

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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Motegrity (Prucalopride)

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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

Addition of clinical criteria for Motegrity (prucalopride) as approved by the DUR Board at the July 2019 meeting

Updated references, pages 59-60



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)

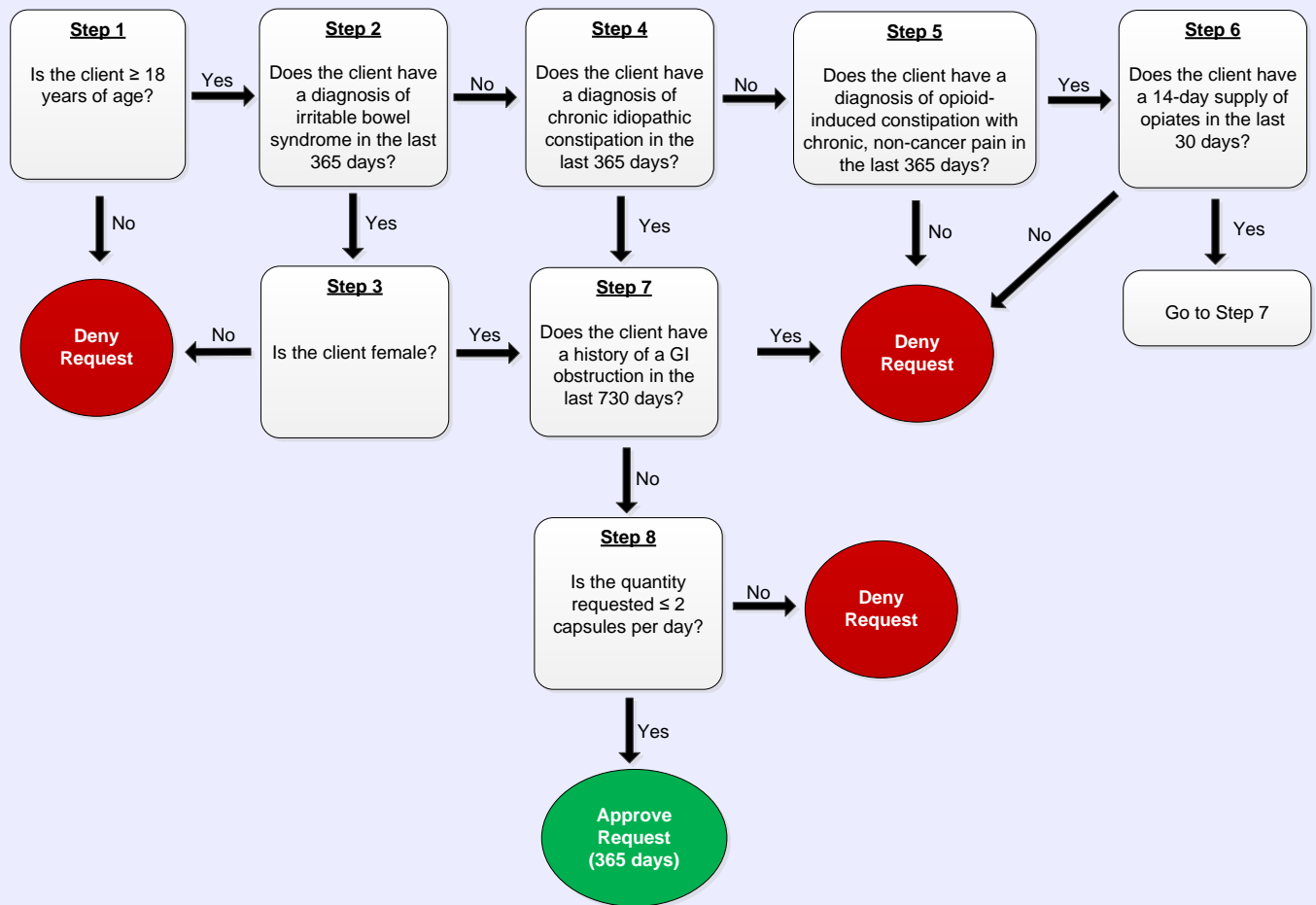
Clinical Criteria Logic

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
GUAIA TUSSIN 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)

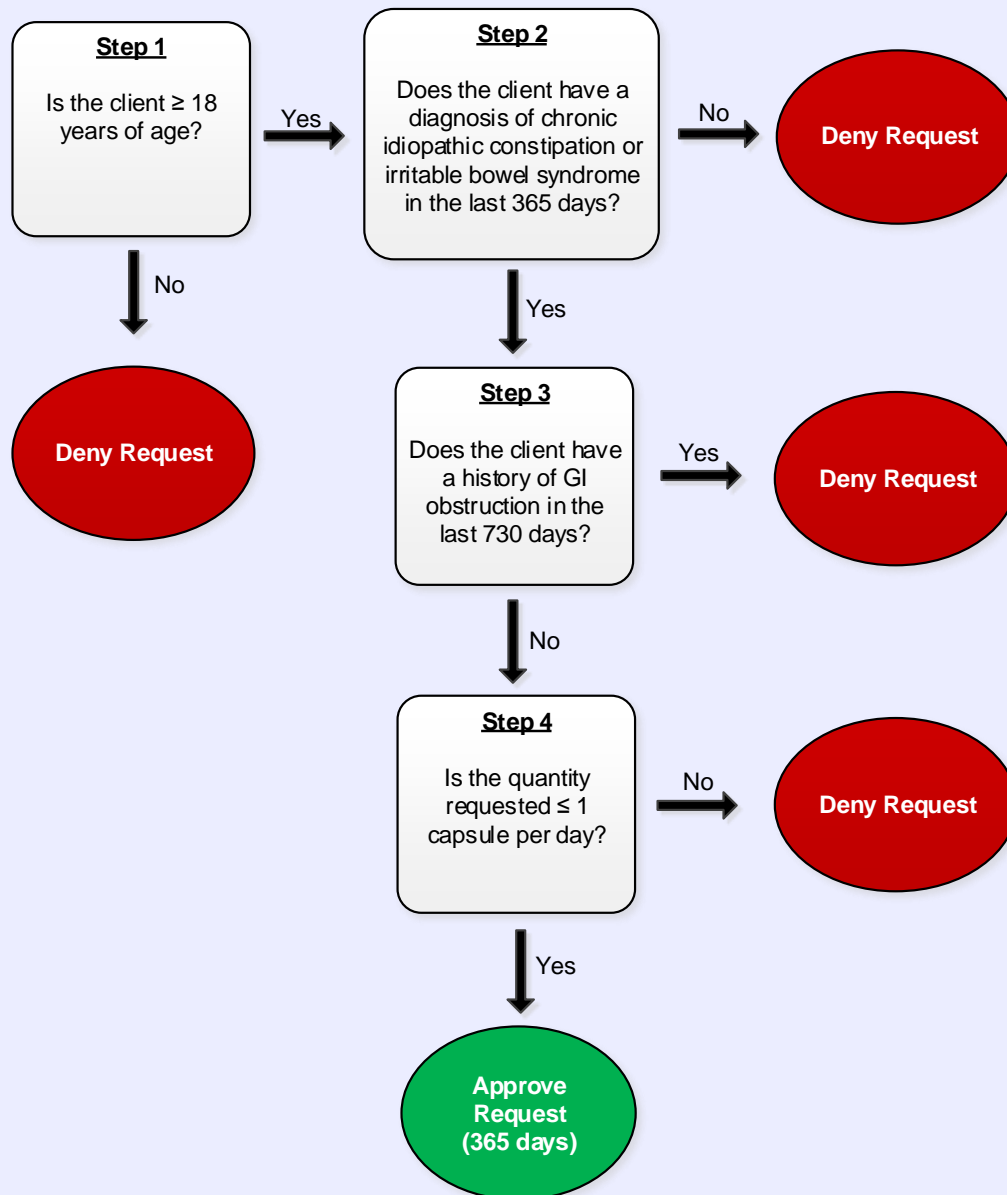
Clinical Criteria Logic

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)

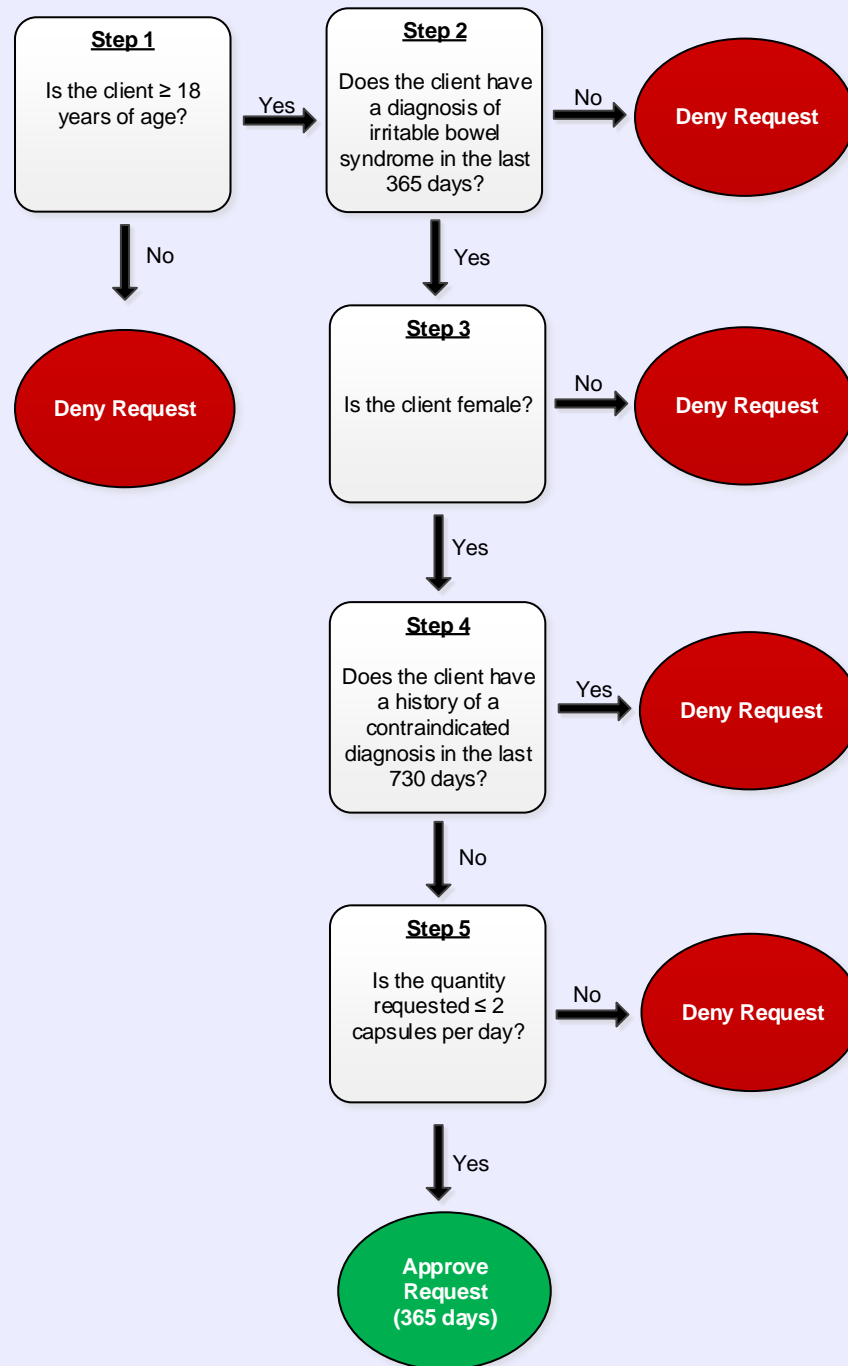
Clinical Criteria Logic

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



Motegrity (Prucalopride)

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
MOTTEGRITY 1 MG TABLET	28446
MOTTEGRITY 2 MG TABLET	28445



Motegrity (Prucalopride)

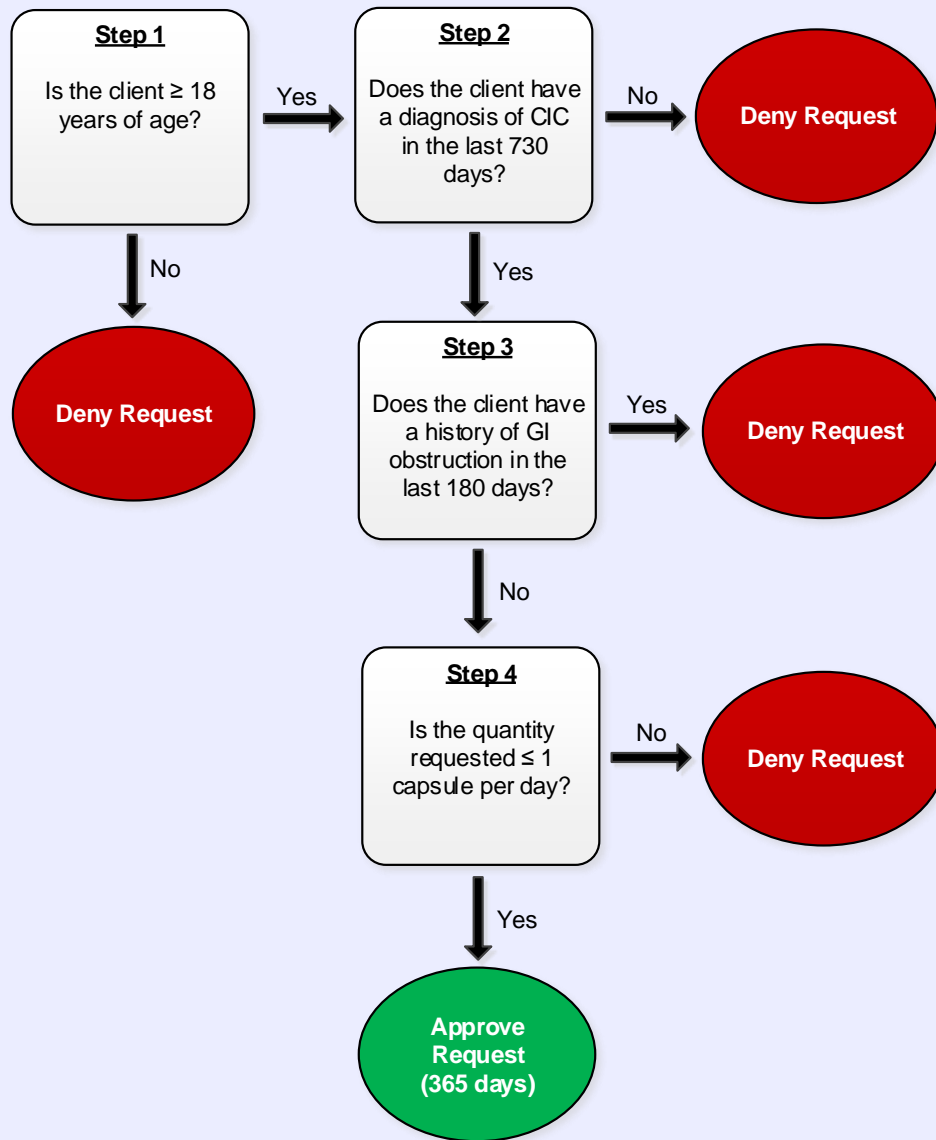
Clinical Criteria Logic

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 (CIC)** in the last 730 days?
 Yes (Go to #3)
 No (Deny)
3. Does the client have a history of a **GI obstruction** in the last 180 days?
 Yes (Deny)
 No (Go to #4)
4. Is the quantity being requested less than or equal to (\leq) 1 tablet per day?
 Yes (Approve - 365 days)
 No (Deny)



Motegrity (Prucalopride)

Clinical Criteria Logic Diagram





Motegrity (Prucalopride)

Clinical Criteria Supporting Tables

Step 2 (diagnosis of chronic idiopathic constipation)

Required quantity: 1

Look back timeframe: 730 days

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

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

Step 3 (diagnosis of GI obstruction)

Required quantity: 1

Look back timeframe: 180 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.



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

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Drugs Requiring Prior Authorization	
Label Name	GCN
MOVANTIK 12.5MG TABLET	37725
MOVANTIK 25MG TABLET	37726
SYMPROIC 0.2MG TABLET	43216

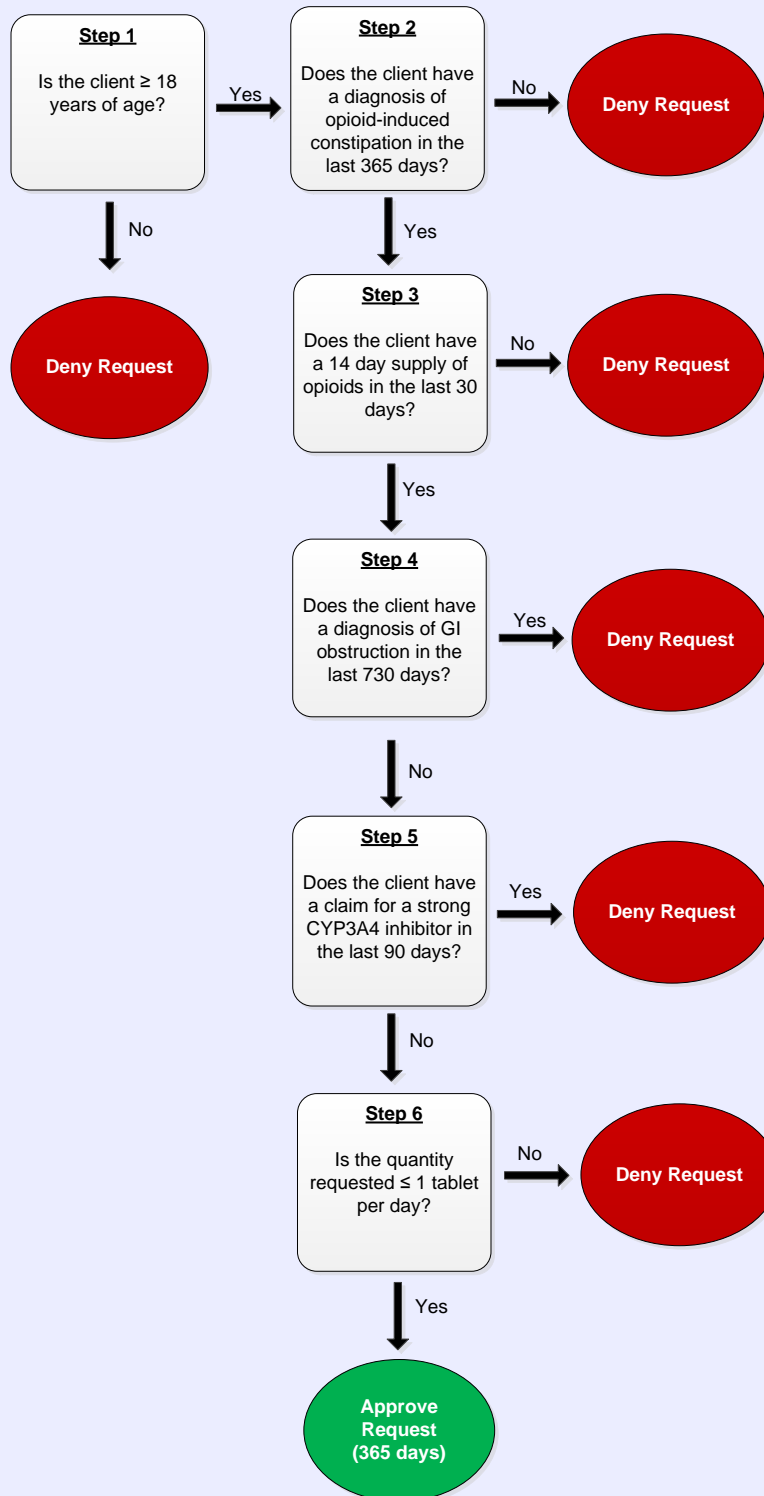


Movantik (Naloxegol)
Symproic (Naldemedine)
Clinical Criteria Logic

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)

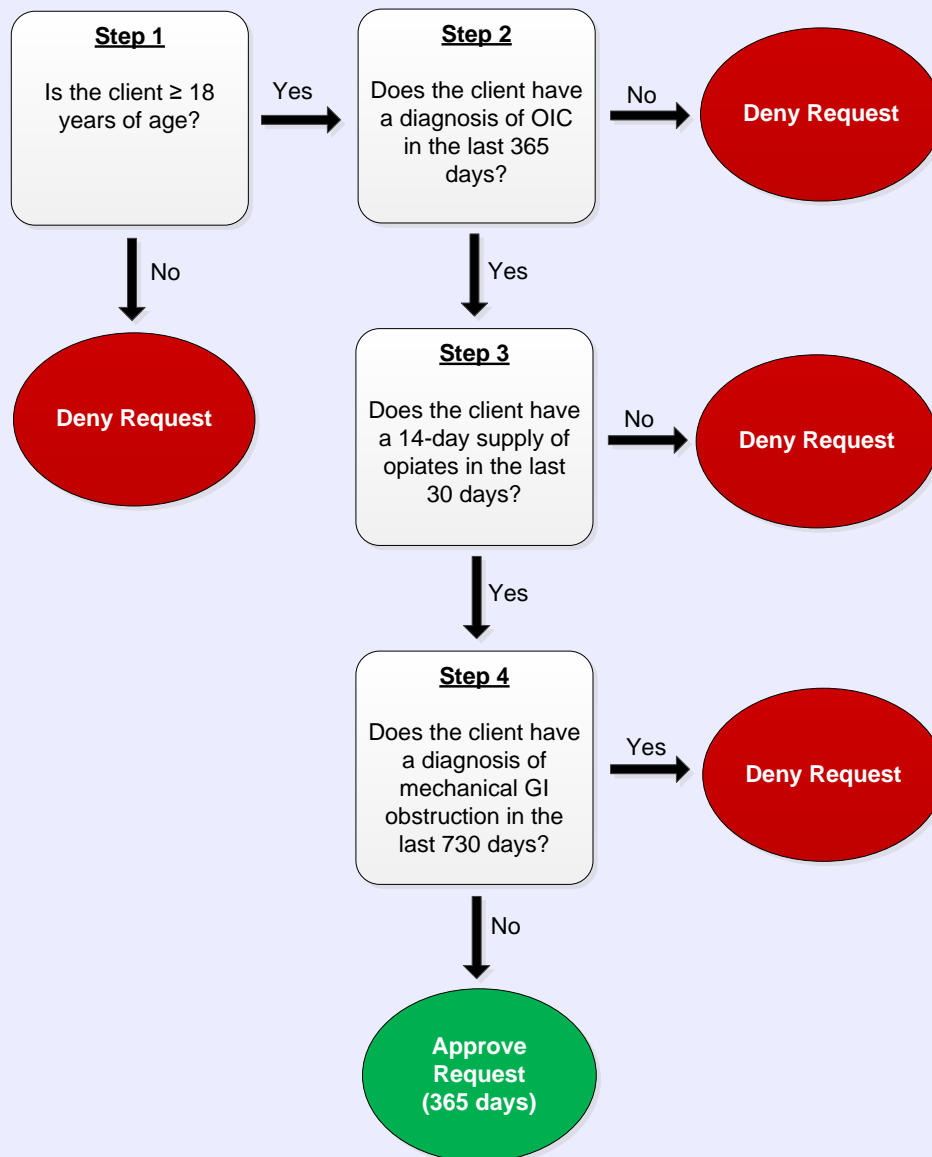
Clinical Criteria Logic

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)

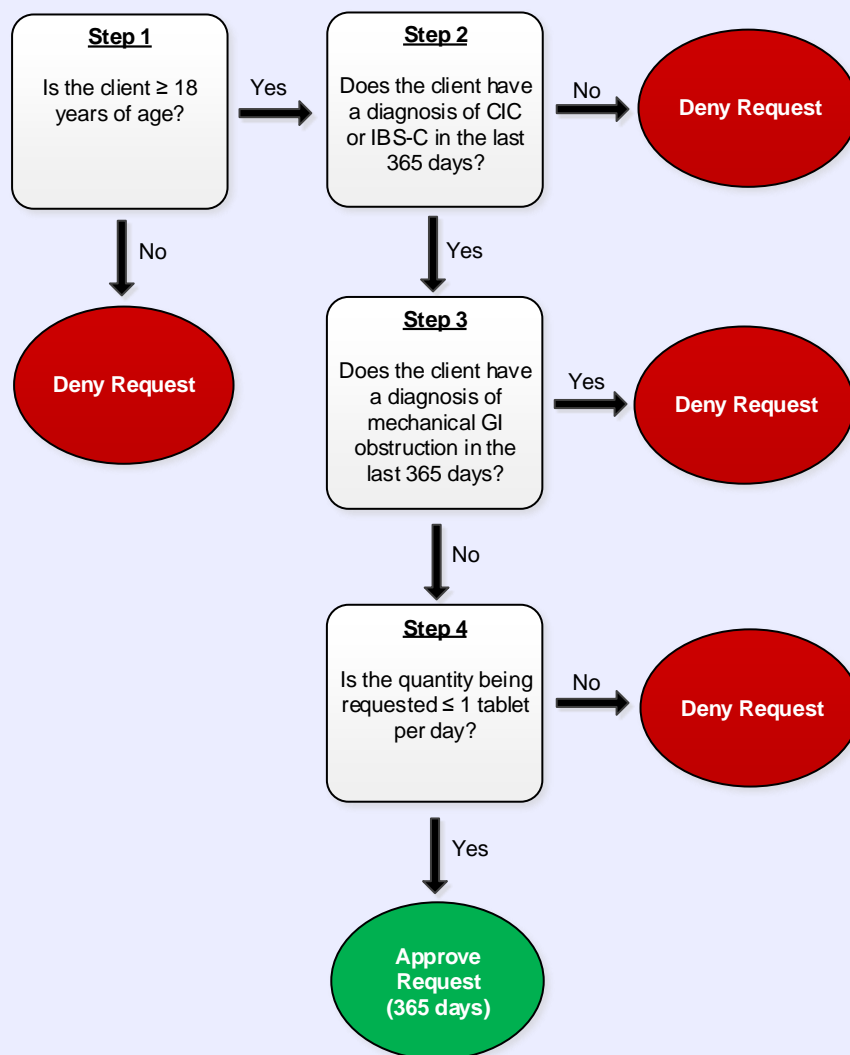
Clinical Criteria Logic

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)

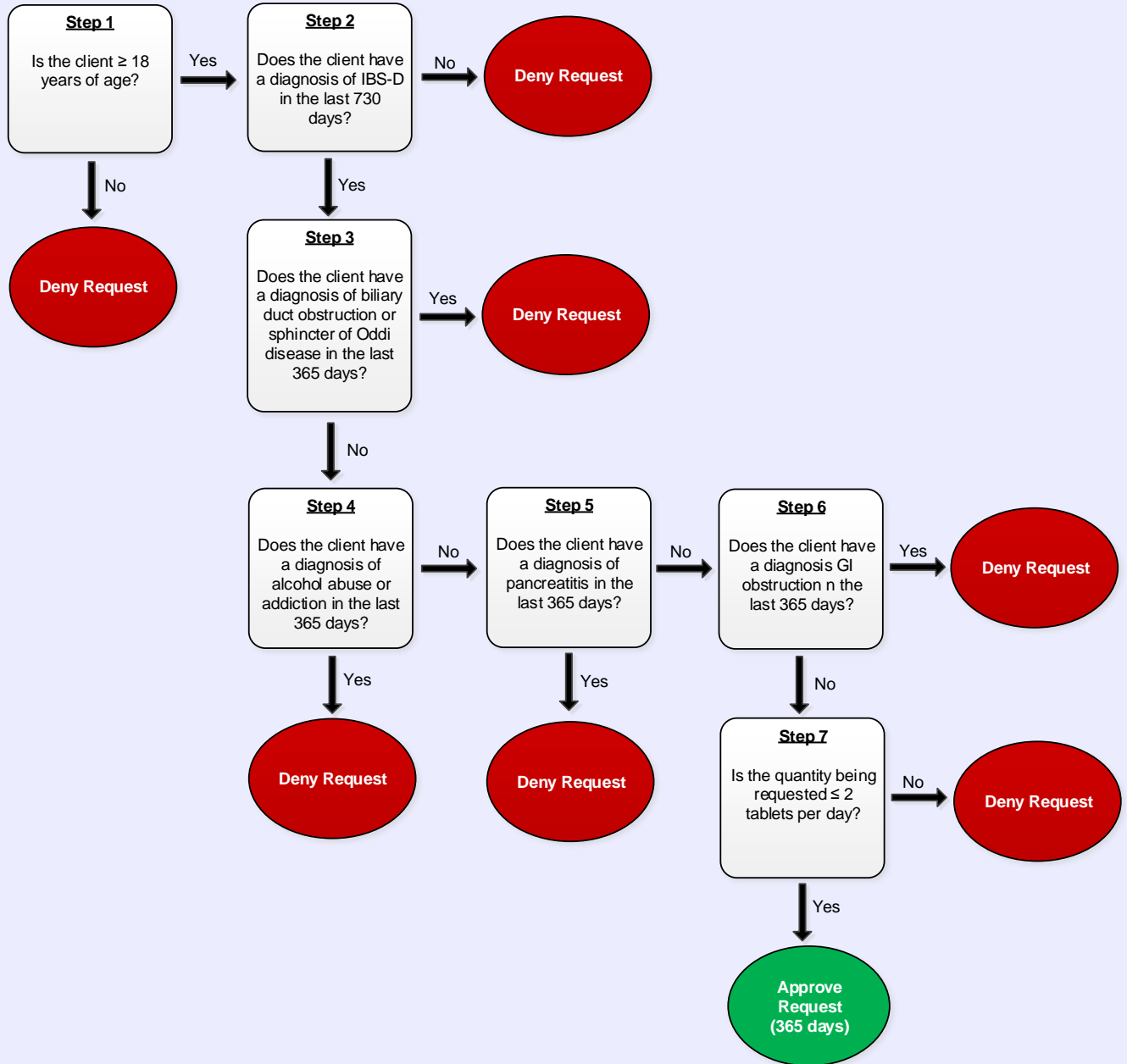
Clinical Criteria Logic

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

Clinical Criteria References

1. Amitiza Prescribing Information. Deerfield, IL. Takeda Pharmaceuticals America, Inc. October 2018.
2. Linzess Prescribing Information. Madison, NJ. Allergan USA, Inc. October 2018.
3. Lotronex Prescribing Information. Roswell, GA. Sebela Pharmaceuticals, Inc. January 2016.
4. Motegrity Prescribing Information. Lexington, MA. Shire US Inc. December 2018.
5. Movantik Prescribing Information. Wilmington, DE. AstraZeneca Pharmaceuticals LP. May 2019.
6. Relistor Prescribing Information. Bridgewater, NJ. Valeant Pharmaceuticals North America LLC. November 2018.
7. Symproic Prescribing Information. Raleigh, NC. BioDelivery Sciences International, Inc. April 2019.
8. Trulance Prescribing Information. Bridgewater, NJ. Salix Pharmaceuticals, Inc. May 2019.
9. Viberzi Prescribing Information. Irvine, CA. Allergan. June 2018.
10. Clinical Pharmacology [online database]. Tampa, FL: Elsevier / Gold Standard, Inc. 2017. Available at www.clinicalpharmacology.com. Accessed on September 20, 2017.
11. 2015 ICD-9-CM Diagnosis Codes. 2015. Available at www.icd9data.com. Accessed on September 20, 2017.
12. 2017 ICD-10-CM Diagnosis Codes. 2017. Available at www.icd10data.com. Accessed on September 20, 2017.
13. American Medical Association data files. 2015 ICD-9-CM Diagnosis Codes. Available at www.commerce.ama-assn.org.
14. American Medical Association data files. 2015 ICD-10-CM Diagnosis Codes. Available at www.commerce.ama-assn.org.
15. Indiana University, Department of Medicine, Clinical Pharmacology Research Institute. P450 Interaction Table. Available at medicine.iupui.edu. Accessed on February 19, 2016.

16. U.S. Food and Drug Administration (FDA). Drug Development and Drug Interactions: Table of Substrates, Inhibitors and Inducers. Available at www.fda.gov. Accessed on February 19, 2016.
17. Ford AC, Moayydi P, Lacy BE, et al. American College of Gastroenterology Monograph on the Management of Irritable Bowel Syndrome and Chronic Idiopathic Constipation. *Am J Gastroenterol* 2014; 109:S2-S26.
18. American Gastroenterological Association Medical Position Statement on Constipation. *Gastroenterology* 2013;144:211-217.
19. Weinberg DS, Smalley W, Heidelbaugh JJ, et al. American Gastroenterological Association Institute Guideline on the Pharmacological Management of Irritable Bowel Syndrome. *Gastroenterology* 2014;147:1146-1148.
20. Camilleri M. Opioid-Induced Constipation: Challenges and Therapeutic Opportunities. *Am J Gastroenterol* 2011;106:835-842.

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
07/30/2019	<ul style="list-style-type: none"> Added clinical criteria for Motegrity (prucalopride) as approved by the DUR Board at the July 2019 meeting Updated references, pages 59-60