

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 Criteria Information included in this Document

Amitiza (Lubiprostone)

- [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

Ibsrela (Tenapanor)

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

Revision Notes

Added GCN for morphine (58333) to the opioid supporting table



Amitiza (Lubiprostone)

Drugs Requiring Prior Authorization

The listed GCNs may not be an indication of Texas Medicaid Formulary coverage. To learn the current formulary coverage, visit txvendordrug.com/searches/formulary-drug-search.

Drugs Requiring Prior Authorization	
Label Name	GCN
AMITIZA 8 MCG CAPSULE	99658
AMITIZA 24MCG CAPSULE	26473
LUBIPROSTONE 8 MCG CAPSULE	99658
LUBIPROSTONE 24 MCG CAPSULE	26473

**Amitiza (Lubiprostone)****Clinical Criteria Logic**

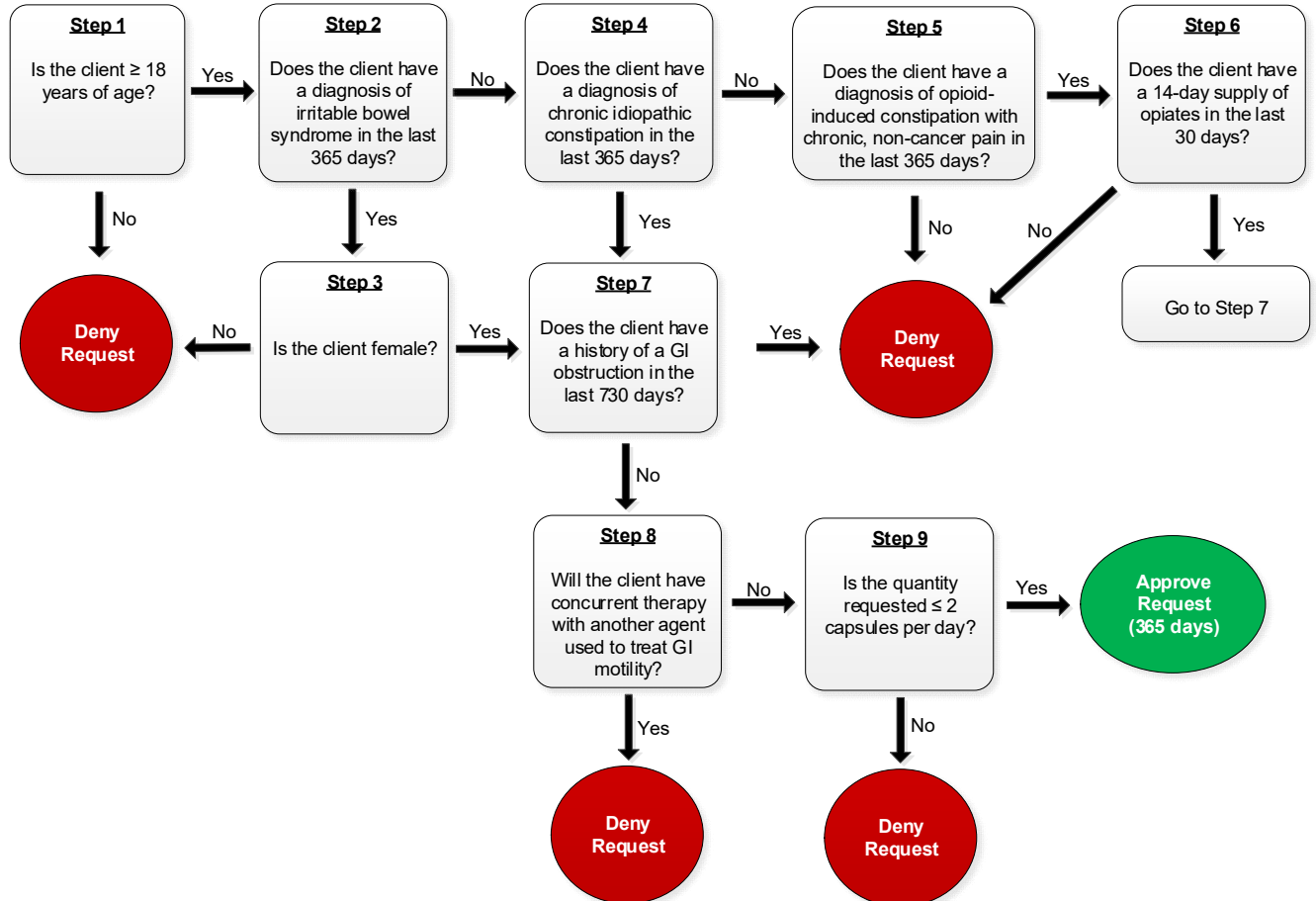
1. Is the client greater than or equal to ($\geq$) 18 years of age?
☐ Yes – Go to #2
☐ No – Deny
2. Does the client have a [diagnosis of irritable bowel syndrome \(IBS\)](#) in the last 365 days?
☐ Yes – Go to #3
☐ No – Go to #4
3. Is the client a female?
☐ Yes – Go to #7
☐ No – Deny
4. Does the client have a [diagnosis of chronic idiopathic constipation \(CIC\)](#) in the last 365 days?
☐ Yes – Go to #7
☐ No – Go to #5
5. Does the client have a [diagnosis of opioid-induced constipation \(OIC\)](#) 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 [opioids](#) 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. Will the client have [concurrent therapy with another agent used to treat gastrointestinal \(GI\) motility](#)?
☐ Yes – Deny
☐ No – Go to #9
9. 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

Table 2 (diagnosis of irritable bowel syndrome) Required diagnosis: 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

Table 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

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

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

Table 6 (history of opioid therapy) Required days supply: 14 Look back timeframe: 30 days	
GCN	Label Name
70131	ACETAMINOPHEN-COD #2 TABLET
70134	ACETAMINOPHEN-COD #3 TABLET
70136	ACETAMINOPHEN-COD #4 TABLET
55402	ACETAMINOPHEN-CODEINE 120-12 MG/5 ML
19193	ACTIQ 1,200 MCG LOZENGE
19194	ACTIQ 1,600 MCG LOZENGE
19204	ACTIQ 200 MCG LOZENGE
19206	ACTIQ 400 MCG LOZENGE
19191	ACTIQ 600 MCG LOZENGE
19192	ACTIQ 800 MCG LOZENGE
45987	APADAZ 4.08-325 MG TABLET
44508	APADAZ 6.12-325 MG TABLET
45986	APADAZ 8.16-325 MG TABLET
69500	ASCOMP WITH CODEINE CAPSULE
39959	BELBUCA 75 MCG FILM
39965	BELBUCA 150 MCG FILM
39966	BELBUCA 300 MCG FILM

Table 6 (history of opioid therapy) Required days supply: 14 Look back timeframe: 30 days	
GCN	Label Name
39967	BELBUCA 450 MCG FILM
39968	BELBUCA 600 MCG FILM
39969	BELBUCA 750 MCG FILM
39975	BELBUCA 900 MCG FILM
70741	BELLADONNA-OPIMUM 30-16.2MG SUPP
70742	BELLADONNA-OPIMUM 60-16.2MG SUPP
25309	BUPRENORPHINE 10 MCG/HR PATCH
35214	BUPRENORPHINE 15 MCG/HR PATCH
25312	BUPRENORPHINE 20 MCG/HR PATCH
25308	BUPRENORPHINE 5 MCG/HR PATCH
36946	BUPRENORPHINE 7.5 MCG/HR PATCH
64672	BUPRENORPHINE HCL 2MG TABLET SL
64673	BUPRENORPHINE HCL 8MG TABLET SL
18973	BUPRENORPHINE-NALOXN 2-0.5 MG SL
18974	BUPRENORPHINE-NALOXON 8-2 MG SL
34988	BUTALB-ACETAMINOPH-CAFF-CODEIN
70140	BUTALB-CAFF-ACETAMINOPH-CODEIN
69500	BUTALBITAL COMP-CODEINE #3 CAP
20351	BUTORPHANOL 10 MG/ML SPRAY
25309	BUTRANS 10 MCG/HR PATCH
35214	BUTRANS 15 MCG/HR PATCH
25312	BUTRANS 20 MCG/HR PATCH
25308	BUTRANS 5 MCG/HR PATCH

Table 6 (history of opioid therapy) Required days supply: 14 Look back timeframe: 30 days	
GCN	Label Name
36946	BUTRANS 7.5 MCG/HR PATCH
70110	CAPITAL WITH CODEINE 120MG-12MG/5ML
91713	CHERATUSSIN AC SYRUP
54670	CHERATUSSIN DAC SYRUP
16240	CODEINE SULFATE 15 MG TABLET
16241	CODEINE SULFATE 30 MG TABLET
16242	CODEINE SULFATE 60 MG TABLET
91713	CODEINE-GUAIFEN 10-100 MG/5 ML
30382	CONZIP 100 MG CAPSULE
30383	CONZIP 200 MG CAPSULE
25626	DEMEROL 100 MG/ML AMPUL
15960	DEMEROL 100 MG/ML VIAL
25605	DEMEROL 50 MG/ML AMPUL
25608	DEMEROL 50 MG/ML AMPUL
15962	DEMEROL 50 MG/ML VIAL
25607	DEMEROL 75 MG/1.5 ML AMPUL
37532	DIHYDROCODEIN-ACETAMINOPH-CAFF
16141	DILAUDID 2 MG TABLET
16143	DILAUDID 4 MG TABLET
16144	DILAUDID 8 MG TABLET
20251	DILAUDID-5 1 MG/ML LIQUID
98596	DILAUDID-HP 10 MG/ML AMPUL
16092	DILAUDID-HP 250 MG VIAL

Table 6 (history of opioid therapy) Required days supply: 14 Look back timeframe: 30 days	
GCN	Label Name
16420	DOLOPHINE HCL 10 MG TABLET
45928	DSUVIA 30 MCG SUBLINGUAL TAB
14966	ENDOCET 10-325 MG TABLET
70492	ENDOCET 2.5-325 MG TABLET
70491	ENDOCET 5-325 TABLET
14965	ENDOCET 7.5-325 MG TABLET
19203	FENTANYL 100 MCG/HR PATCH
24635	FENTANYL 12 MCG/HR PATCH
19200	FENTANYL 25 MCG/HR PATCH
37952	FENTANYL 37.5 MCG/HR PATCH
19201	FENTANYL 50 MCG/HR PATCH
37947	FENTANYL 62.5 MCG/HR PATCH
19202	FENTANYL 75 MCG/HR PATCH
37948	FENTANYL 87.5 MCG/HR PATCH
19193	FENTANYL CIT OTFC 1,200 MCG
19194	FENTANYL CIT OTFC 1,600 MCG
19204	FENTANYL CITRATE OTFC 200 MCG
19206	FENTANYL CITRATE OTFC 400 MCG
19191	FENTANYL CITRATE OTFC 600 MCG
19192	FENTANYL CITRATE OTFC 800 MCG
97280	FENTORA 100 MCG BUCCAL TABLET
97281	FENTORA 200 MCG BUCCAL TABLET
97283	FENTORA 400 MCG BUCCAL TABLET

Table 6 (history of opioid therapy) Required days supply: 14 Look back timeframe: 30 days	
GCN	Label Name
97284	FENTORA 600 MCG BUCCAL TABLET
97285	FENTORA 800 MCG BUCCAL TABLET
34988	FIORICET-COD 50-300-40-30 CAP
69500	FIORINAL-COD 30-50-325-40 CAP
37679	FLOWTUSS 2.5-200 MG/5 ML SOLN
91713	GUAIA TUSSIN AC LIQUID
91713	GUAIFENESIN-CODEINE SYRUP
21146	HYCET 7.5 MG-325 MG/15 ML SOL
38666	HYCOFENIX 2.5-30-200 MG/5 ML
30047	HYDROCOD-CPM-PSEUDOEP 5-4-60/5ML
96041	HYDROCOD-HOMATROP 5-1.5 MG TAB
99967	HYDROCODON-ACETAMIN 10-325/15 ML
21146	HYDROCODON-ACETAMIN 7.5-325/15 ML
70337	HYDROCODON-ACETAMINOPH 2.5-325
26709	HYDROCODON-ACETAMINOPH 7.5-300
12488	HYDROCODON-ACETAMINOPH 7.5-325
26470	HYDROCODON-ACETAMINOPHEN 5-300
12486	HYDROCODON-ACETAMINOPHEN 5-325
22929	HYDROCODON-ACETAMINOPHN 10-300
70330	HYDROCODON-ACETAMINOPHN 10-325
63101	HYDROCODONE BT-IBUPROFEN TAB
13974	HYDROCODONE-CHLORPHEN ER SUSP
13973	HYDROCODONE-HOMATROPINE SYRUP

Table 6 (history of opioid therapy) Required days supply: 14 Look back timeframe: 30 days	
GCN	Label Name
99371	HYDROCODONE-IBUPROFEN 10-200
16279	HYDROCODONE-IBUPROFEN 2.5-200
22678	HYDROCODONE-IBUPROFEN 5-200
38057	HYDROCODONE ER 10 MG CAPSULE
38058	HYDROCODONE ER 15 MG CAPSULE
38059	HYDROCODONE ER 20 MG CAPSULE
38061	HYDROCODONE ER 30 MG CAPSULE
38062	HYDROCODONE ER 40 MG CAPSULE
38063	HYDROCODONE ER 50 MG CAPSULE
37539	HYDROCODONE ER 20 MG TABLET
37541	HYDROCODONE ER 30 MG TABLET
37543	HYDROCODONE ER 40 MG TABLET
37544	HYDROCODONE ER 60 MG TABLET
37545	HYDROCODONE ER 80 MG TABLET
37546	HYDROCODONE ER 100 MG TABLET
37547	HYDROCODONE ER 120 MG TABLET
13973	HYDROMET SYRUP
20251	HYDROMORPHONE 1 MG/ML SOLUTION
16141	HYDROMORPHONE 2 MG TABLET
20451	HYDROMORPHONE 10 MG/ML VIAL
16130	HYDROMORPHONE 3 MG SUPPOS
16143	HYDROMORPHONE 4 MG TABLET
16144	HYDROMORPHONE 8 MG TABLET

Table 6 (history of opioid therapy) Required days supply: 14 Look back timeframe: 30 days	
GCN	Label Name
28427	HYDROMORPHONE HCL ER 12 MG TAB
33142	HYDROMORPHONE HCL ER 16 MG TAB
33088	HYDROMORPHONE HCL ER 32 MG TAB
33143	HYDROMORPHONE HCL ER 8 MG TAB
37546	HYSINGLA ER 100MG TABLET
37547	HYSINGLA ER 120MG TABLET
37539	HYSINGLA ER 20MG TABLET
37541	HYSINGLA ER 30MG TABLET
37543	HYSINGLA ER 40MG TABLET
37544	HYSINGLA ER 60MG TABLET
37545	HYSINGLA ER 80MG TABLET
91713	IOPHEN-C NR LIQUID
16350	LEVORPHANOL 2 MG TABLET
12486	LORCET 5-325 MG TABLET
70330	LORCET HD 10-325 MG TABLET
12488	LORCET PLUS 7.5-325 MG TABLET
70330	LORTAB 10-325 TABLET
12486	LORTAB 5-325 TABLET
12488	LORTAB 7.5-325 TABLET
54670	LORTUSS EX LIQUID
30764	M-END MAX D LIQUID
99559	M-END WC LIQUID
15990	MEPERIDINE 100 MG TABLET

Table 6 (history of opioid therapy) Required days supply: 14 Look back timeframe: 30 days	
GCN	Label Name
15991	MEPERIDINE 50 MG TABLET
15980	MEPERIDINE 50 MG/5 ML SOLUTION
25627	MEPERIDINE 100 MG/ML VIAL
25613	MEPERIDINE 25 MG/ML VIAL
25609	MEPERIDINE 50 MG/ML VIAL
16410	METHADONE 10 MG/5 ML SOLUTION
16415	METHADONE 10 MG/ML ORAL CONC
16423	METHADONE 40 MG TABLET DISPR
16400	METHADONE 5 MG/5 ML SOLUTION
16420	METHADONE HCL 10 MG TABLET
16422	METHADONE HCL 5 MG TABLET
16415	METHADOSE 10 MG/ML ORAL CONC
16423	METHADOSE 40 MG TABLET DISPR
58333	MORPHINE 5 MG/0.25ML ENFIT SYR
33312	MORPHINE 10 MG/ML CARPUJECT
33313	MORPHINE 15 MG/ML CARPUJECT
16041	MORPHINE 15 MG/ML VIAL
33308	MORPHINE 2 MG/ML CARPUJECT
32719	MORPHINE 20 MG/ML ORAL SYRINGE
33309	MORPHINE 4 MG/ML CARPUJECT
33765	MORPHINE 8 MG/ML SYRINGE
16060	MORPHINE SULF 10 MG/5 ML SOLN
16040	MORPHINE SULF 100 MG/10 ML VIAL

Table 6 (history of opioid therapy) Required days supply: 14 Look back timeframe: 30 days	
GCN	Label Name
16063	MORPHINE SULF 100 MG/5 ML SOLN
16062	MORPHINE SULF 20 MG/5 ML SOLN
16042	MORPHINE SULF 5 MG/ML VIAL
16043	MORPHINE SULF 8 MG/ML VIAL
16643	MORPHINE SULF CR 15 MG TABLET
16640	MORPHINE SULF CR 30 MG TABLET
16641	MORPHINE SULF CR 60 MG TABLET
16642	MORPHINE SULF ER 100 MG TABLET
16078	MORPHINE SULF ER 200 MG TABLET
16271	MORPHINE SULFATE 50 MG/ML VIAL
26494	MORPHINE SULFATE ER 100MG CAP
26490	MORPHINE SULFATE ER 10MG CAP
17189	MORPHINE SULFATE ER 120MG CAP
26492	MORPHINE SULFATE ER 20MG CAP
17193	MORPHINE SULFATE ER 30MG CAP
97534	MORPHINE SULFATE ER 30MG CAP
16212	MORPHINE SULFATE ER 45MG CAP
26493	MORPHINE SULFATE ER 50MG CAP
17192	MORPHINE SULFATE ER 60MG CAP
97535	MORPHINE SULFATE ER 60MG CAP
16213	MORPHINE SULFATE ER 75MG CAP
97508	MORPHINE SULFATE ER 80 MG CAP
17191	MORPHINE SULFATE ER 90MG CAP

Table 6 (history of opioid therapy) Required days supply: 14 Look back timeframe: 30 days	
GCN	Label Name
16070	MORPHINE SULFATE IR 15 MG TAB
16071	MORPHINE SULFATE IR 30 MG TAB
16642	MS CONTIN 100 MG TABLET
16643	MS CONTIN 15 MG TABLET
16078	MS CONTIN 200 MG TABLET
16641	MS CONTIN 60 MG TABLET
16640	MS CONTIN CR 30 MG TABLET
16360	NALBUPHINE 10 MG/ML AMPUL
16371	NALBUPHINE 200 MG/10 ML VIAL
30677	NINJACOF-XG LIQUID
70330	NORCO 10-325 TABLET
26165	NUCYNTA 100 MG TABLET
26163	NUCYNTA 50 MG TABLET
26164	NUCYNTA 75 MG TABLET
29788	NUCYNTA ER 100MG TABLET
29789	NUCYNTA ER 150MG TABLET
29791	NUCYNTA ER 200MG TABLET
29792	NUCYNTA ER 250MG TABLET
29787	NUCYNTA ER 50MG TABLET
16471	OPIUM TINCTURE 10MG/ML
70492	OXYCODON-ACETAMINOPHEN 2.5-325
14965	OXYCODON-ACETAMINOPHEN 7.5-325
70470	OXYCODONE-ACETAMINOPHEN 5-325/5

Table 6 (history of opioid therapy) Required days supply: 14 Look back timeframe: 30 days	
GCN	Label Name
16281	OXYCODONE CONC 20 MG/ML SOLN
16291	OXYCODONE HCL 10 MG TABLET
37158	OXYCODONE HCL 10 MG TABLET ER
20091	OXYCODONE HCL 15 MG TABLET
37159	OXYCODONE HCL 15 MG TABLET ER
21194	OXYCODONE HCL 20 MG TABLET
37161	OXYCODONE HCL 20 MG TABLET ER
20092	OXYCODONE HCL 30 MG TABLET
37162	OXYCODONE HCL 30 MG TABLET ER
37163	OXYCODONE HCL 40 MG TABLET ER
37164	OXYCODONE HCL 60 MG TABLET ER
16285	OXYCODONE HCL 5 MG CAPSULE
16290	OXYCODONE HCL 5 MG TABLET
16280	OXYCODONE HCL 5 MG/5 ML SOL
37165	OXYCODONE HCL ER 80 MG TABLET
14966	OXYCODONE-ACETAMINOPHEN 10-325
70491	OXYCODONE-ACETAMINOPHEN 5-325
26836	OXYCODONE-ASPIRIN 4.83-325 MG
23827	OXYCODONE-IBUPROFEN 5-400 TAB
37158	OXYCONTIN 10 MG TABLET
37159	OXYCONTIN 15 MG TABLET
37161	OXYCONTIN 20 MG TABLET
37162	OXYCONTIN 30 MG TABLET

Table 6 (history of opioid therapy) Required days supply: 14 Look back timeframe: 30 days	
GCN	Label Name
37163	OXYCONTIN 40 MG TABLET
37164	OXYCONTIN 60 MG TABLET
37165	OXYCONTIN 80 MG TABLET
27244	OXYMORPHONE HCL 10 MG TABLET
27243	OXYMORPHONE HCL 5 MG TABLET
27248	OXYMORPHONE HCL ER 10 MG TAB
99493	OXYMORPHONE HCL ER 15 MG TAB
27249	OXYMORPHONE HCL ER 20 MG TAB
99494	OXYMORPHONE HCL ER 30 MG TAB
27253	OXYMORPHONE HCL ER 40 MG TAB
27247	OXYMORPHONE HCL ER 5 MG TABLET
99492	OXYMORPHONE HCL ER 7.5 MG TAB
71060	PENTAZOCINE-NALOXONE TABLET
14966	PERCOCET 10-325 MG TABLET
70492	PERCOCET 2.5-325 MG TABLET
70491	PERCOCET 5-325 MG TABLET
14965	PERCOCET 7.5-325 MG TABLET
14266	PHENYLHISTINE DH LIQUID
13257	PRO-CLEAR AC SYRUP
13978	PROMETHAZINE VC-CODEINE SYRUP
13971	PROMETHAZINE-CODEINE SYRUP
20091	ROXICODONE 15 MG TABLET
20092	ROXICODONE 30 MG TABLET

Table 6 (history of opioid therapy) Required days supply: 14 Look back timeframe: 30 days	
GCN	Label Name
32047	ROXYBOND 5 MG TABLET
56315	ROXYBOND 10 MG TABLET
44877	ROXYBOND 15 MG TABLET
44878	ROXYBOND 30 MG TABLET
99151	TRAMADOL ER 100 MG TABLET
99152	TRAMADOL ER 200 MG TABLET
99153	TRAMADOL ER 300 MG TABLET
48598	TRAMADOL HCL 5 MG/ML SOLUTION
07221	TRAMADOL HCL 50 MG TABLET
56518	TRAMADOL HCL 75 MG TABLET
92069	TRAMADOL HCL 100 MG TABLET
30382	TRAMADOL HCL ER 100 MG CAPSULE
26387	TRAMADOL HCL ER 100 MG TABLET
30383	TRAMADOL HCL ER 200 MG CAPSULE
50417	TRAMADOL HCL ER 200 MG TABLET
30384	TRAMADOL HCL ER 300 MG CAPSULE
50427	TRAMADOL HCL ER 300 MG TABLET
13909	TRAMADOL-ACETAMINOPHEN 37.5-325 MG
13974	TUSSIONEX PENNKINETIC SUSP
70134	TYLENOL WITH CODEINE #3 TABLET
70136	TYLENOL WITH CODEINE #4 TABLET
13909	ULTRACET TABLET
07221	ULTRAM 50 MG TABLET

Table 6 (history of opioid therapy) Required days supply: 14 Look back timeframe: 30 days	
GCN	Label Name
26387	ULTRAM ER 100 MG TABLET
50417	ULTRAM ER 200 MG TABLET
50427	ULTRAM ER 300 MG TABLET
26470	VICODIN 5-300 MG TABLET
26709	VICODIN ES 7.5-300 MG TABLET
22929	VICODIN HP 10-300 MG TABLET
63101	VICOPROFEN 200-7.5 MG TAB
91713	VIRTUSSIN AC LIQUID
41272	XTAMPZA ER 9 MG CAPSULE
41273	XTAMPZA ER 13.5 MG CAPSULE
41274	XTAMPZA ER 18 MG CAPSULE
41275	XTAMPZA ER 27 MG CAPSULE
41276	XTAMPZA ER 36 MG CAPSULE

Table 7 (history of GI obstruction) Required diagnosis: 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

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

Table 8 (concurrent therapy with GI motility agent) Required quantity: 1 Look back timeframe: <i>current therapy</i>	
GCN	Label Name
21422	ALOSETRON 0.5 MG TABLET
41607	ALOSETRON 1 MG TABLET
46915	IBSRELA 50 MG TABLET

Table 8 (concurrent therapy with GI motility agent) Required quantity: 1 Look back timeframe: <i>current therapy</i>	
GCN	Label Name
33187	LINZESS 145 MCG CAPSULE
33188	LINZESS 290 MCG CAPSULE
42975	LINZESS 72 MCG CAPSULE
21422	LOTRONEX 0.5 MG TABLET
41607	LOTRONEX 1 MG TABLET
28446	MOTEGRITY 1 MG TABLET
28445	MOTEGRITY 2 MG TABLET
37725	MOVANTIK 12.5 MG TABLET
37726	MOVANTIK 25 MG TABLET
31278	RELISTOR 12 MG/0.6 ML SYRINGE
41923	RELISTOR 150 MG TABLET
31279	RELISTOR 8 MG/0.4 ML SYRINGE
43216	SYMPROIC 0.2 MG TABLET
42925	TRULANCE 3 MG TABLET
39355	VIBERZI 100 MG TABLET
39354	VIBERZI 75 MG TABLET

**Ibsrela (Tenapanor)****Drugs Requiring Prior Authorization**

The listed GCNs may not be an indication of Texas Medicaid Formulary coverage. To learn the current formulary coverage, visit txvendordrug.com/searches/formulary-drug-search.

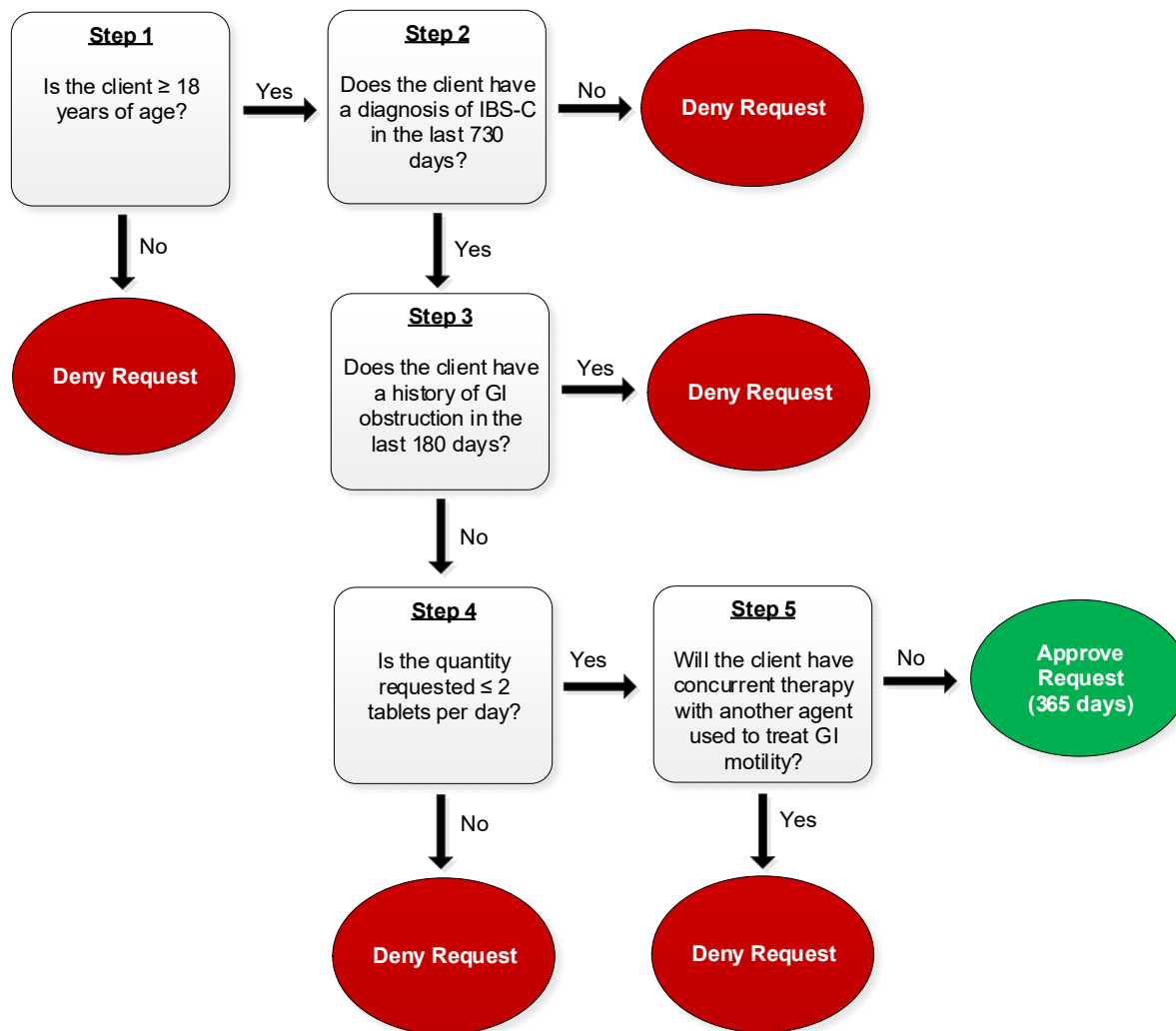
Drugs Requiring Prior Authorization	
Label Name	GCN
IBSRELA 50 MG TABLET	46915

**Ibsrela (Tenapanor)****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 constipation \(IBS-C\)](#) 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 ($\leq$) 2 tablets per day?
☐ Yes – Go to #5
☐ No – Deny
5. Will the client have concurrent therapy with another [agent used to treat gastrointestinal \(GI\) motility?](#)
☐ Yes – Deny
☐ No – Approve (365 days)



Ibsrela (Tenapanor) Clinical Criteria Logic Diagram





Ibsrela (Tenapanor)

Clinical Criteria Supporting Tables

Table 2 (diagnosis of irritable bowel syndrome with constipation)

Required diagnosis: 1

Look back timeframe: 730 days

ICD-10 Code	Description
K581	IRRITABLE BOWEL SYNDROME WITH CONSTIPATION

Table 3 (history of GI obstruction)

Required diagnosis: 1

Look back timeframe: 180 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

Table 3 (history of GI obstruction) Required diagnosis: 1 Look back timeframe: 180 days	
ICD-10 Code	Description
K562	VOLVULUS
K563	GALLSTONE ILEUS
K565	INTESTINAL ADHESIONS [BANDS] WITH OBSTRUCTION (POSTPROCEDURAL) (POSTINFECTION)
K5660	UNSPECIFIED INTESTINAL OBSTRUCTION
K5669	OTHER INTESTINAL OBSTRUCTION
K567	ILEUS, UNSPECIFIED

Table 5 (concurrent therapy with GI motility agent) Required quantity: 1 Look back timeframe: <i>current therapy</i>	
GCN	Label Name
21422	ALOSETRON 0.5 MG TABLET
41607	ALOSETRON 1 MG TABLET
26473	AMITIZA 24 MCG CAPSULE
99658	AMITIZA 8 MCG CAPSULE
33187	LINZESS 145 MCG CAPSULE
33188	LINZESS 290 MCG CAPSULE
42975	LINZESS 72 MCG CAPSULE
21422	LOTRONEX 0.5 MG TABLET
41607	LOTRONEX 1 MG TABLET
26473	LUBIPROSTONE 24 MCG CAPSULE
99658	LUBIPROSTONE 8 MCG CAPSULE
28446	MOTTEGRITY 1 MG TABLET

Table 5 (concurrent therapy with GI motility agent) Required quantity: 1 Look back timeframe: <i>current therapy</i>	
GCN	Label Name
28445	MOTEGRITY 2 MG TABLET
37725	MOVANTIK 12.5 MG TABLET
37726	MOVANTIK 25 MG TABLET
31278	RELISTOR 12 MG/0.6 ML SYRINGE
41923	RELISTOR 150 MG TABLET
31279	RELISTOR 8 MG/0.4 ML SYRINGE
43216	SYMPROIC 0.2 MG TABLET
42925	TRULANCE 3 MG TABLET
39355	VIBERZI 100 MG TABLET
39354	VIBERZI 75 MG TABLET



Linzess (Linaclotide)

Drugs Requiring Prior Authorization

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Drugs Requiring Prior Authorization	
Label Name	GCN
LINZESS 72MCG CAPSULE	42975
LINZESS 145MCG CAPSULE	33187
LINZESS 290MCG CAPSULE	33188

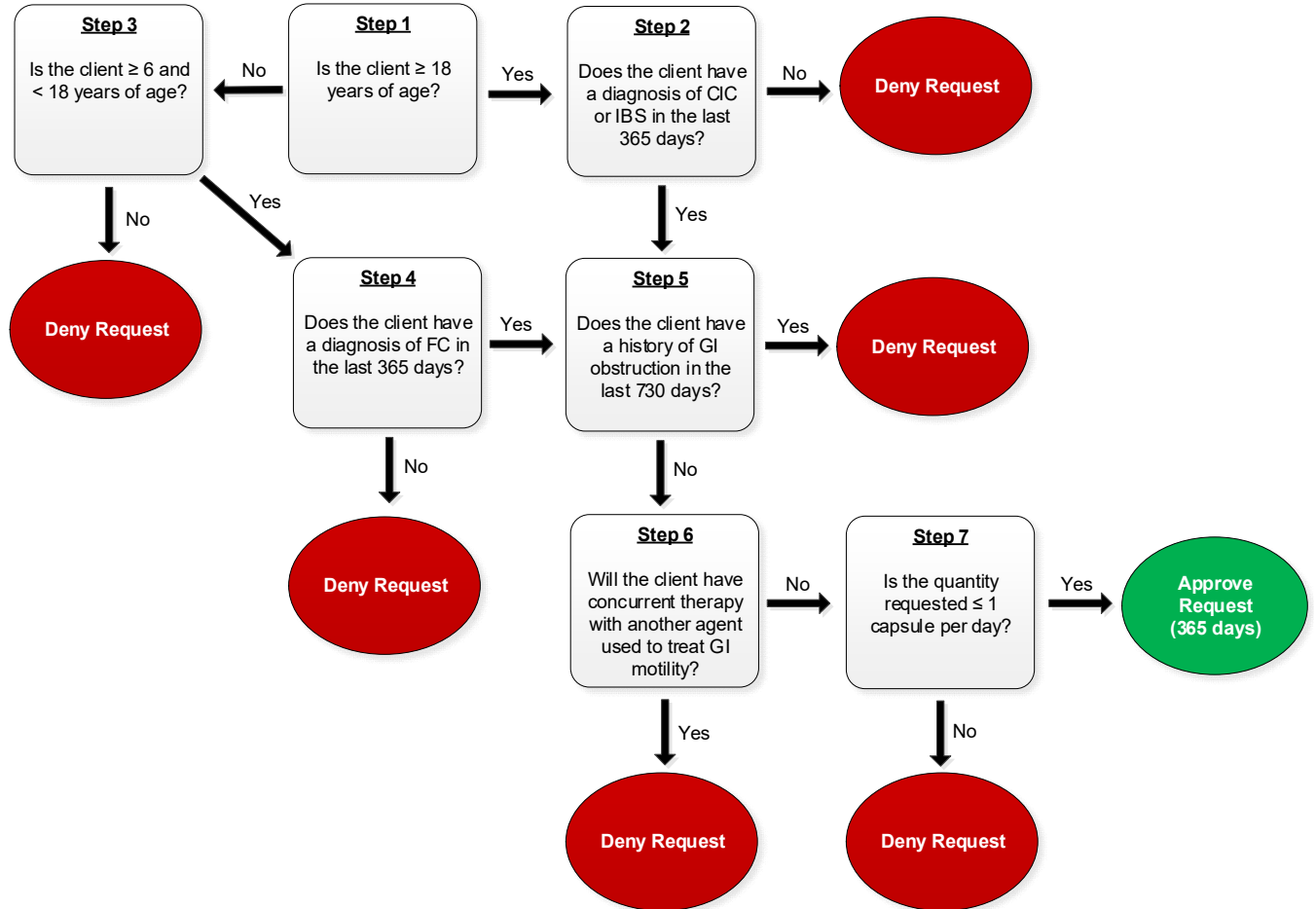
**Linzess (Linaclotide)****Clinical Criteria Logic**

1. Is the client greater than or equal to ($\geq$) 18 years of age?
☐ Yes – Go to #2
☐ No – Go to #3
2. Does the client have a [diagnosis of chronic idiopathic constipation \(CIC\) or irritable bowel syndrome \(IBS\)](#) in the last 365 days?
☐ Yes – Go to #5
☐ No – Deny
3. Is the client greater than or equal to ($\geq$) 6 years and less than ($<$) 18 years of age?
☐ Yes – Go to #4
☐ No – Deny
4. Does the client have a [diagnosis of functional constipation](#) in the last 365 days?
☐ Yes – Go to #5
☐ No – Deny
5. Does the client have a history of a [GI obstruction](#) in the last 730 days?
☐ Yes – Deny
☐ No – Go to #6
6. Will the client have [concurrent therapy with another agent used to treat gastrointestinal \(GI\) motility?](#)
☐ Yes – Deny
☐ No – Go to #7
7. Is the quantity being requested less than or equal to ($\leq$) 1 capsule per day?
☐ Yes – Approve (365 days)
☐ No – Deny



Linzess (Linaclootide)

Clinical Criteria Logic Diagram





Linzess (Linaclootide)

Clinical Criteria Supporting Tables

Table 2 (diagnosis of chronic idiopathic constipation or irritable bowel syndrome) Required diagnosis: 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

Table 4 (diagnosis of functional 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

Table 5 (diagnosis of GI obstruction)**Required diagnosis: 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.

Table 6 (concurrent therapy with GI motility agent)**Required quantity: 1****Look back timeframe: *current therapy***

GCN	Label Name
21422	ALOSETRON 0.5 MG TABLET
41607	ALOSETRON 1 MG TABLET
26473	AMITIZA 24 MCG CAPSULE
99658	AMITIZA 8 MCG CAPSULE
46915	IBSRELA 50 MG TABLET
21422	LOTROXON 0.5 MG TABLET
41607	LOTROXON 1 MG TABLET
26473	LUBIPROSTONE 24 MCG CAPSULE
99658	LUBIPROSTONE 8 MCG CAPSULE
28446	MOTTEGRITY 1 MG TABLET
28445	MOTTEGRITY 2 MG TABLET
37725	MOVANTIK 12.5 MG TABLET
37726	MOVANTIK 25 MG TABLET
31278	RELISTOR 12 MG/0.6 ML SYRINGE
41923	RELISTOR 150 MG TABLET
31279	RELISTOR 8 MG/0.4 ML SYRINGE
43216	SYMPROIC 0.2 MG TABLET

Table 6 (concurrent therapy with GI motility agent)	
Required quantity: 1	
Look back timeframe: <i>current therapy</i>	
GCN	Label Name
42925	TRULANCE 3 MG TABLET
39355	VIBERZI 100 MG TABLET
39354	VIBERZI 75 MG TABLET



Lotronex (Alosetron)

Drugs Requiring Prior Authorization

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Drugs Requiring Prior Authorization	
Label Name	GCN
ALOSETRON HCL 0.5MG TABLET	21422
ALOSETRON HCL 1MG TABLET	41607
LOTROXEX 0.5MG TABLET	21422
LOTROXEX 1MG TABLET	41607

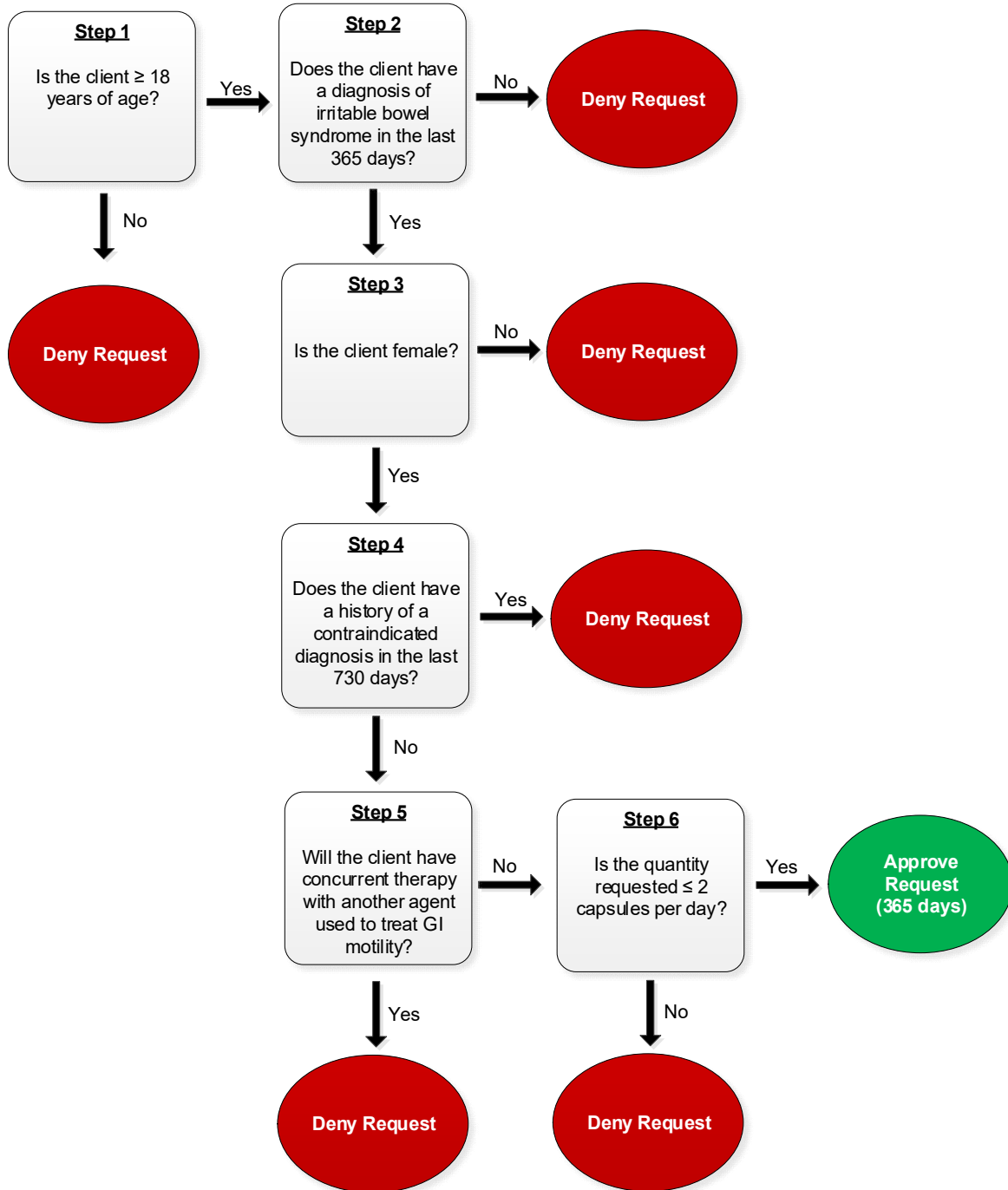
**Lotronex (Alosetron)****Clinical Criteria Logic**

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 \(IBS\)](#) 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. Will the client have [concurrent therapy with another agent used to treat gastrointestinal \(GI\) motility](#)?
☐ Yes – Deny
☐ No – Go to #6
6. 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

Table 2 (diagnosis of irritable bowel syndrome)

Required diagnosis: 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.

Table 4 (history of a contraindicated diagnosis)

Required diagnosis: 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

Table 4 (history of a contraindicated diagnosis) Required diagnosis: 1 Look back timeframe: 730 days	
ICD-10 Code	Description
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
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

Table 4 (history of a contraindicated diagnosis) Required diagnosis: 1 Look back timeframe: 730 days	
ICD-10 Code	Description
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
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

Table 4 (history of a contraindicated diagnosis) Required diagnosis: 1 Look back timeframe: 730 days	
ICD-10 Code	Description
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

Table 4 (history of a contraindicated diagnosis) Required diagnosis: 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

Table 4 (history of a contraindicated diagnosis) Required diagnosis: 1 Look back timeframe: 730 days	
ICD-10 Code	Description
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
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

Table 4 (history of a contraindicated diagnosis) Required diagnosis: 1 Look back timeframe: 730 days	
ICD-10 Code	Description
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
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

Table 4 (history of a contraindicated diagnosis) Required diagnosis: 1 Look back timeframe: 730 days	
ICD-10 Code	Description
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

Table 4 (history of a contraindicated diagnosis) Required diagnosis: 1 Look back timeframe: 730 days	
ICD-10 Code	Description
K5790	DIVERTICULOSIS OF INTESTINE, PART UNSPECIFIED, WITHOUT PERFORATION OR ABSCESS WITHOUT BLEEDING
K5791	DIVERTICULOSIS OF INTESTINE, PART UNSPECIFIED, WITHOUT PERFORATION OR ABSCESS WITH BLEEDING
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

Table 5 (concurrent therapy with GI motility agent) Required quantity: 1 Look back timeframe: <i>current therapy</i>	
GCN	Label Name
26473	AMITIZA 24 MCG CAPSULE
99658	AMITIZA 8 MCG CAPSULE
46915	IBSRELA 50 MG TABLET
42975	LINZESS 72MCG CAPSULE
33187	LINZESS 145MCG CAPSULE
33188	LINZESS 290MCG CAPSULE

Table 5 (concurrent therapy with GI motility agent) Required quantity: 1 Look back timeframe: <i>current therapy</i>	
GCN	Label Name
26473	LUBIPROSTONE 24 MCG CAPSULE
99658	LUBIPROSTONE 8 MCG CAPSULE
28446	MOTEGRITY 1 MG TABLET
28445	MOTEGRITY 2 MG TABLET
37725	MOVANTIK 12.5 MG TABLET
37726	MOVANTIK 25 MG TABLET
31278	RELISTOR 12 MG/0.6 ML SYRINGE
41923	RELISTOR 150 MG TABLET
31279	RELISTOR 8 MG/0.4 ML SYRINGE
43216	SYMPROIC 0.2 MG TABLET
42925	TRULANCE 3 MG TABLET
39355	VIBERZI 100 MG TABLET
39354	VIBERZI 75 MG TABLET



Motegrity (Prucalopride)

Drugs Requiring Prior Authorization

The listed GCNs may not be an indication of Texas Medicaid Formulary coverage. To learn the current formulary coverage, visit txvendordrug.com/searches/formulary-drug-search.

Drugs Requiring Prior Authorization	
Label Name	GCN
MOTEGRITY 1 MG TABLET	28446
MOTEGRITY 2 MG TABLET	28445

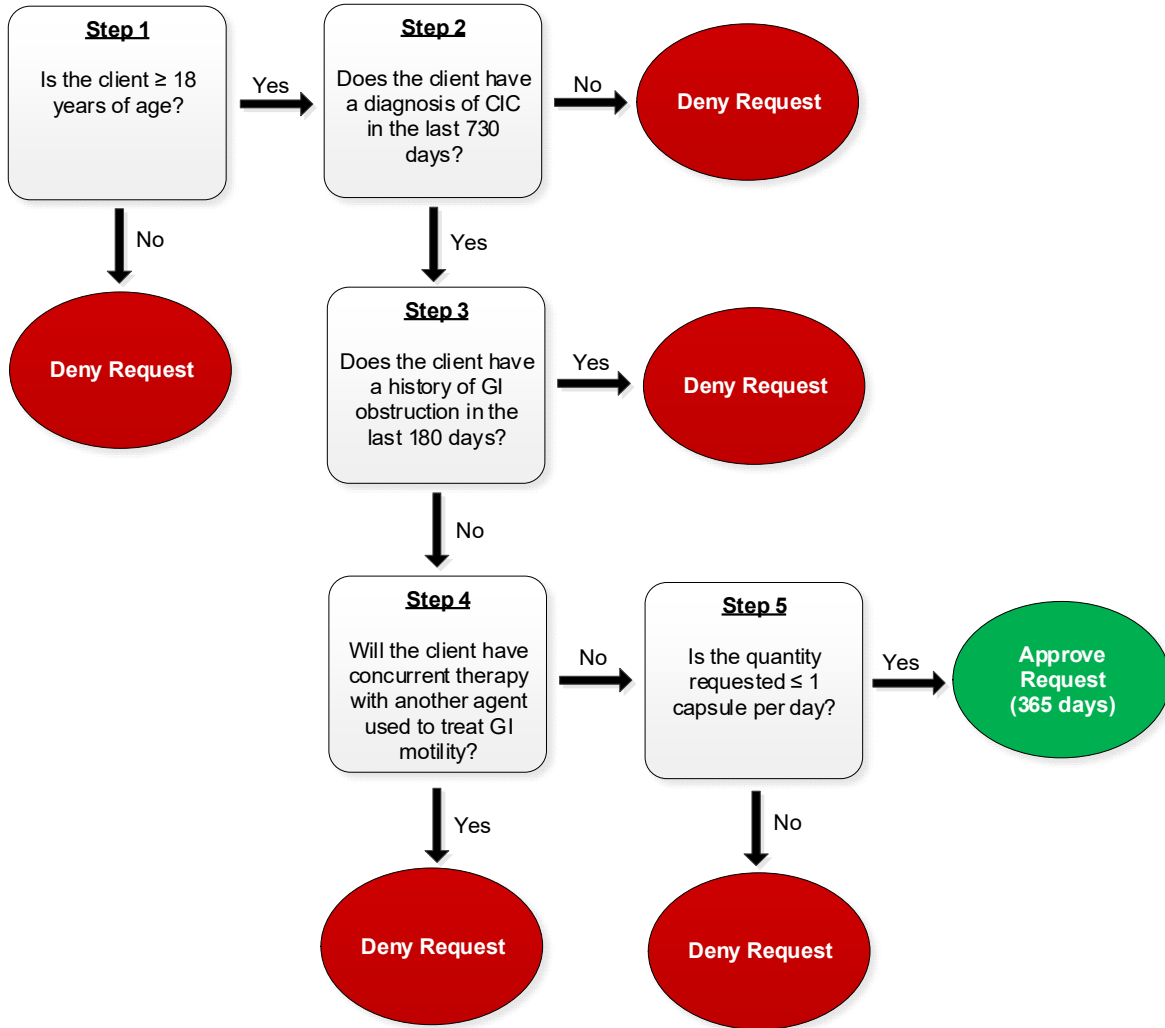
**Motegrity (Prucalopride)****Clinical Criteria Logic**

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. Will the client have [concurrent therapy with another agent used to treat gastrointestinal \(GI\) motility](#)?
☐ Yes – Deny
☐ No – Go to #5
5. 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

Table 2 (diagnosis of chronic idiopathic constipation)

Required diagnosis: 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.

Table 3 (diagnosis of GI obstruction)

Required diagnosis: 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.

Table 4 (concurrent therapy with GI motility agent)

Required quantity: 1

Look back timeframe: *current therapy*

GCN	Label Name
21422	ALOSETRON 0.5 MG TABLET
41607	ALOSETRON 1 MG TABLET
26473	AMITIZA 24 MCG CAPSULE
99658	AMITIZA 8 MCG CAPSULE
46915	IBSRELA 50 MG TABLET
42975	LINZESS 72MCG CAPSULE
33187	LINZESS 145MCG CAPSULE
33188	LINZESS 290MCG CAPSULE

Table 4 (concurrent therapy with GI motility agent) Required quantity: 1 Look back timeframe: <i>current therapy</i>	
GCN	Label Name
21422	LOTRONEX 0.5 MG TABLET
41607	LOTRONEX 1 MG TABLET
26473	LUBIPROSTONE 24 MCG CAPSULE
99658	LUBIPROSTONE 8 MCG CAPSULE
37725	MOVANTIK 12.5 MG TABLET
37726	MOVANTIK 25 MG TABLET
31278	RELISTOR 12 MG/0.6 ML SYRINGE
41923	RELISTOR 150 MG TABLET
31279	RELISTOR 8 MG/0.4 ML SYRINGE
43216	SYMPROIC 0.2 MG TABLET
42925	TRULANCE 3 MG TABLET
39355	VIBERZI 100 MG TABLET
39354	VIBERZI 75 MG TABLET



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

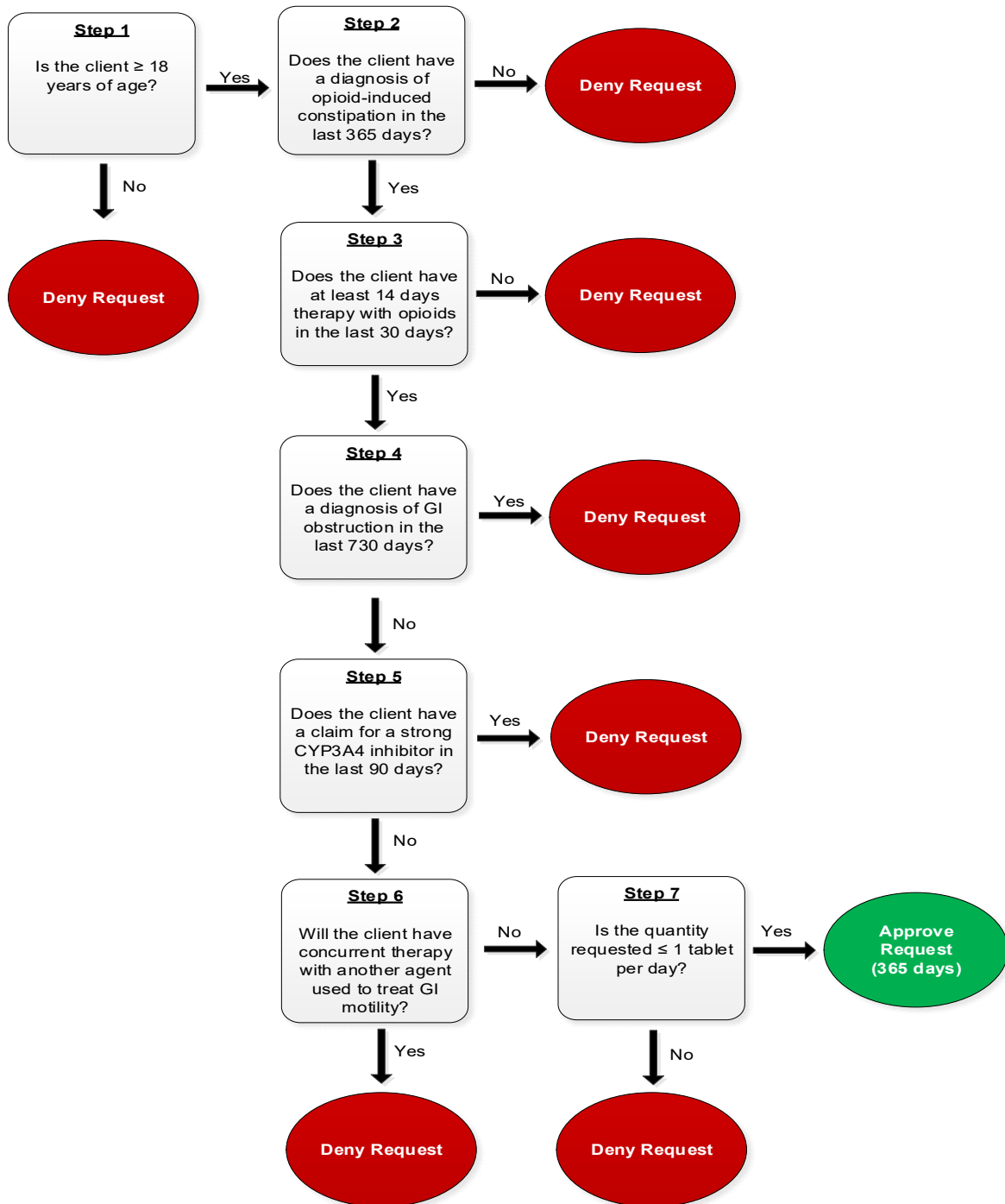
The listed GCNs may not be an indication of Texas Medicaid Formulary coverage. To learn the current formulary coverage, visit txvendordrug.com/searches/formulary-drug-search.

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



Movantik (Naloxegol)
Symproic (Naldemedine)
Clinical Criteria Logic

1. Is the client greater than or equal to ($\geq$) 18 years of age?
☐ Yes – Go to #2
☐ No – Deny
2. Does the client have a [diagnosis of opioid-induced constipation \(OIC\)](#) 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. Will the client have [concurrent therapy with another agent used to treat gastrointestinal \(GI\) motility](#)?
☐ Yes – Deny
☐ No – Go to #7
7. Is the quantity being requested less than or equal to ($\leq$) 1 tablet per day?
☐ Yes – Approve (365 days)
☐ No – Deny

PAXPRESS™**Movantik (Naloxegol)**
Symproic (Naldemedine)
Clinical Criteria Logic Diagram



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

Table 2 (diagnosis of opioid-induced constipation)

Required diagnosis: 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.

Table 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.

Table 4 (diagnosis of GI obstruction)

Required diagnosis: 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.

Table 5 (claim for a strong CYP3A4 inhibitor)

Required claims: 1

Look back timeframe: 90 days

GCN	Label Name
48852	BIAXIN 250 MG TABLET

Table 5 (claim for a strong CYP3A4 inhibitor) Required claims: 1 Look back timeframe: 90 days	
GCN	Label Name
11671	BIAXIN 250 MG/5 ML SUSPENSION
48851	BIAXIN 500 MG TABLET
02363	CARDIZEM 120 MG TABLET
02360	CARDIZEM 30 MG TABLET
02361	CARDIZEM 60 MG TABLET
02326	CARDIZEM CD 120 MG CAPSULE
02323	CARDIZEM CD 180 MG CAPSULE
02324	CARDIZEM CD 240 MG CAPSULE
02325	CARDIZEM CD 300 MG CAPSULE
07460	CARDIZEM CD 360 MG CAPSULE
19180	CARDIZEM LA 120 MG TABLET
19183	CARDIZEM LA 180 MG TABLET
19186	CARDIZEM LA 360 MG TABLET
19187	CARDIZEM LA 420 MG TABLET
02326	CARTIA XT 120MG CAPSULE
02323	CARTIA XT 180MG CAPSULE
02324	CARTIA XT 240MG CAPSULE
02325	CARTIA XT 300MG CAPSULE
11670	CLARITHROMYCIN 125 MG/5 ML SUS
48852	CLARITHROMYCIN 250 MG TABLET
11671	CLARITHROMYCIN 250 MG/5 ML SUS
48851	CLARITHROMYCIN 500 MG TABLET
48850	CLARITHROMYCIN ER 500 MG TAB

Table 5 (claim for a strong CYP3A4 inhibitor) Required claims: 1 Look back timeframe: 90 days	
GCN	Label Name
26820	CRIXIVAN 200 MG CAPSULE
26822	CRIXIVAN 400 MG CAPSULE
02363	DILTIAZEM 120 MG TABLET
02321	DILTIAZEM 12HR ER 120 MG CAP
02322	DILTIAZEM 12HR ER 60 MG CAP
02320	DILTIAZEM 12HR ER 90 MG CAP
02326	DILTIAZEM 24HR ER 120 MG CAP
02323	DILTIAZEM 24HR ER 180 MG CAP
02324	DILTIAZEM 24HR ER 240 MG CAP
02325	DILTIAZEM 24HR ER 300 MG CAP
07460	DILTIAZEM 24HR ER 360 MG CAP
02360	DILTIAZEM 30 MG TABLET
02361	DILTIAZEM 60 MG TABLET
02362	DILTIAZEM 90 MG TABLET
02330	DILTIAZEM ER 120 MG CAPSULE
07463	DILTIAZEM ER 120 MG CAPSULE
02329	DILTIAZEM ER 180 MG CAPSULE
07461	DILTIAZEM ER 180 MG CAPSULE
07462	DILTIAZEM ER 240 MG CAPSULE
02332	DILTIAZEM HCL ER 240 MG CAP
02333	DILTIAZEM HCL ER 300 MG CAP
02328	DILTIAZEM HCL ER 360 MG CAP
94691	DILTIAZEM HCL ER 420 MG CAP

Table 5 (claim for a strong CYP3A4 inhibitor) Required claims: 1 Look back timeframe: 90 days	
GCN	Label Name
37797	EVOTAZ 300-150MG TABLET
40092	GENVOYA TABLET
26760	INVIRASE 200 MG CAPSULE
23952	INVIRASE 500 MG TABLET
49101	ITRACONAZOLE 100 MG CAPSULE
99101	KALETRA 100-25 MG TABLET
25919	KALETRA 200-50 MG TABLET
31782	KALETRA 400-100/5 ML ORAL SOLU
25905	KETEK 300 MG TABLET
15175	KETEK 400 MG TABLET
42590	KETOCONAZOLE 200 MG TABLET
64269	LANSOPRAZOL-AMOXICIL-CLARITHRO
19183	MATZIM LA 180MG TABLET
19184	MATZIM LA 240MG TABLET
19185	MATZIM LA 300MG TABLET
19186	MATZIM LA 360MG TABLET
19187	MATZIM LA 420MG TABLET
16406	NEFAZODONE 100MG TABLET
16407	NEFAZODONE 150MG TABLET
16408	NEFAZODONE 200MG TABLET
16409	NEFAZODONE 250MG TABLET
16404	NEFAZODONE 50MG TABLET
26812	NORVIR 100 MG SOFTGEL CAP

Table 5 (claim for a strong CYP3A4 inhibitor) Required claims: 1 Look back timeframe: 90 days	
GCN	Label Name
28224	NORVIR 100 MG TABLET
26810	NORVIR 80 MG/ML SOLUTION
26502	NOXAFIL 40 MG/ML SUSPENSION
35649	NOXAFIL DR 100 MG TABLET
64269	PREVPAC PATIENT PACK
37367	PREZCOBIX 150MG TABLET
49100	SPORANOX 10 MG/ML SOLUTION
49101	SPORANOX 100 MG CAPSULE
33130	STRIBILD TABLET
02330	TAZTIA XT 120MG CAPSULE
02329	TAZTIA XT 180MG CAPSULE
02332	TAZTIA XT 240MG CAPSULE
02333	TAZTIA XT 300MG CAPSULE
02328	TAZTIA XT 360MG CAPSULE
37844	TECHNIVIE DOSE PACK
02330	TIAZAC ER 120MG CAPSULE
02329	TIAZAC ER 180MG CAPSULE
02332	TIAZAC ER 240MG CAPSULE
02333	TIAZAC ER 300MG CAPSULE
02328	TIAZAC ER 360MG CAPSULE
94961	TIAZAC ER 420MG CAPSULE
36468	TYBOST 150MG TABLET
17498	VFEND 200 MG TABLET

Table 5 (claim for a strong CYP3A4 inhibitor) Required claims: 1 Look back timeframe: 90 days	
GCN	Label Name
21513	VFEND 40 MG/ML SUSPENSION
17497	VFEND 50 MG TABLET
17499	VFEND IV 200 MG VIAL
29941	VICTRELIS 200 MG CAPSULE
37614	VIEKIRA PAK
41932	VIEKIRA XR TABLET
40312	VIRACEPT 250 MG TABLET
19717	VIRACEPT 625 MG TABLET
17498	VORICONAZOLE 200 MG TABLET
21513	VORICONAZOLE 40 MG/ML SUSP
17497	VORICONAZOLE 50 MG TABLET
17499	VORICONAZOLE 200 MG VIAL
36884	ZYDELIG 100MG TABLET
36885	ZYDELIG 150MG TABLET

Table 6 (concurrent therapy with GI motility agent) Required quantity: 1 Look back timeframe: <i>current therapy</i>	
GCN	Label Name
21422	ALOSETRON 0.5 MG TABLET
41607	ALOSETRON 1 MG TABLET
26473	AMITIZA 24 MCG CAPSULE
99658	AMITIZA 8 MCG CAPSULE

Table 6 (concurrent therapy with GI motility agent) Required quantity: 1 Look back timeframe: <i>current therapy</i>	
GCN	Label Name
46915	IBSRELA 50 MG TABLET
42975	LINZESS 72MCG CAPSULE
33187	LINZESS 145MCG CAPSULE
33188	LINZESS 290MCG CAPSULE
21422	LOTROXON 0.5 MG TABLET
41607	LOTROXON 1 MG TABLET
26473	LUBIPROSTONE 24 MCG CAPSULE
99658	LUBIPROSTONE 8 MCG CAPSULE
28446	MOTTEGRITY 1 MG TABLET
28445	MOTTEGRITY 2 MG TABLET
31278	RELISTOR 12 MG/0.6 ML SYRINGE
41923	RELISTOR 150 MG TABLET
31279	RELISTOR 8 MG/0.4 ML SYRINGE
42925	TRULANCE 3 MG TABLET
39355	VIBERZI 100 MG TABLET
39354	VIBERZI 75 MG TABLET

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

The listed GCNs may not be an indication of Texas Medicaid Formulary coverage. To learn the current formulary coverage, visit txvendordrug.com/searches/formulary-drug-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

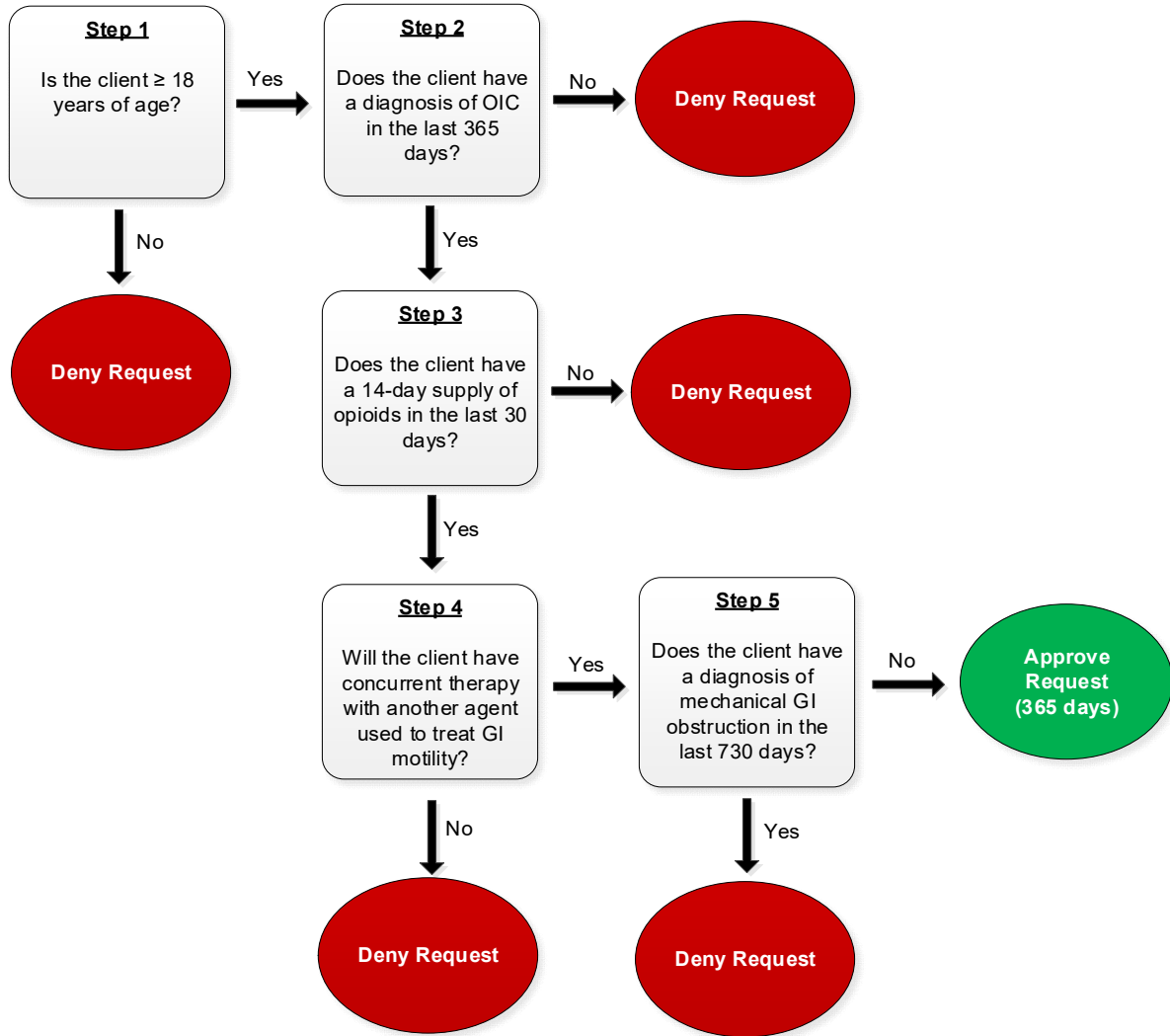
**Relistor (Methylnaltrexone)****Clinical Criteria Logic**

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 [opioids](#) in the last 30 days?
☐ Yes – Go to #4
☐ No – Deny
4. Will the client have [concurrent therapy with another agent used to treat gastrointestinal \(GI\) motility](#)?
☐ Yes – Deny
☐ No – Go to #5
5. 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

Table 2 (diagnosis of opioid induced constipation)

Required diagnosis: 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.

Table 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.

Table 4 (concurrent therapy with GI motility agent)

Required quantity: 1

Look back timeframe: *current therapy*

GCN	Label Name
21422	ALOSETRON 0.5 MG TABLET
41607	ALOSETRON 1 MG TABLET
26473	AMITIZA 24 MCG CAPSULE
99658	AMITIZA 8 MCG CAPSULE
46915	IBSRELA 50 MG TABLET
42975	LINZESS 72MCG CAPSULE
33187	LINZESS 145MCG CAPSULE
33188	LINZESS 290MCG CAPSULE

Table 4 (concurrent therapy with GI motility agent) Required quantity: 1 Look back timeframe: <i>current therapy</i>	
GCN	Label Name
21422	LOTRONEX 0.5 MG TABLET
41607	LOTRONEX 1 MG TABLET
26473	LUBIPROSTONE 24 MCG CAPSULE
99658	LUBIPROSTONE 8 MCG CAPSULE
28446	MOTEGRITY 1 MG TABLET
28445	MOTEGRITY 2 MG TABLET
37725	MOVANTIK 12.5 MG TABLET
37726	MOVANTIK 25 MG TABLET
43216	SYMPROIC 0.2 MG TABLET
42925	TRULANCE 3 MG TABLET
39355	VIBERZI 100 MG TABLET
39354	VIBERZI 75 MG TABLET

Table 5 (diagnosis of mechanical GI obstruction) Required diagnosis: 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 Texas Medicaid Formulary coverage. To learn the current formulary coverage, visit txvendordrug.com/searches/formulary-drug-search.

Drugs Requiring Prior Authorization	
Label Name	GCN
TRULANCE 3 MG TABLET	42925



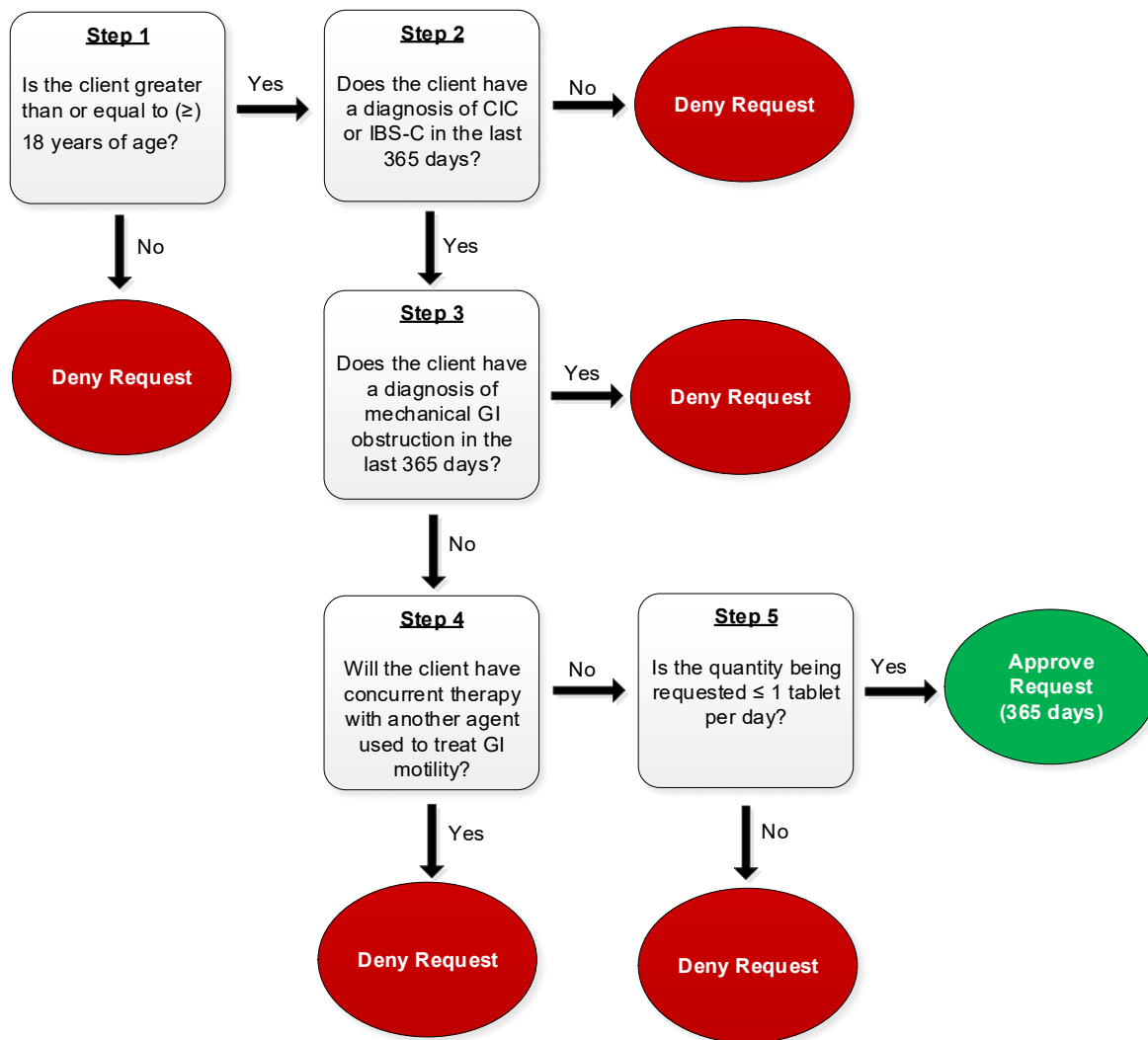
Trulance (Plecanatide)

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 \(CIC\) 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 #4
4. Will the client have [concurrent therapy with another agent used to treat gastrointestinal \(GI\) motility](#)?
☐ Yes – Deny
☐ No – Go to #5
5. 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

Table 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

Table 3 (diagnosis of mechanical GI obstruction) Required diagnosis: 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.

Table 4 (concurrent therapy with GI motility agent) Required quantity: 1 Look back timeframe: <i>current therapy</i>	
GCN	Label Name
21422	ALOSETRON 0.5 MG TABLET
41607	ALOSETRON 1 MG TABLET
26473	AMITIZA 24 MCG CAPSULE

Table 4 (concurrent therapy with GI motility agent) Required quantity: 1 Look back timeframe: <i>current therapy</i>	
GCN	Label Name
99658	AMITIZA 8 MCG CAPSULE
46915	IBSRELA 50 MG TABLET
42975	LINZESS 72MCG CAPSULE
33187	LINZESS 145MCG CAPSULE
33188	LINZESS 290MCG CAPSULE
21422	LOTROXON 0.5 MG TABLET
41607	LOTROXON 1 MG TABLET
26473	LUBIPROSTONE 24 MCG CAPSULE
99658	LUBIPROSTONE 8 MCG CAPSULE
28446	MOTTEGRITY 1 MG TABLET
28445	MOTTEGRITY 2 MG TABLET
37725	MOVANTIK 12.5 MG TABLET
37726	MOVANTIK 25 MG TABLET
31279	RELISTOR 8MG/0.4ML SYRINGE
31278	RELISTOR 12MG/0.6ML SYRINGE
41923	RELISTOR 150 MG TABLET
43216	SYMPROIC 0.2 MG TABLET
39355	VIBERZI 100 MG TABLET
39354	VIBERZI 75 MG TABLET

**Viberzi (Eluxadoline)****Drugs Requiring Prior Authorization**

The listed GCNs may not be an indication of Texas Medicaid Formulary coverage. To learn the current formulary coverage, visit txvendordrug.com/searches/formulary-drug-search.

Drugs Requiring Prior Authorization	
Label Name	GCN
VIBERZI 75 MG TABLET	39354
VIBERZI 100 MG TABLET	39355

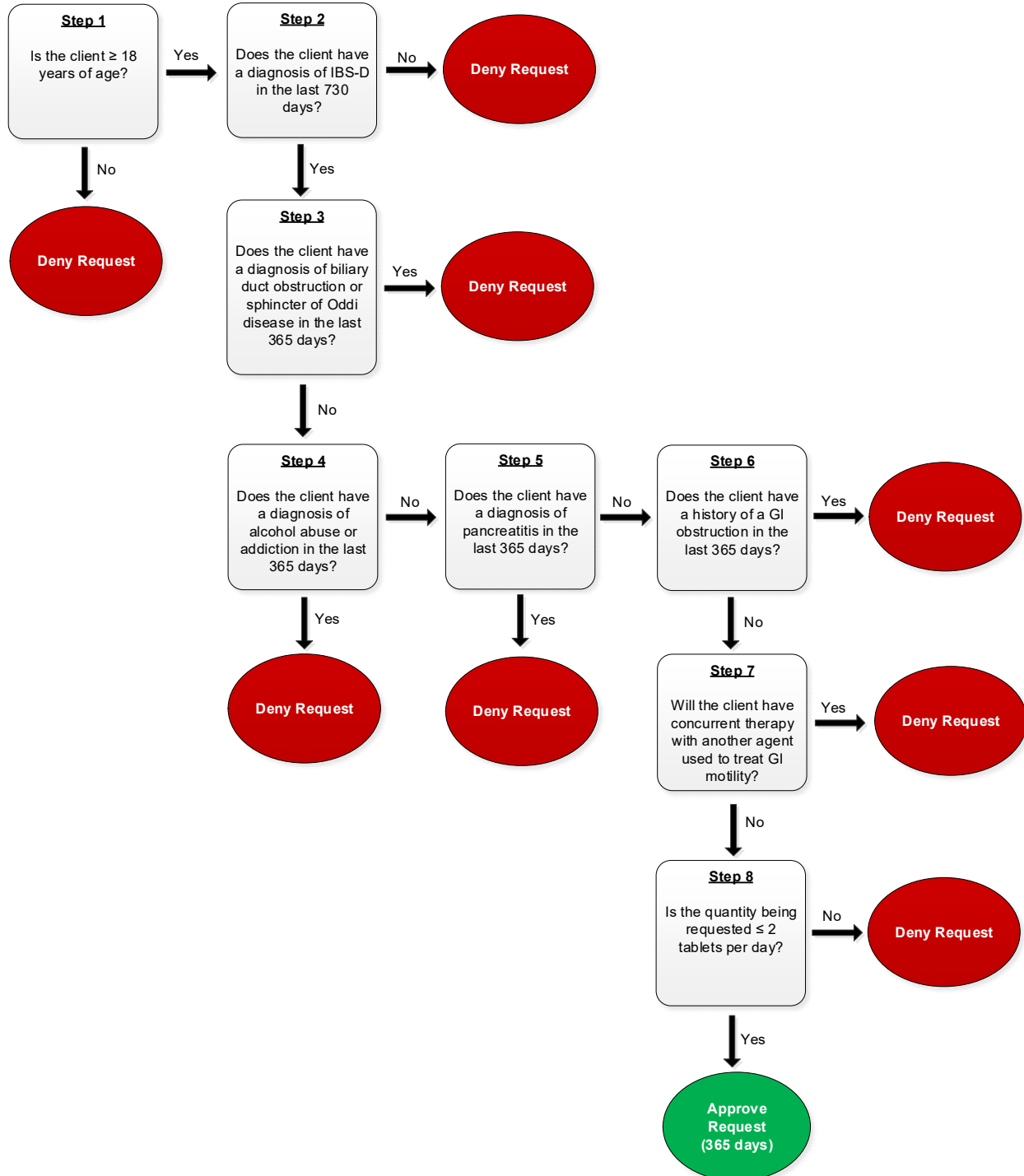
**Viberzi (Eluxadoline)****Clinical Criteria Logic**

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. Will the client have [concurrent therapy with another agent used to treat gastrointestinal \(GI\) motility](#)?
☐ Yes – Deny
☐ No – Go to #7
8. 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 Criteria Supporting Tables

Table 2 (diagnosis of irritable bowel syndrome with diarrhea) Required diagnosis: 1 Look back timeframe: 730 days	
ICD-10 Code	Description
K580	IRRITABLE BOWEL SYNDROME WITH DIARRHEA
K582	MIXED IRRITABLE BOWEL SYNDROME
K588	OTHER IRRITABLE BOWEL SYNDROME

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

Table 4 (diagnosis of alcohol abuse or addiction) Required diagnosis: 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

Table 4 (diagnosis of alcohol abuse or addiction) Required diagnosis: 1 Look back timeframe: 365 days	
ICD-10 Code	Description
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
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

Table 4 (diagnosis of alcohol abuse or addiction) Required diagnosis: 1 Look back timeframe: 365 days	
ICD-10 Code	Description
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

Table 5 (diagnosis of pancreatitis) Required diagnosis: 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
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

Table 5 (diagnosis of pancreatitis) Required diagnosis: 1 Look back timeframe: 365 days	
ICD-10 Code	Description
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

Table 6 (diagnosis of GI obstruction) Required diagnosis: 1 Look back timeframe: 365 days
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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.

Table 7 (concurrent therapy with GI motility agent) Required quantity: 1 Look back timeframe: <i>current therapy</i>	
GCN	Label Name
21422	ALOSETRON 0.5 MG TABLET
41607	ALOSETRON 1 MG TABLET

Table 7 (concurrent therapy with GI motility agent) Required quantity: 1 Look back timeframe: <i>current therapy</i>	
GCN	Label Name
26473	AMITIZA 24 MCG CAPSULE
99658	AMITIZA 8 MCG CAPSULE
46915	IBSRELA 50 MG TABLET
42975	LINZESS 72MCG CAPSULE
33187	LINZESS 145MCG CAPSULE
33188	LINZESS 290MCG CAPSULE
21422	LOTROXON 0.5 MG TABLET
41607	LOTROXON 1 MG TABLET
26473	LUBIPROSTONE 24 MCG CAPSULE
99658	LUBIPROSTONE 8 MCG CAPSULE
28446	MOTTEGRITY 1 MG TABLET
28445	MOTTEGRITY 2 MG TABLET
37725	MOVANTIK 12.5 MG TABLET
37726	MOVANTIK 25 MG TABLET
31279	RELISTOR 8MG/0.4ML SYRINGE
31278	RELISTOR 12MG/0.6ML SYRINGE
41923	RELISTOR 150 MG TABLET
43216	SYMPROIC 0.2 MG TABLET
42925	TRULANCE 3 MG TABLET



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Agents for GI Motility

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
04/29/2016	Initial presentation to the DUR Board
11/15/2016	- 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	- 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	Added GCN for Linzess 72mcg to Drugs Requiring PA, page 18
11/17/2017	Added criteria for Trulance and Viberzi. Clinical PA criteria was approved for these agents at the November 2017 DUR Board meeting
02/12/2018	- 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	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	- Added clinical criteria for Motegrity (prucalopride) as approved by the DUR Board at the July 2019 meeting - Updated references, pages 59-60
07/25/2022	Addition of Ibsrela criteria as approved by the DUR Board on July 22, 2022

Publication Date	Notes
10/18/2022	- Annual review by staff - Added GCNs for lubiprostone (99658, 26473) to PA table - Updated references
03/22/2023	- Added GCNs for Belbuca (39959, 39965, 39966, 39967, 39968, 39969, 39975), buprenorphine patch (25309, 35214, 25312, 25308, 36946), Butrans (25309, 35214, 25312, 25308, 36946), codeine (16240), hydrocodone ER (37539, 37541, 37543, 37544, 37545, 37546, 37547), levorphanol (16350), oxycodone-apap solution (70470), oxycodone (37159, 37162, 37164) and tramadol (99151, 99152, 92069) to opioid therapy table - Removed GCNs for Avinza (17189, 17192, 17191), Bunavail (36677, 36678, 36679), Duragesic (19203, 24635, 19200, 19201, 19202), Embeda ER (37692, 37685, 37686, 37687, 37688, 37689), Exalgo (28427, 22098, 33088, 22056), Ibudone (99371, 22678), Kadian ER (26490, 26494, 26492, 98135, 37534, 33158, 26493, 37535, 97508), Lazanda (27648, 41539, 29146), Opana/Opana ER (27244, 27243, 33916, 33833, 33917, 33918, 33919, 33915, 33832), Reprexain (99371, 16279, 22678), Rezira (92058), Xartemis (36243), and Zutripro (30047) from opioid therapy table – these products have been discontinued
07/07/2023	Updated criteria for Linzess to include patients aged 6 to 17 with a diagnosis of functional constipation
10/10/2023	Updated functional constipation table to include additional ICD-10 codes
05/21/2024	- Annual review by staff - Added check for duplicate therapy for Amitiza, Linzess, Lotronex, Motegrity, Relistor, and Trulance - Added GCNs for Apadaz (45987, 44508, 45986) and Dsuvia (45928) to opioid table - Updated Trulance criteria logic question #3: if no, go to #4 - Updated references
06/10/2024	Added GCN for morphine sulfate (32719) to PA drug table
09/13/2024	Added GCNs for hydrocodone ER (38057, 38058, 38062) and hydrocodone/apap 10-325/15 (99967) to opioid supporting table
12/04/2024	Added GCN for tramadol (56518) to opioid table
01/31/2025	- Annual review by staff - Updated Opioid supporting table - Removed GCNs for Buprenex (27500) and Demerol (15991) from the Opioid Therapy supporting table - products discontinued - Updated references

Publication Date	Notes
03/12/2025	Added GCNs for Roxybond (32047, 44877, 44878, 56315), hydrocodone ER (38059, 38061, 38063), and tramadol (48598) to supporting tables
10/01/2025	Added GCN for morphine (58333) to the opioid supporting table