLET	91883
INSPIRA 50 MG TABLET	91884
LANOXIN 0.25 MG/ML AMPUL	00101
LANOXIN 125 MCG TABLET	00132
LANOXIN 250 MCG TABLET	00133
LANOXIN PED 0.1 MG/ML AMPUL	00100
LASIX 20 MG TABLET	34961
LASIX 40 MG TABLET	34962
LASIX 80 MG TABLET	34963
TORSEMIDE 5 MG TABLET	21130
TORSEMIDE 10 MG TABLET	21131
TORSEMIDE 20 MG TABLET	21132
TORSEMIDE 100 MG TABLET	21133

<b>Step 3 (diagnosis of type II diabetes)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 730 days</b>	
<b>Diabetes Type II Diagnosis Codes</b>	
<b>ICD-9 Code</b>	<b>Description</b>
25000	DIABETES MELLITUS WITHOUT MENTION OF COMPLICATION, TYPE II OR UNSPECIFIED TYPE, NOT STATED AS UNCONTROLLED
25002	DIABETES MELLITUS WITHOUT MENTION OF COMPLICATION, TYPE II OR UNSPECIFIED TYPE, UNCONTROLLED
25010	DIABETES WITH KETOACIDOSIS, TYPE II OR UNSPECIFIED TYPE, NOT STATED AS UNCONTROLLED
25012	DIABETES WITH KETOACIDOSIS, TYPE II OR UNSPECIFIED TYPE, UNCONTROLLED
25020	DIABETES WITH HYPEROSMOLARITY, TYPE II OR UNSPECIFIED TYPE, NOT STATED AS UNCONTROLLED
25022	DIABETES WITH HYPEROSMOLARITY, TYPE II OR UNSPECIFIED TYPE, UNCONTROLLED
25030	DIABETES WITH OTHER COMA, TYPE II OR UNSPECIFIED TYPE, NOT STATED AS UNCONTROLLED
25032	DIABETES WITH OTHER COMA, TYPE II OR UNSPECIFIED TYPE, UNCONTROLLED
25040	DIABETES WITH RENAL MANIFESTATIONS, TYPE II OR UNSPECIFIED TYPE, NOT STATED AS UNCONTROLLED
25042	DIABETES WITH RENAL MANIFESTATIONS, TYPE II OR UNSPECIFIED TYPE, UNCONTROLLED
25050	DIABETES WITH OPHTHALMIC MANIFESTATIONS, TYPE II OR UNSPECIFIED TYPE, NOT STATED AS UNCONTROLLED
25052	DIABETES WITH OPHTHALMIC MANIFESTATIONS, TYPE II OR UNSPECIFIED TYPE UNCONTROLLED
25060	DIABETES WITH NEUROLOGICAL MANIFESTATIONS, TYPE II OR UNSPECIFIED TYPE, NOT STATED AS UNCONTROLLED
25062	DIABETES WITH NEUROLOGICAL MANIFESTATIONS, TYPE II OR UNSPECIFIED TYPE, UNCONTROLLED
25070	DIABETES WITH PERIPHERAL CIRCULATORY DISORDERS, TYPE II OR UNSPECIFIED TYPE, NOT STATED AS UNCONTROLLED
25072	DIABETES WITH PERIPHERAL CIRCULATORY DISORDERS, TYPE II OR UNSPECIFIED TYPE, UNCONTROLLED
25080	DIABETES WITH OTHER SPECIFIED MANIFESTATIONS, TYPE II OR UNSPECIFIED TYPE, NOT STATED AS UNCONTROLLED
25082	DIABETES WITH OTHER SPECIFIED MANIFESTATIONS, TYPE II OR UNSPECIFIED TYPE UNCONTROLLED
25090	DIABETES WITH UNSPECIFIED COMPLICATION, TYPE II OR UNSPECIFIED TYPE, NOT STATED AS UNCONTROLLED
25092	DIABETES WITH UNSPECIFIED COMPLICATION, TYPE II OR UNSPECIFIED TYPE, UNCONTROLLED



<b>Step 4 (history of a metformin-containing agent)</b>	
<b>Required quantity: 1</b>	
<b>Look back timeframe: 730 days</b>	
<b>Metformin-Containing Agents</b>	
<b>Label Name</b>	<b>GCN</b>
ACTOPLUS MET 15 MG-500 MG TAB	25444
ACTOPLUS MET 15 MG-850 MG TAB	25445
ACTOPLUS MET XR 15-1,000 MG TB	28620
ACTOPLUS MET XR 30-1,000 MG TB	28622
AVANDAMET 2 MG-500 MG TABLET	91742
AVANDAMET 2 MG-1,000 MG TAB	20313
AVANDAMET 4 MG-500 MG TABLET	91743
AVANDAMET 4 MG-1,000 MG TABLET	20314
FORTAMET ER 500 MG TABLET	21832
FORTAMET ER 1,000 MG TABLET	21831
GLIPIZIDE-METFORMIN 2.5-250 MG	18366
GLIPIZIDE-METFORMIN 2.5-500 MG	18367
GLIPIZIDE-METFORMIN 5-500 MG	18368
GLUCOPHAGE 500 MG TABLET	10810
GLUCOPHAGE 850 MG TABLET	10811
GLUCOPHAGE 1,000 MG TABLET	10857
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 500 MG TABLET	97061
GLUMETZA ER 1,000 MG TABLET	97067
GLYBURID-METFORMIN 1.25-250 MG	89878
GLYBURIDE-METFORMIN 2.5-500 MG	92889
GLYBURIDE-METFORMIN 5-500 MG	89879
JANUMET 50-500 MG TABLET	98306
JANUMET 50-1,000 MG TABLET	98307
METAGLIP 2.5-250 MG TABLET	18366
METAGLIP 2.5-500 MG TABLET	18367
METAGLIP 5-500 MG TABLET	18368
METFORMIN HCL 500 MG TABLET	10810
METFORMIN HCL 850 MG TABLET	10811
METFORMIN HCL 1,000 MG TABLET	10857
METFORMIN HCL ER 500 MG TABLET	21832

<b>Step 4 (history of a metformin-containing agent)</b>	
<b>Required quantity: 1</b>	
<b>Look back timeframe: 730 days</b>	
<b>Metformin-Containing Agents</b>	
<b>Label Name</b>	<b>GCN</b>
METFORMIN HCL ER 500 MG TABLET	89863
METFORMIN HCL ER 750 MG TABLET	19578
METFORMIN HCL ER 1,000 MG TAB	21831
PRANDIMET 1 MG-500 MG TABLET	16084
PRANDIMET 2 MG-500 MG TABLET	16085
RIOMET 500 MG/5 ML SOLUTION	20808

<b>Step 5 (diagnosis of renal failure)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 730 days</b>	
<b>Renal Failure Diagnosis Codes</b>	
<b>ICD-9 Code</b>	<b>Description</b>
580	ACUTE GLOMERULONEPHRITIS
5800	AC PROLIFERAT NEPHRITIS
5804	AC RAPIDLY PROGR NEPHRIT
5808	ACUTE GLOMERULONEPHRITIS WITH OTHER SPECIFIED PATHOLOGICAL LESION IN KIDNEY
58081	AC NEPHRITIS IN OTH DIS
58089	ACUTE NEPHRITIS NEC
5809	ACUTE NEPHRITIS NOS
581	NEPHROTIC SYNDROME
5810	NEPHROTIC SYN, PROLIFER
5811	EPIMEMBRANOUS NEPHRITIS
5812	MEMBRANOPROLIF NEPHROSIS
5813	MINIMAL CHANGE NEPHROSIS
5818	NEPHROTIC SYNDROME WITH OTHER SPECIFIED PATHOLOGICAL LESION IN KIDNEY
58181	NEPHROTIC SYN IN OTH DIS
58189	NEPHROTIC SYNDROME NEC
5819	NEPHROTIC SYNDROME NOS
582	CHRONIC GLOMERULONEPHRITIS
5820	CHR PROLIFERAT NEPHRITIS
5821	CHR MEMBRANOUS NEPHRITIS
5822	CHR MEMBRANOPROLIF NEPHR

<b>Step 5 (diagnosis of renal failure)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 730 days</b>	
<b>Renal Failure Diagnosis Codes</b>	
<b>ICD-9 Code</b>	<b>Description</b>
5824	CHR RAPID PROGR NEPHRIT
5828	CHRONIC GLOMERULONEPHRITIS WITH OTHER SPECIFIED PATHOLOGICAL LESION IN KIDNEY
58281	CHR NEPHRITIS IN OTH DIS
58289	CHRONIC NEPHRITIS NEC
5829	CHRONIC NEPHRITIS NOS
583	NEPHRITIS AND NEPHROPATHY NOT SPECIFIED AS ACUTE OR CHRONIC
5830	PROLIFERAT NEPHRITIS NOS
5831	MEMBRANOUS NEPHRITIS NOS
5832	MEMBRANOPROLIF NEPHR NOS
5834	RAPIDLY PROG NEPHRIT NOS
5836	RENAL CORT NECROSIS NOS
5837	NEPHR NOS/MEDULL NECROS
5838	NEPHRITIS AND NEPHROPATHY NOT SPECIFIED AS ACUTE OR CHRONIC WITH OTHER SPECIFIED PATHOLOGICAL LESION IN KIDNEY
58381	NEPHRITIS NOS IN OTH DIS
58389	NEPHRITIS NEC
5839	NEPHRITIS NOS
584	ACUTE KIDNEY FAILURE
5845	ACUTE KIDNEY FAILURE WITH LESION OF TUBULAR NECROSIS
5846	ACUTE KIDNEY FAILURE WITH LESION OF RENAL CORTICAL NECROSIS
5847	ACUTE KIDNEY FAILURE WITH LESION OF RENAL MEDULLARY [PAPILLARY] NECROSIS
5848	ACUTE KIDNEY FAILURE WITH OTHER SPECIFIED PATHOLOGICAL LESION IN KIDNEY
5849	ACUTE KIDNEY FAILURE, UNSPECIFIED
585	CHRONIC RENAL FAILURE
5851	CHRONIC KIDNEY DISEASE, STAGE I.
5852	CHRONIC KIDNEY DISEASE, STAGE II (MILD).
5853	CHRONIC KIDNEY DISEASE, STAGE III (MODERATE).
5854	CHRONIC KIDNEY DISEASE, STAGE IV (SEVERE).
5855	CHRONIC KIDNEY DISEASE, STAGE V.
5856	END STAGE RENAL DISEASE.
5859	CHRONIC KIDNEY DISEASE, UNSPECIFIED.
586	RENAL FAILURE NOS
587	RENAL SCLEROSIS NOS

<b>Step 5 (diagnosis of renal failure)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 730 days</b>	
<b>Renal Failure Diagnosis Codes</b>	
<b>ICD-9 Code</b>	<b>Description</b>
588	DISORDERS RESULTING FROM IMPAIRED RENAL FUNCTION
5880	RENAL OSTEODYSTROPHY
5881	NEPHROGEN DIABETES INSIP
5888	IMPAIRED RENAL FUNCT NEC
58881	SECONDARY HYPERPARATHYROIDISM (OF RENAL ORIGIN)
5889	IMPAIRED RENAL FUNCT NOS



## Thiazolidinediones Rosiglitazone

### Drugs Requiring Prior Authorization

Drugs Requiring Prior Authorization	
Label Name	GCN
AVANDAMET 2 MG-500 MG TABLET	91742
AVANDAMET 2 MG-1,000 MG TAB	20313
AVANDAMET 4 MG-500 MG TABLET	91743
AVANDAMET 4 MG-1,000 MG TABLET	20314
AVANDARYL 4 MG-1 MG TABLET	26125
AVANDARYL 4 MG-2 MG TABLET	26126
AVANDARYL 4 MG-4 MG TABLET	26127
AVANDARYL 8 MG-2 MG TABLET	98489
AVANDARYL 8 MG-4 MG TABLET	97648
AVANDIA 2 MG TABLET	93193
AVANDIA 4 MG TABLET	93203
AVANDIA 8 MG TABLET	93363



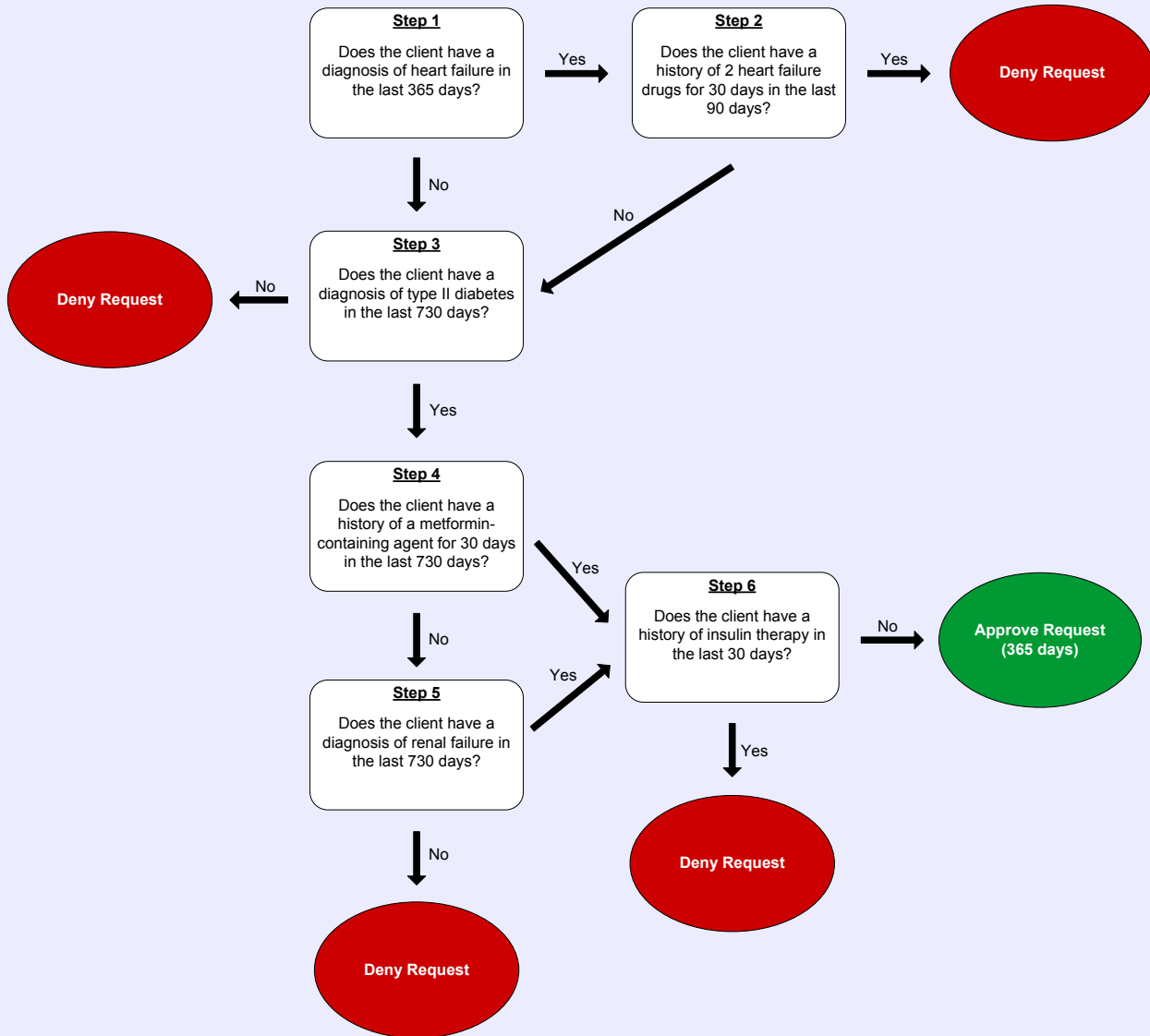
**Thiazolidinediones**  
**Rosiglitazone**  
**Clinical Edit Criteria Logic**

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)



# Thiazolidinediones Rosiglitazone

## Clinical Edit Criteria Logic Diagram





## Thiazolidinediones Rosiglitazone

### Clinical Edit 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.

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

#### 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.

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

#### 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.

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

#### 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.

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



**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.

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

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

<b>Label Name</b>	<b>GCN</b>
APIDRA 100 UNITS/ML VIAL	25936
APIDRA SOLOSTAR 100 UNITS/ML	26508
HUMALOG 100 UNITS/ML CARTRIDGE	05678
HUMALOG 100 UNITS/ML KWIKPEN	96719
HUMALOG 100 UNITS/ML PEN	96719
HUMALOG 100 UNITS/ML VIAL	05679
HUMALOG MIX 50-50 KWIKPEN	50461
HUMALOG MIX 75-25 KWIKPEN	93717
HUMALOG MIX 50-50 PEN	50461
HUMALOG MIX 75-25 PEN	93717
HUMALOG MIX 50-50 VIAL	97507
HUMALOG MIX 75-25 VIAL	22681
HUMULIN 70-30 PEN	24486
HUMULIN 70-30 VIAL	50001
HUMULIN N 100 UNITS/ML PEN	18488
HUMULIN N 100 UNITS/ML VIAL	11660
HUMULIN R 100 UNITS/ML VIAL	11642
HUMULIN R 500 UNITS/ML VIAL	09633
LANTUS 100 UNITS/ML CARTRIDGE	18145
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 70-30 100 UNIT/ML VIAL	50001
NOVOLIN 70-30 INNOLET	24486
NOVOLIN 70-30 U100 CARTRIDGE	50101
NOVOLIN N 100 UNIT/ML CARTRIDG	05331

<b>Step 6 (history of an insulin agent)</b>	
<b>Required quantity: 1</b>	
<b>Look back timeframe: 30 days</b>	
<b>Label Name</b>	<b>GCN</b>
NOVOLIN N 100 UNIT/ML INNOLET	18488
NOVOLIN N 100 UNITS/ML VIAL	11660
NOVOLIN R 100 UNIT/ML CARTRIDG	09631
NOVOLIN R 100 UNIT/ML INNOLET	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



## Thiazolidinediones

### Clinical Edit Criteria References

1. Actos<sup>®</sup> (pioglitazone)[prescribing information]. Deerfield, IL: Takeda Pharmaceuticals America, Inc. 2007.
2. Avandia<sup>®</sup> (rosiglitazone)[prescribing information]. Triangle Park, NC: GlaxoSmithKline. 2007.

## 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
01/31/2011	Initial publication and posting to website
03/06/2012	<ul style="list-style-type: none"><li>• Added a new section to specify the drugs requiring prior authorization for Pioglitazone and Rosiglitazone</li><li>• In the "Clinical Edit Supporting Tables" section for Pioglitazone, added a table to specify the drug names and GCNs pertinent to step 2 of the logic diagram</li><li>• In each "Clinical Edit Supporting Tables" section, revised tables to specify the diagnosis codes pertinent to steps 1, 3, and 5 of the logic diagrams</li><li>• In the "Clinical Edit Supporting Tables" section for Pioglitazone, revised tables to specify the drug names and GCNs pertinent to step 4 of the logic diagram</li><li>• In the "Clinical Edit Supporting Tables" section for Rosiglitazone, revised tables to specify the drug names and GCNs pertinent to steps 2, 4, and 6 of the logic diagram</li></ul>