

Texas Prior Authorization Program Clinical Criteria

Drug/Drug Class

Antiemetics

Clinical Criteria Information Included in this Document

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

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

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' table



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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
AKYNZEO 300-0.5 MG CAPSULE	37239
ANZEMET 50 MG TABLET	33532
ANZEMET 100 MG TABLET	33533
ANZEMET 20 MG/ML VIAL	16007
EMEND 40 MG CAPSULE	27278
EMEND 80 MG CAPSULE	19365
EMEND 125 MG CAPSULE	19366
EMEND TRIFOLD PACK	19367
GRANISETRON HCL 1 MG TABLET	06019
GRANISETRON HCL 0.1 MG/ML VIAL	23756
GRANISETRON HCL 1 MG/ML VIAL	99260
GRANISETRON HCL 1 MG/ML VIAL	99267
GRANISETRON HCL 4 MG/4 ML VIAL	60548
SANCUSO 3.1 MG/24 HR PATCH	14348
VARUBI 90 MG TABLET	39398



Antiemetics

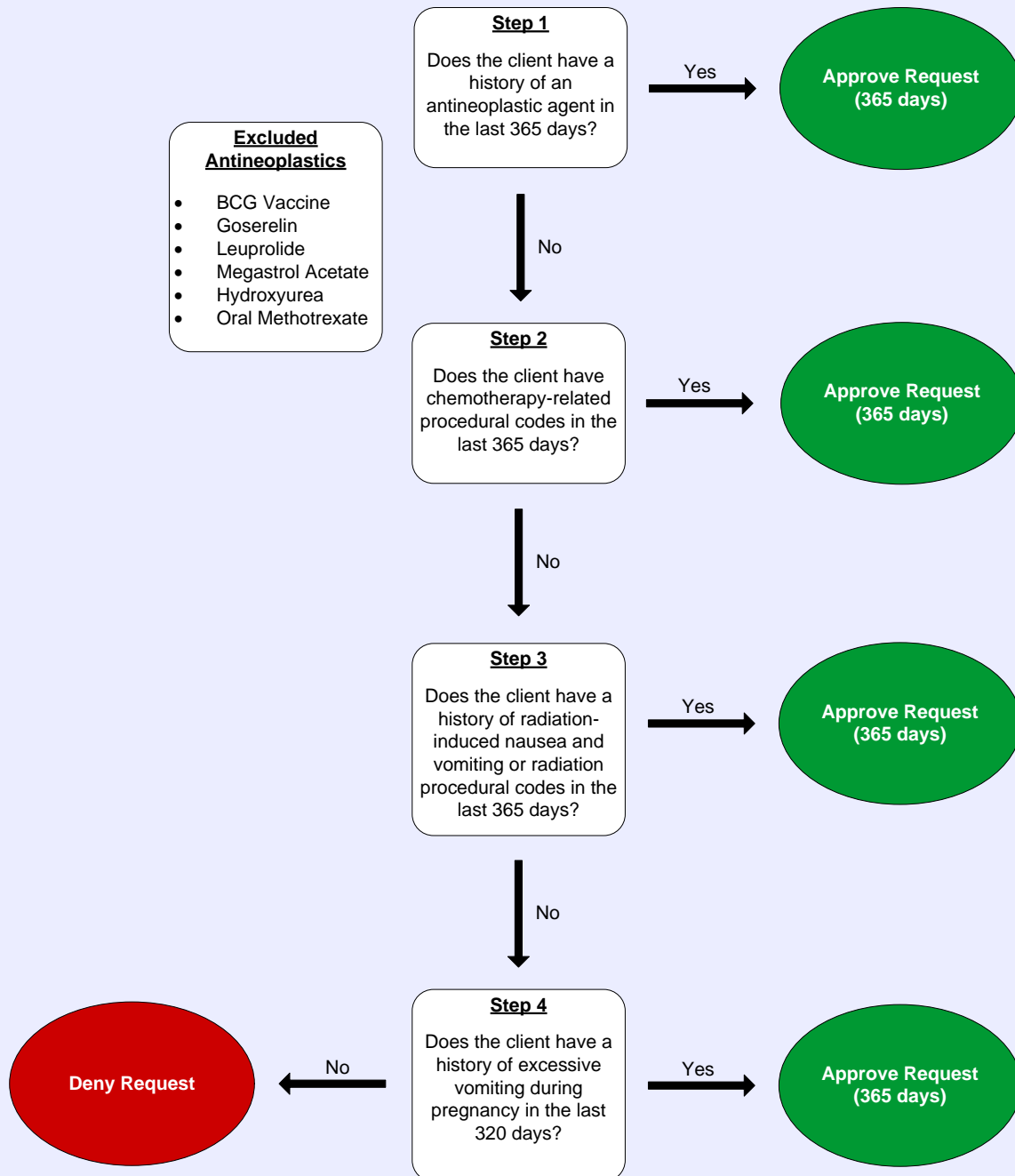
Clinical Criteria Logic

1. Does the client have a history of an antineoplastic agent in the last 365 days?
 Yes (Approve – 365 days)
 No (Go to #2)
2. Does the client have chemotherapy-related procedural codes in the last 365 days?
 Yes (Approve – 365 days)
 No (Go to #3)
3. Does the client have a history of radiation-induced nausea and vomiting or radiation procedural codes in the last 365 days?
 Yes (Approve – 365 days)
 No (Go to #4)
4. Does the client have a history of excessive vomiting during pregnancy in the last 320 days?
 Yes (Approve – 365 days)
 No (Deny)



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Clinical Criteria Logic Diagram





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Clinical Criteria Supporting Tables

Step 1 (history of an antineoplastic agent) Required quantity: 1 Look back timeframe: 365 days	
Label Name	GCN
ALKERAN 2 MG TABLET	38380
ANASTROZOLE 1 MG TABLET	24410
ARIMIDEX 1 MG TABLET	24410
AROMASIN 25 MG TABLET	92896
AZACITIDINE 100 MG VIAL	22663
BICALUTAMIDE 50 MG TABLET	00450
BICNU 100 MG VIAL	38440
BOSULIF 100 MG TABLET	33199
BOSULIF 500 MG TABLET	33202
CAPECITABINE 150 MG TABLET	31611
CAPECITABINE 500 MG TABLET	31612
CAPRELSA 100 MG TABLET	29817
CAPRELSA 300 MG TABLET	39818
CASODEX 50 MG TABLET	00450
COMETRIQ 140 MG DAILY-DOSE PK	33903
COMETRIQ 100 MG DAILY-DOSE PK	33904
COMETRIQ 60 MG DAILY-DOSE PK	33905
COSMEGEN 0.5 MG VIAL	96679
CYCLOPHOSPHAMIDE 25 MG CAPSULE	35317
CYCLOPHOSPHAMIDE 50 MG CAPSULE	35318
CYTARABINE 20 MG/ML VIAL	27365
CYTARABINE 20 MG/ML VIAL	34230
CYTARABINE 20 MG/ML VIAL	97825
CYTARABINE 2 G/20 ML VIAL	34231
DROXIA 200 MG CAPSULE	38402
DROXIA 300 MG CAPSULE	38403
DROXIA 400 MG CAPSULE	38404
EFUDEX 5% CREAM	30781
EMCYT 140 MG CAPSULE	38700
ERIVEDGE 150 MG CAPSULE	31307

Step 1 (history of an antineoplastic agent)	
Required quantity: 1	
Look back timeframe: 365 days	
Label Name	GCN
ETOPOSIDE 50 MG CAPSULE	07560
ETOPOSIDE 100 MG/5 ML VIAL	07481
ETOPOSIDE 500 MG/25 ML VIAL	07481
ETOPOSIDE 1,000 MG/50 ML VIAL	07481
EXEMESTANE 25MG TABLET	92896
FARESTON 60 MG TABLET	42721
FARYDAK 10 MG CAPSULE	38008
FARYDAK 15 MG CAPSULE	38009
FARYDAK 20 MG CAPSULE	38011
FEMARA 2.5 MG TABLET	49541
FLUTAMIDE 125 MG CAPSULE	25740
GLEEVEC 100 MG TABLET	19908
GLEEVEC 400 MG TABLET	19907
GLEOSTINE 10 MG CAPSULE	38431
GLEOSTINE 40 MG CAPSULE	38433
GLEOSTINE 100 MG CAPSULE	38432
HEXALEN 50 MG CAPSULE	34221
HYCAMTIN 0.25 MG CAPSULE	14254
HYCAMTIN 1 MG CAPSULE	14256
IBRANCE 75 MG CAPSULE	37825
IBRANCE 100 MG CAPSULE	37826
IBRANCE 125 MG CAPSULE	37827
ICLUSIG 45 MG TABLET	33874
ICLUSIG 15 MG TABLET	33873
IMBRUVICA 140 MG CAPSULE	35599
INLYTA 1 MG TABLET	31294
INLYTA 5 MG TABLET	31295
IRESSA 250 MG TABLET	19586
JAKAFI 5 MG TABLET	30892
JAKAFI 10 MG TABLET	30893
JAKAFI 15 MG TABLET	30894
JAKAFI 20 MG TABLET	30895
JAKAFI 25 MG TABLET	30896
LENVIMA 10 MG DAILY DOSE	37888
LENVIMA 14 MG DAILY DOSE	37887
LENVIMA 20 MG DAILY DOSE	37889

Step 1 (history of an antineoplastic agent)	
Required quantity: 1	
Look back timeframe: 365 days	
Label Name	GCN
LENVIMA 24 MG DAILY DOSE	37886
LETROZOLE 2.5 MG TABLET	49541
LEUKERAN 2 MG TABLET	38370
LYSODREN 500 MG TABLET	38710
MATULANE 50 MG CAPSULE	38740
MEKINIST 2 MG TABLET	34727
MEKINIST 0.5 MG TABLET	34726
MERCAPTOPURINE 50 MG TABLET	38520
METHOTREXATE 50 MG/2 ML VIAL	18936
METHOTREXATE 250 MG/10 ML VIAL	38466
MITOMYCIN 5 MG VIAL	38601
MITOMYCIN 20 MG VIAL	38600
MITOXANTRONE 20 MG/10 ML VIAL	07544
MITOXANTRONE 25 MG/12.5 ML VL	07544
MITOXANTRONE 30 MG/15 ML VIAL	07544
MYLERAN 2 MG TABLET	38420
NEXAVAR 200 MG TABLET	26263
NILANDRON 150 MG TABLET	22645
OFEV 100 MG CAPSULE	37272
OFEV 150 MG CAPSULE	37273
ONCASPAR 750 UNIT/ML VIAL	24231
PURIXAN 20 MG/ML ORAL SUSP	33277
RHEUMATREX 2.5 MG TABLET	17718
SOLTAMOX 10 MG/5 ML SOLN	50377
SPRYCEL 20 MG TABLET	27257
SPRYCEL 50 MG TABLET	27258
SPRYCEL 70 MG TABLET	27259
SPRYCEL 80 MG TABLET	29405
SPRYCEL 100 MG TABLET	99867
SPRYCEL 140MG TABLET	29406
STIVARGA 40MG TABLET	33363
SUTENT 12.5 MG CAPSULE	26452
SUTENT 25 MG CAPSULE	26453
SUTENT 37.5 MG CAPSULE	35596
SUTENT 50 MG CAPSULE	26454
SYNRIBO 3.5 MG/ML VIAL	33734

Step 1 (history of an antineoplastic agent)	
Required quantity: 1	
Look back timeframe: 365 days	
Label Name	GCN
TABLOID 40 MG TABLET	10290
TAMOXIFEN 10 MG TABLET	38720
TAMOXIFEN 20 MG TABLET	38721
TARCEVA 25 MG TABLET	23795
TARCEVA 100 MG TABLET	23794
TARCEVA 150 MG TABLET	23793
TARGRETIN 1% GEL	89921
TARGRETIN 75 MG SOFTGEL	92373
TASIGNA 150 MG CAPSULE	28737
TASIGNA 200 MG CAPSULE	99070
TEMODAR 20 MG CAPSULE	92903
TEMODAR 100 MG CAPSULE	92913
TEMODAR 140 MG CAPSULE	98310
TEMODAR 180 MG CAPSULE	98311
TEMODAR 250 MG CAPSULE	92933
TEMOZOLOMIDE 5 MG CAPSULE	92893
TEMOZOLOMIDE 20 MG CAPSULE	92903
TEMOZOLOMIDE 100 MG CAPSULE	92913
TEMOZOLOMIDE 250 MG CAPSULE	92933
TEMOZOLOMIDE 140 MG CAPSULE	98310
TEMOZOLOMIDE 180 MG CAPSULE	98311
TREXALL 5 MG TABLET	13134
TREXALL 7.5 MG TABLET	38485
TREXALL 10 MG TABLET	06484
TREXALL 15 MG TABLET	13135
TYKERB 250 MG TABLET	98140
VINBLASTINE 1 MG/ML VIAL	38970
VINCRISTINE 1 MG/ML VIAL	38572
VINCRISTINE 2 MG/2 ML VIAL	97630
VOTRIENT 200 MG TABLET	27829
XALKORI 250 MG CAPSULE	30457
XALKORI 200 MG CAPSULE	30458
XELODA 150 MG TABLET	31611
XELODA 500 MG TABLET	31612
XTANDI 40MG CAPSULE	33183
ZELBORAF 240 MG TABLET	30332

Step 1 (history of an antineoplastic agent)	
Required quantity: 1	
Look back timeframe: 365 days	
Label Name	GCN
ZOLINZA 100 MG CAPSULE	97345
ZYDELIG 100 MG TABLET	36884
ZYDELIG 150 MG TABLET	36885
ZYKADIA 150 MG CAPSULE	36447
ZYTIGA 250MG TABLET	29886

Step 2 (history of a chemotherapy-related procedural code)	
Required diagnosis: 1	
Look back timeframe: 365 days	
CPT Code	Description
77261	RADIATION THERAPY PLANNING
77262	RADIATION THERAPY PLANNING
77263	RADIATION THERAPY PLANNING
77280	SET RADIATION THERAPY FIELD
77285	SET RADIATION THERAPY FIELD
77290	SET RADIATION THERAPY FIELD
77295	SET RADIATION THERAPY FIELD
77299	RADIATION THERAPY PLANNING
77300	RADIATION THERAPY DOSE PLAN
77301	RADIOLTHERAPY DOS PLAN, IMRT
77305	RADIATION THERAPY DOSE PLAN
77310	RADIATION THERAPY DOSE PLAN
77315	RADIATION THERAPY DOSE PLAN
77321	RADIATION THERAPY PORT PLAN
77326	RADIATION THERAPY DOSE PLAN
77327	RADIATION THERAPY DOSE PLAN
77328	RADIATION THERAPY DOSE PLAN
77331	SPECIAL RADIATION DOSIMETRY
77332	RADIATION TREATMENT AID(S)
77333	RADIATION TREATMENT AID(S)
77334	RADIATION TREATMENT AID(S)
77336	RADIATION PHYSICS CONSULT
77338	DESIGN MLC DEVICE FOR IMRT
77370	RADIATION PHYSICS CONSULT
77371	SRS, MULTISOURCE

Step 2 (history of a chemotherapy-related procedural code)	
Required diagnosis: 1	
Look back timeframe: 365 days	
CPT Code	Description
77372	SRS, LINEAR BASED
77373	SBRT DELIVERY
77399	EXTERNAL RADIATION DOSIMETRY
77401	RADIATION TREATMENT DELIVERY
77402	RADIATION TREATMENT DELIVERY
77403	RADIATION TREATMENT DELIVERY
77404	RADIATION TREATMENT DELIVERY
77406	RADIATION TREATMENT DELIVERY
77407	RADIATION TREATMENT DELIVERY
77408	RADIATION TREATMENT DELIVERY
77409	RADIATION TREATMENT DELIVERY
77411	RADIATION TREATMENT DELIVERY
77412	RADIATION TREATMENT DELIVERY
77413	RADIATION TREATMENT DELIVERY
77414	RADIATION TREATMENT DELIVERY
77416	RADIATION TREATMENT DELIVERY
77417	RADIOLOGY PORT FILM(S)
77418	RADIATION TX DELIVERY, IMRT
77421	STEREOSCOPIC X-RAY GUIDANCE
77422	NEUTRON BEAM TX, SIMPLE
77423	NEUTRON BEAM TX, COMPLEX
77427	RADIATION TX MANAGEMENT, X5
77431	RADIATION THERAPY MANAGEMENT
77432	STEREOTACTIC RADIATION TRMT
77435	SBRT MANAGEMENT
77470	SPECIAL RADIATION TREATMENT
77499	RADIATION THERAPY MANAGEMENT
77520	PROTON TRMT, SIMPLE W/O COMP
77522	PROTON TRMT, SIMPLE W/COMP
77523	PROTON TRMT, INTERMEDIATE
77525	PROTON TREATMENT, COMPLEX
96401	CHEMO, ANTI-NEOPL, SQ/IM
96402	CHEMO HORMON ANTINEOPL SQ/IM
96405	CHEMO INTRALESIONAL, UP TO 7
96406	CHEMO INTRALESIONAL OVER 7
96409	CHEMO, IV PUSH, SNGL DRUG

Step 2 (history of a chemotherapy-related procedural code)	
Required diagnosis: 1	
Look back timeframe: 365 days	
CPT Code	Description
96411	CHEMO, IV PUSH, ADDL DRUG
96413	CHEMO, IV INFUSION, 1 HR
96415	CHEMO, IV INFUSION, ADDL HR
96416	CHEMO PROLONG INFUSE W/PUMP
96417	CHEMO IV INFUS EACH ADDL SEQ
96420	CHEMO, IA, PUSH TECHNIQUE
96422	CHEMO IA INFUSION UP TO 1 HR
96423	CHEMO IA INFUSE EACH ADDL HR
96425	CHEMOTHERAPY INFUSION METHOD
96440	CHEMOTHERAPY, INTRACAVITARY
96445	CHEMOTHERAPY, INTRACAVITARY
96450	CHEMOTHERAPY, INTO CNS
96521	REFILL/MAINT, PORTABLE PUMP
96542	CHEMOTHERAPY INJECTION
96549	CHEMOTHERAPY, UNSPECIFIED
J9000	DOXORUBICIN HCL INJECTION
J9001	DOXORUBICIN HCL LIPOSOME INJ
J9010	ALEMTUZUMAB INJECTION
J9015	ALDESLEUKIN INJECTION
J9020	ASPARAGINASE INJECTION
J9027	CLOFARABINE INJECTION
J9033	BENDAMUSTINE INJECTION
J9040	BLEOMYCIN SULFATE INJECTION
J9041	BORTEZOMIB INJECTION
J9045	CARBOPLATIN INJECTION
J9050	CARMUSTINE INJECTION
J9055	CETUXIMAB INJECTION
J9060	CISPLATIN 10 MG INJECTION
J9062	CISPLATIN 50 MG INJECTION
J9065	INJ CLADRIBINE PER 1 MG
J9070	CYCLOPHOSPHAMIDE 100 MG INJ
J9080	CYCLOPHOSPHAMIDE 200 MG INJ
J9090	CYCLOPHOSPHAMIDE 500 MG INJ
J9091	CYCLOPHOSPHAMIDE 1.0 GRM INJ
J9092	CYCLOPHOSPHAMIDE 2.0 GRM INJ
J9093	CYCLOPHOSPHAMIDE LYOPHILIZED

Step 2 (history of a chemotherapy-related procedural code)	
Required diagnosis: 1	
Look back timeframe: 365 days	
CPT Code	Description
J9094	CYCLOPHOSPHAMIDE LYOPHILIZED
J9095	CYCLOPHOSPHAMIDE LYOPHILIZED
J9096	CYCLOPHOSPHAMIDE LYOPHILIZED
J9097	CYCLOPHOSPHAMIDE LYOPHILIZED
J9098	CYTARABINE LIPOSOME INJ
J9100	CYTARABINE HCL 100 MG INJ
J9110	CYTARABINE HCL 500 MG INJ
J9120	DACTINOMYCIN INJECTION
J9130	DACARBAZINE 10 MG INJ
J9140	DACARBAZINE 200 MG INJ
J9150	DAUNORUBICIN INJECTION
J9151	DAUNORUBICIN CITRATE INJ
J9155	DEGARELIX INJECTION
J9160	DENILEUKIN DIFTITOX INJ
J9170	DOCETAXEL INJECTION
J9171	DOCETAXEL INJECTION
J9178	INJ, EPIRUBICIN HCL, 2 MG
J9181	ETOPOSIDE INJECTION
J9182	ETOPOSIDE 100 MG INJ
J9185	FLUDARABINE PHOSPHATE INJ
J9190	FLUOROURACIL INJECTION
J9200	FLOXURIDINE INJECTION
J9201	GEMCITABINE HCL INJECTION
J9206	IRINOTECAN INJECTION
J9207	IXABEPILONE INJECTION
J9208	IFOSFOMIDE INJECTION
J9211	IDARUBICIN HCL INJECTION
J9261	NELARABINE INJECTION
J9263	OXALIPLATIN
J9264	PACLITAXEL PROTEIN BOUND
J9265	PACLITAXEL INJECTION
J9266	PEGASPARGASE INJECTION
J9268	PENTOSTATIN INJECTION
J9280	MITOMYCIN 5 MG INJ
J9290	MITOMYCIN 20 MG INJ
J9291	MITOMYCIN 40 MG INJ

Step 2 (history of a chemotherapy-related procedural code)	
Required diagnosis: 1	
Look back timeframe: 365 days	
CPT Code	Description
J9303	PANITUMUMAB INJECTION
J9305	PEMETREXED INJECTION
J9320	STREPTOZOCIN INJECTION
J9328	TEMOZOLOMIDE INJECTION
J9330	TEMSIROLIMUS INJECTION
J9340	THIOTEPA INJECTION
J9350	TOPOTECAN INJECTION
J9355	TRASTUZUMAB INJECTION
J9357	VALRUBICIN INJECTION
J9360	VINBLASTINE SULFATE INJ
J9370	VINCRISTINE SULFATE 1 MG INJ
J9375	VINCRISTINE SULFATE 2 MG INJ
J9380	VINCRISTINE SULFATE 5 MG INJ
J9390	VINORELBINE TARTRATE INJ
J9600	PORFIMER SODIUM INJECTION
J9999	CHEMOTHERAPY DRUG

Step 3 (history of a radiation-induced nausea and vomiting procedural code)	
Required diagnosis: 1	
Look back timeframe: 365 days	
CPT Code	Description
77261	RADIATION THERAPY PLANNING
77262	RADIATION THERAPY PLANNING
77263	RADIATION THERAPY PLANNING
77280	SET RADIATION THERAPY FIELD
77285	SET RADIATION THERAPY FIELD
77290	SET RADIATION THERAPY FIELD
77295	SET RADIATION THERAPY FIELD
77299	RADIATION THERAPY PLANNING
77300	RADIATION THERAPY DOSE PLAN
77301	RADIOLTHERAPY DOS PLAN, IMRT
77305	RADIATION THERAPY DOSE PLAN
77310	RADIATION THERAPY DOSE PLAN
77315	RADIATION THERAPY DOSE PLAN
77321	RADIATION THERAPY PORT PLAN

Step 3 (history of a radiation-induced nausea and vomiting procedural code)	
Required diagnosis: 1	
Look back timeframe: 365 days	
CPT Code	Description
77326	RADIATION THERAPY DOSE PLAN
77327	RADIATION THERAPY DOSE PLAN
77328	RADIATION THERAPY DOSE PLAN
77331	SPECIAL RADIATION DOSIMETRY
77332	RADIATION TREATMENT AID(S)
77333	RADIATION TREATMENT AID(S)
77334	RADIATION TREATMENT AID(S)
77336	RADIATION PHYSICS CONSULT
77338	DESIGN MLC DEVICE FOR IMRT
77370	RADIATION PHYSICS CONSULT
77371	SRS, MULTISOURCE
77372	SRS, LINEAR BASED
77373	SBRT DELIVERY
77399	EXTERNAL RADIATION DOSIMETRY
77401	RADIATION TREATMENT DELIVERY
77402	RADIATION TREATMENT DELIVERY
77403	RADIATION TREATMENT DELIVERY
77404	RADIATION TREATMENT DELIVERY
77406	RADIATION TREATMENT DELIVERY
77407	RADIATION TREATMENT DELIVERY
77408	RADIATION TREATMENT DELIVERY
77409	RADIATION TREATMENT DELIVERY
77411	RADIATION TREATMENT DELIVERY
77412	RADIATION TREATMENT DELIVERY
77413	RADIATION TREATMENT DELIVERY
77414	RADIATION TREATMENT DELIVERY
77416	RADIATION TREATMENT DELIVERY
77417	RADIOLOGY PORT FILM(S)
77418	RADIATION TX DELIVERY, IMRT
77421	STEREOSCOPIC X-RAY GUIDANCE
77422	NEUTRON BEAM TX, SIMPLE
77423	NEUTRON BEAM TX, COMPLEX
77427	RADIATION TX MANAGEMENT, X5
77431	RADIATION THERAPY MANAGEMENT
77432	STEREOTACTIC RADIATION TRMT
77435	SBRT MANAGEMENT

Step 3 (history of a radiation-induced nausea and vomiting procedural code)	
Required diagnosis: 1	
Look back timeframe: 365 days	
CPT Code	Description
77470	SPECIAL RADIATION TREATMENT
77499	RADIATION THERAPY MANAGEMENT
77520	PROTON TRMT, SIMPLE W/O COMP
77522	PROTON TRMT, SIMPLE W/COMP
77523	PROTON TRMT, INTERMEDIATE
77525	PROTON TREATMENT, COMPLEX
96401	CHEMO, ANTI-NEOPL, SQ/IM
96402	CHEMO HORMON ANTINEOPL SQ/IM
96405	CHEMO INTRALESIONAL, UP TO 7
96406	CHEMO INTRALESIONAL OVER 7
96409	CHEMO, IV PUSH, SNGL DRUG
96411	CHEMO, IV PUSH, ADDL DRUG
96413	CHEMO, IV INFUSION, 1 HR
96415	CHEMO, IV INFUSION, ADDL HR
96416	CHEMO PROLONG INFUSE W/PUMP
96417	CHEMO IV INFUS EACH ADDL SEQ
96420	CHEMO, IA, PUSH TECHNIQUE
96422	CHEMO IA INFUSION UP TO 1 HR
96423	CHEMO IA INFUSE EACH ADDL HR
96425	CHEMOTHERAPY INFUSION METHOD
96440	CHEMOTHERAPY, INTRACAVITARY
96445	CHEMOTHERAPY, INTRACAVITARY
96450	CHEMOTHERAPY, INTO CNS
96521	REFILL/MAINT, PORTABLE PUMP
96542	CHEMOTHERAPY INJECTION
96549	CHEMOTHERAPY, UNSPECIFIED
J9000	DOXORUBICIN HCL INJECTION
J9001	DOXORUBICIN HCL LIPOSOME INJ
J9010	ALEMTUZUMAB INJECTION
J9015	ALDESLEUKIN INJECTION
J9020	ASPARAGINASE INJECTION
J9027	CLOFARABINE INJECTION
J9033	BENDAMUSTINE INJECTION
J9040	BLEOMYCIN SULFATE INJECTION
J9041	BORTEZOMIB INJECTION
J9045	CARBOPLATIN INJECTION

Step 3 (history of a radiation-induced nausea and vomiting procedural code)	
Required diagnosis: 1	
Look back timeframe: 365 days	
CPT Code	Description
J9050	CARMUSTINE INJECTION
J9055	CETUXIMAB INJECTION
J9060	CISPLATIN 10 MG INJECTION
J9062	CISPLATIN 50 MG INJECTION
J9065	INJ CLADRIBINE PER 1 MG
J9070	CYCLOPHOSPHAMIDE 100 MG INJ
J9080	CYCLOPHOSPHAMIDE 200 MG INJ
J9090	CYCLOPHOSPHAMIDE 500 MG INJ
J9091	CYCLOPHOSPHAMIDE 1.0 GRM INJ
J9092	CYCLOPHOSPHAMIDE 2.0 GRM INJ
J9093	CYCLOPHOSPHAMIDE LYOPHILIZED
J9094	CYCLOPHOSPHAMIDE LYOPHILIZED
J9095	CYCLOPHOSPHAMIDE LYOPHILIZED
J9096	CYCLOPHOSPHAMIDE LYOPHILIZED
J9097	CYCLOPHOSPHAMIDE LYOPHILIZED
J9098	CYTARABINE LIPOSOME INJ
J9100	CYTARABINE HCL 100 MG INJ
J9110	CYTARABINE HCL 500 MG INJ
J9120	DACTINOMYCIN INJECTION
J9130	DACARBAZINE 10 MG INJ
J9140	DACARBAZINE 200 MG INJ
J9150	DAUNORUBICIN INJECTION
J9151	DAUNORUBICIN CITRATE INJ
J9155	DEGARELIX INJECTION
J9160	DENILEUKIN DIFTITOX INJ
J9170	DOCETAXEL INJECTION
J9171	DOCETAXEL INJECTION
J9178	INJ, EPIRUBICIN HCL, 2 MG
J9181	ETOPOSIDE INJECTION
J9182	ETOPOSIDE 100 MG INJ
J9185	FLUDARABINE PHOSPHATE INJ
J9190	FLUOROURACIL INJECTION
J9200	FLOXURIDINE INJECTION
J9201	GEMCITABINE HCL INJECTION
J9206	IRINOTECAN INJECTION
J9207	IXABEPILONE INJECTION

Step 3 (history of a radiation-induced nausea and vomiting procedural code)	
Required diagnosis: 1	
Look back timeframe: 365 days	
CPT Code	Description
J9208	IFOSFOMIDE INJECTION
J9211	IDARUBICIN HCL INJECTION
J9261	NELARABINE INJECTION
J9263	OXALIPLATIN
J9264	PACLITAXEL PROTEIN BOUND
J9265	PACLITAXEL INJECTION
J9266	PEGASPARGASE INJECTION
J9268	PENTOSTATIN INJECTION
J9280	MITOMYCIN 5 MG INJ
J9290	MITOMYCIN 20 MG INJ
J9291	MITOMYCIN 40 MG INJ
J9303	PANITUMUMAB INJECTION
J9305	PEMETREXED INJECTION
J9320	STREPTOZOCIN INJECTION
J9328	TEMOZOLOMIDE INJECTION
J9330	TEMSIROLIMUS INJECTION
J9340	THIOTEPA INJECTION
J9350	TOPOTECAN INJECTION
J9355	TRASTUZUMAB INJECTION
J9357	VALRUBICIN INJECTION
J9360	VINBLASTINE SULFATE INJ
J9370	VINCRIStINE SULFATE 1 MG INJ
J9375	VINCRIStINE SULFATE 2 MG INJ
J9380	VINCRIStINE SULFATE 5 MG INJ
J9390	VINOReLBINE TARTRATE INJ
J9600	PORFIMER SODIUM INJECTION
J9999	CHEMOTHERAPY DRUG

Step 4 (diagnosis of excessive vomiting during pregnancy)	
Required diagnosis: 1	
Look back timeframe: 320 days	
ICD-10 Code	Description
O211	HYPEREMESIS GRAVIDARUM WITH METABOLIC DISTURBANCE
O212	LATE VOMITING OF PREGNANCY
O219	VOMITING OF PREGNANCY UNSPECIFIED



Antiemetics

Clinical Criteria References

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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
02/29/2012	<ul style="list-style-type: none"> Separated Zofran from other antiemetics and created two sections: Antiemetics (Zofran) and Antiemetics (Excluding Zofran) Added new sections to specify the drugs requiring prior authorization for each form of antiemetics In each "Clinical Edit Supporting Tables" section, revised section to specify the drug names and GCNs pertinent to step 2 of the logic diagram In each "Clinical Edit Supporting Tables" section, revised section to specify the procedure codes pertinent to steps 3 and 4 of the logic diagram In each "Clinical Edit Supporting Tables" section, revised section to specify the diagnosis codes pertinent to step 5 of the logic diagram
10/24/2012	<ul style="list-style-type: none"> Removed Zofran from clinical edit criteria guide
02/07/2013	<ul style="list-style-type: none"> Added Granisetron HCL 0.1 mg/ml vial (GCN 23756) to the "Drugs Requiring Prior Authorization" table
04/03/2015	<ul style="list-style-type: none"> Updated to include ICD-10s
06/07/2015	<ul style="list-style-type: none"> Added GCNs for Akynzeo and Aloxi to the "Drugs Requiring Prior Authorization" table
05/27/2016	<ul style="list-style-type: none"> Updated 'Drugs Requiring PA' (remove Aloxi), page 2 Reviewed and updated Table 1, page 5 Updated references, page 19
07/22/2016	<ul style="list-style-type: none"> Added GCN for Varubi to 'Drugs Requiring PA', page 2 Updated references, page 19
03/22/2019	<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