

Texas Prior Authorization Program Clinical Criteria

Drug/Drug Class

GI Motility Agents

This criteria was recommended for review by the Texas Medicaid Vendor Drug Program to ensure appropriate and safe utilization

Clinical PA Information Included in this Document

Amitiza (Lubiprostone)

1. **Drugs requiring prior authorization:** the list of drugs requiring prior authorization for this clinical criteria
2. **Prior authorization criteria logic:** a description of how the prior authorization request will be evaluated against the clinical criteria rules
3. **Logic diagram:** a visual depiction of the clinical criteria logic
4. **Supporting tables:** a collection of information associated with the steps within the criteria (diagnosis codes, procedure codes, and therapy codes)
5. **References:** clinical publications and sources relevant to this clinical criteria

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

Linzess (Linaclotide)

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Lotronex (Alosetron)

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Movantik (Naloxegol) and Symproic (Naldemedine)

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Relistor (Methylnaltrexone)

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Trulance (Plecanatide)

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Viberzi (Eluxadoline)

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Revision Notes

Updated to include formulary statement (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.) on each 'Drug Requiring PA'



Amitiza (Lubiprostone)

Drugs Requiring Prior Authorization

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 |
| AMITIZA 8 MCG CAPSULE | 99658 |
| AMITIZA 24MCG CAPSULE | 26473 |



Amitiza (Lubiprostone)

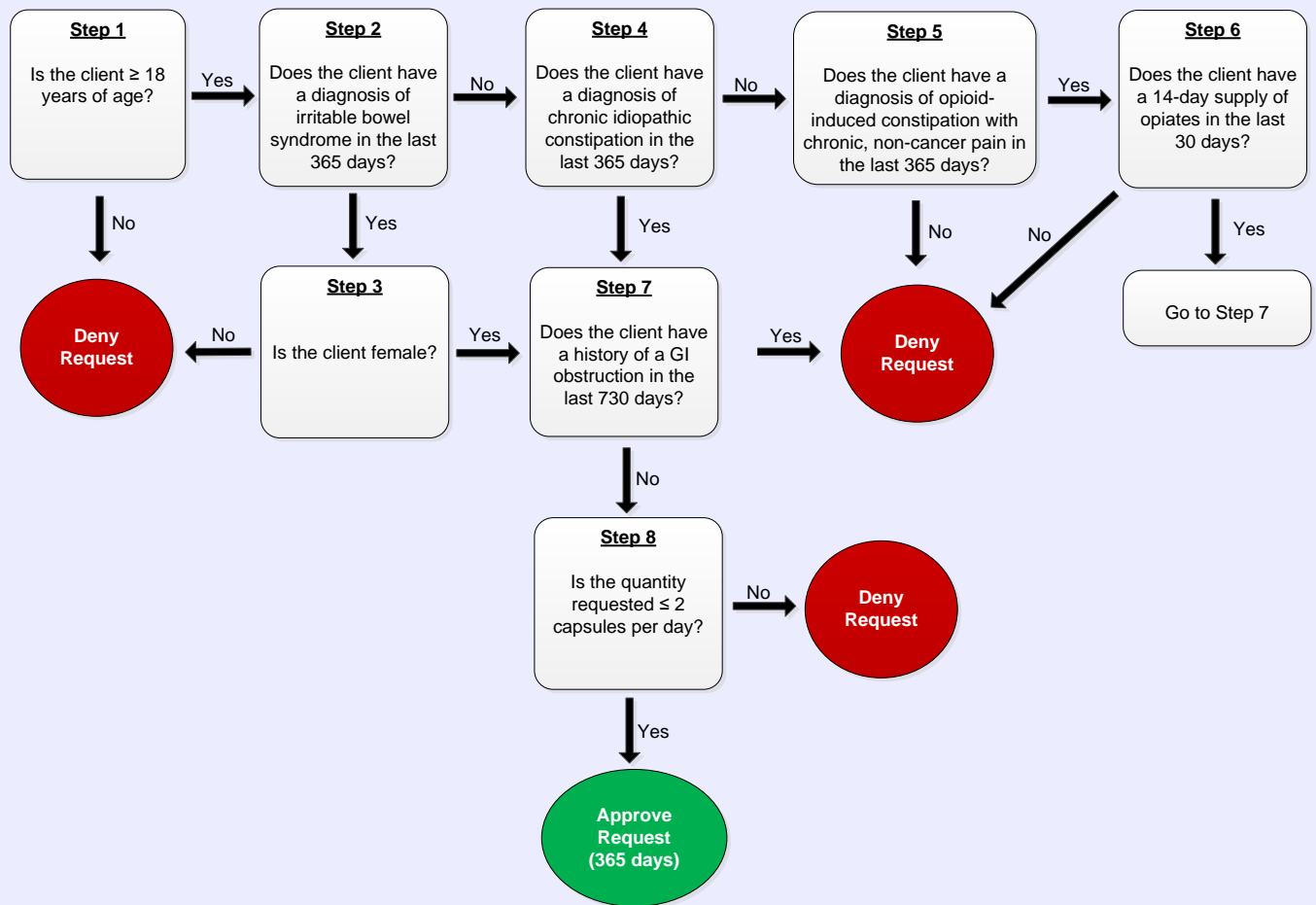
Clinical Criteria Logic

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 **irritable bowel syndrome** in the last 365 days?
 Yes (Go to #3)
 No (Go to #4)
3. Is the client a female?
 Yes (Go to #7)
 No (Deny)
4. Does the client have a diagnosis of **chronic idiopathic constipation** in the last 365 days?
 Yes (Go to #7)
 No (Go to #5)
5. Does the client have a diagnosis of **opioid-induced constipation** with chronic, non-cancer pain in the last 365 days?
 Yes (Go to #6)
 No (Deny)
6. Does the client have a 14-day supply of **opiates** in the last 30 days?
 Yes (Go to #7)
 No (Deny)
7. Does the client have a history of a **GI obstruction** in the last 730 days?
 Yes (Deny)
 No (Go to #8)
8. Is the quantity being requested less than or equal to (\leq) 2 capsules per day?
 Yes (Approve – 365 days)
 No (Deny)



Amitiza (Lubiprostone)

Clinical Criteria Logic Diagram





Amitiza (Lubiprostone)

Clinical Criteria Supporting Tables

| Step 2 (diagnosis of irritable bowel syndrome) Required quantity: 1 Look back timeframe: 365 days | |
|--|--|
| ICD-10 Code | Description |
| K580 | IRRITABLE BOWEL SYNDROME WITH DIARRHEA |
| K581 | IRRITABLE BOWEL SYNDROME WITH CONSTIPATION |
| K582 | MIXED IRRITABLE BOWEL SYNDROME |
| K588 | OTHER IRRITABLE BOWEL SYNDROME |
| K589 | IRRITABLE BOWEL SYNDROME WITHOUT DIARRHEA |

| Step 4 (diagnosis of chronic idiopathic constipation) Required diagnosis: 1 Look back timeframe: 365 days | |
|--|---------------------------------|
| ICD-10 Code | Description |
| K5900 | CONSTIPATION, UNSPECIFIED |
| K5901 | SLOW TRANSIT CONSTIPATION |
| K5902 | OUTLET DYSFUNCTION CONSTIPATION |
| K5904 | CHRONIC IDIOPATHIC CONSTIPATION |
| K5909 | OTHER CONSTIPATION |

| Step 5 (diagnosis of opioid-induced constipation) Required diagnosis: 1 Look back timeframe: 365 days | |
|--|---------------------------|
| ICD-10 Code | Description |
| K5903 | DRUG INDUCED CONSTIPATION |
| K5909 | OTHER CONSTIPATION |

| Step 6 (history of opioid therapy) | |
|---|------------|
| Required days supply: 14 | |
| Look back timeframe: 30 days | |
| Label Name | GCN |
| ACETAMINOPHEN-COD #2 TABLET | 70131 |
| ACETAMINOPHEN-COD #3 TABLET | 70134 |
| ACETAMINOPHEN-COD #4 TABLET | 70136 |
| ACETAMINOPHEN-CODEINE 120-12 MG/5 ML | 55402 |
| ACTIQ 1,200 MCG LOZENGE | 19193 |
| ACTIQ 1,600 MCG LOZENGE | 19194 |
| ACTIQ 200 MCG LOZENGE | 19204 |
| ACTIQ 400 MCG LOZENGE | 19206 |
| ACTIQ 600 MCG LOZENGE | 19191 |
| ACTIQ 800 MCG LOZENGE | 19192 |
| ASCOMP WITH CODEINE CAPSULE | 69500 |
| AVINZA 120 MG CAPSULE | 17189 |
| AVINZA 60 MG CAPSULE | 17192 |
| AVINZA 90 MG CAPSULE | 17191 |
| BELLADONNA-OPIUM 30-16.2MG SUPP | 70741 |
| BELLADONNA-OPIUM 60-16.2MG SUPP | 70742 |
| BUNAVAIL 2.1-0.3MG FILM | 36677 |
| BUNAVAIL 4.2-0.7MG FILM | 36678 |
| BUNAVAIL 6.3-1MG FILM | 36679 |
| BUPRENEX 0.3 MG/ML AMPUL | 27500 |
| BUPRENORPHINE HCL 2MG TABLET SL | 64672 |
| BUPRENORPHINE HCL 8MG TABLET SL | 64673 |
| BUPRENORPHINE-NALOXN 2-0.5 MG SL | 18973 |
| BUPRENORPHINE-NALOXON 8-2 MG SL | 18974 |
| BUTALB-ACETAMINOPH-CAFF-CODEIN | 34988 |
| BUTALB-CAFF-ACETAMINOPH-CODEIN | 70140 |
| BUTALBITAL COMP-CODEINE #3 CAP | 69500 |
| BUTORPHANOL 10 MG/ML SPRAY | 20351 |
| BUTRANS 10 MCG/HR PATCH | 25309 |
| BUTRANS 15 MCG/HR PATCH | 35214 |
| BUTRANS 20 MCG/HR PATCH | 25312 |
| BUTRANS 5 MCG/HR PATCH | 25308 |
| BUTRANS 7.5 MCG/HR PATCH | 36946 |
| CAPITAL WITH CODEINE 120MG-12MG/5ML | 70110 |
| CHERATUSSIN AC SYRUP | 91713 |
| CHERATUSSIN DAC SYRUP | 54670 |
| CODEINE SULFATE 30 MG TABLET | 16241 |
| CODEINE SULFATE 60 MG TABLET | 16242 |
| CODEINE-GUAIFEN 10-100 MG/5 ML | 91713 |

| Step 6 (history of opioid therapy) | |
|---|------------|
| Required days supply: 14 | |
| Look back timeframe: 30 days | |
| Label Name | GCN |
| CONZIP 100 MG CAPSULE | 30382 |
| CONZIP 200 MG CAPSULE | 30383 |
| DEMEROL 100 MG/ML AMPUL | 25626 |
| DEMEROL 100 MG/ML VIAL | 15960 |
| DEMEROL 50 MG TABLET | 15991 |
| DEMEROL 50 MG/ML AMPUL | 25605 |
| DEMEROL 50 MG/ML AMPUL | 25608 |
| DEMEROL 50 MG/ML VIAL | 15962 |
| DEMEROL 75 MG/1.5 ML AMPUL | 25607 |
| DIHYDROCODEIN-ACETAMINOPH-CAFF | 37532 |
| DILAUDID 2 MG TABLET | 16141 |
| DILAUDID 4 MG TABLET | 16143 |
| DILAUDID 8 MG TABLET | 16144 |
| DILAUDID-5 1 MG/ML LIQUID | 20251 |
| DILAUDID-HP 10 MG/ML AMPUL | 98596 |
| DILAUDID-HP 250 MG VIAL | 16092 |
| DOLOPHINE HCL 10 MG TABLET | 16420 |
| DURAGESIC 100 MCG/HR PATCH | 19203 |
| DURAGESIC 12 MCG/HR PATCH | 24635 |
| DURAGESIC 25 MCG/HR PATCH | 19200 |
| DURAGESIC 50 MCG/HR PATCH | 19201 |
| DURAGESIC 75 MCG/HR PATCH | 19202 |
| EMBEDA ER 100-4MG CAPSULE | 37692 |
| EMBEDA ER 20-0.8MG CAPSULE | 37685 |
| EMBEDA ER 30-1.2MG CAPSULE | 37686 |
| EMBEDA ER 50-2MG CAPSULE | 37687 |
| EMBEDA ER 60-2.4MG CAPSULE | 37688 |
| EMBEDA ER 80-3.2MG CAPSULE | 37689 |
| ENDOCET 10-325 MG TABLET | 14966 |
| ENDOCET 2.5-325 MG TABLET | 70492 |
| ENDOCET 5-325 TABLET | 70491 |
| ENDOCET 7.5-325 MG TABLET | 14965 |
| EXALGO ER 12 MG TABLET | 28427 |
| EXALGO ER 16 MG TABLET | 22098 |
| EXALGO ER 32 MG TABLET | 33088 |
| EXALGO ER 8 MG TABLET | 22056 |
| FENTANYL 100 MCG/HR PATCH | 19203 |
| FENTANYL 12 MCG/HR PATCH | 24635 |

| Step 6 (history of opioid therapy) | |
|---|------------|
| Required days supply: 14 | |
| Look back timeframe: 30 days | |
| Label Name | GCN |
| FENTANYL 25 MCG/HR PATCH | 19200 |
| FENTANYL 37.5 MCG/HR PATCH | 37952 |
| FENTANYL 50 MCG/HR PATCH | 19201 |
| FENTANYL 62.5 MCG/HR PATCH | 37947 |
| FENTANYL 75 MCG/HR PATCH | 19202 |
| FENTANYL 87.5 MCG/HR PATCH | 37948 |
| FENTANYL CIT OTFC 1,200 MCG | 19193 |
| FENTANYL CIT OTFC 1,600 MCG | 19194 |
| FENTANYL CITRATE OTFC 200 MCG | 19204 |
| FENTANYL CITRATE OTFC 400 MCG | 19206 |
| FENTANYL CITRATE OTFC 600 MCG | 19191 |
| FENTANYL CITRATE OTFC 800 MCG | 19192 |
| FENTORA 100 MCG BUCCAL TABLET | 97280 |
| FENTORA 200 MCG BUCCAL TABLET | 97281 |
| FENTORA 400 MCG BUCCAL TABLET | 97283 |
| FENTORA 600 MCG BUCCAL TABLET | 97284 |
| FENTORA 800 MCG BUCCAL TABLET | 97285 |
| FIORICET-COD 50-300-40-30 CAP | 34988 |
| FIORINAL-COD 30-50-325-40 CAP | 69500 |
| FLOWTUSS 2.5-200 MG/5 ML SOLN | 37679 |
| GUAIIATUSSIN AC LIQUID | 91713 |
| GUAIFENESIN-CODEINE SYRUP | 91713 |
| HYCET 7.5 MG-325 MG/15 ML SOL | 21146 |
| HYCOFENIX 2.5-30-200 MG/5 ML | 38666 |
| HYDROCOD-CPM-PSEUDOEP 5-4-60/5ML | 30047 |
| HYDROCOD-HOMATROP 5-1.5 MG TAB | 96041 |
| HYDROCODON-ACETAMIN 7.5-325/15 ML | 21146 |
| HYDROCODON-ACETAMINOPH 2.5-325 | 70337 |
| HYDROCODON-ACETAMINOPH 7.5-300 | 26709 |
| HYDROCODON-ACETAMINOPH 7.5-325 | 12488 |
| HYDROCODON-ACETAMINOPHEN 5-300 | 26470 |
| HYDROCODON-ACETAMINOPHEN 5-325 | 12486 |
| HYDROCODON-ACETAMINOPHN 10-300 | 22929 |
| HYDROCODON-ACETAMINOPHN 10-325 | 70330 |
| HYDROCODONE BT-IBUPROFEN TAB | 63101 |
| HYDROCODONE-CHLORPHEN ER SUSP | 13974 |
| HYDROCODONE-HOMATROPINE SYRUP | 13973 |
| HYDROCODONE-IBUPROFEN 10-200 | 99371 |

| Step 6 (history of opioid therapy) | |
|---|------------|
| Required days supply: 14 | |
| Look back timeframe: 30 days | |
| Label Name | GCN |
| HYDROCODONE-IBUPROFEN 2.5-200 | 16279 |
| HYDROCODONE-IBUPROFEN 5-200 | 22678 |
| HYDROMET SYRUP | 13973 |
| HYDROMORPHONE 1 MG/ML SOLUTION | 20251 |
| HYDROMORPHONE 10 MG/ML VIAL | 20451 |
| HYDROMORPHONE 2 MG TABLET | 16141 |
| HYDROMORPHONE 3 MG SUPPOS | 16130 |
| HYDROMORPHONE 4 MG TABLET | 16143 |
| HYDROMORPHONE 8 MG TABLET | 16144 |
| HYDROMORPHONE HCL ER 12 MG TAB | 28427 |
| HYDROMORPHONE HCL ER 16 MG TAB | 33142 |
| HYDROMORPHONE HCL ER 32 MG TAB | 33088 |
| HYDROMORPHONE HCL ER 8 MG TAB | 33143 |
| HYSINGLA ER 100MG TABLET | 37546 |
| HYSINGLA ER 120MG TABLET | 37547 |
| HYSINGLA ER 20MG TABLET | 37539 |
| HYSINGLA ER 30MG TABLET | 37541 |
| HYSINGLA ER 40MG TABLET | 37543 |
| HYSINGLA ER 60MG TABLET | 37544 |
| HYSINGLA ER 80MG TABLET | 37545 |
| IBUDONE 10-200 MG TABLET | 99371 |
| IBUDONE 5-200 MG TABLET | 22678 |
| IOPHEN-C NR LIQUID | 91713 |
| KADIAN ER 10 MG CAPSULE | 26490 |
| KADIAN ER 100 MG CAPSULE | 26494 |
| KADIAN ER 20 MG CAPSULE | 26492 |
| KADIAN ER 200 MG CAPSULE | 98135 |
| KADIAN ER 30 MG CAPSULE | 97534 |
| KADIAN ER 40 MG CAPSULE | 33158 |
| KADIAN ER 50 MG CAPSULE | 26493 |
| KADIAN ER 60 MG CAPSULE | 97535 |
| KADIAN ER 80 MG CAPSULE | 97508 |
| LAZANDA 100MCG NASAL SPRAY | 27648 |
| LAZANDA 300 MCG NASAL SPRAY | 41539 |
| LAZANDA 400MCG NASAL SPRAY | 29146 |
| LEVORPHANOL 2 MG TABLET | 16350 |
| LORCET 5-325 MG TABLET | 12486 |
| LORCET HD 10-325 MG TABLET | 70330 |

| Step 6 (history of opioid therapy) | |
|---|------------|
| Required days supply: 14 | |
| Look back timeframe: 30 days | |
| Label Name | GCN |
| LORCET PLUS 7.5-325 MG TABLET | 12488 |
| LORTAB 10-325 TABLET | 70330 |
| LORTAB 5-325 TABLET | 12486 |
| LORTAB 7.5-325 TABLET | 12488 |
| LORTUSS EX LIQUID | 54670 |
| M-END MAX D LIQUID | 30764 |
| M-END WC LIQUID | 99559 |
| MEPERIDINE 100 MG TABLET | 15990 |
| MEPERIDINE 100 MG/ML VIAL | 25627 |
| MEPERIDINE 25 MG/ML VIAL | 25613 |
| MEPERIDINE 50 MG TABLET | 15991 |
| MEPERIDINE 50 MG/5 ML SOLUTION | 15980 |
| MEPERIDINE 50 MG/ML VIAL | 25609 |
| METHADONE 10 MG/5 ML SOLUTION | 16410 |
| METHADONE 10 MG/ML ORAL CONC | 16415 |
| METHADONE 40 MG TABLET DISPR | 16423 |
| METHADONE 5 MG/5 ML SOLUTION | 16400 |
| METHADONE HCL 10 MG TABLET | 16420 |
| METHADONE HCL 5 MG TABLET | 16422 |
| METHADOSE 10 MG/ML ORAL CONC | 16415 |
| METHADOSE 40 MG TABLET DISPR | 16423 |
| MORPHINE 10 MG/ML CARPUJECT | 33312 |
| MORPHINE 15 MG/ML CARPUJECT | 33313 |
| MORPHINE 15 MG/ML VIAL | 16041 |
| MORPHINE 2 MG/ML CARPUJECT | 33308 |
| MORPHINE 4 MG/ML CARPUJECT | 33309 |
| MORPHINE 8 MG/ML SYRINGE | 33765 |
| MORPHINE SULF 10 MG/5 ML SOLN | 16060 |
| MORPHINE SULF 100 MG/10 ML VIAL | 16040 |
| MORPHINE SULF 100 MG/5 ML SOLN | 16063 |
| MORPHINE SULF 20 MG/5 ML SOLN | 16062 |
| MORPHINE SULF 5 MG/ML VIAL | 16042 |
| MORPHINE SULF 8 MG/ML VIAL | 16043 |
| MORPHINE SULF CR 15 MG TABLET | 16643 |
| MORPHINE SULF CR 30 MG TABLET | 16640 |
| MORPHINE SULF CR 60 MG TABLET | 16641 |
| MORPHINE SULF ER 100 MG TABLET | 16642 |
| MORPHINE SULF ER 200 MG TABLET | 16078 |

| Step 6 (history of opioid therapy) | |
|---|------------|
| Required days supply: 14 | |
| Look back timeframe: 30 days | |
| Label Name | GCN |
| MORPHINE SULFATE 50 MG/ML VIAL | 16271 |
| MORPHINE SULFATE ER 100MG CAP | 26494 |
| MORPHINE SULFATE ER 10MG CAP | 26490 |
| MORPHINE SULFATE ER 120MG CAP | 17189 |
| MORPHINE SULFATE ER 20MG CAP | 26492 |
| MORPHINE SULFATE ER 30MG CAP | 17193 |
| MORPHINE SULFATE ER 30MG CAP | 97534 |
| MORPHINE SULFATE ER 45MG CAP | 16212 |
| MORPHINE SULFATE ER 50MG CAP | 26493 |
| MORPHINE SULFATE ER 60MG CAP | 17192 |
| MORPHINE SULFATE ER 60MG CAP | 97535 |
| MORPHINE SULFATE ER 75MG CAP | 16213 |
| MORPHINE SULFATE ER 80 MG CAP | 97508 |
| MORPHINE SULFATE ER 90MG CAP | 17191 |
| MORPHINE SULFATE IR 15 MG TAB | 16070 |
| MORPHINE SULFATE IR 30 MG TAB | 16071 |
| MS CONTIN 100 MG TABLET | 16642 |
| MS CONTIN 15 MG TABLET | 16643 |
| MS CONTIN 200 MG TABLET | 16078 |
| MS CONTIN 60 MG TABLET | 16641 |
| MS CONTIN CR 30 MG TABLET | 16640 |
| NALBUPHINE 10 MG/ML AMPUL | 16360 |
| NALBUPHINE 200 MG/10 ML VIAL | 16371 |
| NINJACOF-XG LIQUID | 30677 |
| NORCO 10-325 TABLET | 70330 |
| NUCYNTA 100 MG TABLET | 26165 |
| NUCYNTA 50 MG TABLET | 26163 |
| NUCYNTA 75 MG TABLET | 26164 |
| NUCYNTA ER 100MG TABLET | 29788 |
| NUCYNTA ER 150MG TABLET | 29789 |
| NUCYNTA ER 200MG TABLET | 29791 |
| NUCYNTA ER 250MG TABLET | 29792 |
| NUCYNTA ER 50MG TABLET | 29787 |
| OPANA 10 MG TABLET | 27244 |
| OPANA 5 MG TABLET | 27243 |
| OPANA ER 10 MG TABLET | 33916 |
| OPANA ER 15 MG TABLET | 33833 |
| OPANA ER 20 MG TABLET | 33917 |

| Step 6 (history of opioid therapy) | |
|---|------------|
| Required days supply: 14 | |
| Look back timeframe: 30 days | |
| Label Name | GCN |
| OPANA ER 30 MG TABLET | 33918 |
| OPANA ER 40 MG TABLET | 33919 |
| OPANA ER 5 MG TABLET | 33915 |
| OPANA ER 7.5 MG TABLET | 33832 |
| OPIUM TINCTURE 10MG/ML | 16471 |
| OXYCODON-ACETAMINOPHEN 2.5-325 | 70492 |
| OXYCODON-ACETAMINOPHEN 7.5-325 | 14965 |
| OXYCODONE CONC 20 MG/ML SOLN | 16281 |
| OXYCODONE HCL 10 MG TABLET | 16291 |
| OXYCODONE HCL 10 MG TABLET ER | 37158 |
| OXYCODONE HCL 15 MG TABLET | 20091 |
| OXYCODONE HCL 20 MG TABLET | 21194 |
| OXYCODONE HCL 20 MG TABLET ER | 37161 |
| OXYCODONE HCL 30 MG TABLET | 20092 |
| OXYCODONE HCL 40 MG TABLET ER | 37163 |
| OXYCODONE HCL 5 MG CAPSULE | 16285 |
| OXYCODONE HCL 5 MG TABLET | 16290 |
| OXYCODONE HCL 5 MG/5 ML SOL | 16280 |
| OXYCODONE HCL ER 80 MG TABLET | 37165 |
| OXYCODONE-ACETAMINOPHEN 10-325 | 14966 |
| OXYCODONE-ACETAMINOPHEN 5-325 | 70491 |
| OXYCODONE-ASPIRIN 4.83-325 MG | 26836 |
| OXYCODONE-IBUPROFEN 5-400 TAB | 23827 |
| OXYCONTIN 10 MG TABLET | 37158 |
| OXYCONTIN 15 MG TABLET | 37159 |
| OXYCONTIN 20 MG TABLET | 37161 |
| OXYCONTIN 30 MG TABLET | 37162 |
| OXYCONTIN 40 MG TABLET | 37163 |
| OXYCONTIN 60 MG TABLET | 37164 |
| OXYCONTIN 80 MG TABLET | 37165 |
| OXYMORPHONE HCL 10 MG TABLET | 27244 |
| OXYMORPHONE HCL 5 MG TABLET | 27243 |
| OXYMORPHONE HCL ER 10 MG TAB | 27248 |
| OXYMORPHONE HCL ER 15 MG TAB | 99493 |
| OXYMORPHONE HCL ER 20 MG TAB | 27249 |
| OXYMORPHONE HCL ER 30 MG TAB | 99494 |
| OXYMORPHONE HCL ER 40 MG TAB | 27253 |
| OXYMORPHONE HCL ER 5 MG TABLET | 27247 |

| Step 6 (history of opioid therapy) | |
|---|------------|
| Required days supply: 14 | |
| Look back timeframe: 30 days | |
| Label Name | GCN |
| OXYMORPHONE HCL ER 7.5 MG TAB | 99492 |
| PENTAZOCINE-NALOXONE TABLET | 71060 |
| PERCOCET 10-325 MG TABLET | 14966 |
| PERCOCET 2.5-325 MG TABLET | 70492 |
| PERCOCET 5-325 MG TABLET | 70491 |
| PERCOCET 7.5-325 MG TABLET | 14965 |
| PHENYLHISTINE DH LIQUID | 14266 |
| PRO-CLEAR AC SYRUP | 13257 |
| PROMETHAZINE VC-CODEINE SYRUP | 13978 |
| PROMETHAZINE-CODEINE SYRUP | 13971 |
| REPREXAIN 10-200 MG TABLET | 99371 |
| REPREXAIN 2.5-200 MG TABLET | 16279 |
| REPREXAIN 5-200 MG TABLET | 22678 |
| REZIRA SOLUTION | 92058 |
| ROXICODONE 15 MG TABLET | 20091 |
| ROXICODONE 30 MG TABLET | 20092 |
| SUBOXONE 12MG-3MG FILM | 33744 |
| SUBOXONE 2MG-0.5MG FILM | 28958 |
| SUBOXONE 4MG-1MG FILM | 33741 |
| SUBOXONE 8MG-2MG FILM | 28959 |
| TRAMADOL HCL 50 MG TABLET | 07221 |
| TRAMADOL HCL ER 100 MG CAPSULE | 30382 |
| TRAMADOL HCL ER 100 MG TABLET | 26387 |
| TRAMADOL HCL ER 200 MG CAPSULE | 30383 |
| TRAMADOL HCL ER 200 MG TABLET | 50417 |
| TRAMADOL HCL ER 300 MG CAPSULE | 30384 |
| TRAMADOL HCL ER 300 MG TABLET | 50427 |
| TRAMADOL-ACETAMINOPHEN 37.5-325 MG | 13909 |
| TUSSIONEX PENNKINETIC SUSP | 13974 |
| TYLENOL WITH CODEINE #3 TABLET | 70134 |
| TYLENOL WITH CODEINE #4 TABLET | 70136 |
| ULTRACET TABLET | 13909 |
| ULTRAM 50 MG TABLET | 07221 |
| ULTRAM ER 100 MG TABLET | 26387 |
| ULTRAM ER 200 MG TABLET | 50417 |
| ULTRAM ER 300 MG TABLET | 50427 |
| VICODIN 5-300 MG TABLET | 26470 |
| VICODIN ES 7.5-300 MG TABLET | 26709 |

| Step 6 (history of opioid therapy) | |
|---|------------|
| Required days supply: 14 | |
| Look back timeframe: 30 days | |
| Label Name | GCN |
| VICODIN HP 10-300 MG TABLET | 22929 |
| VICOPROFEN 200-7.5 MG TAB | 63101 |
| VIRTUSSIN AC LIQUID | 91713 |
| XARTEMIS XR 7.5-325MG TABLET | 36243 |
| XTAMPZA ER 9 MG CAPSULE | 41272 |
| XTAMPZA ER 13.5 MG CAPSULE | 41273 |
| XTAMPZA ER 18 MG CAPSULE | 41274 |
| XTAMPZA ER 27 MG CAPSULE | 41275 |
| XTAMPZA ER 36 MG CAPSULE | 41276 |
| ZUBSOLV 1.4-0.36MG TABLET SL | 34904 |
| ZUBSOLV 5.7-1.4MG TABLET SL | 34905 |
| ZUTRIPRO SOLUTION | 30047 |

| Step 7 (history of GI obstruction) | |
|---|---|
| Required quantity: 1 | |
| Look back timeframe: 730 days | |
| ICD-10 Code | Description |
| K50012 | CROHN'S DISEASE OF SMALL INTESTINE WITH INTESTINAL OBSTRUCTION |
| K50112 | CROHN'S DISEASE OF LARGE INTESTINE WITH INTESTINAL OBSTRUCTION |
| K50812 | CROHN'S DISEASE OF BOTH SMALL AND LARGE INTESTINE WITH INTESTINAL OBSTRUCTION |
| K50912 | CROHN'S DISEASE, UNSPECIFIED, WITH INTESTINAL OBSTRUCTION |
| K51012 | ULCERATIVE (CHRONIC) PANCOLITIS WITH INTESTINAL OBSTRUCTION |
| K51212 | ULCERATIVE (CHRONIC) PROCTITIS WITH INTESTINAL OBSTRUCTION |
| K51312 | ULCERATIVE (CHRONIC) RECTOSIGMOIDITIS WITH INTESTINAL OBSTRUCTION |
| K51412 | INFLAMMATORY POLYPS OF COLON WITH INTESTINAL OBSTRUCTION |
| K51512 | LEFT SIDED COLITIS WITH INTESTINAL OBSTRUCTION |
| K51812 | OTHER ULCERATIVE COLITIS WITH INTESTINAL OBSTRUCTION |
| K51912 | ULCERATIVE COLITIS, UNSPECIFIED WITH INTESTINAL OBSTRUCTION |
| K560 | PARALYTIC ILEUS |
| K561 | INTUSSUSCEPTION |
| K562 | VOLVULUS |
| K563 | GALLSTONE ILEUS |

| Step 7 (history of GI obstruction) Required quantity: 1 Look back timeframe: 730 days | |
|--|--|
| ICD-10 Code | Description |
| K565 | INTESTINAL ADHESIONS [BANDS] WITH OBSTRUCTION (POSTPROCEDURAL) (POSTINFECTION) |
| K5660 | UNSPECIFIED INTESTINAL OBSTRUCTION |
| K5669 | OTHER INTESTINAL OBSTRUCTION |
| K567 | ILEUS, UNSPECIFIED |



Linzess (Linaclotide)

Drugs Requiring Prior Authorization

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 |
| LINZESS 72MCG CAPSULE | 42975 |
| LINZESS 145MCG CAPSULE | 33187 |
| LINZESS 290MCG CAPSULE | 33188 |



Linzess (Linaclotide)

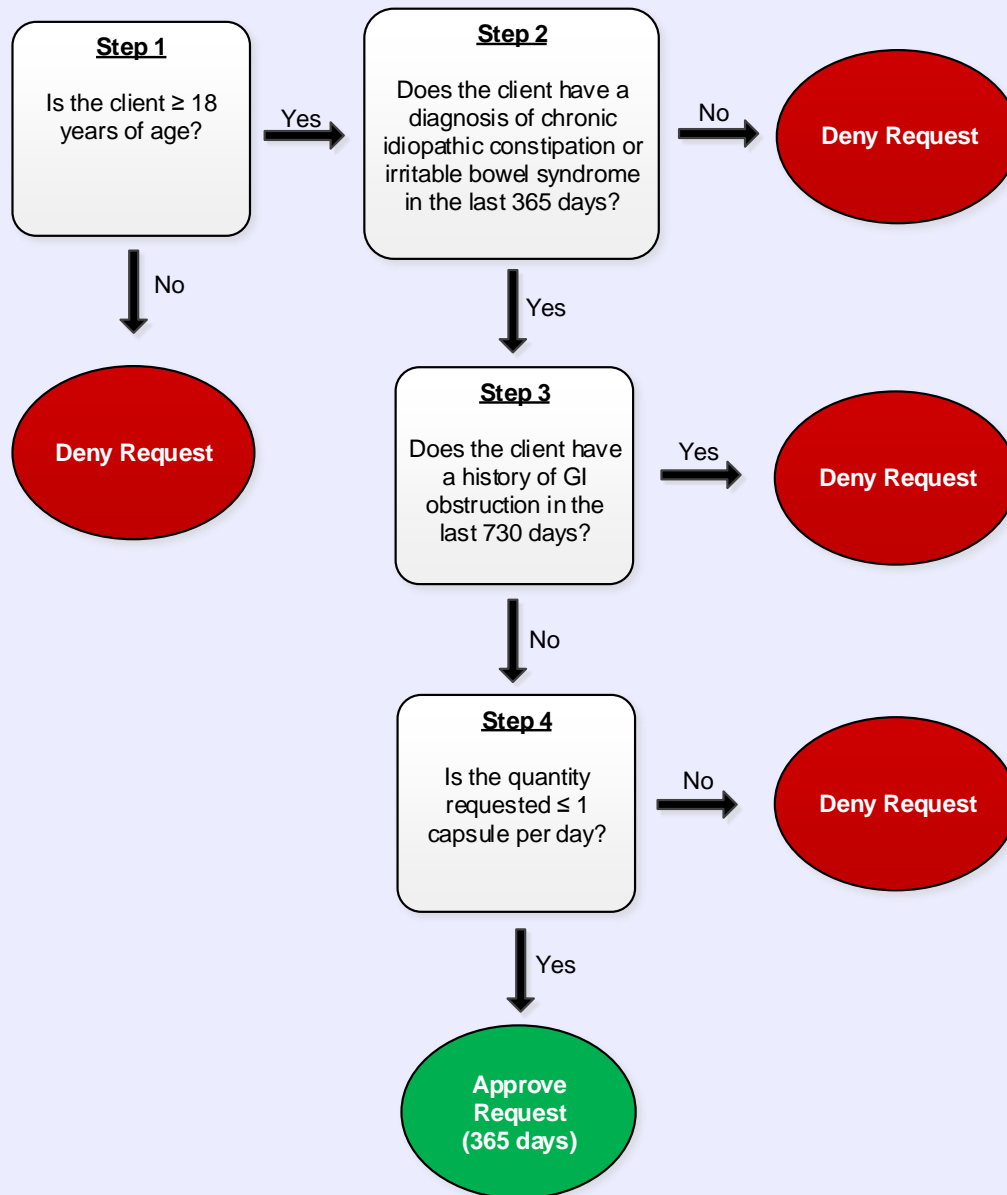
Clinical Criteria Logic

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 **chronic idiopathic constipation or irritable bowel syndrome** in the last 365 days?
 Yes (Go to #3)
 No (Deny)
3. Does the client have a history of a **GI obstruction** in the last 730 days?
 Yes (Deny)
 No (Go to #4)
4. Is the quantity being requested less than or equal to (\leq) 1 capsule per day?
 Yes (Approve – 365 days)
 No (Deny)



Linzess (Linaclotide)

Clinical Criteria Logic Diagram





Linzess (Linaclotide)

Clinical Supporting Tables

| Step 2 (diagnosis of chronic idiopathic constipation or irritable bowel syndrome) Required quantity: 1 Look back timeframe: 365 days | |
|---|--|
| ICD-10 Code | Description |
| K581 | IRRITABLE BOWEL SYNDROME WITH CONSTIPATION |
| K582 | MIXED IRRITABLE BOWEL SYNDROME |
| K588 | OTHER IRRITABLE BOWEL SYNDROME |
| K589 | IRRITABLE BOWEL SYNDROME WITHOUT DIARRHEA |
| K5900 | CONSTIPATION, UNSPECIFIED |
| K5901 | SLOW TRANSIT CONSTIPATION |
| K5902 | OUTLET DYSFUNCTION CONSTIPATION |
| K5904 | CHRONIC IDIOPATHIC CONSTIPATION |
| K5909 | OTHER CONSTIPATION |

| Step 3 (diagnosis of GI obstruction) Required quantity: 1 Look back timeframe: 730 days |
|--|
|--|

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

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



Lotronex (Alosetron)

Drugs Requiring Prior Authorization

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 |
| ALOSETRON HCL 0.5MG TABLET | 21422 |
| ALOSETRON HCL 1MG TABLET | 41607 |
| LOTRONEX 0.5MG TABLET | 21422 |
| LOTRONEX 1MG TABLET | 41607 |



Lotronex (Alosetron)

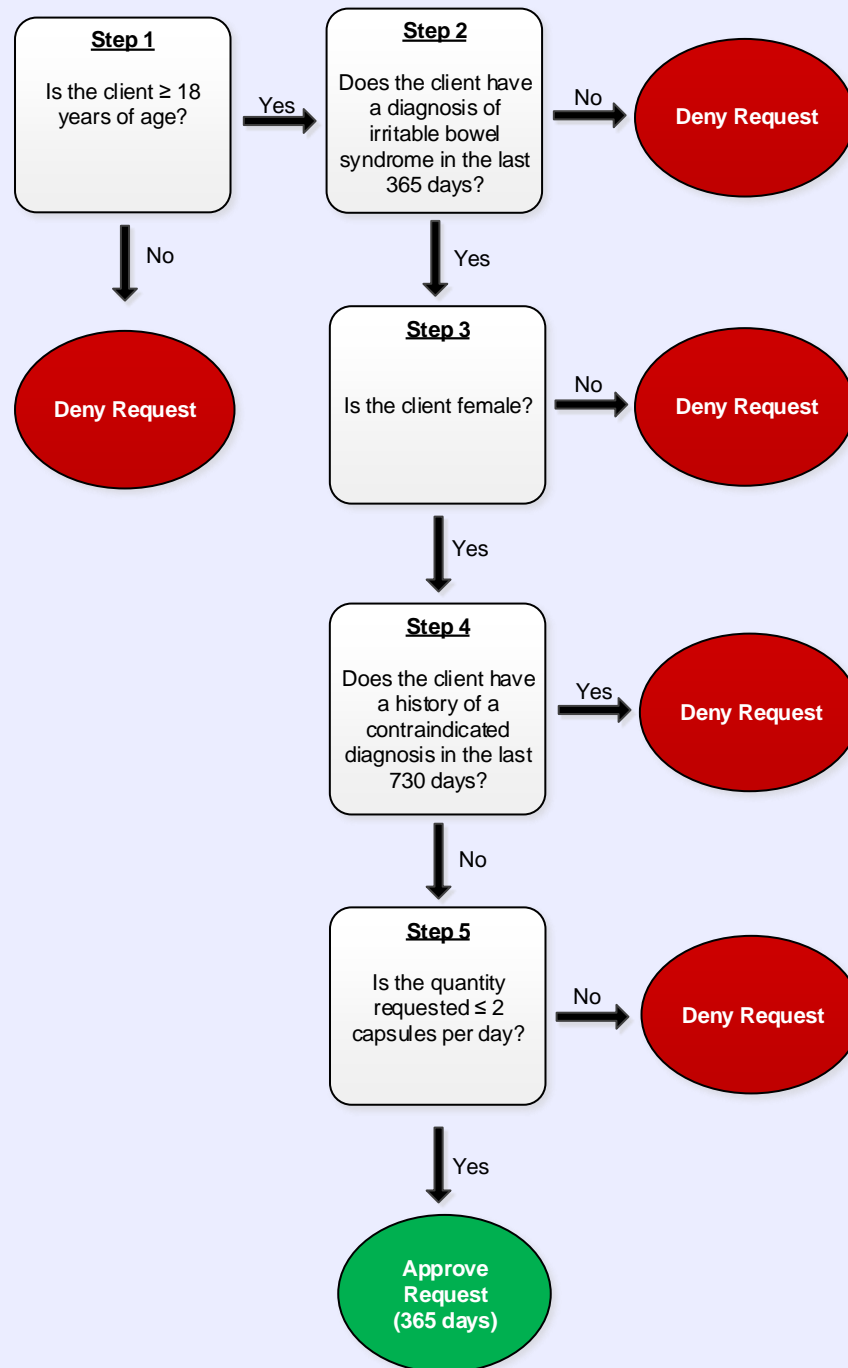
Clinical Criteria Logic

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 **irritable bowel syndrome** in the last 365 days?
 Yes (Go to #3)
 No (Deny)
3. Is the client a female?
 Yes (Go to #4)
 No (Deny)
4. Does the client have a history of a **contraindicated diagnosis** (intestinal obstruction, ischemic colitis, etc.) in the last 730 days?
 Yes (Deny)
 No (Go to #5)
5. Is the quantity being requested less than or equal to (\leq) 2 capsules per day?
 Yes (Approve – 365 days)
 No (Deny)



Lotronex (Alosetron)

Clinical Criteria Logic Diagram





Lotronex (Alosetron)

Clinical Criteria Supporting Tables

Step 2 (diagnosis of irritable bowel syndrome)

Required quantity: 1

Look back timeframe: 365 days

For the list of irritable bowel syndrome diagnosis codes that pertain to this step, see the [Irritable Bowel Syndrome diagnoses](#) table in the previous "Supporting Tables" section.

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

Step 4 (history of a contraindicated diagnosis)

Required quantity: 1

Look back timeframe: 730 days

| ICD-10 Code | Description |
|-------------|--|
| D6851 | ACTIVATED PROTEIN C RESISTANCE |
| D6852 | PROTHROMBIN GENE MUTATION |
| D6859 | OTHER PRIMARY THROMBOPHILIA |
| D6861 | ANTIPHOSPHOLIPID SYNDROME |
| D6862 | LUPUS ANTICOAGULANT SYNDROME |
| D6869 | OTHER THROMBOPHILIA |
| I8000 | PHLEBITIS AND THROMBOPHLEBITIS OF SUPERFICIAL VESSELS OF UNSPECIFIED LOWER EXTREMITY |
| I8001 | PHLEBITIS AND THROMBOPHLEBITIS OF SUPERFICIAL VESSELS OF UNSPECIFIED LOWER EXTREMITY |
| I8002 | PHLEBITIS AND THROMBOPHLEBITIS OF SUPERFICIAL VESSELS OF LEFT LOWER EXTREMITY |
| I8003 | PHLEBITIS AND THROMBOPHLEBITIS OF SUPERFICIAL VESSELS BILATERAL LOWER EXTREMITY |
| I8010 | PHLEBITIS AND THROMBOPHLEBITIS OF UNSPECIFIED FEMORAL VEIN |
| I8011 | PHLEBITIS AND THROMBOPHLEBITIS OF RIGHT FEMORAL VEIN |
| I8012 | PHLEBITIS AND THROMBOPHLEBITIS OF LEFT FEMORAL VEIN |
| I8013 | PHLEBITIS AND THROMBOPHLEBITIS BILATERAL FEMORAL VEIN |
| I80201 | PHLEBITIS AND THROMBOPHLEBITIS OF UNSPECIFIED DEEP VESSELS OF RIGHT LOWER EXTREMITY |
| I80202 | PHLEBITIS AND THROMBOPHLEBITIS OF UNSPECIFIED DEEP VESSELS OF LEFT LOWER EXTREMITY |

| Step 4 (history of a contraindicated diagnosis) | |
|--|---|
| Required quantity: 1 | |
| Look back timeframe: 730 days | |
| ICD-10 Code | Description |
| I80203 | PHLEBITIS AND THROMBOPHLEBITIS OF UNSPECIFIED DEEP VESSELS BILATERAL |
| I80209 | PHLEBITIS AND THROMBOPHLEBITIS OF UNSPECIFIED DEEP VESSELS OF LOWER EXTREMITY UNSPECIFIED LOWER EXTREMITY |
| I80211 | PHLEBITIS AND THROMBOPHLEBITIS OF RIGHT ILIAC VEIN |
| I80212 | PHLEBITIS AND THROMBOPHLEBITIS OF LEFT ILIAC VEIN |
| I80213 | PHLEBITIS AND THROMBOPHLEBITIS OF BILATERAL ILIAC VEIN |
| I80219 | PHLEBITIS AND THROMBOPHLEBITIS OF UNSPECIFIED ILIAC VEIN |
| I80221 | PHLEBITIS AND THROMBOPHLEBITIS OF RIGHT POPLITEAL VEIN |
| I80222 | PHLEBITIS AND THROMBOPHLEBITIS OF LEFT POPLITEAL VEIN |
| I80223 | PHLEBITIS AND THROMBOPHLEBITIS OF BILATERAL POPLITEAL VEIN |
| I80229 | PHLEBITIS AND THROMBOPHLEBITIS OF UNSPECIFIED POPLITEAL VEIN |
| I80231 | PHLEBITIS AND THROMBOPHLEBITIS OF RIGHT TIBIAL VEIN |
| I80232 | PHLEBITIS AND THROMBOPHLEBITIS OF LEFT TIBIAL VEIN |
| I80233 | PHLEBITIS AND THROMBOPHLEBITIS OF BILATERAL TIBIAL VEIN |
| I80239 | PHLEBITIS AND THROMBOPHLEBITIS OF UNSPECIFIED TIBIAL VEIN |
| I80291 | PHLEBITIS AND THROMBOPHLEBITIS OF OTHER DEEP VESSELS OF RIGHT LOWER EXTREMITY |
| I80292 | PHLEBITIS AND THROMBOPHLEBITIS OF OTHER DEEP VESSELS OF LEFT LOWER EXTREMITY |
| I80293 | PHLEBITIS AND THROMBOPHLEBITIS OF OTHER DEEP VESSELS OF LOWER EXTREMITY, BILATERAL |
| I80299 | PHLEBITIS AND THROMBOPHLEBITIS OF OTHER DEEP VESSELS OF UNSPECIFIED LOWER EXTREMITY |
| I803 | PHLEBITIS AND THROMBOPHLEBITIS OF LOWER EXTREMITIES, UNSPECIFIED |
| I808 | PHLEBITIS AND THROMBOPHLEBITIS OF OTHER SITES |
| I809 | PHLEBITIS AND THROMBOPHLEBITIS OF UNSPECIFIED SITE |
| K251 | ACUTE GASTRIC ULCER WITH PERFORATION |
| K252 | ACUTE GASTRIC ULCER WITH BOTH HEMORRHAGE AND PERFORATION |
| K255 | CHRONIC OR UNSPECIFIED GASTRIC ULCER WITH PERFORATION |
| K256 | CHRONIC OR UNSPECIFIED GASTRIC ULCER WITH BOTH HEMORRHAGE AND PERFORATION |
| K271 | ACUTE PEPTIC ULCER, SITE UNSPECIFIED, WITH PERFORATION |
| K272 | ACUTE PEPTIC ULCER, SITE UNSPECIFIED, WITH BOTH HEMORRHAGE AND PERFORATION |
| K275 | CHRONIC OR UNSPECIFIED PEPTIC ULCER, SITE UNSPECIFIED, WITH PERFORATION |

| Step 4 (history of a contraindicated diagnosis) | |
|--|---|
| Required quantity: 1 | |
| Look back timeframe: 730 days | |
| ICD-10 Code | Description |
| K276 | CHRONIC OR UNSPECIFIED PEPTIC ULCER, SITE UNSPECIFIED, WITH BOTH HEMORRHAGE AND PERFORATION |
| K5000 | CROHN'S DISEASE OF SMALL INTESTINE WITHOUT COMPLICATIONS |
| K50011 | CROHN'S DISEASE OF SMALL INTESTINE WITH RECTAL BLEEDING |
| K50012 | CROHN'S DISEASE OF SMALL INTESTINE WITH INTESTINAL OBSTRUCTION |
| K50013 | CROHN'S DISEASE OF SMALL INTESTINE WITH FISTULA |
| K50014 | CROHN'S DISEASE OF SMALL INTESTINE WITH ABSCESS |
| K50018 | CROHN'S DISEASE OF SMALL INTESTINE WITH OTHER COMPLICATION |
| K50019 | CROHN'S DISEASE OF SMALL INTESTINE WITH UNSPECIFIED COMPLICATIONS |
| K5010 | CROHN'S DISEASE OF LARGE INTESTINE WITHOUT COMPLICATIONS |
| K50111 | CROHN'S DISEASE OF LARGE INTESTINE WITH RECTAL BLEEDING |
| K50112 | CROHN'S DISEASE OF LARGE INTESTINE WITH INTESTINAL OBSTRUCTION |
| K50113 | CROHN'S DISEASE OF LARGE INTESTINE WITH FISTULA |
| K50114 | CROHN'S DISEASE OF LARGE INTESTINE WITH ABSCESS |
| K50118 | CROHN'S DISEASE OF LARGE INTESTINE WITH OTHER COMPLICATION |
| K50119 | CROHN'S DISEASE OF LARGE INTESTINE WITH UNSPECIFIED COMPLICATIONS |
| K5080 | CROHN'S DISEASE OF BOTH SMALL AND LARGE INTESTINE WITHOUT COMPLICATIONS |
| K50811 | CROHN'S DISEASE OF BOTH SMALL AND LARGE INTESTINE WITH RECTAL BLEEDING |
| K50812 | CROHN'S DISEASE OF BOTH SMALL AND LARGE INTESTINE WITH INTESTINAL OBSTRUCTION |
| K50813 | CROHN'S DISEASE OF BOTH SMALL AND LARGE INTESTINE WITH FISTULA |
| K50814 | CROHN'S DISEASE OF BOTH SMALL AND LARGE INTESTINE WITH ABSCESS |
| K50818 | CROHN'S DISEASE OF BOTH SMALL AND LARGE INTESTINE WITH OTHER COMPLICATION |
| K50819 | CROHN'S DISEASE OF BOTH SMALL AND LARGE INTESTINE WITH UNSPECIFIED COMPLICATIONS |
| K5090 | CROHN'S DISEASE, UNSPECIFIED WITHOUT COMPLICATIONS |
| K50911 | CROHN'S DISEASE, UNSPECIFIED, WITH RECTAL BLEEDING |
| K50912 | CROHN'S DISEASE, UNSPECIFIED, WITH INTESTINAL OBSTRUCTION |
| K50913 | CROHN'S DISEASE, UNSPECIFIED, WITH FISTULA |
| K50914 | CROHN'S DISEASE, UNSPECIFIED, WITH ABSCESS |

| Step 4 (history of a contraindicated diagnosis) | |
|--|--|
| Required quantity: 1 | |
| Look back timeframe: 730 days | |
| ICD-10 Code | Description |
| K50918 | CROHN'S DISEASE, UNSPECIFIED, WITH OTHER COMPLICATION |
| K50919 | CROHN'S DISEASE, UNSPECIFIED, WITH UNSPECIFIED COMPLICATIONS |
| K5100 | ULCERATIVE (CHRONIC) PANCOLITIS WITHOUT COMPLICATIONS |
| K51011 | ULCERATIVE (CHRONIC) PANCOLITIS WITH RECTAL BLEEDING |
| K51012 | ULCERATIVE (CHRONIC) PANCOLITIS WITH INTESTINAL OBSTRUCTION |
| K51013 | ULCERATIVE (CHRONIC) PANCOLITIS WITH FISTULA |
| K51014 | ULCERATIVE (CHRONIC) PANCOLITIS WITH ABSCESS |
| K51018 | ULCERATIVE (CHRONIC) PANCOLITIS WITH OTHER COMPLICATION |
| K51019 | ULCERATIVE (CHRONIC) PANCOLITIS WITH UNSPECIFIED COMPLICATIONS |
| K5120 | ULCERATIVE (CHRONIC) PROCTITIS WITHOUT COMPLICATIONS |
| K51211 | ULCERATIVE (CHRONIC) PROCTITIS WITH RECTAL BLEEDING |
| K51212 | ULCERATIVE (CHRONIC) PROCTITIS WITH INTESTINAL OBSTRUCTION |
| K51213 | ULCERATIVE (CHRONIC) PROCTITIS WITH FISTULA |
| K51214 | ULCERATIVE (CHRONIC) PROCTITIS WITH ABSCESS |
| K51218 | ULCERATIVE (CHRONIC) PROCTITIS WITH OTHER COMPLICATION |
| K51219 | ULCERATIVE (CHRONIC) PROCTITIS WITH UNSPECIFIED COMPLICATIONS |
| K5130 | ULCERATIVE (CHRONIC) RECTOSIGMOIDITIS WITHOUT COMPLICATIONS |
| K51311 | ULCERATIVE (CHRONIC) RECTOSIGMOIDITIS WITH RECTAL BLEEDING |
| K51312 | ULCERATIVE (CHRONIC) RECTOSIGMOIDITIS WITH INTESTINAL OBSTRUCTION |
| K51313 | ULCERATIVE (CHRONIC) RECTOSIGMOIDITIS WITH FISTULA |
| K51314 | ULCERATIVE (CHRONIC) RECTOSIGMOIDITIS WITH ABSCESS |
| K51318 | ULCERATIVE (CHRONIC) RECTOSIGMOIDITIS WITH OTHER COMPLICATION |
| K51319 | ULCERATIVE (CHRONIC) RECTOSIGMOIDITIS WITH UNSPECIFIED COMPLICATIONS |
| K5140 | INFLAMMATORY POLYPS OF COLON WITHOUT COMPLICATIONS |
| K51411 | INFLAMMATORY POLYPS OF COLON WITH RECTAL BLEEDING |
| K51412 | INFLAMMATORY POLYPS OF COLON WITH INTESTINAL OBSTRUCTION |
| K51413 | INFLAMMATORY POLYPS OF COLON WITH FISTULA |
| K51414 | INFLAMMATORY POLYPS OF COLON WITH ABSCESS |

| Step 4 (history of a contraindicated diagnosis) | |
|--|--|
| Required quantity: 1 | |
| Look back timeframe: 730 days | |
| ICD-10 Code | Description |
| K51418 | INFLAMMATORY POLYPS OF COLON WITH OTHER COMPLICATION |
| K51419 | INFLAMMATORY POLYPS OF COLON WITH UNSPECIFIED COMPLICATIONS |
| K5150 | LEFT SIDED COLITIS WITHOUT COMPLICATIONS |
| K51511 | LEFT SIDED COLITIS WITH RECTAL BLEEDING |
| K51512 | LEFT SIDED COLITIS WITH INTESTINAL OBSTRUCTION |
| K51513 | LEFT SIDED COLITIS WITH FISTULA |
| K51514 | LEFT SIDED COLITIS WITH ABSCESS |
| K51518 | LEFT SIDED COLITIS WITH OTHER COMPLICATION |
| K51519 | LEFT SIDED COLITIS WITH UNSPECIFIED COMPLICATIONS |
| K5180 | OTHER ULCERATIVE COLITIS WITHOUT COMPLICATIONS |
| K51811 | OTHER ULCERATIVE COLITIS WITH RECTAL BLEEDING |
| K51812 | OTHER ULCERATIVE COLITIS WITH INTESTINAL OBSTRUCTION |
| K51813 | OTHER ULCERATIVE COLITIS WITH FISTULA |
| K51814 | OTHER ULCERATIVE COLITIS WITH ABSCESS |
| K51818 | OTHER ULCERATIVE COLITIS WITH OTHER COMPLICATION |
| K51819 | OTHER ULCERATIVE COLITIS WITH UNSPECIFIED COMPLICATIONS |
| K5190 | ULCERATIVE COLITIS, UNSPECIFIED WITHOUT COMPLICATIONS |
| K51911 | ULCERATIVE COLITIS, UNSPECIFIED WITH RECTAL BLEEDING |
| K51912 | ULCERATIVE COLITIS, UNSPECIFIED WITH INTESTINAL OBSTRUCTION |
| K51913 | ULCERATIVE COLITIS, UNSPECIFIED WITH FISTULA |
| K51914 | ULCERATIVE COLITIS, UNSPECIFIED WITH ABSCESS |
| K51918 | ULCERATIVE COLITIS, UNSPECIFIED WITH OTHER COMPLICATION |
| K51919 | ULCERATIVE COLITIS, UNSPECIFIED WITH UNSPECIFIED COMPLICATIONS |
| K559 | VASCULAR DISORDER OF INTESTINE, UNSPECIFIED |
| K560 | PARALYTIC ILEUS |
| K561 | INTUSSUSCEPTION |
| K562 | VOLVULUS |
| K563 | GALLSTONE ILEUS |
| K565 | INTESTINAL ADHESIONS [BANDS] WITH OBSTRUCTION (POSTPROCEDURAL) (POSTINFECTION) |
| K5660 | UNSPECIFIED INTESTINAL OBSTRUCTION |
| K5669 | OTHER INTESTINAL OBSTRUCTION |
| K567 | ILEUS, UNSPECIFIED |

| Step 4 (history of a contraindicated diagnosis) | |
|--|--|
| Required quantity: 1 | |
| Look back timeframe: 730 days | |
| ICD-10 Code | Description |
| K5700 | DIVERTICULITIS OF SMALL INTESTINE WITH PERFORATION AND ABSCESS WITHOUT BLEEDING |
| K5701 | DIVERTICULITIS OF SMALL INTESTINE WITH PERFORATION AND ABSCESS WITH BLEEDING |
| K5710 | DIVERTICULOSIS OF SMALL INTESTINE WITHOUT PERFORATION OR ABSCESS WITHOUT BLEEDING |
| K5711 | DIVERTICULOSIS OF SMALL INTESTINE WITHOUT PERFORATION OR ABSCESS WITH BLEEDING |
| K5712 | DIVERTICULITIS OF SMALL INTESTINE WITHOUT PERFORATION OR ABSCESS WITHOUT BLEEDING |
| K5713 | DIVERTICULITIS OF SMALL INTESTINE WITHOUT PERFORATION OR ABSCESS WITH BLEEDING |
| K5720 | DIVERTICULITIS OF LARGE INTESTINE WITH PERFORATION AND ABSCESS WITHOUT BLEEDING |
| K5721 | DIVERTICULITIS OF LARGE INTESTINE WITH PERFORATION AND ABSCESS WITH BLEEDING |
| K5730 | DIVERTICULOSIS OF LARGE INTESTINE WITHOUT PERFORATION OR ABSCESS WITHOUT BLEEDING |
| K5731 | DIVERTICULOSIS OF LARGE INTESTINE WITHOUT PERFORATION OR ABSCESS WITH BLEEDING |
| K5732 | DIVERTICULITIS OF LARGE INTESTINE WITHOUT PERFORATION OR ABSCESS WITHOUT BLEEDING |
| K5733 | DIVERTICULITIS OF LARGE INTESTINE WITHOUT PERFORATION OR ABSCESS WITH BLEEDING |
| K5740 | DIVERTICULITIS OF BOTH SMALL AND LARGE INTESTINE WITH PERFORATION AND ABSCESS WITHOUT BLEEDING |
| K5741 | DIVERTICULITIS OF BOTH SMALL AND LARGE INTESTINE WITH PERFORATION AND ABSCESS WITH BLEEDING |
| K5750 | DIVERTICULOSIS OF BOTH SMALL AND LARGE INTESTINE WITHOUT PERFORATION OR ABSCESS WITHOUT BLEEDING |
| K5751 | DIVERTICULOSIS OF BOTH SMALL AND LARGE INTESTINE WITHOUT PERFORATION OR ABSCESS WITH BLEEDING |
| K5752 | DIVERTICULITIS OF BOTH SMALL AND LARGE INTESTINE WITHOUT PERFORATION OR ABSCESS WITHOUT BLEEDING |
| K5753 | DIVERTICULITIS OF BOTH SMALL AND LARGE INTESTINE WITHOUT PERFORATION OR ABSCESS WITH BLEEDING |
| K5780 | DIVERTICULITIS OF INTESTINE, PART UNSPECIFIED, WITH PERFORATION AND ABSCESS WITHOUT BLEEDING |
| K5781 | DIVERTICULITIS OF INTESTINE, PART UNSPECIFIED, WITH PERFORATION AND ABSCESS WITH BLEEDING |
| K5790 | DIVERTICULOSIS OF INTESTINE, PART UNSPECIFIED, WITHOUT PERFORATION OR ABSCESS WITHOUT BLEEDING |
| K5791 | DIVERTICULOSIS OF INTESTINE, PART UNSPECIFIED, WITHOUT PERFORATION OR ABSCESS WITH BLEEDING |

| Step 4 (history of a contraindicated diagnosis) | |
|--|--|
| Required quantity: 1 | |
| Look back timeframe: 730 days | |
| ICD-10 Code | Description |
| K5792 | DIVERTICULITIS OF INTESTINE, PART UNSPECIFIED, WITHOUT PERFORATION OR ABSCESS WITHOUT BLEEDING |
| K5793 | DIVERTICULITIS OF INTESTINE, PART UNSPECIFIED, WITHOUT PERFORATION OR ABSCESS WITH BLEEDING |
| K593 | MEGACOLON, NOT ELSEWHERE CLASSIFIED |
| K7200 | ACUTE AND SUBACUTE HEPATIC FAILURE WITHOUT COMA |
| K7201 | ACUTE AND SUBACUTE HEPATIC FAILURE WITH COMA |
| K7210 | CHRONIC HEPATIC FAILURE WITHOUT COMA |
| K7211 | CHRONIC HEPATIC FAILURE WITH COMA |
| K7290 | HEPATIC FAILURE, UNSPECIFIED WITHOUT COMA |
| K7291 | HEPATIC FAILURE, UNSPECIFIED WITH COMA |



Movantik (Naloxegol)
Symproic (Naldemedine)
Drugs Requiring Prior Authorization

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 |
| MOVANTIK 12.5MG TABLET | 37725 |
| MOVANTIK 25MG TABLET | 37726 |
| SYMPROIC 0.2MG TABLET | 43216 |

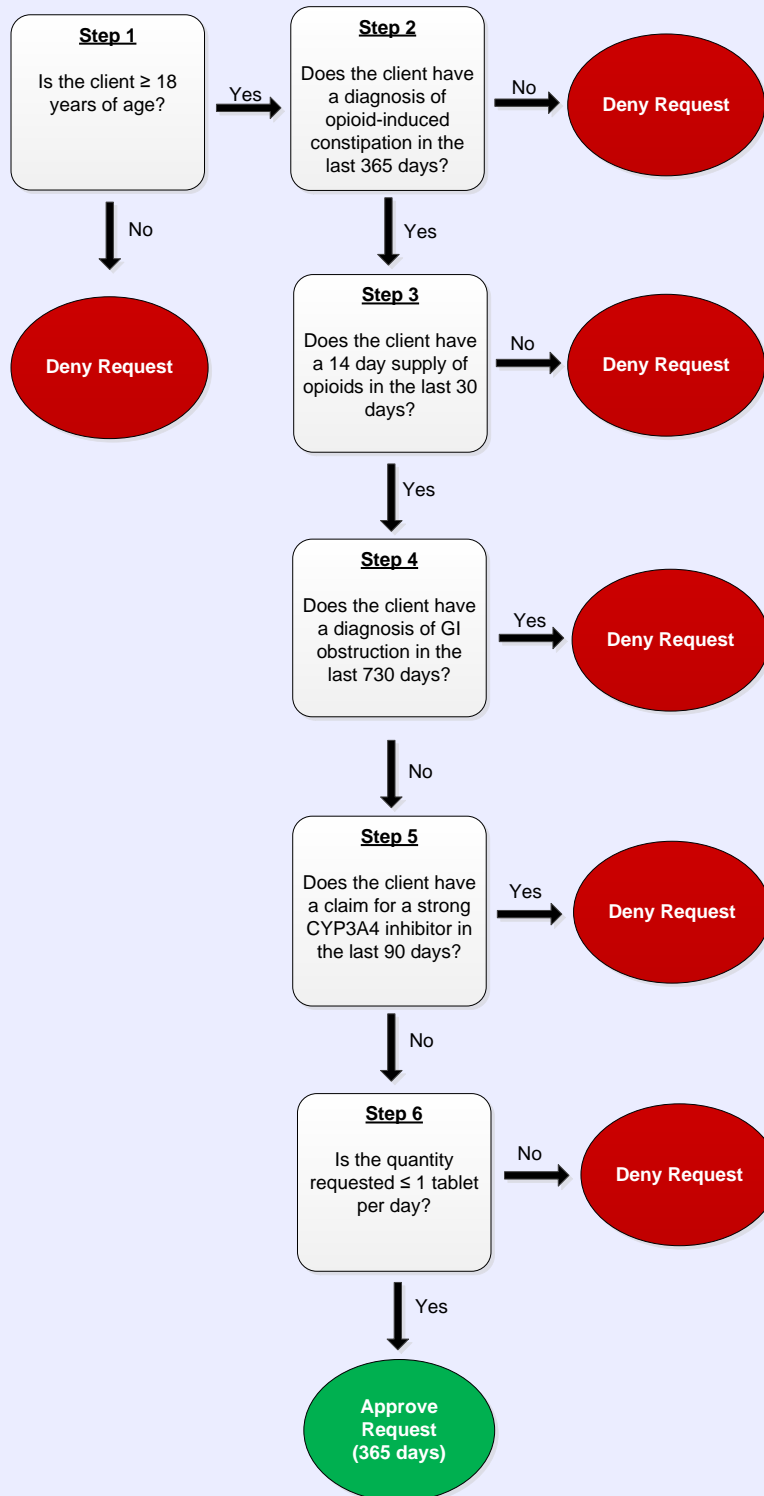


Movantik (Naloxegol)
Symproic (Naldemedine)
Clinical Criteria Logic

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 **opioid-induced constipation** in the last 365 days?
 Yes (Go to #3)
 No (Deny)
3. Does the client have at least 14 days therapy with **opioids** in the last 30 days?
 Yes (Go to #4)
 No (Deny)
4. Does the client have a diagnosis of **GI obstruction** in the last 730 days?
 Yes (Deny)
 No (Go to #5)
5. Does the client have a claim for a **strong CYP3A4 inhibitor** in the last 90 days?
 Yes (Deny)
 No (Go to #6)
6. Is the quantity being requested less than or equal to (\leq) 1 tablet per day?
 Yes (Approve – 365 days)
 No (Deny)



Movantik (Naloxegol) Symproic (Naldemedine) Clinical Criteria Logic Diagram





Movantik (Naloxegol)
Symproic (Naldemedine)
Clinical Criteria Supporting Tables

Step 2 (diagnosis of opioid induced constipation)

Required days supply: 1

Look back timeframe: 365 days

For the list of diagnoses that pertain to this step, see the **Opioid Induced Constipation** table in the previous "Supporting Tables" section.

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

Step 3 (history of opioid therapy)

Required days supply: 14

Look back timeframe: 30 days

For the list of opioid GCNs that pertain to this step, see the **Opioid GCNs** table in the previous "Supporting Tables" section.

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

Step 4 (diagnosis of GI obstruction)

Required quantity: 1

Look back timeframe: 730 days

For the list of GI obstruction diagnosis codes that pertain to this step, see the **GI Obstruction Diagnoses** table in the previous "Supporting Tables" section.

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

| Step 5 (claim for a strong CYP3A4 inhibitor) | |
|---|------------|
| Required claims: 1 | |
| Look back timeframe: 90 days | |
| Label Name | GCN |
| BIAXIN 250 MG TABLET | 48852 |
| BIAXIN 250 MG/5 ML SUSPENSION | 11671 |
| BIAXIN 500 MG TABLET | 48851 |
| CARDIZEM 120 MG TABLET | 02363 |
| CARDIZEM 30 MG TABLET | 02360 |
| CARDIZEM 60 MG TABLET | 02361 |
| CARDIZEM CD 120 MG CAPSULE | 02326 |
| CARDIZEM CD 180 MG CAPSULE | 02323 |
| CARDIZEM CD 240 MG CAPSULE | 02324 |
| CARDIZEM CD 300 MG CAPSULE | 02325 |
| CARDIZEM CD 360 MG CAPSULE | 07460 |
| CARDIZEM LA 120 MG TABLET | 19180 |
| CARDIZEM LA 180 MG TABLET | 19183 |
| CARDIZEM LA 360 MG TABLET | 19186 |
| CARDIZEM LA 420 MG TABLET | 19187 |
| CARTIA XT 120MG CAPSULE | 02326 |
| CARTIA XT 180MG CAPSULE | 02323 |
| CARTIA XT 240MG CAPSULE | 02324 |
| CARTIA XT 300MG CAPSULE | 02325 |
| 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 200 MG CAPSULE | 26820 |
| CRIXIVAN 400 MG CAPSULE | 26822 |
| DILTIAZEM 120 MG TABLET | 02363 |
| DILTIAZEM 12HR ER 120 MG CAP | 02321 |
| DILTIAZEM 12HR ER 60 MG CAP | 02322 |
| DILTIAZEM 12HR ER 90 MG CAP | 02320 |
| DILTIAZEM 24HR ER 120 MG CAP | 02326 |
| DILTIAZEM 24HR ER 180 MG CAP | 02323 |
| DILTIAZEM 24HR ER 240 MG CAP | 02324 |
| DILTIAZEM 24HR ER 300 MG CAP | 02325 |
| DILTIAZEM 24HR ER 360 MG CAP | 07460 |

| Step 5 (claim for a strong CYP3A4 inhibitor) | |
|---|------------|
| Required claims: 1 | |
| Look back timeframe: 90 days | |
| Label Name | GCN |
| DILTIAZEM 30 MG TABLET | 02360 |
| DILTIAZEM 60 MG TABLET | 02361 |
| DILTIAZEM 90 MG TABLET | 02362 |
| DILTIAZEM ER 120 MG CAPSULE | 02330 |
| DILTIAZEM ER 120 MG CAPSULE | 07463 |
| DILTIAZEM ER 180 MG CAPSULE | 02329 |
| DILTIAZEM ER 180 MG CAPSULE | 07461 |
| DILTIAZEM ER 240 MG CAPSULE | 07462 |
| DILTIAZEM HCL ER 240 MG CAP | 02332 |
| DILTIAZEM HCL ER 300 MG CAP | 02333 |
| DILTIAZEM HCL ER 360 MG CAP | 02328 |
| DILTIAZEM HCL ER 420 MG CAP | 94691 |
| EVOTAZ 300-150MG TABLET | 37797 |
| GENVOYA TABLET | 40092 |
| INVIRASE 200 MG CAPSULE | 26760 |
| INVIRASE 500 MG TABLET | 23952 |
| 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 |
| KETEK 300 MG TABLET | 25905 |
| KETEK 400 MG TABLET | 15175 |
| KETOCONAZOLE 200 MG TABLET | 42590 |
| LANSOPRAZOL-AMOXICIL-CLARITHRO | 64269 |
| MATZIM LA 180MG TABLET | 19183 |
| MATZIM LA 240MG TABLET | 19184 |
| MATZIM LA 300MG TABLET | 19185 |
| MATZIM LA 360MG TABLET | 19186 |
| MATZIM LA 420MG TABLET | 19187 |
| NEFAZODONE 100MG TABLET | 16406 |
| NEFAZODONE 150MG TABLET | 16407 |
| NEFAZODONE 200MG TABLET | 16408 |
| NEFAZODONE 250MG TABLET | 16409 |
| NEFAZODONE 50MG TABLET | 16404 |
| NORVIR 100 MG SOFTGEL CAP | 26812 |

| Step 5 (claim for a strong CYP3A4 inhibitor) | |
|---|------------|
| Required claims: 1 | |
| Look back timeframe: 90 days | |
| Label Name | GCN |
| NORVIR 100 MG TABLET | 28224 |
| NORVIR 80 MG/ML SOLUTION | 26810 |
| NOXAFIL 40 MG/ML SUSPENSION | 26502 |
| NOXAFIL DR 100 MG TABLET | 35649 |
| PREVPAC PATIENT PACK | 64269 |
| PREZCOBIX 150MG TABLET | 37367 |
| SPORANOX 10 MG/ML SOLUTION | 49100 |
| SPORANOX 100 MG CAPSULE | 49101 |
| STRIBILD TABLET | 33130 |
| TAZTIA XT 120MG CAPSULE | 02330 |
| TAZTIA XT 180MG CAPSULE | 02329 |
| TAZTIA XT 240MG CAPSULE | 02332 |
| TAZTIA XT 300MG CAPSULE | 02333 |
| TAZTIA XT 360MG CAPSULE | 02328 |
| TECHNIVIE DOSE PACK | 37844 |
| TIAZAC ER 120MG CAPSULE | 02330 |
| TIAZAC ER 180MG CAPSULE | 02329 |
| TIAZAC ER 240MG CAPSULE | 02332 |
| TIAZAC ER 300MG CAPSULE | 02333 |
| TIAZAC ER 360MG CAPSULE | 02328 |
| TIAZAC ER 420MG CAPSULE | 94961 |
| TYBOST 150MG TABLET | 36468 |
| VFEND 200 MG TABLET | 17498 |
| VFEND 40 MG/ML SUSPENSION | 21513 |
| VFEND 50 MG TABLET | 17497 |
| VFEND IV 200 MG VIAL | 17499 |
| VICTRELIS 200 MG CAPSULE | 29941 |
| VIEKIRA PAK | 37614 |
| VIEKIRA XR TABLET | 41932 |
| VIRACEPT 250 MG TABLET | 40312 |
| VIRACEPT 625 MG TABLET | 19717 |
| VORICONAZOLE 200 MG TABLET | 17498 |
| VORICONAZOLE 200 MG VIAL | 17499 |
| VORICONAZOLE 40 MG/ML SUSP | 21513 |
| VORICONAZOLE 50 MG TABLET | 17497 |

| Step 5 (claim for a strong CYP3A4 inhibitor) | |
|---|------------|
| Required claims: 1 | |
| Look back timeframe: 90 days | |
| Label Name | GCN |
| ZYDELIG 100MG TABLET | 36884 |
| ZYDELIG 150MG TABLET | 36885 |

**Relistor (Methylnaltrexone)****Drugs Requiring Prior Authorization**

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 |
| RELISTOR 8MG/0.4ML SYRINGE | 31279 |
| RELISTOR 12MG/0.6ML SYRINGE | 31278 |
| RELISTOR 150 MG TABLET | 41923 |



Relistor (Methylnaltrexone)

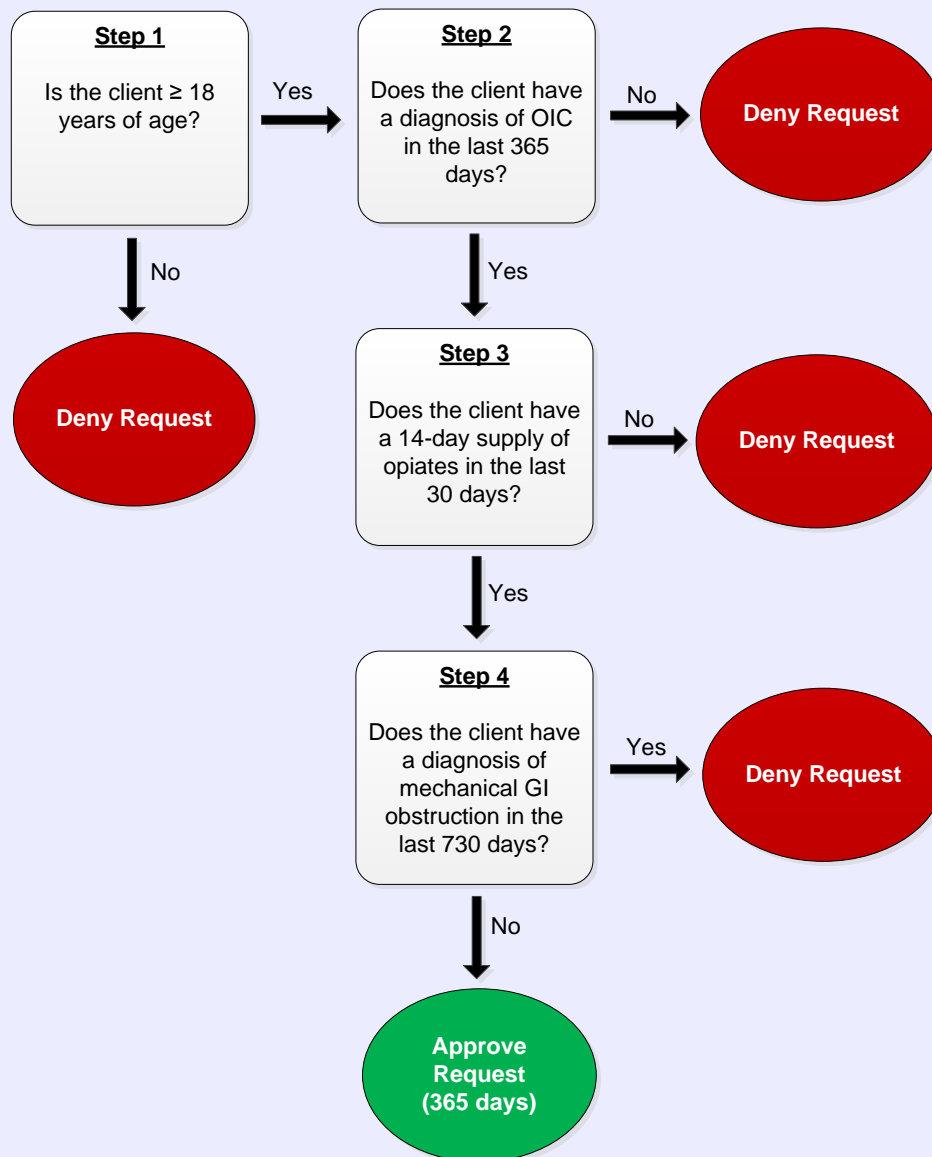
Clinical Criteria Logic

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 **opioid induced constipation** (OIC) in the last 365 days?
 Yes (Go to #3)
 No (Deny)
3. Does the client have a 14-day supply of **opiates** in the last 30 days?
 Yes (Go to #4)
 No (Deny)
4. Does the client have a diagnosis of **mechanical gastrointestinal obstruction** in the last 730 days?
 Yes (Deny)
 No (Approve – 365 days)



Relistor (Methylnaltrexone)

Clinical Criteria Logic Diagram





Relistor (Methylnaltrexone)

Clinical Criteria Supporting Tables

Step 2 (diagnosis of opioid induced constipation)

Required days supply: 1

Look back timeframe: 365 days

For the list of diagnoses that pertain to this step, see the **Opioid Induced Constipation** table in the previous "Supporting Tables" section.

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

Step 3 (history of opioid therapy)

Required days supply: 14

Look back timeframe: 30 days

For the list of GCNs that pertain to this step, see the **Opioid Therapy** table in the previous "Supporting Tables" section.

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

Step 4 (diagnosis of mechanical GI obstruction)

Required days supply: 1

Look back timeframe: 730 days

For the list of diagnoses that pertain to this step, see the **Mechanical GI obstruction** table in the previous "Supporting Tables" section.

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



Trulance (Plecanatide)

Drugs Requiring Prior Authorization

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 |
| TRULANCE 3 MG TABLET | 42925 |



Trulance (Plecanatide)

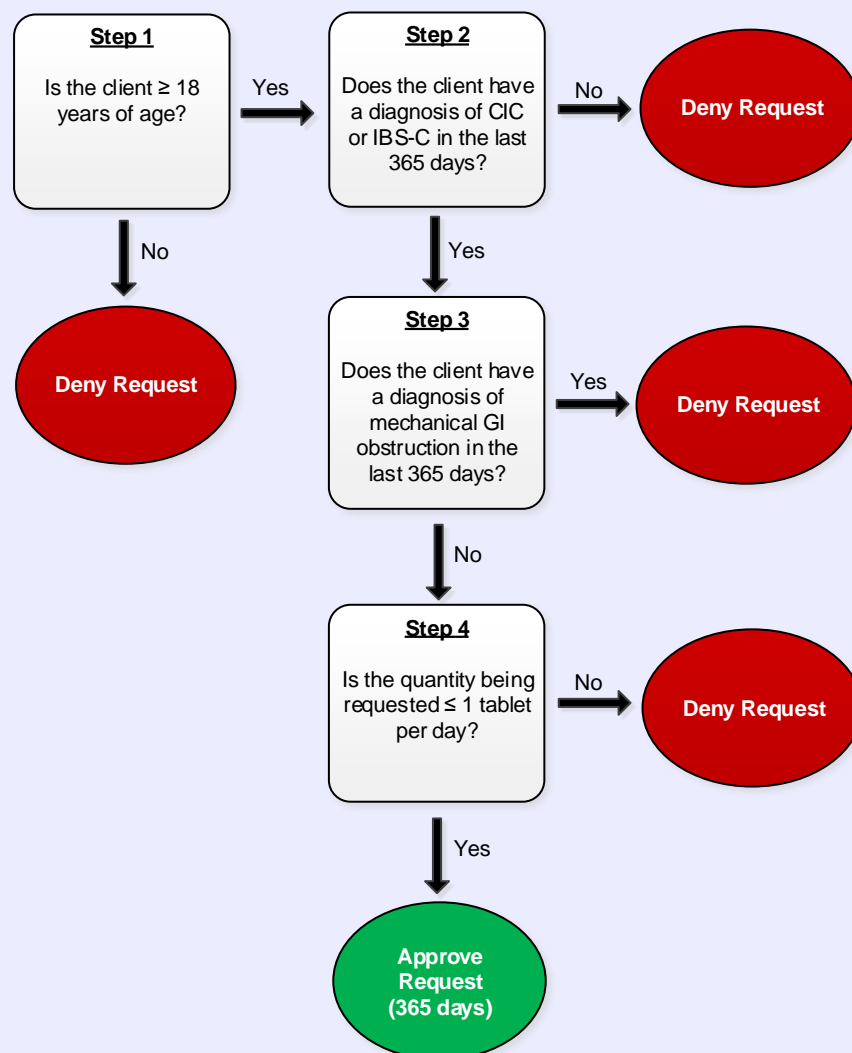
Clinical Criteria Logic

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 chronic idiopathic constipation or irritable bowel syndrome with constipation (IBS-C)** in the last 365 days?
 Yes (Go to #3)
 No (Deny)
3. Does the client have a history of a **GI obstruction** in the last 365 days?
 Yes (Deny)
 No (Go to #8)
4. Is the quantity being requested less than or equal to (\leq) 1 tablet per day?
 Yes (Approve – 365 days)
 No (Deny)



Trulance (Plecanatide)

Clinical Criteria Logic Diagram





Trulance (Plecanatide)

Clinical Criteria Supporting Tables

| Step 2 (diagnosis of chronic idiopathic constipation or irritable bowel syndrome with constipation) Required diagnosis: 1 Look back timeframe: 365 days | |
|--|--|
| ICD-10 Code | Description |
| K581 | IRRITABLE BOWEL SYNDROME WITH CONSTIPATION |
| K5900 | CONSTIPATION, UNSPECIFIED |
| K5901 | SLOW TRANSIT CONSTIPATION |
| K5902 | OUTLET DYSFUNCTION CONSTIPATION |
| K5904 | CHRONIC IDIOPATHIC CONSTIPATION |
| K5909 | OTHER CONSTIPATION |

| Step 3 (diagnosis of mechanical GI obstruction) Required days supply: 1 Look back timeframe: 365 days |
|--|
|--|

For the list of diagnoses that pertain to this step, see the **Mechanical GI obstruction** table in the previous "Supporting Tables" section.

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



Viberzi (Eluxadoline)

Drugs Requiring Prior Authorization

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 |
| VIBERZI 75 MG TABLET | 39354 |
| VIBERZI 100 MG TABLET | 39355 |



Viberzi (Eluxadoline)

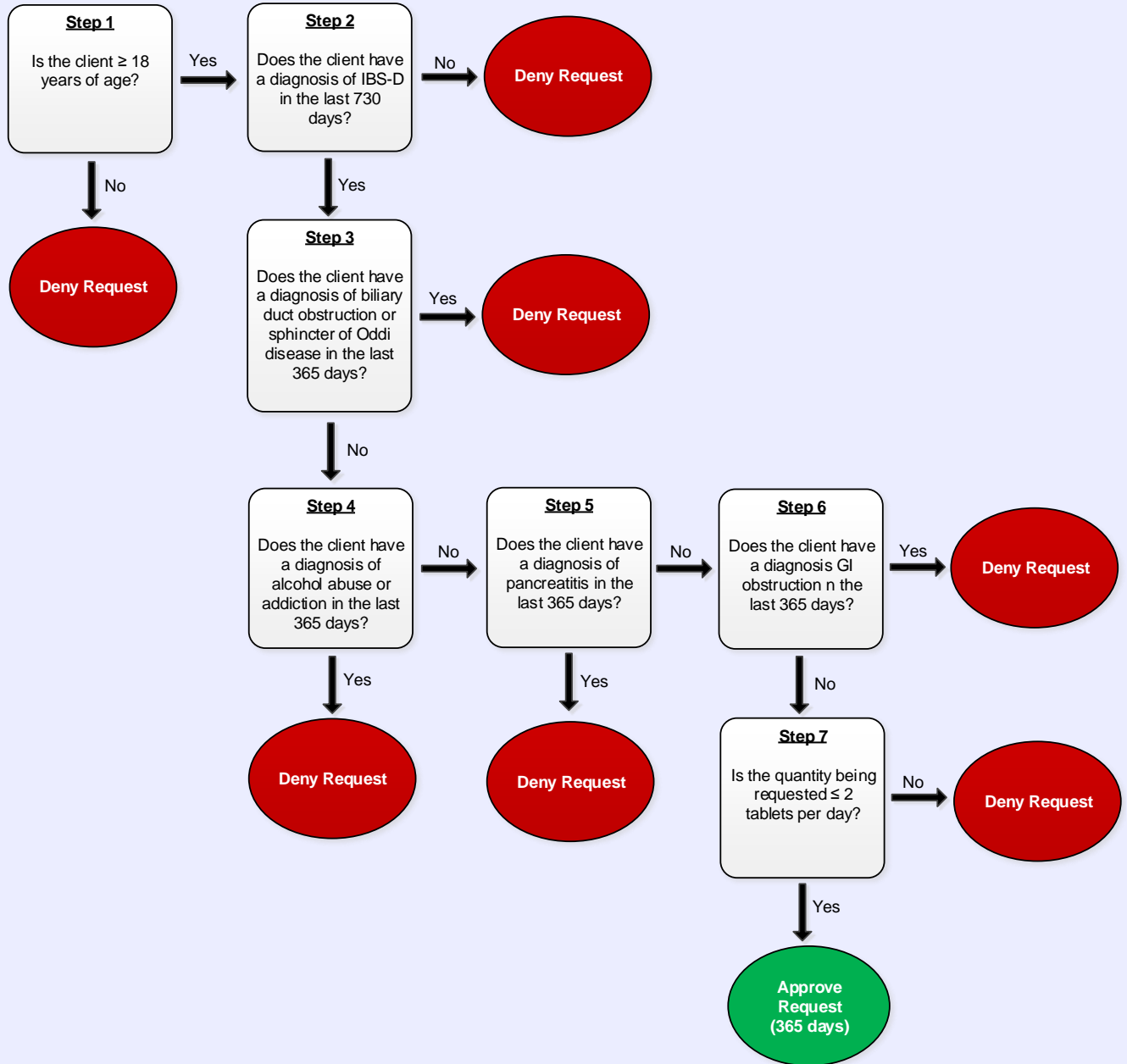
Clinical Criteria Logic

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 **irritable bowel syndrome with diarrhea (IBS-D)** in the last 730 days?
 Yes (Go to #3)
 No (Deny)
3. Does the client have a diagnosis of **biliary duct obstruction or sphincter of Oddi disease** in the last 365 days?
 Yes (Deny)
 No (Go to #4)
4. Does the client have a diagnosis of **alcohol abuse or addiction** in the last 365 days?
 Yes (Deny)
 No (Go to #5)
5. Does the client have a diagnosis of **pancreatitis** in the last 365 days?
 Yes (Deny)
 No (Go to #6)
6. Does the client have a history of a **GI obstruction** in the last 365 days?
 Yes (Deny)
 No (Go to #7)
7. Is the quantity being requested less than or equal to (\leq) 2 tablets per day?
 Yes (Approve – 365 days)
 No (Deny)



Viberzi (Eluxadoline)

Clinical Criteria Logic Diagram





Viberzi (Eluxadoline)

Clinical Supporting Tables

| Step 2 (diagnosis of irritable bowel syndrome with diarrhea) Required quantity: 1 Look back timeframe: 365 days | |
|--|--|
| ICD-10 Code | Description |
| K580 | IRRITABLE BOWEL SYNDROME WITH DIARRHEA |
| K582 | MIXED IRRITABLE BOWEL SYNDROME |
| K588 | OTHER IRRITABLE BOWEL SYNDROME |

| Step 3 (diagnosis of biliary duct obstruction or sphincter of Oddi disease) Required quantity: 1 Look back timeframe: 365 days | |
|---|---|
| ICD-10 Code | Description |
| K831 | OBSTRUCTION OF BILE DUCT |
| K838 | OTHER SPECIFIED DISEASES OF BILIARY TRACT |

| Step 4 (diagnosis of alcohol abuse or addiction) Required quantity: 1 Look back timeframe: 365 days | |
|--|---|
| ICD-10 Code | Description |
| F1010 | ALCOHOL ABUSE UNCOMPLICATED |
| F10120 | ALCOHOL ABUSE WITH INTOXICATION UNCOMPLICATED |
| F10121 | ALCOHOL ABUSE WITH INTOXICATION DELIRIUM |
| F10129 | ALCOHOL ABUSE WITH INTOXICATION UNSPECIFIED |
| F1014 | ALCOHOL ABUSE WITH ALCOHOL-INDUCED MOOD DISORDER |
| F10150 | ALCOHOL ABUSE WITH ALCOHOL-INDUCED PSYCHOTIC DISORDER WITH DELUSIONS |
| F10151 | ALCOHOL ABUSE WITH ALCOHOL-INDUCED PSYCHOTIC DISORDER WITH HALLUCINATIONS |
| F10159 | ALCOHOL ABUSE WITH ALCOHOL-INDUCED PSYCHOTIC DISORDER UNSPECIFIED |
| F10180 | ALCOHOL ABUSE WITH ALCOHOL-INDUCED ANXIETY DISORDER |
| F10181 | ALCOHOL ABUSE WITH ALCOHOL-INDUCED SEXUAL DYSFUNCTION |
| F10182 | ALCOHOL ABUSE WITH ALCOHOL-INDUCED SLEEP DISORDER |

| Step 4 (diagnosis of alcohol abuse or addiction) | |
|---|--|
| Required quantity: 1 | |
| Look back timeframe: 365 days | |
| ICD-10 Code | Description |
| F10188 | ALCOHOL ABUSE WITH OTHER ALCOHOL-INDUCED DISORDER |
| F1019 | ALCOHOL ABUSE WITH OTHER ALCOHOL-INDUCED DISORDERS WITH UNSPECIFIED ALCOHOL-INDUCED DISORDER |
| F1020 | ALCOHOL DEPENDENCE UNCOMPLICATED |
| F10220 | ALCOHOL DEPENDENCE WITH INTOXICATION UNCOMPLICATED |
| F10221 | ALCOHOL DEPENDENCE WITH INTOXICATION DELIRIUM |
| F10229 | ALCOHOL DEPENDENCE WITH INTOXICATION UNSPECIFIED |
| F10230 | ALCOHOL DEPENDENCE WITH WITHDRAWAL UNCOMPLICATED |
| F10231 | ALCOHOL DEPENDENCE WITH WITHDRAWAL DELIRIUM |
| F10232 | ALCOHOL DEPENDENCE WITH WITHDRAWAL WITH PERCEPTUAL DISTURBANCE |
| F10239 | ALCOHOL DEPENDENCE WITH WITHDRAWAL UNSPECIFIED |
| F1024 | ALCOHOL DEPENDENCE WITH ALCOHOL-INDUCED MOOD DISORDER |
| F10250 | ALCOHOL DEPENDENCE WITH ALCOHOL-INDUCED PSYCHOTIC DISORDER WITH DELUSIONS |
| F10251 | ALCOHOL DEPENDENCE WITH ALCOHOL-INDUCED PSYCHOTIC DISORDER WITH HALLUCINATIONS |
| F10259 | ALCOHOL DEPENDENCE WITH ALCOHOL-INDUCED PSYCHOTIC DISORDER WITH HALLUCINATIONS UNSPECIFIED |
| F1026 | ALCOHOL DEPENDENCE WITH ALCOHOL-INDUCED PERSISTING AMNESTIC DISORDER |
| F1027 | ALCOHOL DEPENDENCE WITH ALCOHOL-INDUCED PERSISTING DEMENTIA |
| F10280 | ALCOHOL DEPENDENCE WITH ALCOHOL-INDUCED ANXIETY DISORDER |
| F10281 | ALCOHOL DEPENDENCE WITH ALCOHOL-INDUCED SEXUAL DYSFUNCTION |
| F10282 | ALCOHOL DEPENDENCE WITH ALCOHOL-INDUCED SLEEP DISORDER |
| F10288 | ALCOHOL DEPENDENCE WITH OTHER ALCOHOL-INDUCED DISORDER |
| F1029 | ALCOHOL DEPENDENCE WITH UNSPECIFIED ALCOHOL-INDUCED DISORDER |

| Step 5 (diagnosis of pancreatitis) | |
|---|---|
| Required quantity: 1 | |
| Look back timeframe: 365 days | |
| ICD-10 Code | Description |
| K8500 | IDIOPATHIC ACUTE PANCREATITIS WITHOUT NECROSIS OR INFECTION |
| K8501 | IDIOPATHIC ACUTE PANCREATITIS WITH UNINFECTED NECROSIS |

| Step 5 (diagnosis of pancreatitis) | |
|---|--|
| Required quantity: 1 | |
| Look back timeframe: 365 days | |
| ICD-10 Code | Description |
| K8502 | IDIOPATHIC ACUTE PANCREATITIS WITH INFECTED NECROSIS |
| K8510 | BILIARY ACUTE PANCREATITIS WITHOUT NECROSIS OR INFECTION |
| K8511 | BILIARY ACUTE PANCREATITIS WITH UNINFECTED NECROSIS |
| K8512 | BILIARY ACUTE PANCREATITIS WITH INFECTED NECROSIS |
| K8520 | ALCOHOL INDUCED ACUTE PANCREATITIS WITHOUT NECROSIS OR INFECTION |
| K8521 | ALCOHOL INDUCED ACUTE PANCREATITIS WITH UNINFECTED NECROSIS |
| K8522 | ALCOHOL INDUCED ACUTE PANCREATITIS WITH INFECTED NECROSIS |
| K8530 | DRUG INDUCED ACUTE PANCREATITIS WITHOUT NECROSIS OR INFECTION |
| K8531 | DRUG INDUCED ACUTE PANCREATITIS WITH UNINFECTED NECROSIS |
| K8532 | DRUG INDUCED ACUTE PANCREATITIS WITH INFECTED NECROSIS |
| K8580 | OTHER ACUTE PANCREATITIS WITHOUT NECROSIS OR INFECTION |
| K8581 | OTHER ACUTE PANCREATITIS WITH UNINFECTED NECROSIS |
| K8582 | OTHER ACUTE PANCREATITIS WITH INFECTED NECROSIS |
| K8590 | ACUTE PANCREATITIS WITHOUT NECROSIS OR INFECTION, UNSPECIFIED |
| K8591 | ACUTE PANCREATITIS WITH UNINFECTED NECROSIS, UNSPECIFIED |
| K8592 | ACUTE PANCREATITIS WITH INFECTED NECROSIS, UNSPECIFIED |
| K860 | ALCOHOL-INDUCED CHRONIC PANCREATITIS |
| K861 | OTHER CHRONIC PANCREATITIS |

| Step 6 (diagnosis of GI obstruction) | |
|---|--|
| Required quantity: 1 | |
| Look back timeframe: 365 days | |

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

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



Agents for GI Motility

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Publication History

The Publication History records the publication iterations and revisions to this document.

| Publication Date | Notes |
|------------------|---|
| 04/29/2016 | Initial presentation to the DUR Board |
| 11/15/2016 | <ul style="list-style-type: none"> Added step 5 and 6 to Amitiza criteria logic, page 4 Updated logic diagram, page 5 Updated ICD-10s in tables 1 and 2, page 6; table 2, page 11; table 2, page 27 Updated GCNs in table 5, page 36 Added Relistor to guide, page 42 |
| 01/03/2017 | <ul style="list-style-type: none"> Added Xtampza GCNs to table 6, page 16 Added GCN for Relistor tablets to Drugs Requiring PA, page 42 Updated Relistor criteria logic and logic diagram, pages 43-44 |
| 04/13/2017 | <ul style="list-style-type: none"> Added GCN for Linzess 72mcg to Drugs Requiring PA, page 18 |
| 11/17/2017 | <ul style="list-style-type: none"> Added criteria for Trulance and Viberzi. Clinical PA criteria was approved for these agents at the November 2017 DUR Board meeting |
| 02/12/2018 | <ul style="list-style-type: none"> Added criteria for Symproic Added irritable bowel syndrome with constipation as an approval diagnosis for Trulance, pages 47-49 Updated references, pages 56-57 |
| 03/29/2019 | <ul style="list-style-type: none"> Updated to include formulary statement (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.) on each 'Drug Requiring PA' table |