

**Texas Prior Authorization Program  
Clinical Criteria**

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**Drug/Drug Class**

## **Symlin (Pramlintide)**

**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



## Symlin (Pramlintide)

### 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](http://TxVendorDrug.com/formulary/formulary-search).

| Drugs Requiring Prior Authorization |       |
|-------------------------------------|-------|
| Label Name                          | GCN   |
| SYMLINPEN 60 PEN INJECTOR           | 99514 |
| SYMLINPEN 120 PEN INJECTOR          | 99450 |



## Symlin (Pramlintide)

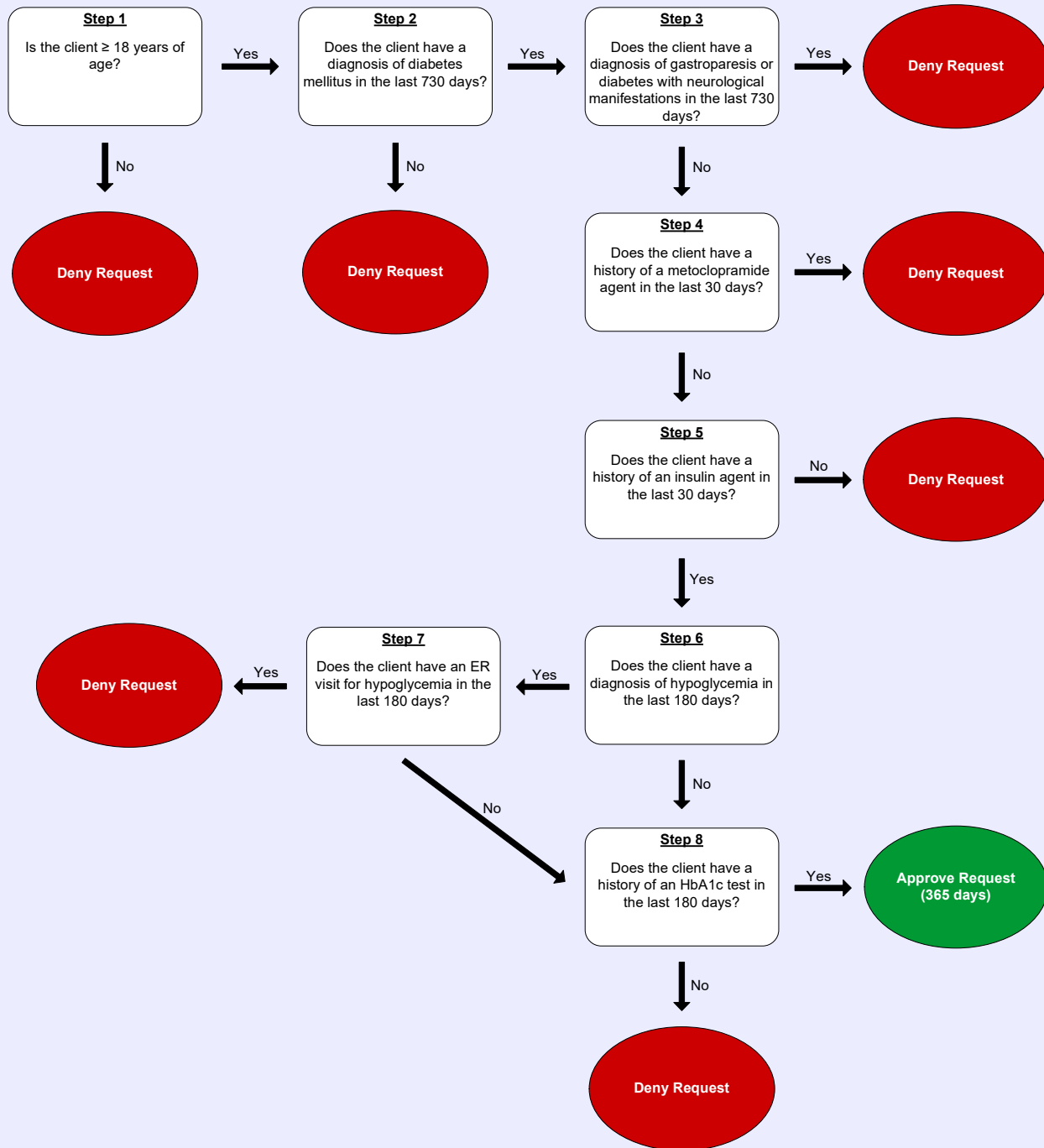
### Clinical Criteria Logic

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 **diabetes mellitus** in the last 730 days?  
 Yes (Go to #3)  
 No (Deny)
3. Does the client have a diagnosis of **gastroparesis or diabetes with neurological manifestations** in the last 730 days?  
 Yes (Deny)  
 No (Go to #4)
4. Does the client have a history of a **metoclopramide agent** in the last 30 days?  
 Yes (Deny)  
 No (Go to #5)
5. Does the client have history of an **insulin agent** in the last 30 days?  
 Yes (Go to #6)  
 No (Deny)
6. Does the client have a diagnosis of **hypoglycemia** in the last 180 days?  
 Yes (Go to #7)  
 No (Go to #8)
7. Does the client have an **ER visit for hypoglycemia** in the last 180 days?  
 Yes (Deny)  
 No (Go to #8)
8. Does the client have a history of an **HbA1c test** in the last 180 days?  
 Yes (Approve – 365 days)  
 No (Deny)



# Symlin (Pramlintide)

## Clinical Criteria Logic Diagram





## Symlin (Pramlintide)

### Clinical Criteria Supporting Tables

| <b>Step 2 (diagnosis of diabetes mellitus)</b> |  |
|--|--|
| <b>Required diagnosis: 1</b>                   |  |
| <b>Look back timeframe: 730 days</b>           |  |
| <b>ICD-10 Code</b>                             | <b>Description</b>   |
| E1010  | TYPE 1 DIABETES MELLITUS WITH KETOACIDOSIS WITHOUT COMA  |
| E1011  | TYPE 1 DIABETES MELLITUS WITH KETOACIDOSIS WITH COMA   |
| E1021  | TYPE 1 DIABETES MELLITUS WITH DIABETIC NEPHROPATHY   |
| E1022  | TYPE 1 DIABETES MELLITUS WITH DIABETIC CHRONIC KIDNEY DISEASE                                      |
| E1029  | TYPE 1 DIABETES MELLITUS WITH OTHER DIABETIC KIDNEY COMPLICATION                                   |
| E10311   | TYPE 1 DIABETES MELLITUS WITH UNSPECIFIED DIABETIC RETINOPATHY WITH MACULAR EDEMA                  |
| E10319   | TYPE 1 DIABETES MELLITUS WITH UNSPECIFIED DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA               |
| E10321   | TYPE 1 DIABETES MELLITUS WITH MILD NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA        |
| E10329   | TYPE 1 DIABETES MELLITUS WITH MILD NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA     |
| E10331   | TYPE 1 DIABETES MELLITUS WITH MODERATE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA    |
| E10339   | TYPE 1 DIABETES MELLITUS WITH MODERATE NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA |
| E10341   | TYPE 1 DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA      |
| E10349   | TYPE 1 DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA   |
| E10351   | TYPE 1 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA                |
| E10359   | TYPE 1 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA             |
| E1036  | TYPE 1 DIABETES MELLITUS WITH DIABETIC CATARACT  |
| E1039  | TYPE 1 DIABETES MELLITUS WITH OTHER DIABETIC OPHTHALMIC COMPLICATION                               |
| E1040  | TYPE 1 DIABETES MELLITUS WITH DIABETIC NEUROPATHY, UNSPECIFIED                                     |
| E1042  | TYPE 1 DIABETES MELLITUS WITH DIABETIC POLYNEUROPATHY  |
| E1043  | TYPE 1 DIABETES MELLITUS WITH DIABETIC AUTONOMIC (POLY)NEUROPATHY                                  |
| E1049  | TYPE 1 DIABETES MELLITUS WITH OTHER DIABETIC NEUROLOGICAL COMPLICATION                             |

| <b>Step 2 (diagnosis of diabetes mellitus)</b> |  |
|--|--|
| <b>Required diagnosis: 1</b>                   |  |
| <b>Look back timeframe: 730 days</b>           |  |
| <b>ICD-10 Code</b>                             | <b>Description</b>   |
| E1051  | TYPE 1 DIABETES MELLITUS WITH DIABETIC PERIPHERAL ANGIOPATHY WITHOUT GANGRENE                            |
| E1052  | TYPE 1 DIABETES MELLITUS WITH DIABETIC PERIPHERAL ANGIOPATHY WITH GANGRENE                               |
| E1059  | TYPE 1 DIABETES MELLITUS WITH OTHER CIRCULATORY COMPLICATIONS  |
| E10618   | TYPE 1 DIABETES MELLITUS WITH OTHER DIABETIC ARTHROPATHY   |
| E10620   | TYPE 1 DIABETES MELLITUS WITH DIABETIC DERMATITIS  |
| E10621   | TYPE 1 DIABETES MELLITUS WITH FOOT ULCER   |
| E10622   | TYPE 1 DIABETES MELLITUS WITH OTHER SKIN ULCER   |
| E10628   | TYPE 1 DIABETES MELLITUS WITH OTHER SKIN COMPLICATIONS   |
| E10630   | TYPE 1 DIABETES MELLITUS WITH PERIODONTAL DISEASE  |
| E10638   | TYPE 1 DIABETES MELLITUS WITH OTHER ORAL COMPLICATIONS   |
| E10641   | TYPE 1 DIABETES MELLITUS WITH HYPOGLYCEMIA WITH COMA   |
| E10649   | TYPE 1 DIABETES MELLITUS WITH HYPOGLYCEMIA WITHOUT COMA  |
| E1065  | TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA  |
| E1069  | TYPE 1 DIABETES MELLITUS WITH OTHER SPECIFIED COMPLICATION   |
| E108   | TYPE 1 DIABETES MELLITUS WITH UNSPECIFIED COMPLICATIONS  |
| E109   | TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS   |
| E1100  | TYPE 2 DIABETES MELLITUS WITH HYPEROSMOLARITY WITHOUT NONKETOTIC HYPERGLYCEMIC-HYPEROSMOLAR COMA (NKHHC) |
| E1101  | TYPE 2 DIABETES MELLITUS WITH HYPEROSMOLARITY WITH COMA  |
| E1121  | TYPE 2 DIABETES MELLITUS WITH DIABETIC NEPHROPATHY   |
| E1122  | TYPE 2 DIABETES MELLITUS WITH DIABETIC CHRONIC KIDNEY DISEASE  |
| E1129  | TYPE 2 DIABETES MELLITUS WITH OTHER DIABETIC KIDNEY COMPLICATION   |
| E11311   | TYPE 2 DIABETES MELLITUS WITH UNSPECIFIED DIABETIC RETINOPATHY WITH MACULAR EDEMA                        |
| E11319   | TYPE 2 DIABETES MELLITUS WITH UNSPECIFIED DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA                     |
| E11321   | TYPE 2 DIABETES MELLITUS WITH MILD NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA              |
| E11329   | TYPE 2 DIABETES MELLITUS WITH MILD NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA           |
| E11331   | TYPE 2 DIABETES MELLITUS WITH MODERATE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA          |
| E11339   | TYPE 2 DIABETES MELLITUS WITH MODERATE NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA       |
| E11341   | TYPE 2 DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA            |

| <b>Step 2 (diagnosis of diabetes mellitus)</b> |  |
|--|--|
| <b>Required diagnosis: 1</b>                   |  |
| <b>Look back timeframe: 730 days</b>           |  |
| <b>ICD-10 Code</b>                             | <b>Description</b>   |
| E11349   | TYPE 2 DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA |
| E11351   | TYPE 2 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA              |
| E11359   | TYPE 2 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA           |
| E1136  | TYPE 2 DIABETES MELLITUS WITH DIABETIC CATARACT  |
| E1139  | TYPE 2 DIABETES MELLITUS WITH OTHER DIABETIC OPHTHALMIC COMPLICATION                             |
| E1151  | TYPE 2 DIABETES MELLITUS WITH DIABETIC PERIPHERAL ANGIOPATHY WITHOUT GANGRENE                    |
| E1152  | TYPE 2 DIABETES MELLITUS WITH DIABETIC PERIPHERAL ANGIOPATHY WITH GANGRENE                       |
| E1159  | TYPE 2 DIABETES MELLITUS WITH OTHER CIRCULATORY COMPLICATIONS                                    |
| E11618   | TYPE 2 DIABETES MELLITUS WITH OTHER DIABETIC ARTHROPATHY   |
| E11620   | TYPE 2 DIABETES MELLITUS WITH DIABETIC DERMATITIS  |
| E11621   | TYPE 2 DIABETES MELLITUS WITH FOOT ULCER   |
| E11622   | TYPE 2 DIABETES MELLITUS WITH OTHER SKIN ULCER   |
| E11628   | TYPE 2 DIABETES MELLITUS WITH OTHER SKIN COMPLICATIONS   |
| E11630   | TYPE 2 DIABETES MELLITUS WITH PERIODONTAL DISEASE  |
| E11638   | TYPE 2 DIABETES MELLITUS WITH OTHER ORAL COMPLICATIONS   |
| E11641   | TYPE 2 DIABETES MELLITUS WITH HYPOGLYCEMIA WITH COMA   |
| E11649   | TYPE 2 DIABETES MELLITUS WITH HYPOGLYCEMIA WITHOUT COMA  |
| E1165  | TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA  |
| E1169  | TYPE 2 DIABETES MELLITUS WITH OTHER SPECIFIED COMPLICATION                                       |
| E118   | TYPE 2 DIABETES MELLITUS WITH UNSPECIFIED COMPLICATIONS  |
| E119   | TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS   |

| <b>Step 3 (diagnosis of gastroparesis or diabetes with neurological manifestations)</b> |   |
|---|---|
| <b>Required diagnosis: 1</b>  |   |
| <b>Look back timeframe: 730 days</b>  |   |
| <b>ICD-10 Code</b>  | <b>Description</b>  |
| E0842   | DIABETES MELLITUS DUE TO UNDERLYING CONDITION WITH DIABETIC AUTONOMIC (POLY)NEUROPATHY                              |
| E0942   | DRUG OR CHEMICAL INDUCED DIABETES MELLITUS WITH NEUROLOGICAL COMPLICATIONS WITH DIABETIC AUTONOMIC (POLY)NEUROPATHY |
| E1041   | TYPE 1 DIABETES MELLITUS WITH DIABETIC MONONEUROPATHY   |

| <b>Step 3 (diagnosis of gastroparesis or diabetes with neurological manifestations)</b> |   |
|---|---|
| <b>Required diagnosis: 1</b>  |   |
| <b>Look back timeframe: 730 days</b>  |   |
| <b>ICD-10 Code</b>  | <b>Description</b>  |
| E1042   | TYPE 1 DIABETES MELLITUS WITH DIABETIC POLYNEUROPATHY                           |
| E1044   | TYPE 1 DIABETES MELLITUS WITH DIABETIC AMYOTROPHY                               |
| E10610  | TYPE 1 DIABETES MELLITUS WITH DIABETIC NEUROPATHIC ARTHROPATHY                  |
| E1140   | TYPE 2 DIABETES MELLITUS WITH DIABETIC NEUROPATHY, UNSPECIFIED                  |
| E1141   | TYPE 2 DIABETES MELLITUS WITH DIABETIC MONONEUROPATHY                           |
| E1142   | TYPE 2 DIABETES MELLITUS WITH DIABETIC POLYNEUROPATHY                           |
| E1143   | TYPE 2 DIABETES MELLITUS WITH DIABETIC AUTONOMIC (POLY)NEUROPATHY               |
| E1144   | TYPE 2 DIABETES MELLITUS WITH DIABETIC AMYOTROPHY                               |
| E1149   | TYPE 2 DIABETES MELLITUS WITH OTHER DIABETIC NEUROLOGICAL COMPLICATION          |
| E11610  | TYPE 2 DIABETES MELLITUS WITH DIABETIC NEUROPATHIC ARTHROPATHY                  |
| E1340   | OTHER SPECIFIED DIABETES MELLITUS WITH DIABETIC NEUROPATHY, UNSPECIFIED         |
| E1342   | OTHER SPECIFIED DIABETES MELLITUS WITH DIABETIC POLYNEUROPATHY                  |
| E1343   | OTHER SPECIFIED DIABETES MELLITUS WITH DIABETIC AUTONOMIC (POLY)NEUROPATHY      |
| E1349   | OTHER SPECIFIED DIABETES MELLITUS WITH OTHER DIABETIC NEUROLOGICAL COMPLICATION |
| E13610  | OTHER SPECIFIED DIABETES MELLITUS WITH DIABETIC NEUROPATHIC ARTHROPATHY         |
| K3184   | GASTROPARESIS   |

| <b>Step 4 (history of a metoclopramide agent)</b> |            |
|---|------------|
| <b>Required quantity: 1</b>                       |            |
| <b>Look back timeframe: 30 days</b>               |            |
| <b>Label Name</b>                                 | <b>GCN</b> |
| METOCLOPRAMIDE 5 MG/5 ML SOLN                     | 03610      |
| METOCLOPRAMIDE 5 MG TABLET                        | 21021      |
| METOCLOPRAMIDE 10 MG TABLET                       | 21020      |
| METOCLOPRAMIDE 10 MG/2 ML VIAL                    | 20510      |
| METOCLOPRAMIDE HCL ODT 10 MG                      | 27889      |
| METOCLOPRAMIDE HCL ODT 5 MG                       | 27898      |
| REGLAN 5 MG TABLET                                | 21021      |
| REGLAN 10 MG TABLET                               | 21020      |



| <b>Step 5 (history of an insulin agent)</b> |            |
|---|------------|
| <b>Required quantity: 1</b>                 |            |
| <b>Look back timeframe: 30 days</b>         |            |
| <b>Label Name</b>                           | <b>GCN</b> |
| AFREZZA 30-4 UNIT / 60-8 UNIT               | 37623      |
| AFREZZA 4 UNIT / 8 UNIT / 12 UNIT           | 42833      |
| AFREZZA 4 UNIT CARTRIDGE                    | 37619      |
| AFREZZA 60-4 UNIT / 30-8 UNIT               | 37622      |
| AFREZZA 60-8 UNIT / 30-12 UNIT              | 38923      |
| AFREZZA 90-4 UNIT / 90-8 UNIT               | 37624      |
| AFREZZA 8 UNIT CARTRIDGE                    | 37621      |
| AFREZZA 12 UNIT CARTRIDGE                   | 38918      |
| APIDRA 100 UNITS/ML VIAL                    | 25936      |
| APIDRA SOLOSTAR 100 UNITS/ML                | 26508      |
| BASAGLAR 100 UNIT/ML KWIKPEN                | 98637      |
| HUMALOG 100 UNITS/ML CARTRIDGE              | 05678      |
| HUMALOG 100 UNITS/ML KWIKPEN                | 96719      |
| HUMALOG 100 UNITS/ML VIAL                   | 05679      |
| HUMALOG 200 UNITS/ML KWIKPEN                | 33798      |
| HUMALOG MIX 50-50 KWIKPEN                   | 50461      |
| HUMALOG MIX 50-50 VIAL                      | 97507      |
| HUMALOG MIX 75-25 KWIKPEN                   | 93717      |
| HUMALOG MIX 75-25 VIAL                      | 22681      |
| HUMALOG JR 100 UNIT/ML KWIKPEN              | 43753      |
| HUMULIN 70-30 KWIKPEN                       | 24486      |
| HUMULIN 70-30 VIAL                          | 50001      |
| HUMULIN N 100 UNITS/ML KWIKPEN              | 18488      |
| HUMULIN N 100 UNITS/ML VIAL                 | 11660      |
| HUMULIN R 100 UNITS/ML VIAL                 | 11642      |
| HUMULIN R 500 UNITS/ML KWIKPEN              | 40542      |
| HUMULIN R 500 UNITS/ML VIAL                 | 09633      |
| LANTUS 100 UNITS/ML VIAL                    | 13072      |
| LANTUS SOLOSTAR 100 UNITS/ML                | 98637      |
| LEVEMIR 100 UNITS/ML VIAL                   | 25305      |
| LEVEMIR FLEXPEN 100 UNITS/ML                | 22836      |
| NOVOLIN 70-30 100 UNIT/ML VIAL              | 50001      |
| NOVOLIN N 100 UNITS/ML VIAL                 | 11660      |
| NOVOLIN R 100 UNITS/ML VIAL                 | 11642      |
| NOVOLIN R 100 UNIT/ML FLEXPEN               | 15518      |

| <b>Step 5 (history of an insulin agent)</b> |            |
|---|------------|
| <b>Required quantity: 1</b>                 |            |
| <b>Look back timeframe: 30 days</b>         |            |
| <b>Label Name</b>                           | <b>GCN</b> |
| NOVOLIN N 100 UNIT/ML FLEXPEN               | 18488      |
| NOVOLIN 70-30 FLEXPEN                       | 24486      |
| NOVOLOG 100 UNIT/ML CARTRIDGE               | 92886      |
| NOVOLOG 100 UNIT/ML VIAL                    | 92326      |
| NOVOLOG FLEXPEN SYRINGE                     | 92336      |
| NOVOLOG MIX 70-30 FLEXPEN SYRN              | 17075      |
| NOVOLOG MIX 70-30 VIAL                      | 19057      |
| SOLIQUA 100 UNIT-33MCG/ML PEN               | 42676      |
| TOUJEO SOLOSTAR 300 UNITS/ML                | 37988      |
| TOUJEO MAX SOLOSTAR 300 UNIT/ML             | 44561      |
| TRESIBA FLEXTOUCH 100 UNITS/ML              | 35836      |
| TRESIBA FLEXTOUCH 200 UNITS/ML              | 35837      |
| TRESIBA 100 UNIT/ML VIAL                    | 42785      |
| XULTOPHY 100 UNIT-3.6 MG/ML PEN             | 38348      |

| <b>Step 6 (diagnosis of hypoglycemia)</b> |  |
|---|--|
| <b>Required diagnosis: 1</b>              |  |
| <b>Look back timeframe: 180 days</b>      |  |
| <b>ICD-10 Code</b>                        | <b>Description</b>   |
| E08649                                    | DIABETES MELLITUS DUE TO UNDERLYING CONDITION WITH HYPOGLYCEMIA WITHOUT COMA |
| E15                                       | NONDIABETIC HYPOGLYCEMIC COMA  |
| E160                                      | DRUG-INDUCED HYPOGLYCEMIA WITHOUT COMA                                       |
| E161                                      | OTHER HYPOGLYCEMIA   |
| E162                                      | HYPOGLYCEMIA, UNSPECIFIED  |

| <b>Step 7 (history of an ER visit for hypoglycemia)</b> |                       |
|---|-----------------------|
| <b>Required procedure: 1</b>                            |                       |
| <b>Look back timeframe: 180 days</b>                    |                       |
| <b>CPT Code</b>   | <b>Description</b>    |
| 99221   | INITIAL HOSPITAL CARE |
| 99222   | INITIAL HOSPITAL CARE |
| 99223   | INITIAL HOSPITAL CARE |
| 99281   | EMERGENCY DEPT VISIT  |

| <b>Step 7 (history of an ER visit for hypoglycemia)</b> |                              |
|---|------------------------------|
| <b>Required procedure: 1</b>                            |                              |
| <b>Look back timeframe: 180 days</b>                    |                              |
| <b>CPT Code</b>   | <b>Description</b>           |
| 99282   | EMERGENCY DEPT VISIT         |
| 99283   | EMERGENCY DEPT VISIT         |
| 99284   | EMERGENCY DEPT VISIT         |
| 99285   | EMERGENCY DEPT VISIT         |
| 99288   | DIRECT ADVANCED LIFE SUPPORT |

| <b>Step 8 (history of an HbA1c test)</b> |                              |
|--|------------------------------|
| <b>Required procedure: 1</b>             |                              |
| <b>Look back timeframe: 180 days</b>     |                              |
| <b>CPT Code</b>                          | <b>Description</b>           |
| 83036                                    | GLYCOSYLATED HEMOGLOBIN TEST |



## Symlin (Pramlintide)

### Clinical Criteria References

1. Symlin Prescribing Information. Wilmington, DE. AstraZeneca Pharmaceuticals LP. December 2019.
2. 2015 ICD-10-CM Diagnosis Codes. 2015. Available at [www.icd10data.com](http://www.icd10data.com). Accessed on April 3, 2015.
3. Clinical Pharmacology [online database]. Tampa, FL: Elsevier/Gold Standard, Inc.; 2023. Available at [www.clinicalpharmacology.com](http://www.clinicalpharmacology.com). Accessed on November 15, 2023.
4. Micromedex [online database]. Available at [www.micromedexsolutions.com](http://www.micromedexsolutions.com). Accessed on November 15, 2023.
5. American Diabetes Association. Standards of Care in Diabetes-2023. Diabetes Care 2023;46(S1).
6. Samson SL, Vellanki P, Blonde L, et al. American Association of Clinical Endocrinology Consensus Statement: Comprehensive Type 2 Diabetes Management Algorithm – 2023 Update. Endocr Pr 2023;29(5):305-340.

## 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   |
| 04/06/2012       | <ul style="list-style-type: none"> <li>Added a new section to specify the drugs requiring prior authorization for Symlin (pramlintide acetate)</li> <li>In the "Clinical Edit Supporting Tables" section, revised tables to specify the diagnosis codes pertinent to steps 2, 3, and 6 of the logic diagram</li> <li>In the "Clinical Edit Supporting Tables" section, revised tables to specify the drug names and GCNs pertinent to steps 4 and 5 of the logic diagram</li> <li>In the "Clinical Edit Supporting Tables" section, revised tables to specify the procedure codes pertinent to steps 7 and 8 of the logic diagram</li> </ul> |
| 04/03/2015       | <ul style="list-style-type: none"> <li>Updated to include ICD-10s</li> </ul>   |
| 09/09/2015       | <ul style="list-style-type: none"> <li>Updated ICD-9 and ICD-10s</li> </ul>  |
| 04/12/2018       | <ul style="list-style-type: none"> <li>Annual review by staff</li> <li>Removed ICD-9 codes</li> <li>Updated Table 4</li> <li>Updated Table 5</li> </ul>  |
| 03/29/2019       | <ul style="list-style-type: none"> <li>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 <a href="http://TxVendorDrug.com/formulary/formulary-search">TxVendorDrug.com/formulary/formulary-search</a>.) on each 'Drug Requiring PA' table</li> </ul>  |
| 04/30/2021       | <ul style="list-style-type: none"> <li>Annual review by staff</li> <li>Added GCNs for Afrezza (37621, 38918); Humalog Jr (43753); Novolin Flexpen (15518, 18488, 24486); Toujeo Max Solostar (44561); Tresiba vial (42785) to Table 5</li> <li>Updated references</li> </ul>   |
| 12/08/2023       | <ul style="list-style-type: none"> <li>Annual review by staff</li> <li>Updated references</li> </ul>   |