

**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

Annual review by staff

Removed GCN for Emend 40mg capsule (27278) – product has been discontinued)

Added GCNs for abiraterone (29886, 43205), Afinitor (20844, 28783, 20784, 31396), Alecensa (40299), Alunbrig (44305, 43325, 43326, 44306), Ayvakit (47516, 47517, 49825, 47518, 49826), bexarotene (92373), Braftovi (44925), Brukinsa (47336), Cabometyx (41146, 41147, 41148), Calquence (44011), cyclophosphamide (38360, 38361), dactinomycin (96679), erlotinib (23794, 23793, 23795), everolimus (20844, 28783, 20784, 31396), Exkivity (50987), flurorouracil (30781), Fotivda (46287, 46162), Gavreto (48566), Gazyva (35532), Gleevec (19908, 19907), Iclusig (49081, 42806), imatinib (19908, 19907), Inqovi (48323), Inrebic (46818), Kisqali (43162, 43166, 43167), lapatinib (98140), Lonsurf (39596, 39597), Lynparza (43766, 43765), Nerlynx (43613), Ninlaro (40189, 40193, 40194), Nubeqa (46746), Onureg (48545, 48450), Orgovyx (49005), Pemazyre (47935, 47933, 47934), Piqray (46362, 46359, 46358), Pomalyst (34147, 34148, 34149, 34150), Qinlock (48075), Retevmo (48025, 48026), Revlimid (26315, 27276, 31911, 34743, 27277, 26314), Rozlytrek (46815, 46816), Rubraca (42795, 43453, 42796), Rydapt (43327), Somatuline depot (15132, 98956, 15127), sunitinib (26452, 26453, 35596, 26454), Tabrirecta (48012, 48013), Tafinlar (34723, 34724), Tagrisso (40132, 40133), Talzenna (45596, 45595), Tazverik (47619), Tepmetko (49154), Tibsovo (45016), toremifene (42721), Truseltiq (49714, 49715, 49708, 49713), Tukysa (47931, 47929), Ukoniq (49168), Venclexta (41049, 41052, 41051, 41048), Verzenio (43917, 43916, 43915, 43198), Vitrakvi (45794, 45789, 45793), Welireg (50046), Xospata (45803), Xpovio (46635, 49539, 49534, 49533, 46637, 49537, 46636, 49538, 46634), Xtandi (46626, 48452), Yonsa (44795), and Zejula (43217)

Updated references



Antiemetics

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
APREPITANT 40 MG CAPSULE	27278
APREPITANT 80 MG CAPSULE	19365
APREPITANT 125 MG CAPSULE	19366
APREPITANT 125-80-820 PACK	19367
EMEND 80 MG CAPSULE	19365
EMEND 125 MG POWDER PACKET	40344
EMEND TRIFOLD PACK	19367
GRANISETRON HCL 1 MG TABLET	06019
GRANISETRON HCL 1 MG/ML VIAL	99267
GRANISETRON HCL 4 MG/4 ML VIAL	60548
SANCUSO 3.1 MG/24 HR PATCH	14348



Antiemetics

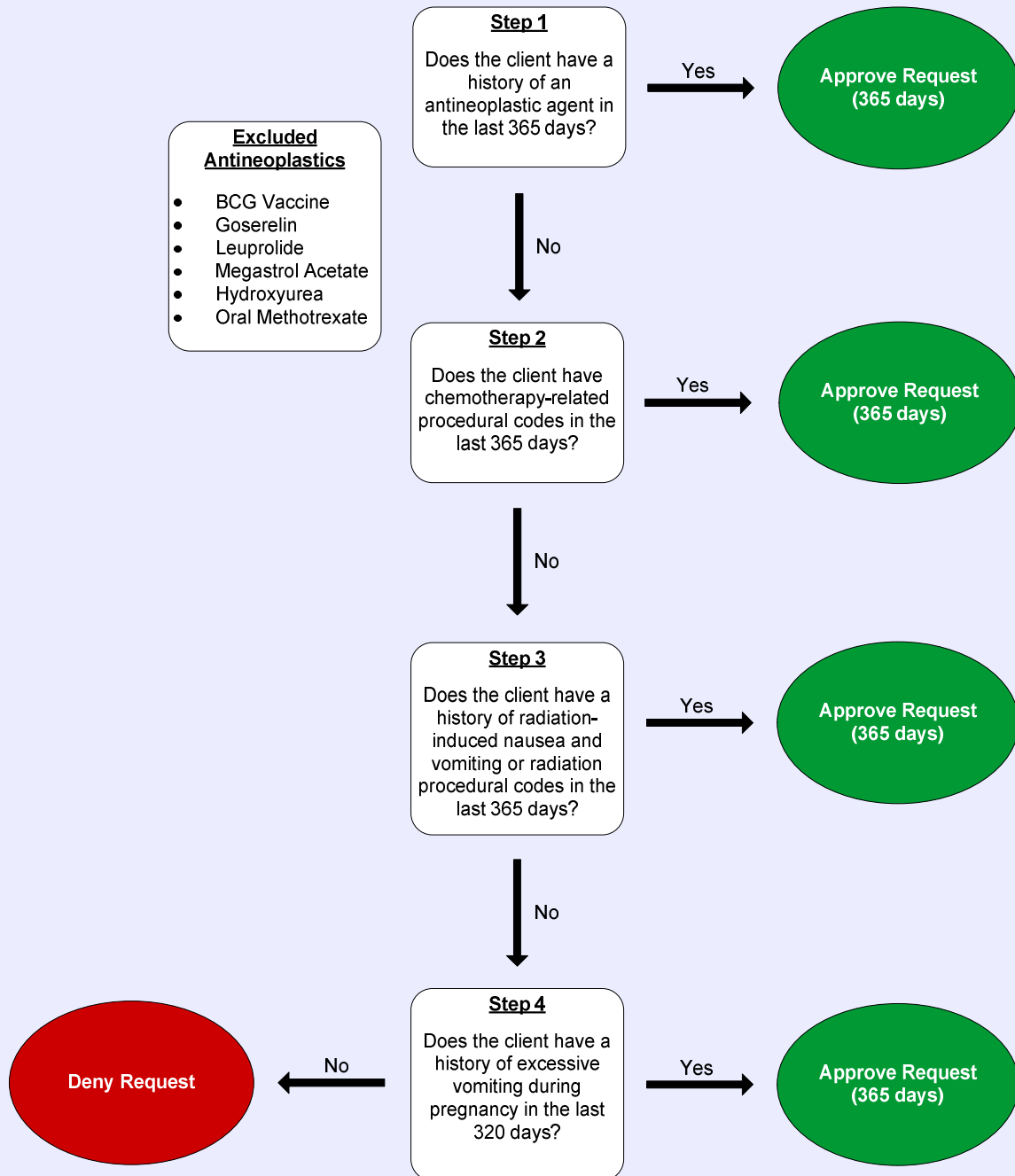
Clinical Criteria Logic

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)



Antiemetics

Clinical Criteria Logic Diagram





Antiemetics

Clinical Criteria Supporting Tables

Step 1 (history of an antineoplastic agent) Required quantity: 1 Look back timeframe: 365 days	
Label Name	GCN
ABIRATERONE ACETATE 250 MG TAB	29886
ABIRATERONE 500 MG TABLET	43205
AFINITOR 10 MG TABLET	20844
AFINITOR 2.5 MG TABLET	28783
AFINITOR 5 MG TABLET	20784
AFINITOR 7.5 MG TABLET	31396
ALECENSA 150 MG CAPSULE	40299
ALKERAN 2 MG TABLET	38380
ALUNBRIG 180 MG TABLET	44305
ALUNBRIG 30 MG TABLET	43325
ALUNBRIG 90 MG TABLET	43326
ALUNBRIG 90 MG-180 MG TAB PACK	44306
ANASTROZOLE 1 MG TABLET	24410
ARIMIDEX 1 MG TABLET	24410
AROMASIN 25 MG TABLET	92896
AYVAKIT 100MG TABLET	47516
AYVAKIT 200 MG TABLET	47517
AYVAKIT 25 MG TABLET	49825
AYVAKIT 300 MG TABLET	47518
AYVAKIT 50 MG TABLET	49826
AZACITIDINE 100 MG VIAL	22663
BEXAROTENE 75 MG CAPSULE	92373
BICALUTAMIDE 50 MG TABLET	00450
BOSULIF 100 MG TABLET	33199
BOSULIF 500 MG TABLET	33202
BRAFTOVI 75 MG CAPSULE	44925
BRUKINSA 80 MG CAPSULE	47336
CABOMETYX 20 MG TABLET	41146
CABOMETYX 40 MG TABLET	41147
CABOMETYX 60 MG TABLET	41148

Step 1 (history of an antineoplastic agent)	
Required quantity: 1	
Look back timeframe: 365 days	
Label Name	GCN
CALQUENCE 100 MG CAPSULE	44011
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 25 MG TABLET	38360
CYCLOPHOSPHAMIDE 50 MG CAPSULE	35318
CYCLOPHOSPHAMIDE 50 MG TABLET	38361
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
DACTINOMYCIN 500 MCG VIAL	96679
EFUDEX 5% CREAM	30781
EMCYT 140 MG CAPSULE	38700
ERIVEDGE 150 MG CAPSULE	31307
ERLOTINIB HCL 100 MG TABLET	23794
ERLOTINIB HCL 150 MG TABLET	23793
ERLOTINIB HCL 25 MG TABLET	23795
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
EVEROLIMUS 10 MG TABLET	20844
EVEROLIMUS 2.5 MG TABLET	28783
EVEROLIMUS 5 MG TABLET	20784
EVEROLIMUS 7.5 MG TABLET	31396
EXEMESTANE 25MG TABLET	92896
EXKIVITY 40 MG CAPSULE	50987
FARESTON 60 MG TABLET	42721

Step 1 (history of an antineoplastic agent)	
Required quantity: 1	
Look back timeframe: 365 days	
Label Name	GCN
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
FLUOROURACIL 5% CREAM	30781
FOTIVDA 1.34 MG CAPSULE	46287
FOTIVDA 0.89 MG CAPSULE	46162
GAVRETO 100 MG CAPSULE	48566
GAZYVA 1,000 MG/40 ML VIAL	35532
GLEEVEC 100 MG TABLET	19908
GLEEVEC 400 MG TABLET	19907
HYCAMTIN 1 MG CAPSULE	14256
IBRANCE 75 MG CAPSULE	37825
IBRANCE 100 MG CAPSULE	37826
IBRANCE 125 MG CAPSULE	37827
IBRANCE 75 MG TABLET	47256
IBRANCE 100 MG TABLET	47257
IBRANCE 125 MG TABLET	47258
ICLUSIG 10 MG TABLET	49081
ICLUSIG 15 MG TABLET	33873
ICLUSIG 30 MG TABLET	42806
ICLUSIG 45 MG TABLET	33874
IDHIFA 100 MG TABLET	43689
IDHIFA 50MG TABLET	43688
IMBRUVICA 140 MG CAPSULE	35599
IMBRUVICA 70 MG CAPSULE	44475
IMBRUVICA 140 MG TABLET	44465
IMBRUVICA 280 MG TABLET	44466
IMBRUVICA 420 MG TABLET	44467
IMBRUVICA 560 MG TABLET	44468
IMATINIB 100 MG TABLET	19908
IMATINIB 400 MG TABLET	19907
INLYTA 1 MG TABLET	31294
INLYTA 5 MG TABLET	31295
INQOVI 35 MG-100 MG TABLET	48323

Step 1 (history of an antineoplastic agent)	
Required quantity: 1	
Look back timeframe: 365 days	
Label Name	GCN
INREBIC 100 MG CAPSULE	46818
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
KISQALI 200 MG DAILY DOSE	43162
KISQALI 400 MG DAILY DOSE	43166
KISQALI 600 MG DAILY DOSE	43167
KISQALI FEMARA 200 MG CO-PACK	43366
KISQALI FEMARA 400 MG CO-PACK	43368
KISQALI FEMARA 600 MG CO-PACK	43369
LAPATINIB 250 MG TABLET	98140
LENVIMA 4 MG CAPSULE	38885
LENVIMA 8 MG DAILY DOSE	41403
LENVIMA 10 MG DAILY DOSE	37888
LENVIMA 12 MG DAILY DOSE	45161
LENVIMA 14 MG DAILY DOSE	37887
LENVIMA 18 MG DAILY DOSE	41404
LENVIMA 20 MG DAILY DOSE	37889
LENVIMA 24 MG DAILY DOSE	37886
LETROZOLE 2.5 MG TABLET	49541
LEUKERAN 2 MG TABLET	38370
LONSURF 15 MG-6.14 MG TABLET	39596
LONSURF 20 MG-8.19 MG TABLET	39597
LYNPARZA 100 MG TABLET	43766
LYNPARZA 150 MG TABLET	43765
LYSODREN 500 MG TABLET	38710
MATULANE 50 MG CAPSULE	38740
MEKINIST 2 MG TABLET	34727
MEKINIST 0.5 MG TABLET	34726
MEKTOVI 15 MG TABLET	44926
MELPHALAN 2 MG TABLET	38380
MERCAPTOPYRINE 50 MG TABLET	38520
METHOTREXATE 2.5 MG TABLET	38489

Step 1 (history of an antineoplastic agent)	
Required quantity: 1	
Look back timeframe: 365 days	
Label Name	GCN
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
NERLYNX 40 MG TABLET	43613
NEXAVAR 200 MG TABLET	26263
NINLARO 2.3 MG CAPSULE	40189
NINLARO 3 MG CAPSULE	40193
NINLARO 4 MG CAPSULE	40194
NUBEQA 300 MG TABLET	46746
OFEV 100 MG CAPSULE	37272
OFEV 150 MG CAPSULE	37273
ONUREG 200 MG TABLET	48545
ONUREG 300 MG TABLET	48450
ORGOVYX 120 MG TABLET	49005
PEMAZYRE 13.5 MG TABLET	47935
PEMAZYRE 4.5 MG TABLET	47933
PEMAZYRE 9 MG TABLET	47934
PIQRAY 200 MG DAILY DOSE PACK	46362
PIQRAY 250 MG DAILY DOSE PACK	46359
PIQRAY 300 MG DAILY DOSE PACK	46358
POMALYST 1 MG CAPSULE	34147
POMALYST 2 MG CAPSULE	34148
POMALYST 3 MG CAPSULE	34149
POMALYST 4 MG CAPSULE	34150
PURIXAN 20 MG/ML ORAL SUSP	33277
QINLOCK 50 MG TABLET	48075
RETEVMO 40 MG CAPSULE	48025
RETEVMO 80 MG CAPSULE	48026
REVLIMID 10 MG CAPSULE	26315
REVLIMID 15 MG CAPSULE	27276
REVLIMID 2.5 MG CAPSULE	31911

Step 1 (history of an antineoplastic agent)	
Required quantity: 1	
Look back timeframe: 365 days	
Label Name	GCN
REVLIMID 20 MG CAPSULE	34743
REVLIMID 25 MG CAPSULE	27277
REVLIMID 5 MG CAPSULE	26314
ROZLYTREK 100 MG CAPSULE	46815
ROZLYTREK 200 MG CAPSULE	46816
RUBRACA 200 MG TABLET	42795
RUBRACA 250 MG TABLET	43453
RUBRACA 300 MG TABLET	42796
RYDAPT 25 MG CAPSULE	43327
SOLTAMOX 10 MG/5 ML SOLN	50377
SOMATULINE DEPOT 120 MG/0.5 ML	15132
SOMATULINE DEPOT 60 MG/0.2 ML	98956
SOMATULINE DEPOT 90 MG/0.3 ML	15127
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
SUNITINIB MALATE 12.5 MG CAP	26452
SUNITINIB MALATE 25 MG CAPSULE	26453
SUNITINIB MALATE 37.5 MG CAP	35596
SUNITINIB MALATE 50 MG CAPSULE	26454
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
TABRECTA 150 MG TABLET	48012
TABRECTA 200 MG TABLET	48013
TABLOID 40 MG TABLET	10290
TAFINLAR 50 MG CAPSULE	34723
TAFINLAR 75 MG CAPSULE	34724
TAGRISSO 40 MG TABLET	40132
TAGRISSO 80 MG TABLET	40133

Step 1 (history of an antineoplastic agent)	
Required quantity: 1	
Look back timeframe: 365 days	
Label Name	GCN
TALZENNA 1 MG CAPSULE	45596
TALZENNA 0.25 MG CAPSULE	45595
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 75 MG SOFTGEL	92373
TASIGNA 150 MG CAPSULE	28737
TASIGNA 200 MG CAPSULE	99070
TAZVERIK 200 MG TABLET	47619
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
TEPMETKO 225 MG TABLET	49154
TIBSOVO 250 MG TABLET	45016
TOREMIFENE CITRATE 60 MG TABLET	42721
TREXALL 5 MG TABLET	13134
TREXALL 7.5 MG TABLET	38485
TREXALL 10 MG TABLET	06484
TREXALL 15 MG TABLET	13135
TRUSELTIQ 100 MG DAILY DOSE PK	49714
TRUSELTIQ 125 MG DAILY DOSE PK	49715
TRUSELTIQ 50 MG DAILY DOSE PK	49708
TRUSELTIQ 75 MG DAILY DOSE PK	49713
TUKYSA 150 MG TABLET	47931
TUKYSA 50 MG TABLET	47929
TYKERB 250 MG TABLET	98140

Step 1 (history of an antineoplastic agent)	
Required quantity: 1	
Look back timeframe: 365 days	
Label Name	GCN
UKONIQ 200 MG TABLET	49168
VENCLEXTA 10 MG TAB (10 MG X 2)	41049
VENCLEXTA 10 MG TABLET	41049
VENCLEXTA 100 MG TABLET	41052
VENCLEXTA 50 MG TABLET	41051
VENCLEXTA STARTING PACK	41048
VERZENIO 100 MG TABLET	43917
VERZENIO 150 MG TABLET	43916
VERZENIO 200 MG TABLET	43915
VERZENIO 50 MG TABLET	43918
VINBLASTINE 1 MG/ML VIAL	38970
VINCRISTINE 1 MG/ML VIAL	38572
VINCRISTINE 2 MG/2 ML VIAL	97630
VITRAKVI 100 MG CAPSULE	45794
VITRAKVI 20 MG/ML SOLUTION	45789
VITRAKVI 25 MG CAPSULE	45793
VOTRIENT 200 MG TABLET	27829
WELIREG 40 MG TABLET	50046
XALKORI 250 MG CAPSULE	30457
XALKORI 200 MG CAPSULE	30458
XELODA 150 MG TABLET	31611
XELODA 500 MG TABLET	31612
XOSPATA 40 MG TABLET	45803
XPOVIO 100 MG ONCE WEEKLY DOSE	46635
XPOVIO 100 MG ONCE WEEKLY DOSE	49539
XPOVIO 40 MG ONCE WEEKLY DOSE	49534
XPOVIO 40 MG TWICE WEEKLY DOSE	49533
XPOVIO 60 MG ONCE WEEKLY DOSE	46637
XPOVIO 60 MG ONCE WEEKLY DOSE	49537
XPOVIO 80 MG ONCE WEEKLY DOSE	46636
XPOVIO 80 MG ONCE WEEKLY DOSE	49538
XPOVIO 80 MG TWICE WEEKLY DOSE	46634
XTANDI 40MG CAPSULE	33183
XTANDI 40 MG TABLET	46626
XTANDI 80 MG TABLET	48452

Step 1 (history of an antineoplastic agent)	
Required quantity: 1	
Look back timeframe: 365 days	
Label Name	GCN
YONSA 125 MG TABLET	44795
ZEJULA 100 MG CAPSULE	43217
ZELBORAF 240 MG TABLET	30332
ZOLINZA 100 MG CAPSULE	97345
ZYDELIG 100 MG TABLET	36884
ZYDELIG 150 MG TABLET	36885
ZYTIGA 250MG TABLET	29886
ZYTIGA 500 MG TABLET	43205

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

Step 2 (history of a chemotherapy-related procedural code)	
Required diagnosis: 1	
Look back timeframe: 365 days	
CPT Code	Description
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
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

Step 2 (history of a chemotherapy-related procedural code)	
Required diagnosis: 1	
Look back timeframe: 365 days	
CPT Code	Description
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
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

Step 2 (history of a chemotherapy-related procedural code)	
Required diagnosis: 1	
Look back timeframe: 365 days	
CPT Code	Description
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
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

Step 2 (history of a chemotherapy-related procedural code)	
Required diagnosis: 1	
Look back timeframe: 365 days	
CPT Code	Description
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 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

Step 3 (history of a radiation-induced nausea and vomiting procedural code)	
Required diagnosis: 1	
Look back timeframe: 365 days	
CPT Code	Description
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
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

Step 3 (history of a radiation-induced nausea and vomiting procedural code)	
Required diagnosis: 1	
Look back timeframe: 365 days	
CPT Code	Description
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
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

Step 3 (history of a radiation-induced nausea and vomiting procedural code)	
Required diagnosis: 1	
Look back timeframe: 365 days	
CPT Code	Description
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
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

Step 3 (history of a radiation-induced nausea and vomiting procedural code)	
Required diagnosis: 1	
Look back timeframe: 365 days	
CPT Code	Description
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
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

Step 4 (diagnosis of excessive vomiting during pregnancy)**Required diagnosis: 1****Look back timeframe: 320 days**

ICD-10 Code	Description
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 Added GCN for Emend 125 mg powder packet Reviewed and updated Table 1 Updated references
02/17/2021	<ul style="list-style-type: none"> Annual review by staff Added GCN 40344 (Emend powder packet) to drug table Updated Table 1 Updated references
07/05/2022	<ul style="list-style-type: none"> Annual review by staff Removed GCN for Emend 40mg capsule (27278) – product has been discontinued)

Publication Date	Notes
	<ul style="list-style-type: none"> • Added GCNs for abiraterone (29886, 43205), Afinitor (20844, 28783, 20784, 31396), Alecensa (40299), Alunbrig (44305, 43325, 43326, 44306), Ayvakit (47516, 47517, 49825, 47518, 49826), bexarotene (92373), Braftovi (44925), Brukinsa (47336), Cabometyx (41146, 41147, 41148), Calquence (44011), cyclophosphamide (38360, 38361), dactinomycin (96679), erlotinib (23794, 23793, 23795), everolimus (20844, 28783, 20784, 31396), Exkivity (50987), flurorouracil (30781), Fotivda (46287, 46162), Gavreto (48566), Gazyva (35532), Gleevec (19908, 19907), Iclusig (49081, 42806), imatinib (19908, 19907), Inqovi (48323), Inrebic (46818), Kisqali (43162, 43166, 43167), lapatinib (98140), Lonsurf (39596, 39597), Lynparza (43766, 43765), Nerlynx (43613), Ninlaro (40189, 40193, 40194), Nubeqa (46746), Onureg (48545, 48450), Orgovyx (49005), Pemazyre (47935, 47933, 47934), Piqray (46362, 46359, 46358), Pomalyst (34147, 34148, 34149, 34150), Qinlock (48075), Retevmo (48025, 48026), Revlimid (26315, 27276, 31911, 34743, 27277, 26314), Rozlytrek (46815, 46816), Rubraca (42795, 43453, 42796), Rydapt (43327), Somatuline depot (15132, 98956, 15127), sunitinib (26452, 26453, 35596, 26454), Tabrirecta (48012, 48013), Tafinlar (34723, 34724), Tagrisso (40132, 40133), Talzenna (45596, 45595), Tazverik (47619), Tepmetko (49154), Tibsovo (45016), toremifene (42721), Truseltiq (49714, 49715, 49708, 49713), Tukysa (47931, 47929), Ukoniq (49168), Venclexta (41049, 41052, 41051, 41048), Verzenio (43917, 43916, 43915, 43198), Vitrakvi (45794, 45789, 45793), Welireg (50046), Xospata (45803), Xpovio (46635, 49539, 49534, 49533, 46637, 49537, 46636, 49538, 46634), Xtandi (46626, 48452), Yonsa (44795), and Zejula (43217) • Updated references