

**Texas Prior Authorization Program
Clinical Criteria**

Drug/Drug Class**Flexeril/Amrix (Cyclobenzaprine)****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

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



Flexeril/Amrix (Cyclobenzaprine)

Drugs Requiring Prior Authorization

The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit TxVendorDrug.com/formulary/formulary-search.

Drugs Requiring Prior Authorization	
Label Name	GCN
AMRIX ER 15 MG CAPSULE	97959
AMRIX ER 30 MG CAPSULE	97960
CYCLOBENZAPRINE 10 MG TABLET	18020
CYCLOBENZAPRINE 5 MG TABLET	12805
CYCLOBENZAPRINE 7.5 MG TABLET	98299
FEXMID 7.5 MG TABLET	98299



Flexeril/Amrix (Cyclobenzaprine)

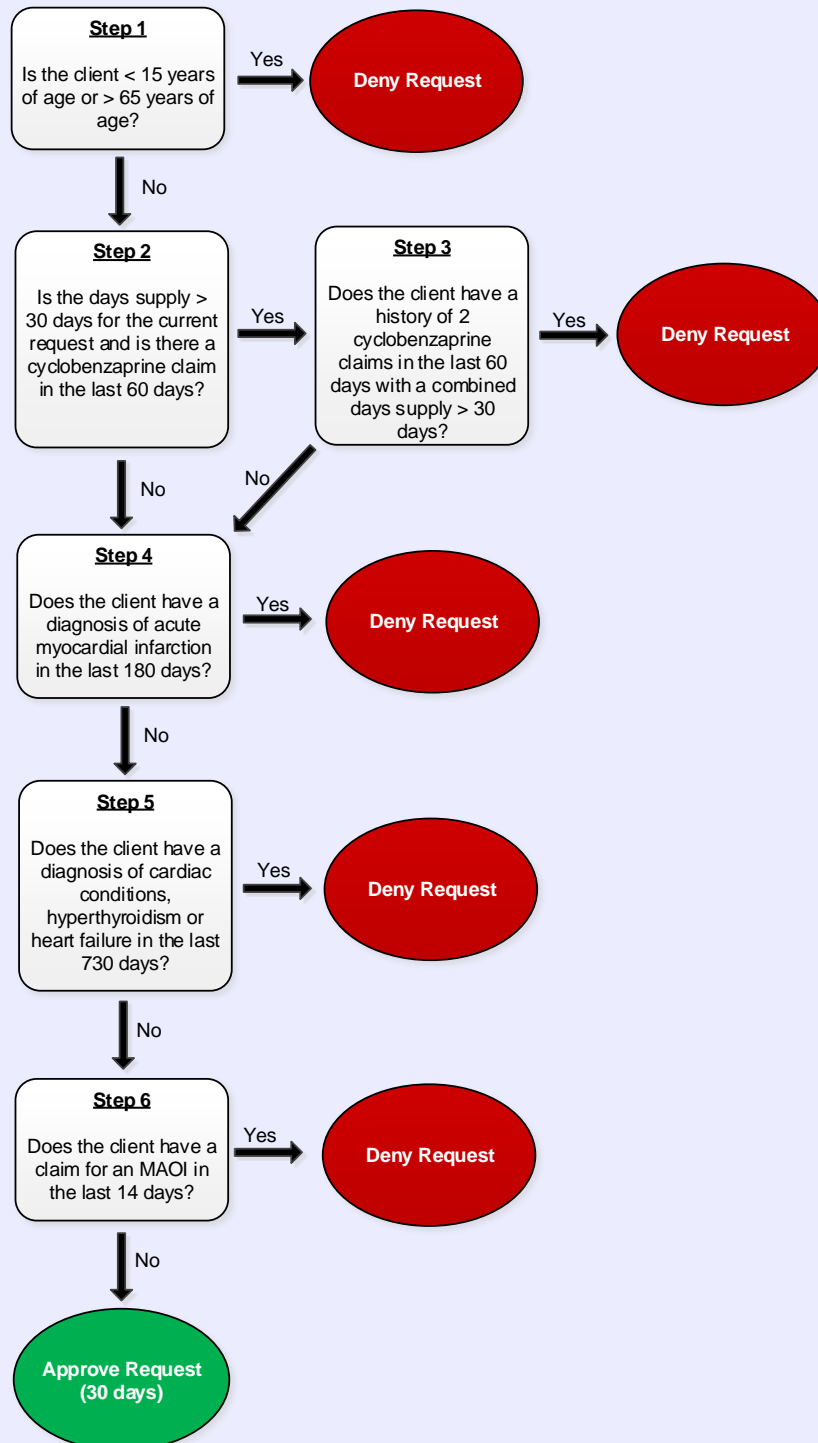
Clinical Criteria Logic

1. Is the client less than (<) 15 years of age or greater than (>) 65 years of age?
 Yes (Deny)
 No (Go to #2)
2. Is the days supply greater than (>) 30 days for the current request and is there a cyclobenzaprine claim in the last 60 days?
 Yes (Go to #3)
 No (Go to #4)
3. Does the client have a history of 2 cyclobenzaprine claims in the last 60 days with a combined days supply of greater than (>) 30 days?
 Yes (Deny)
 No (Go to #4)
4. Does the client have a diagnosis of acute myocardial infarction in the last 180 days?
 Yes (Deny)
 No (Go to #5)
5. Does the client have a diagnosis of cardiac conditions (cardiac arrhythmias, heart block, congenital long QT syndrome, torsade de points), hyperthyroidism, or heart failure in the last 730 days?
 Yes (Deny)
 No (Go to #6)
6. Does the client have a claim for a monoamine oxidase inhibitor (MAOI) in the last 14 days?
 Yes (Deny)
 No (Approve – 30 days)



Flexeril/Amrix (Cyclobenzaprine)

Clinical Criteria Logic Diagram





Flexeril/Amrix (Cyclobenzaprine)

Clinical Criteria Supporting Tables

Step 2 (days supply greater than 30 days for the current request and a cyclobenzaprine claim) Required quantity: 1 plus incoming request Look back timeframe: 60 days	
Label Name	GCN
AMRIX ER 15 MG CAPSULE	97959
AMRIX ER 30 MG CAPSULE	97960
CYCLOBENZAPRINE 10 MG TABLET	18020
CYCLOBENZAPRINE 5 MG TABLET	12805
CYCLOBENZAPRINE 7.5 MG TABLET	98299
FEXMID 7.5 MG TABLET	98299

Step 3 (two cyclobenzaprine claims with a combined days supply of more than 30 days) Required quantity: 2 Look back timeframe: 60 days	
Label Name	GCN
AMRIX ER 15 MG CAPSULE	97959
AMRIX ER 30 MG CAPSULE	97960
CYCLOBENZAPRINE 5 MG TABLET	12805
CYCLOBENZAPRINE 10 MG TABLET	18020
CYCLOBENZAPRINE 7.5 MG TABLET	98299
FEXMID 7.5 MG TABLET	98299

Step 4 (diagnosis of acute myocardial infarction) Required diagnosis: 1 Look back timeframe: 180 days	
ICD-10 Code	Description
I2101	ST ELEVATION (STEMI) MYOCARDIAL INFARCTION INVOLVING LEFT MAIN CORONARY ARTERY
I2102	ST ELEVATION (STEMI) MYOCARDIAL INFARCTION INVOLVING LEFT ANTERIOR DESCENDING CORONARY ARTERY
I2109	ST ELEVATION (STEMI) MYOCARDIAL INFARCTION INVOLVING OTHER CORONARY ARTERY OF ANTERIOR WALL

Step 4 (diagnosis of acute myocardial infarction)	
Required diagnosis: 1	
Look back timeframe: 180 days	
ICD-10 Code	Description
I2111	ST ELEVATION (STEMI) MYOCARDIAL INFARCTION INVOLVING RIGHT CORONARY ARTERY
I2119	ST ELEVATION (STEMI) MYOCARDIAL INFARCTION INVOLVING OTHER CORONARY ARTERY OF INFERIOR WALL
I2121	ST ELEVATION (STEMI) MYOCARDIAL INFARCTION INVOLVING LEFT CIRCUMFLEX CORONARY ARTERY
I2129	ST ELEVATION (STEMI) MYOCARDIAL INFARCTION INVOLVING OTHER SITES
I213	ST ELEVATION (STEMI) MYOCARDIAL INFARCTION OF UNSPECIFIED SITE
I214	NON-ST ELEVATION (NSTEMI) MYOCARDIAL INFARCTION
I220	SUBSEQUENT ST ELEVATION (STEMI) MYOCARDIAL INFARCTION OF ANTERIOR WALL
I221	SUBSEQUENT ST ELEVATION (STEMI) MYOCARDIAL INFARCTION OF INFERIOR WALL
I222	SUBSEQUENT NON-ST ELEVATION (NSTEMI) MYOCARDIAL INFARCTION
I228	SUBSEQUENT ST ELEVATION (STEMI) MYOCARDIAL INFARCTION OF OTHER SITES
I229	SUBSEQUENT ST ELEVATION (STEMI) MYOCARDIAL INFARCTION OF UNSPECIFIED SITE

Step 5 (diagnosis of cardiac condition defect, hyperthyroidism, or heart failure)	
Required diagnosis: 1	
Look back timeframe: 730 days	
ICD-10 Code	Description
E0500	THYROTOXICOSIS WITH DIFFUSE GOITER WITHOUT THYROTOXIC CRISIS OR STORM
E0501	THYROTOXICOSIS WITH DIFFUSE GOITER WITH THYROTOXIC CRISIS OR STORM
E0510	THYROTOXICOSIS WITH TOXIC SINGLE THYROID NODULE WITHOUT THYROTOXIC CRISIS OR STORM
E0511	THYROTOXICOSIS WITH TOXIC SINGLE THYROID NODULE WITH THYROTOXIC CRISIS OR STORM
E0520	THYROTOXICOSIS WITH TOXIC MULTINODULAR GOITER WITHOUT THYROTOXIC CRISIS OR STORM
E0521	THYROTOXICOSIS WITH TOXIC MULTINODULAR GOITER WITH THYROTOXIC CRISIS OR STORM
E0530	THYROTOXICOSIS FROM ECTOPIC THYROID TISSUE WITHOUT THYROTOXIC CRISIS OR STORM
E0531	THYROTOXICOSIS FROM ECTOPIC THYROID TISSUE WITH THYROTOXIC CRISIS OR STORM
E0540	THYROTOXICOSIS FACTITIA WITHOUT THYROTOXIC CRISIS OR STORM
E0541	THYROTOXICOSIS FACTITIA WITH THYROTOXIC CRISIS OR STORM

Step 5 (diagnosis of cardiac condition defect, hyperthyroidism, or heart failure)	
Required diagnosis: 1	
Look back timeframe: 730 days	
ICD-10 Code	Description
E0580	OTHER THYROTOXICOSIS WITHOUT THYROTOXIC CRISIS OR STORM
E0581	OTHER THYROTOXICOSIS WITH THYROTOXIC CRISIS OR STORM
E0590	THYROTOXICOSIS, UNSPECIFIED WITHOUT THYROTOXIC CRISIS OR STORM
E0591	THYROTOXICOSIS, UNSPECIFIED WITH THYROTOXIC CRISIS OR STORM
I440	ATRIOVENTRICULAR BLOCK, FIRST DEGREE
I441	ATRIOVENTRICULAR BLOCK, SECOND DEGREE
I442	ATRIOVENTRICULAR BLOCK, COMPLETE
I4430	UNSPECIFIED ATRIOVENTRICULAR BLOCK
I4439	OTHER ATRIOVENTRICULAR BLOCK
I444	LEFT ANTERIOR FASCICULAR BLOCK
I445	LEFT POSTERIOR FASCICULAR BLOCK
I4460	UNSPECIFIED FASCICULAR BLOCK
I4469	OTHER FASCICULAR BLOCK
I447	LEFT BUNDLE-BRANCH BLOCK, UNSPECIFIED
I450	RIGHT FASCICULAR BLOCK
I4510	UNSPECIFIED RIGHT BUNDLE-BRANCH BLOCK
I4519	OTHER RIGHT BUNDLE-BRANCH BLOCK
I452	BIFASCICULAR BLOCK
I453	TRIFASCICULAR BLOCK
I454	NONSPECIFIC INTRAVENTRICULAR BLOCK
I455	OTHER SPECIFIED HEART BLOCK
I456	PRE-EXCITATION SYNDROME
I4581	LONG QT SYNDROME
I4589	OTHER SPECIFIED CONDUCTION DISORDERS
I459	CONDUCTION DISORDER, UNSPECIFIED
I462	CARDIAC ARREST DUE TO UNDERLYING CARDIAC CONDITION
I468	CARDIAC ARREST DUE TO OTHER UNDERLYING CONDITION
I469	CARDIAC ARREST, CAUSE UNSPECIFIED
I470	RE-ENTRY VENTRICULAR ARRHYTHMIA
I471	SUPRAVENTRICULAR TACHYCARDIA
I472	VENTRICULAR TACHYCARDIA
I479	PAROXYSMAL TACHYCARDIA, UNSPECIFIED
I480	PAROXYSMAL ATRIAL FIBRILLATION
I481	PERSISTENT ATRIAL FIBRILLATION
I482	CHRONIC ATRIAL FIBRILLATION

Step 5 (diagnosis of cardiac condition defect, hyperthyroidism, or heart failure)	
Required diagnosis: 1	
Look back timeframe: 730 days	
ICD-10 Code	Description
I483	TYPICAL ATRIAL FLUTTER
I484	ATYPICAL ATRIAL FLUTTER
I4891	UNSPECIFIED ATRIAL FIBRILLATION
I4892	UNSPECIFIED ATRIAL FLUTTER
I4901	VENTRICULAR FIBRILLATION
I4902	VENTRICULAR FLUTTER
I491	ATRIAL PREMATURE DEPOLARIZATION
I492	JUNCTIONAL PREMATURE DEPOLARIZATION
I493	VENTRICULAR PREMATURE DEPOLARIZATION
I4940	UNSPECIFIED PREMATURE DEPOLARIZATION
I4949	OTHER PREMATURE DEPOLARIZATION
I495	SICK SINUS SYNDROME
I498	OTHER SPECIFIED CARDIAC ARRHYTHMIAS
I499	CARDIAC ARRHYTHMIA, UNSPECIFIED
I501	LEFT VENTRICULAR FAILURE
I5020	UNSPECIFIED SYSTOLIC (CONGESTIVE) HEART FAILURE
I5021	ACUTE SYSTOLIC (CONGESTIVE) HEART FAILURE
I5022	CHRONIC SYSTOLIC (CONGESTIVE) HEART FAILURE
I5023	ACUTE ON CHRONIC SYSTOLIC (CONGESTIVE) HEART FAILURE
I5030	UNSPECIFIED DIASTOLIC (CONGESTIVE) HEART FAILURE
I5031	ACUTE DIASTOLIC (CONGESTIVE) HEART FAILURE
I5032	CHRONIC DIASTOLIC (CONGESTIVE) HEART FAILURE
I5033	ACUTE ON CHRONIC DIASTOLIC (CONGESTIVE) HEART FAILURE
I5040	UNSPECIFIED COMBINED SYSTOLIC (CONGESTIVE) AND DIASTOLIC (CONGESTIVE) HEART FAILURE
I5041	ACUTE COMBINED SYSTOLIC (CONGESTIVE) AND DIASTOLIC (CONGESTIVE) HEART FAILURE
I5042	CHRONIC COMBINED SYSTOLIC (CONGESTIVE) AND DIASTOLIC (CONGESTIVE) HEART FAILURE
I5043	ACUTE ON CHRONIC COMBINED SYSTOLIC (CONGESTIVE) AND DIASTOLIC (CONGESTIVE) HEART FAILURE
I509	HEART FAILURE, UNSPECIFIED
I97110	POSTPROCEDURAL CARDIAC INSUFFICIENCY FOLLOWING CARDIAC SURGERY
I97111	POSTPROCEDURAL CARDIAC INSUFFICIENCY FOLLOWING OTHER SURGERY
I97120	POSTPROCEDURAL CARDIAC ARREST FOLLOWING CARDIAC SURGERY
I97121	POSTPROCEDURAL CARDIAC ARREST FOLLOWING OTHER SURGERY
I97130	POSTPROCEDURAL HEART FAILURE FOLLOWING CARDIAC SURGERY

Step 5 (diagnosis of cardiac condition defect, hyperthyroidism, or heart failure)	
Required diagnosis: 1	
Look back timeframe: 730 days	
ICD-10 Code	Description
197131	POSTPROCEDURAL HEART FAILURE FOLLOWING OTHER SURGERY
197190	OTHER POSTPROCEDURAL CARDIAC FUNCTIONAL DISTURBANCES FOLLOWING CARDIAC SURGERY
197191	OTHER POSTPROCEDURAL CARDIAC FUNCTIONAL DISTURBANCES FOLLOWING OTHER SURGERY
197710	INTRAOPERATIVE CARDIAC ARREST DURING CARDIAC SURGERY
197711	INTRAOPERATIVE CARDIAC ARREST DURING OTHER SURGERY
197790	OTHER INTRAOPERATIVE CARDIAC FUNCTIONAL DISTURBANCES DURING CARDIAC SURGERY
197791	OTHER INTRAOPERATIVE CARDIAC FUNCTIONAL DISTURBANCES DURING OTHER SURGERY
19788	OTHER INTRAOPERATIVE COMPLICATIONS OF THE CIRCULATORY SYSTEM, NOT ELSEWHERE CLASSIFIED
19789	OTHER POSTPROCEDURAL COMPLICATIONS AND DISORDERS OF THE CIRCULATORY SYSTEM, NOT ELSEWHERE CLASSIFIED
R001	BRADYCARDIA, UNSPECIFIED
R55	SYNCOPE AND COLLAPSE
R9430	ABNORMAL RESULT OF CARDIOVASCULAR FUNCTION STUDY, UNSPECIFIED
R9431	ABNORMAL ELECTROCARDIOGRAM [ECG] [EKG]

Step 6 (history of monoamine oxidase inhibitor therapy)	
Required quantity: 1	
Look back timeframe: 14 days	
Label Name	GCN
AZILECT 0.5MG TABLET	27081
AZILECT 1MG TABLET	24654
EMSAM 12MG/24 HOURS PATCH	26614
EMSAM 6MG/24 HOURS PATCH	26612
LINEZOLID 600MG TABLET	26870
LINEZOLID 600MG/300ML IV SOLN	26873
MARPLAN 10MG TABLET	16416
NARDIL 15MG TABLET	16417
PARNATE 10MG TABLET	16418
PHENELZINE SULFATE 15MG TABLET	16417
SELEGILINE HCL 5MG CAPSULE	15603
SELEGILINE HCL 5MG TABLET	15600
TRANLYCYPROMINE 10MG TABLET	16418
ZELAPAR 1.25 MG ODT TABLET	22783

Step 6 (history of monoamine oxidase inhibitor therapy)	
Required quantity: 1	
Look back timeframe: 14 days	
Label Name	GCN
ZYVOX 100MG/5ML SUSPENSION	26871
ZYVOX 600MG TABLET	26870
ZYVOX 600MG/300ML IV SOLN	26873



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Clinical Criteria References

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Publication History

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

Publication Date	Notes
01/31/2011	Initial publication and posting to website
10/17/2011	<ul style="list-style-type: none"> Added a new section to specify the drugs requiring prior authorization In the "Clinical Edit Criteria Logic" and "Clinical Edit Criteria Logic Diagram" sections, modified the "No" action to read "Go to 5" In the "Clinical Edit Criteria Supporting Tables" section, revised tables to specify the diagnosis codes pertinent to steps 3 and 4 of the logic diagram In the "Clinical Edit Criteria Supporting Tables" section, revised tables to specify the drug names and GCNs pertinent to steps 1, 2, and 5 of the logic diagram Added Step 5 in all sections to look for a history of a monoamine oxidase inhibitor in the last 14 days
04/03/2015	<ul style="list-style-type: none"> Updated to include ICD-10s
12/06/2016	<ul style="list-style-type: none"> Added age check to criteria logic, page 3 Updated logic diagram, page 4 Updated Table 6, page 13 Updated references, page 14
05/08/2017	<p>Annual review by staff</p> <ul style="list-style-type: none"> Added age check for patients < 15 and > 65 to criteria logic, page 3 Updated criteria logic diagram to reflect new age requirements, page 4 Removed ICD-9s in Table 4, pages 5-6 Added GCN for Zelapar to Table 6, page 12 Updated references, page 13
03/26/2019	<ul style="list-style-type: none"> Updated to include formulary statement (The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit TxVendorDrug.com/formulary/formulary-search.) on each 'Drug Requiring PA' table