

**Texas Prior Authorization Program
Clinical Edit Criteria**

Drug/Drug Class**Antiemetics****Clinical Edit Information Included in this Document**

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

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

Revision Notes

Added Granisetron HCL 0.1 mg/ml vial (GCN 23756) to the Drugs Requiring Prior Authorization table.



Antiemetics

Drugs Requiring Prior Authorization

Drugs Requiring Prior Authorization	
Label Name	GCN
ANZEMET 50 MG TABLET	33532
ANZEMET 100 MG TABLET	33533
ANZEMET 20 MG/ML VIAL	16007
EMEND 40 MG CAPSULE	27278
EMEND 80 MG CAPSULE	19365
EMEND 125 MG CAPSULE	19366
EMEND TRIFOLD PACK	19367
GRANISETRON HCL 1 MG TABLET	06019
GRANISETRON HCL 0.1 MG/ML VIAL	23756
GRANISETRON HCL 1 MG/ML VIAL	99260
GRANISETRON HCL 1 MG/ML VIAL	99267
GRANISETRON HCL 4 MG/4 ML VIAL	60548
SANCUSO 3.1 MG/24 HR PATCH	14348



Antiemetics

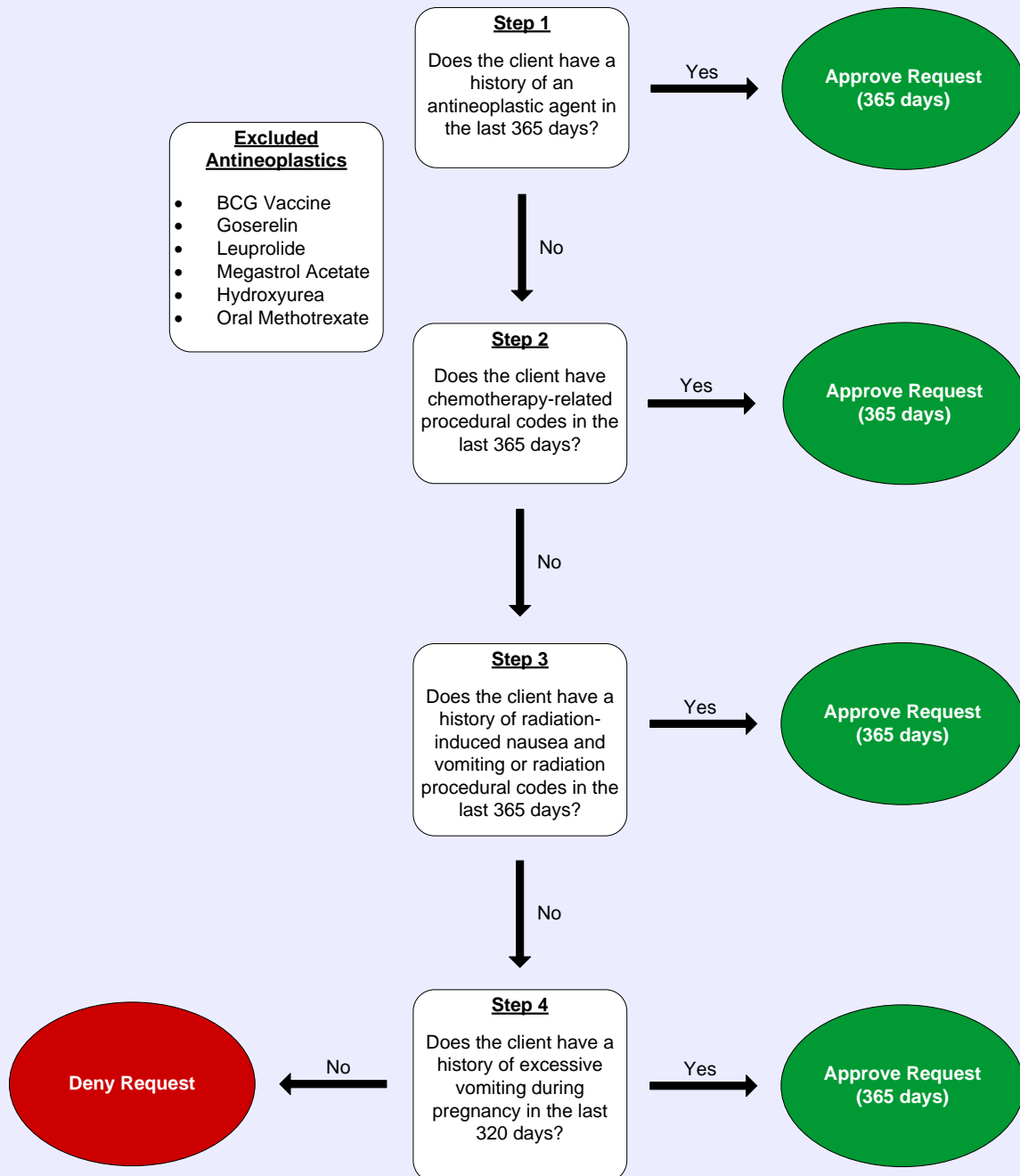
Clinical Edit Criteria Logic

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



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Clinical Edit Criteria Logic Diagram





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Clinical Edit Criteria Supporting Tables

Step 1 (history of an antineoplastic agent) Required quantity: 1 Look back timeframe: 365 days	
Label Name	GCN
ALKERAN 2 MG TABLET	38380
ANASTROZOLE 1 MG TABLET	24410
ARIMIDEX 1 MG TABLET	24410
AROMASIN 25 MG TABLET	92896
AVODART 0.5 MG SOFTGEL	18428
BICALUTAMIDE 50 MG TABLET	00450
CARAC CREAM	12514
CASODEX 50 MG TABLET	00450
CEENU 10 MG CAPSULE	38431
CEENU 40 MG CAPSULE	38433
CEENU 100 MG CAPSULE	38432
COSMEGEN 0.5 MG VIAL	96679
CYCLOPHOSPHAMIDE 25 MG TAB	38360
CYCLOPHOSPHAMIDE 50 MG TABLET	38361
CYTARABINE 20 MG/ML VIAL	27365
CYTARABINE 20 MG/ML VIAL	34230
CYTARABINE 20 MG/ML VIAL	97825
CYTARABINE 100 MG VIAL	21485
CYTARABINE 100 MG/ML VIAL	34231
CYTARABINE 500 MG VIAL	21503
CYTARABINE 1 GM VIAL	21473
CYTARABINE 2 GM VIAL	21501
EFUDEX 5% CREAM	30781
EFUDEX 2% SOLUTION	30791
EFUDEX 5% SOLUTION	30792
EMCYT 140 MG CAPSULE	38700
ETOPOSIDE 50 MG CAPSULE	07560
ETOPOSIDE 100 MG/5 ML VIAL	07481
ETOPOSIDE 500 MG/25 ML VIAL	07481
ETOPOSIDE 1,000 MG/50 ML VIAL	07481

Step 1 (history of an antineoplastic agent)	
Required quantity: 1	
Look back timeframe: 365 days	
Label Name	GCN
EVISTA 60 MG TABLET	59011
FARESTON 60 MG TABLET	42721
FEMARA 2.5 MG TABLET	49541
FINASTERIDE 5 MG TABLET	30521
FLUOROPLEX 1% CREAM	30780
FLUOROURACIL 5% CREAM	30781
FLUOROURACIL 2% TOPICAL SOLN	30791
FLUOROURACIL 5% TOP SOLUTION	30792
FLUTAMIDE 125 MG CAPSULE	25740
GEMZAR 200 MG VIAL	38530
GEMZAR 1 GRAM VIAL	38532
GLEEVEC 100 MG TABLET	19908
GLEEVEC 400 MG TABLET	19907
HEXALEN 50 MG CAPSULE	34221
HYCAMTIN 0.25 MG CAPSULE	14254
HYCAMTIN 1 MG CAPSULE	14256
IRESSA 250 MG TABLET	19586
JALYN 0.5-0.4 MG CAPSULE	28596
LETROZOLE 2.5 MG TABLET	49541
LEUKERAN 2 MG TABLET	38370
LYSODREN 500 MG TABLET	38710
MATULANE 50 MG CAPSULE	38740
MERCAPTOPURINE 50 MG TABLET	38520
METHOTREXATE 25 MG/ML VIAL	18936
METHOTREXATE 25 MG/ML VIAL	38466
MITOMYCIN 5 MG VIAL	38601
MITOMYCIN 20 MG VIAL	38600
MITOMYCIN 40 MG VIAL	38602
MITOXANTRONE 20 MG/10 ML VIAL	07544
MITOXANTRONE 25 MG/12.5 ML VL	07544
MITOXANTRONE 30 MG/15 ML VIAL	07544
MYLERAN 2 MG TABLET	38420
NEXAVAR 200 MG TABLET	26263
NILANDRON 150 MG TABLET	22645
NOVANTRONE 2 MG/ML VIAL	07544
OFORTA 10 MG TABLET	12473

Step 1 (history of an antineoplastic agent)	
Required quantity: 1	
Look back timeframe: 365 days	
Label Name	GCN
ONCASPAR 750 UNIT/ML VIAL	24231
PROSCAR 5 MG TABLET	30521
PURINETHOL 50 MG TABLET	38520
SPRYCEL 20 MG TABLET	27257
SPRYCEL 50 MG TABLET	27258
SPRYCEL 70 MG TABLET	27259
SUTENT 12.5 MG CAPSULE	26452
SUTENT 25 MG CAPSULE	26453
SUTENT 50 MG CAPSULE	26454
TABLOID 40 MG TABLET	10290
TAMOXIFEN 10 MG TABLET	38720
TAMOXIFEN 20 MG TABLET	38721
TARCEVA 25 MG TABLET	23795
TARCEVA 100 MG TABLET	23794
TARCEVA 150 MG TABLET	23793
TARGRETIN 1% GEL	89921
TARGRETIN 75 MG SOFTGEL	92373
TASIGNA 150 MG CAPSULE	28737
TASIGNA 200 MG CAPSULE	99070
TEMODAR 5 MG CAPSULE	92893
TEMODAR 20 MG CAPSULE	92903
TEMODAR 100 MG CAPSULE	92913
TEMODAR 140 MG CAPSULE	98310
TEMODAR 180 MG CAPSULE	98311
TEMODAR 250 MG CAPSULE	92933
TYKERB 250 MG TABLET	98140
VINBLASTINE 1 MG/ML VIAL	38970
VINBLASTINE SULF 10 MG VIAL	38560
VINCRISTINE 1 MG/ML VIAL	38572
VINCRISTINE 2 MG/2 ML VIAL	97630
VOTRIENT 200 MG TABLET	27829
XELODA 150 MG TABLET	31611
XELODA 500 MG TABLET	31612
ZOLINZA 100 MG CAPSULE	97345

Step 2 (history of a chemotherapy-related procedural code)	
Required diagnosis: 1	
Look back timeframe: 365 days	
CPT Code	Description
77261	RADIATION THERAPY PLANNING
77262	RADIATION THERAPY PLANNING
77263	RADIATION THERAPY PLANNING
77280	SET RADIATION THERAPY FIELD
77285	SET RADIATION THERAPY FIELD
77290	SET RADIATION THERAPY FIELD
77295	SET RADIATION THERAPY FIELD
77299	RADIATION THERAPY PLANNING
77300	RADIATION THERAPY DOSE PLAN
77301	RADIOTHERAPY DOS PLAN, IMRT
77305	RADIATION THERAPY DOSE PLAN
77310	RADIATION THERAPY DOSE PLAN
77315	RADIATION THERAPY DOSE PLAN
77321	RADIATION THERAPY PORT PLAN
77326	RADIATION THERAPY DOSE PLAN
77327	RADIATION THERAPY DOSE PLAN
77328	RADIATION THERAPY DOSE PLAN
77331	SPECIAL RADIATION DOSIMETRY
77332	RADIATION TREATMENT AID(S)
77333	RADIATION TREATMENT AID(S)
77334	RADIATION TREATMENT AID(S)
77336	RADIATION PHYSICS CONSULT
77338	DESIGN MLC DEVICE FOR IMRT
77370	RADIATION PHYSICS CONSULT
77371	SRS, MULTISOURCE
77372	SRS, LINEAR BASED
77373	SBRT DELIVERY
77399	EXTERNAL RADIATION DOSIMETRY
77401	RADIATION TREATMENT DELIVERY
77402	RADIATION TREATMENT DELIVERY
77403	RADIATION TREATMENT DELIVERY
77404	RADIATION TREATMENT DELIVERY
77406	RADIATION TREATMENT DELIVERY
77407	RADIATION TREATMENT DELIVERY
77408	RADIATION TREATMENT DELIVERY
77409	RADIATION TREATMENT DELIVERY

Step 2 (history of a chemotherapy-related procedural code)	
Required diagnosis: 1	
Look back timeframe: 365 days	
CPT Code	Description
77411	RADIATION TREATMENT DELIVERY
77412	RADIATION TREATMENT DELIVERY
77413	RADIATION TREATMENT DELIVERY
77414	RADIATION TREATMENT DELIVERY
77416	RADIATION TREATMENT DELIVERY
77417	RADIOLOGY PORT FILM(S)
77418	RADIATION TX DELIVERY, IMRT
77421	STEREOSCOPIC X-RAY GUIDANCE
77422	NEUTRON BEAM TX, SIMPLE
77423	NEUTRON BEAM TX, COMPLEX
77427	RADIATION TX MANAGEMENT, X5
77431	RADIATION THERAPY MANAGEMENT
77432	STEREOTACTIC RADIATION TRMT
77435	SBRT MANAGEMENT
77470	SPECIAL RADIATION TREATMENT
77499	RADIATION THERAPY MANAGEMENT
77520	PROTON TRMT, SIMPLE W/O COMP
77522	PROTON TRMT, SIMPLE W/COMP
77523	PROTON TRMT, INTERMEDIATE
77525	PROTON TREATMENT, COMPLEX
96401	CHEMO, ANTI-NEOPL, SQ/IM
96402	CHEMO HORMON ANTINEOPL SQ/IM
96405	CHEMO INTRALESIONAL, UP TO 7
96406	CHEMO INTRALESIONAL OVER 7
96409	CHEMO, IV PUSH, SNGL DRUG
96411	CHEMO, IV PUSH, ADDL DRUG
96413	CHEMO, IV INFUSION, 1 HR
96415	CHEMO, IV INFUSION, ADDL HR
96416	CHEMO PROLONG INFUSE W/PUMP
96417	CHEMO IV INFUS EACH ADDL SEQ
96420	CHEMO, IA, PUSH TECNIQUE
96422	CHEMO IA INFUSION UP TO 1 HR
96423	CHEMO IA INFUSE EACH ADDL HR
96425	CHEMOTHERAPY INFUSION METHOD
96440	CHEMOTHERAPY, INTRACAVITARY
96445	CHEMOTHERAPY, INTRACAVITARY

Step 2 (history of a chemotherapy-related procedural code)	
Required diagnosis: 1	
Look back timeframe: 365 days	
CPT Code	Description
96450	CHEMOTHERAPY, INTO CNS
96521	REFILL/MAINT, PORTABLE PUMP
96542	CHEMOTHERAPY INJECTION
96549	CHEMOTHERAPY, UNSPECIFIED
J9000	DOXORUBICIN HCL INJECTION
J9001	DOXORUBICIN HCL LIPOSOME INJ
J9010	ALEMTUZUMAB INJECTION
J9015	ALDESLEUKIN INJECTION
J9020	ASPARAGINASE INJECTION
J9027	CLOFARABINE INJECTION
J9033	BENDAMUSTINE INJECTION
J9040	BLEOMYCIN SULFATE INJECTION
J9041	BORTEZOMIB INJECTION
J9045	CARBOPLATIN INJECTION
J9050	CARMUSTINE INJECTION
J9055	CETUXIMAB INJECTION
J9060	CISPLATIN 10 MG INJECTION
J9062	CISPLATIN 50 MG INJECTION
J9065	INJ CLADRIBINE PER 1 MG
J9070	CYCLOPHOSPHAMIDE 100 MG INJ
J9080	CYCLOPHOSPHAMIDE 200 MG INJ
J9090	CYCLOPHOSPHAMIDE 500 MG INJ
J9091	CYCLOPHOSPHAMIDE 1.0 GRM INJ
J9092	CYCLOPHOSPHAMIDE 2.0 GRM INJ
J9093	CYCLOPHOSPHAMIDE LYOPHILIZED
J9094	CYCLOPHOSPHAMIDE LYOPHILIZED
J9095	CYCLOPHOSPHAMIDE LYOPHILIZED
J9096	CYCLOPHOSPHAMIDE LYOPHILIZED
J9097	CYCLOPHOSPHAMIDE LYOPHILIZED
J9098	CYTARABINE LIPOSOME INJ
J9100	CYTARABINE HCL 100 MG INJ
J9110	CYTARABINE HCL 500 MG INJ
J9120	DACTINOMYCIN INJECTION
J9130	DACARBAZINE 10 MG INJ
J9140	DACARBAZINE 200 MG INJ
J9150	DAUNORUBICIN INJECTION

Step 2 (history of a chemotherapy-related procedural code)	
Required diagnosis: 1	
Look back timeframe: 365 days	
CPT Code	Description
J9151	DAUNORUBICIN CITRATE INJ
J9155	DEGARELIX INJECTION
J9160	DENILEUKIN DIFTITOX INJ
J9170	DOCETAXEL INJECTION
J9171	DOCETAXEL INJECTION
J9178	INJ, EPIRUBICIN HCL, 2 MG
J9181	ETOPOSIDE INJECTION
J9182	ETOPOSIDE 100 MG INJ
J9185	FLUDARABINE PHOSPHATE INJ
J9190	FLUOROURACIL INJECTION
J9200	FLOXURIDINE INJECTION
J9201	GEMCITABINE HCL INJECTION
J9206	IRINOTECAN INJECTION
J9207	IXABEPILONE INJECTION
J9208	IFOSFOMIDE INJECTION
J9211	IDARUBICIN HCL INJECTION
J9261	NELARABINE INJECTION
J9263	OXALIPLATIN
J9264	PACLITAXEL PROTEIN BOUND
J9265	PACLITAXEL INJECTION
J9266	PEGASPARGASE INJECTION
J9268	PENTOSTATIN INJECTION
J9280	MITOMYCIN 5 MG INJ
J9290	MITOMYCIN 20 MG INJ
J9291	MITOMYCIN 40 MG INJ
J9303	PANITUMUMAB INJECTION
J9305	PEMETREXED INJECTION
J9320	STREPTOZOCIN INJECTION
J9328	TEMOZOLOMIDE INJECTION
J9330	TEMSIROLIMUS INJECTION
J9340	THIOTEPA INJECTION
J9350	TOPOTECAN INJECTION
J9355	TRASTUZUMAB INJECTION
J9357	VALRUBICIN INJECTION
J9360	VINBLASTINE SULFATE INJ
J9370	VINCRISTINE SULFATE 1 MG INJ

Step 2 (history of a chemotherapy-related procedural code)	
Required diagnosis: 1	
Look back timeframe: 365 days	
CPT Code	Description
J9375	VINCRISTINE SULFATE 2 MG INJ
J9380	VINCRISTINE SULFATE 5 MG INJ
J9390	VINORELBINE TARTRATE INJ
J9600	PORFIMER SODIUM INJECTION
J9999	CHEMOTHERAPY DRUG

Step 3 (history of a radiation-induced nausea and vomiting procedural code)	
Required diagnosis: 1	
Look back timeframe: 365 days	
CPT Code	Description
77261	RADIATION THERAPY PLANNING
77262	RADIATION THERAPY PLANNING
77263	RADIATION THERAPY PLANNING
77280	SET RADIATION THERAPY FIELD
77285	SET RADIATION THERAPY FIELD
77290	SET RADIATION THERAPY FIELD
77295	SET RADIATION THERAPY FIELD
77299	RADIATION THERAPY PLANNING
77300	RADIATION THERAPY DOSE PLAN
77301	RADIOLTHERAPY DOS PLAN, IMRT
77305	RADIATION THERAPY DOSE PLAN
77310	RADIATION THERAPY DOSE PLAN
77315	RADIATION THERAPY DOSE PLAN
77321	RADIATION THERAPY PORT PLAN
77326	RADIATION THERAPY DOSE PLAN
77327	RADIATION THERAPY DOSE PLAN
77328	RADIATION THERAPY DOSE PLAN
77331	SPECIAL RADIATION DOSIMETRY
77332	RADIATION TREATMENT AID(S)
77333	RADIATION TREATMENT AID(S)
77334	RADIATION TREATMENT AID(S)
77336	RADIATION PHYSICS CONSULT
77338	DESIGN MLC DEVICE FOR IMRT
77370	RADIATION PHYSICS CONSULT
77371	SRS, MULTISOURCE

Step 3 (history of a radiation-induced nausea and vomiting procedural code)	
Required diagnosis: 1	
Look back timeframe: 365 days	
CPT Code	Description
77372	SRS, LINEAR BASED
77373	SBRT DELIVERY
77399	EXTERNAL RADIATION DOSIMETRY
77401	RADIATION TREATMENT DELIVERY
77402	RADIATION TREATMENT DELIVERY
77403	RADIATION TREATMENT DELIVERY
77404	RADIATION TREATMENT DELIVERY
77406	RADIATION TREATMENT DELIVERY
77407	RADIATION TREATMENT DELIVERY
77408	RADIATION TREATMENT DELIVERY
77409	RADIATION TREATMENT DELIVERY
77411	RADIATION TREATMENT DELIVERY
77412	RADIATION TREATMENT DELIVERY
77413	RADIATION TREATMENT DELIVERY
77414	RADIATION TREATMENT DELIVERY
77416	RADIATION TREATMENT DELIVERY
77417	RADIOLOGY PORT FILM(S)
77418	RADIATION TX DELIVERY, IMRT
77421	STEREOSCOPIC X-RAY GUIDANCE
77422	NEUTRON BEAM TX, SIMPLE
77423	NEUTRON BEAM TX, COMPLEX
77427	RADIATION TX MANAGEMENT, X5
77431	RADIATION THERAPY MANAGEMENT
77432	STEREOTACTIC RADIATION TRMT
77435	SBRT MANAGEMENT
77470	SPECIAL RADIATION TREATMENT
77499	RADIATION THERAPY MANAGEMENT
77520	PROTON TRMT, SIMPLE W/O COMP
77522	PROTON TRMT, SIMPLE W/COMP
77523	PROTON TRMT, INTERMEDIATE
77525	PROTON TREATMENT, COMPLEX
96401	CHEMO, ANTI-NEOPL, SQ/IM
96402	CHEMO HORMON ANTINEOPL SQ/IM
96405	CHEMO INTRALESIONAL, UP TO 7
96406	CHEMO INTRALESIONAL OVER 7
96409	CHEMO, IV PUSH, SNGL DRUG

Step 3 (history of a radiation-induced nausea and vomiting procedural code)	
Required diagnosis: 1	
Look back timeframe: 365 days	
CPT Code	Description
96411	CHEMO, IV PUSH, ADDL DRUG
96413	CHEMO, IV INFUSION, 1 HR
96415	CHEMO, IV INFUSION, ADDL HR
96416	CHEMO PROLONG INFUSE W/PUMP
96417	CHEMO IV INFUS EACH ADDL SEQ
96420	CHEMO, IA, PUSH TECHNIQUE
96422	CHEMO IA INFUSION UP TO 1 HR
96423	CHEMO IA INFUSE EACH ADDL HR
96425	CHEMOTHERAPY INFUSION METHOD
96440	CHEMOTHERAPY, INTRACAVITARY
96445	CHEMOTHERAPY, INTRACAVITARY
96450	CHEMOTHERAPY, INTO CNS
96521	REFILL/MAINT, PORTABLE PUMP
96542	CHEMOTHERAPY INJECTION
96549	CHEMOTHERAPY, UNSPECIFIED
J9000	DOXORUBICIN HCL INJECTION
J9001	DOXORUBICIN HCL LIPOSOME INJ
J9010	ALEMTUZUMAB INJECTION
J9015	ALDESLEUKIN INJECTION
J9020	ASPARAGINASE INJECTION
J9027	CLOFARABINE INJECTION
J9033	BENDAMUSTINE INJECTION
J9040	BLEOMYCIN SULFATE INJECTION
J9041	BORTEZOMIB INJECTION
J9045	CARBOPLATIN INJECTION
J9050	CARMUSTINE INJECTION
J9055	CETUXIMAB INJECTION
J9060	CISPLATIN 10 MG INJECTION
J9062	CISPLATIN 50 MG INJECTION
J9065	INJ CLADRIBINE PER 1 MG
J9070	CYCLOPHOSPHAMIDE 100 MG INJ
J9080	CYCLOPHOSPHAMIDE 200 MG INJ
J9090	CYCLOPHOSPHAMIDE 500 MG INJ
J9091	CYCLOPHOSPHAMIDE 1.0 GRM INJ
J9092	CYCLOPHOSPHAMIDE 2.0 GRM INJ
J9093	CYCLOPHOSPHAMIDE LYOPHILIZED

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

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

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

CPT Code	Description
J9303	PANITUMUMAB INJECTION
J9305	PEMETREXED INJECTION
J9320	STREPTOZOCIN INJECTION
J9328	TEMOZOLOMIDE INJECTION
J9330	TEMSIROLIMUS INJECTION
J9340	THIOTEPA INJECTION
J9350	TOPOTECAN INJECTION
J9355	TRASTUZUMAB INJECTION
J9357	VALRUBICIN INJECTION
J9360	VINBLASTINE SULFATE INJ
J9370	VINCRISTINE SULFATE 1 MG INJ
J9375	VINCRISTINE SULFATE 2 MG INJ
J9380	VINCRISTINE SULFATE 5 MG INJ
J9390	VINORELBINE TARTRATE INJ
J9600	PORFIMER SODIUM INJECTION
J9999	CHEMOTHERAPY DRUG

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

ICD-9 Code	Description
64310	HYPEREM W METAB DIS-UNSP
64313	HYPEREM W METAB-ANTEPART
64320	LATE VOMIT OF PREG-UNSP
64323	LATE VOMIT PREG-ANTEPART
64390	VOMIT OF PREG NOS-UNSPEC
64393	VOMIT OF PG NOS-ANTEPART



Antiemetics

Clinical Edit Criteria References

1. Drug Facts and Comparisons. St. Louis, MO: Wolters Kluwer Health, 2003.

Publication History

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

Publication Date	Notes
01/31/2011	Initial publication and posting to website
02/29/2012	<ul style="list-style-type: none"> • Separated Zofran from other antiemetics and created two sections: Antiemetics (Zofran) and Antiemetics (Excluding Zofran) • Added new sections to specify the drugs requiring prior authorization for each form of antiemetics • In each "Clinical Edit Supporting Tables" section, revised section to specify the drug names and GCNs pertinent to step 2 of the logic diagram • In each "Clinical Edit Supporting Tables" section, revised section to specify the procedure codes pertinent to steps 3 and 4 of the logic diagram • In each "Clinical Edit Supporting Tables" section, revised section to specify the diagnosis codes pertinent to step 5 of the logic diagram
10/24/2012	Removed Zofran from clinical edit criteria guide
02/07/2013	Added Granisetron HCL 0.1 mg/ml vial (GCN 23756) to the Drugs Requiring Prior Authorization table.