Texas Prior Authorization Program
Clinical Criteria

Drug/Drug Class

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

Clinical Criteria Information included in this Document

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

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

Revision Notes

Annual review by staff

Updated references

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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/formulary/formulary-search.

Drugs Requiring Prior Authorization	
Label Name	**GCN**
REZUROCK 200 MG TABLET	49982

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Clinical Criteria Logic

Initial Criteria:

1. Is the client greater than or equal to (≥) 12 years of age?

   [ ] Yes – Go to #2

   [ ] No – Deny

2. Does the client have a diagnosis of chronic graft-versus-host disease (chronic GVHD) in the last 730 days?

   [ ] Yes – Go to #3

   [ ] No – Deny

3. Has the client had trials with 30 days therapy of at least 2 prior lines of systemic therapy in the last 365 days?

   [ ] Yes – Go to #4

   [ ] No – Deny

4. Will the client have concurrent therapy with a strong CYP3A inducer or a proton pump inhibitor (PPI)?

   [ ] Yes – Go to #5

   [ ] No – Go to #6

5. Is the requested dose less than or equal to (≤) 400 mg daily?

   [ ] Yes – Approve (90 days)

   [ ] No – Deny

6. Is the requested dose less than or equal to (≤) 1 tablet daily?

   [ ] Yes – Approve (90 days)

   [ ] No – Deny

Renewal Criteria:

1. Will the client have concurrent therapy with a strong CYP3A inducer or a proton pump inhibitor (PPI)?

   [ ] Yes – Go to #2

   [ ] No – Go to #3

2. Is the requested dose less than or equal to (≤) 400 mg daily?

   [ ] Yes – Approve (365 days)

   [ ] No – Deny

3. Is the requested dose less than or equal to (≤) 1 tablet daily?

   [ ] Yes – Approve (365 days)

   [ ] No – Deny

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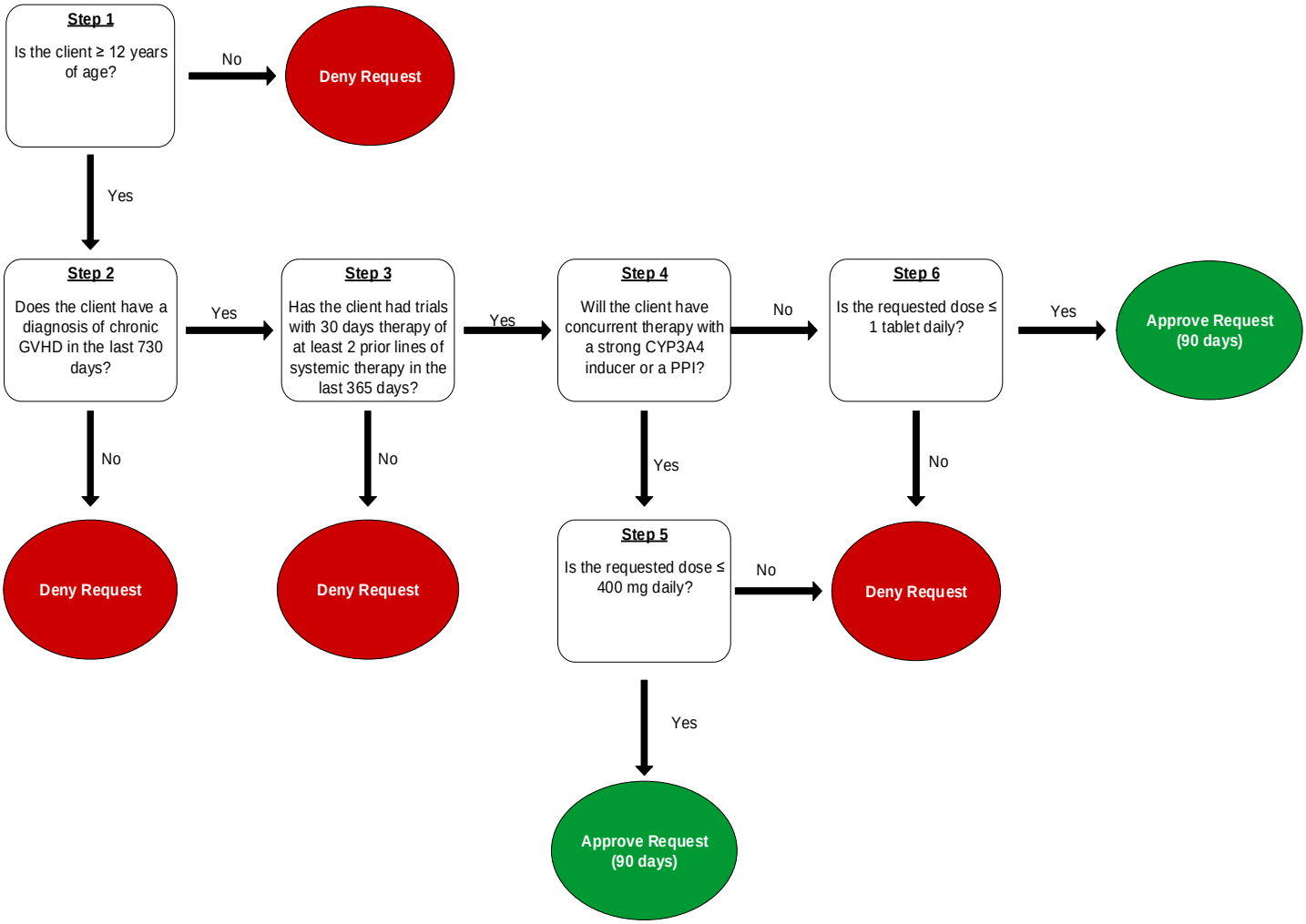
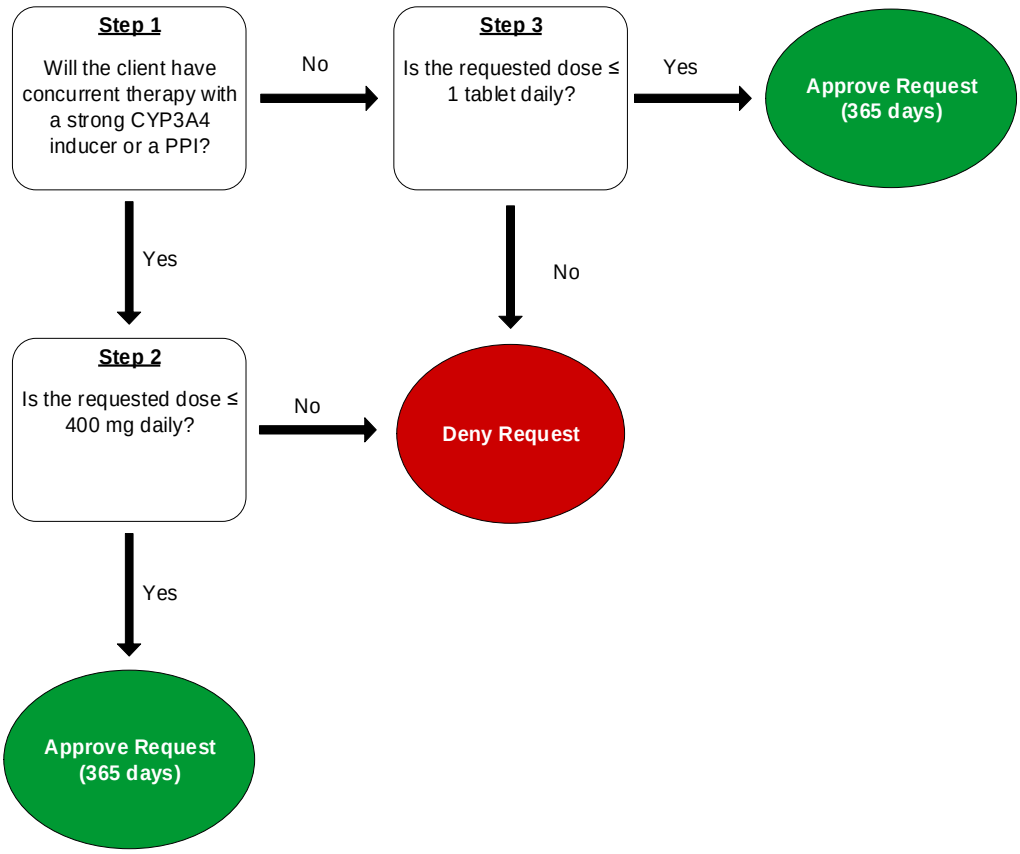
Clinical Criteria Logic Diagram

Initial Criteria:



Renewal Criteria:



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Clinical Criteria Supporting Tables

Diagnosis of chronic GVHD Required diagnosis: *1* Look back timeframe: *730* days	
ICD-10 Code	**Description**
D89811	CHRONIC GRAFT-VERSUS-HOST DISEASE

Prior systemic therapy Required quantity: *2* Look back timeframe: *365* days	
GCN	**Label Name**
98662	ASTAGRAF XL 0.5 MG CAPSULE
98663	ASTAGRAF XL 1 MG CAPSULE
98664	ASTAGRAF XL 5 MG CAPSULE
46771	AZATHIOPRINE 50 MG TABLET
47563	CELLCEPT 200 MG/ML ORAL SUSP
47560	CELLCEPT 250 MG CAPSULE
47561	CELLCEPT 500 MG TABLET
13910	CYCLOSPORINE 100 MG CAPSULE
13917	CYCLOSPORINE 100 MG/ML
13911	CYCLOSPORINE 25 MG CAPSULE
13919	CYCLOSPORINE MODIFIED 100 MG
13918	CYCLOSPORINE MODIFIED 25 MG
13916	CYCLOSPORINE MODIFIED 50 MG
39120	ENVARSUS XR 0.75 MG TABLET

Prior systemic therapy **Required quantity: *2*** **Look back timeframe: *365* days**	
GCN	**Label Name**
39123	ENVARSUS XR 1 MG TABLET
39124	ENVARSUS XR 4 MG TABLET
13917	GENGRAF 100 MG/ML SOLN
13918	GENGRAF 25 MG CAPSULE
13916	GENGRAF 50 MG CAPSULE
42940	HYDROXYCHLOROQUINE 200 MG TABLET
44465	IMBRUVICA 140 MG TABLET
44466	IMBRUVICA 280 MG TABLET
44467	IMBRUVICA 420 MG TABLET
44468	IMBRUVICA 560 MG TABLET
44475	IMBRUVICA 70 MG CAPSULE
46771	IMURAN 50 MG TABLET
30893	JAKAFI 10 MG TABLET
30894	JAKAFI 15 MG TABLET
30895	JAKAFI 20 MG TABLET
30896	JAKAFI 25 MG TABLET
30892	JAKAFI 5 MG TABLET
47563	MYCOPHENOLATE 200 MG/ML SUSP
47560	MYCOPHENOLATE 250 MG CAPSULE
47561	MYCOPHENOLATE 500 MG TABLET
19646	MYCOPHENOLIC ACID DR 180 MG TAB
19647	MYCOPHENOLIC ACID DR 360 MG TAB
19646	MYFORTIC 180 MG TABLET

Prior systemic therapy **Required quantity: *2*** **Look back timeframe: *365* days**	
GCN	**Label Name**
19647	MYFORTIC 360 MG TABLET
13919	NEORAL 100 MG CAPSULE
13917	NEORAL 100 MG/ML SOLN
13918	NEORAL 25 MG CAPSULE
27171	PREDNISONE 1 MG TABLET
27172	PREDNISONE 10 MG TABLET
27173	PREDNISONE 2.5 MG TABLET
27174	PREDNISONE 20 MG TABLET
27176	PREDNISONE 5 MG TABLET
27160	PREDNISONE 5 MG/5 ML SOLUTION
27161	PREDNISONE 5 MG/5 ML SOLUTION
27177	PREDNISONE 50 MG TABLET
28251	PROGRAF 0.2 MG GRANULE PACKET
28495	PROGRAF 0.5 MG CAPSULE
28491	PROGRAF 1 MG CAPSULE
28249	PROGRAF 1 MG GRANULE PACKET
28492	PROGRAF 5 MG CAPSULE
13910	SANDIMMUNE 100 MG CAPSULE
08220	SANDIMMUNE 100 MG/ML SOLN
13911	SANDIMMUNE 25 MG CAPSULE
28495	TACROLIMUS 0.5 MG CAPSULE
28491	TACROLIMUS 1 MG CAPSULE
28492	TACROLIMUS 5 MG CAPSULE

Therapy with a strong CYP3A4 inducer or PPI **Required quantity: *1*** **Look back timeframe: *current therapy***	
GCN	**Label Name**
94639	ACIPHEX DR 20 MG TABLET
34468	ACIPHEX SPRINKLE DR 10 MG CAP
34467	ACIPHEX SPRINKLE DR 5 MG CAP
92373	BEXAROTENE 75 MG CAPSULE
17460	CARBAMAZEPINE 100 MG TAB CHEW
47500	CARBAMAZEPINE 100 MG/5 ML SUSP
17450	CARBAMAZEPINE 200 MG TABLET
23934	CARBAMAZEPINE ER 100 MG CAP
27820	CARBAMAZEPINE ER 100 MG TAB
23932	CARBAMAZEPINE ER 200 MG CAP
27821	CARBAMAZEPINE ER 200 MG TABLET
23933	CARBAMAZEPINE ER 300 MG CAP
27822	CARBAMAZEPINE ER 400 MG TABLET
23934	CARBATROL ER 100 MG CAPSULE
23932	CARBATROL ER 200 MG CAPSULE
23933	CARBATROL ER 300 MG CAPSULE
16305	DEXILANT DR 30 MG CAPSULE
16306	DEXILANT DR 60 MG CAPSULE
16305	DEXLANSOPRAZOLE DR 30 MG CAP
16306	DEXLANSOPRAZOLE DR 60 MG CAP
17700	DILANTIN 100 MG CAPSULE
17241	DILANTIN 125 MG/5 ML SUSP

Therapy with a strong CYP3A4 inducer or PPI **Required quantity: *1*** **Look back timeframe: *current therapy***	
GCN	**Label Name**
17701	DILANTIN 30 MG CAPSULE
17250	DILANTIN 50 MG INFATAB
17450	EPITOL 200 MG TABLET
13781	EQUETRO 100 MG CAPSULE
13805	EQUETRO 200 MG CAPSULE
13818	EQUETRO 300 MG CAPSULE
99389	ESOMEPRAZOLE DR 10 MG PACKET
98030	ESOMEPRAZOLE DR 20 MG PACKET
98031	ESOMEPRAZOLE DR 40 MG PACKET
12867	ESOMEPRAZOLE MAG DR 20 MG CAP
26111	ESOMEPRAZOLE MAG DR 20 MG TAB
12868	ESOMEPRAZOLE MAG DR 40 MG CAP
24483	ESOMEPRAZOLE SODIUM 20 MG VIAL
01697	LANSOPRAZOLE DR 15 MG CAPSULE
01698	LANSOPRAZOLE DR 30 MG CAPSULE
18992	LANSOPRAZOLE ODT 15 MG TABLET
18993	LANSOPRAZOLE ODT 30 MG TABLET
37810	LYSODREN 500 MG TABLET
17321	MYSOLINE 250 MG TABLET
17322	MYSOLINE 50 MG TABLET
99389	NEXIUM DR 10 MG PACKET
33128	NEXIUM DR 2.5 MG PACKET
12867	NEXIUM DR 20 MG CAPSULE

Therapy with a strong CYP3A4 inducer or PPI **Required quantity: *1*** **Look back timeframe: *current therapy***	
GCN	**Label Name**
98030	NEXIUM DR 20 MG PACKET
12868	NEXIUM DR 40 MG CAPSULE
98031	NEXIUM DR 40 MG PACKET
33135	NEXIUM DR 5 MG PACKET
92989	OMEPRAZOLE DR 10 MG CAPSULE
04348	OMEPRAZOLE DR 20 MG CAPSULE
22228	OMEPRAZOLE DR 20 MG TABLET
92999	OMEPRAZOLE DR 40 MG CAPSULE
08454	OMEPRAZOLE MAG DR 20 MG TABLET
28664	OMEPRAZOLE MAG DR 20.6 MG CAP
26632	OMEPRAZOLE-BICARB 20-1100 CAP
26634	OMEPRAZOLE-BICARB 20-1680 PKT
26633	OMEPRAZOLE-BICARB 40-1100 CAP
26635	OMEPRAZOLE-BICARB 40-1680 PKT
36937	ORKAMBI 100-125 MG GRANULE PKT
42366	ORKAMBI 100-125 MG TABLET
42848	ORKAMBI 150-188 MG GRANULE PKT
39008	ORKAMBI 200-125 MG TABLET
95976	PANTOPRAZOLE SOD DR 20 MG TAB
40120	PANTOPRAZOLE SOD DR 40 MG TAB
13025	PANTOPRAZOLE SODIUM 40 MG VIAL
12975	PHENOBARBITAL 100 MG TABLET
12971	PHENOBARBITAL 15 MG TABLET

Therapy with a strong CYP3A4 inducer or PPI **Required quantity: *1*** **Look back timeframe: *current therapy***	
GCN	**Label Name**
97706	PHENOBARBITAL 16.2 MG TABLET
12956	PHENOBARBITAL 20 MG/5 ML ELIX
12973	PHENOBARBITAL 30 MG TABLET
97965	PHENOBARBITAL 32.4 MG TABLET
12972	PHENOBARBITAL 60 MG TABLET
97966	PHENOBARBITAL 64.8 MG TABLET
97967	PHENOBARBITAL 97.2 MG TABLET
12892	PHENOBARBITAL 130 MG/ML VIAL
12894	PHENOBARBITAL 65 MG/ML VIAL
15038	PHENYTEK 200 MG CAPSULE
15037	PHENYTEK 300 MG CAPSULE
17241	PHENYTOIN 125 MG/5 ML SUSP
17250	PHENYTOIN 50 MG TABLET CHEW
17700	PHENYTOIN SOD EXT 100 MG CAP
15038	PHENYTOIN SOD EXT 200 MG CAP
15037	PHENYTOIN SOD EXT 300 MG CAP
17200	PHENYTOIN 50 MG/ML VIAL
18992	PREVACID 15 MG SOLUTAB
18993	PREVACID 30 MG SOLUTAB
01697	PREVACID DR 15 MG CAPSULE
01698	PREVACID DR 30 MG CAPSULE
17321	PRIMIDONE 250 MG TABLET
17322	PRIMIDONE 50 MG TABLET

Therapy with a strong CYP3A4 inducer or PPI **Required quantity: *1*** **Look back timeframe: *current therapy***	
GCN	**Label Name**
99418	PROTONIX 40 MG SUSPENSION
95976	PROTONIX DR 20 MG TABLET
40120	PROTONIX DR 40 MG TABLET
13025	PROTONIX IV 40 MG VIAL
94639	RABEPRAZOLE SOD DR 20 MG TAB
41470	RIFADIN IV 600 MG VIAL
41260	RIFAMPIN 150 MG CAPSULE
41261	RIFAMPIN 300 MG CAPSULE
41470	RIFAMPIN IV 600 MG VIAL
47500	TEGRETOL 100 MG/5 ML SUSP
17450	TEGRETOL 200 MG TABLET
27820	TEGRETOL XR 100 MG TABLET
27821	TEGRETOL XR 200 MG TABLET
27822	TEGRETOL XR 400 MG TABLET
33183	XTANDI 40 MG CAPSULE
46626	XTANDI 40 MG TABLET
48452	XTANDI 80 MG TABLET
26632	ZEGERID 20 MG CAPSULE
26634	ZEGERID 20 MG PACKET
26633	ZEGERID 40 MG CAPSULE
26635	ZEGERID 40 MG PACKET

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Clinical Criteria References

1. 2025 ICD-10-CM Diagnosis Codes. 2025. Available at www.icd10data.com. Accessed on April 14, 2025.
2. Clinical Pharmacology [online database]. Tampa, FL: Elsevier/Gold Standard, Inc.; 2025. Available at www.clinicalpharmacology.com. Accessed on April 14, 2025.
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4. Rezurock Prescribing Information. Morristown, NJ. Kadmon Pharmaceuticals, LLC. April 2025.

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Publication History

The Publication History records the publication iterations and revisions to this document. Notes for the *most current revision* are also provided in the Revision Notes on the first page of this document.

Publication Date	Notes
10/13/2023	• Initial publication and presentation to the DUR Board
02/28/2025	• Annual review by staff • Updated references