

**Texas Prior Authorization Program  
Clinical Edit Criteria**

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



## Flexeril/Amrix (Cyclobenzaprine)

### Drugs Requiring Prior Authorization

Drugs Requiring Prior Authorization	
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
FEXMID 7.5 MG TABLET	98299



## Flexeril/Amrix (Cyclobenzaprine)

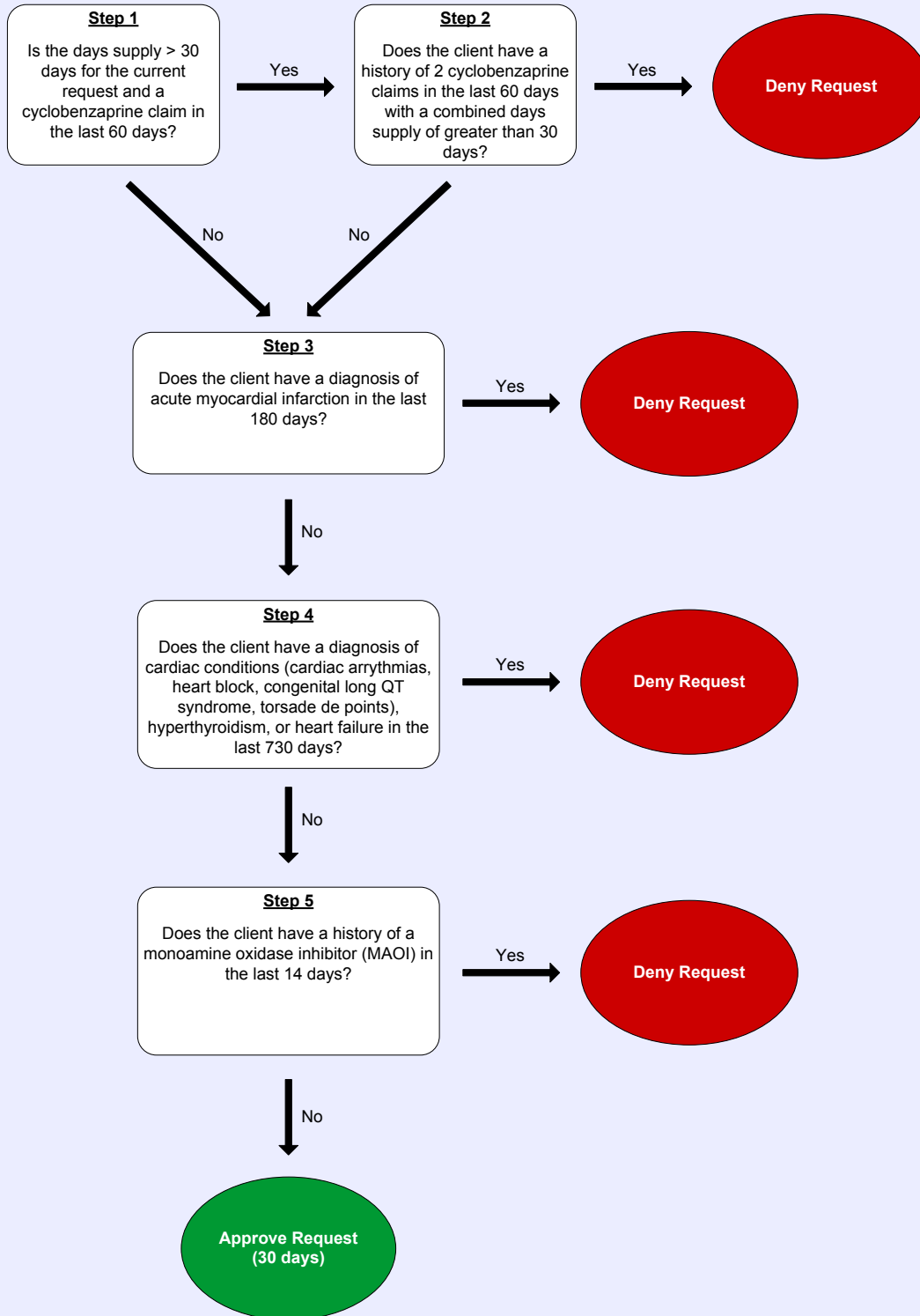
### Clinical Edit Criteria Logic

1. Is the days supply greater than (>) 30 days for the current request and a cyclobenzaprine claim in the last 60 days?  
 Yes (Go to #2)  
 No (Go to #3)
2. 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 #3)
3. Does the client have a diagnosis of acute myocardial infarction in the last 180 days?  
 Yes (Deny)  
 No (Go to #4)
4. 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 #5)
5. Does the client have a history of a monoamine oxidase inhibitor (MAOI) in the last 14 days?  
 Yes (Deny)  
 No (Approve – 30 days)



# Flexeril/Amrix (Cyclobenzaprine)

## Clinical Edit Criteria Logic Diagram





## Flexeril/Amrix (Cyclobenzaprine)

### Clinical Edit Criteria Supporting Tables

<b>Step 1 (days supply greater than 30 days for the current request and a cyclobenzaprine claim)</b> <b>Required quantity: 1 plus incoming request</b> <b>Look back timeframe: 60 days</b>	
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
FEXMID 7.5 MG TABLET	98299

<b>Step 2 (two cyclobenzaprine claims with a combined days supply of more than 30 days)</b> <b>Required quantity: 2</b> <b>Look back timeframe: 60 days</b>	
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
FEXMID 7.5 MG TABLET	98299

<b>Step 3 (diagnosis of acute myocardial infarction)</b> <b>Required diagnosis: 1</b> <b>Look back timeframe: 180 days</b>	
ICD-9 Code	Description
410	ACUTE MYOCARDIAL INFARCTION
4100	ACUTE MYOCARDIAL INFARCTION OF ANTEROLATERAL WALL
41000	AMI ANTEROLATERAL, UNSPEC
41001	AMI ANTEROLATERAL, INIT
41002	AMI ANTEROLATERAL, SUBSEQ
4101	ACUTE MYOCARDIAL INFARCTION OF OTHER ANTERIOR WALL
41010	AMI ANTERIOR WALL, UNSPEC

<b>Step 3 (diagnosis of acute myocardial infarction)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 180 days</b>	
<b>ICD-9 Code</b>	<b>Description</b>
41011	AMI ANTERIOR WALL, INIT
41012	AMI ANTERIOR WALL,SUBSEQ
4102	ACUTE MYOCARDIAL INFARCTION OF INFEROLATERAL WALL
41020	AMI INFEROLATERAL,UNSPEC
41021	AMI INFEROLATERAL, INIT
41022	AMI INFEROLATERAL,SUBSEQ
4103	ACUTE MYOCARDIAL INFARCTION OF INFEROPOSTERIOR WALL
41030	AMI INFEROPOST, UNSPEC
41031	AMI INFEROPOST, INITIAL
41032	AMI INFEROPOST, SUBSEQ
4104	ACUTE MYOCARDIAL INFARCTION OF OTHER INFERIOR WALL
41040	AMI INFERIOR WALL,UNSPEC
41041	AMI INFERIOR WALL, INIT
41042	AMI INFERIOR WALL,SUBSEQ
4105	ACUTE MYOCARDIAL INFARCTION OF OTHER LATERAL WALL
41050	AMI LATERAL NEC, UNSPEC
41051	AMI LATERAL NEC, INITIAL
41052	AMI LATERAL NEC, SUBSEQ
4106	TRUE POSTERIOR WALL INFARCTION
41060	TRUE POST INFARCT,UNSPEC
41061	TRUE POST INFARCT, INIT
41062	TRUE POST INFARCT,SUBSEQ
4107	SUBENDOCARDIAL INFARCTION
41070	SUBENDO INFARCT, UNSPEC
41071	SUBENDO INFARCT, INITIAL
41072	SUBENDO INFARCT, SUBSEQ
4108	ACUTE MYOCARDIAL INFARCTION OF OTHER SPECIFIED SITES
41080	AMI NEC, UNSPECIFIED
41081	AMI NEC, INITIAL
41082	AMI NEC, SUBSEQUENT
4109	ACUTE MYOCARDIAL INFARCTION OF UNSPECIFIED SITE
41090	AMI NOS, UNSPECIFIED
41091	AMI NOS, INITIAL
41092	AMI NOS, SUBSEQUENT

<b>Step 4 (diagnosis of cardiac condition defect, hyperthyroidism, or heart failure)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 730 days</b>	
<b>ICD-9 Code</b>	<b>Description</b>
242	THYROTOXICOSIS WITH OR WITHOUT GOITER
2420	TOXIC DIFFUSE GOITER
24200	TOX DIF GOITER NO CRISIS
24201	TOX DIF GOITER W CRISIS
2421	TOXIC UNINODULAR GOITER
24210	TOX UNINOD GOIT NO CRIS
24211	TOX UNINOD GOIT W CRISIS
2422	TOXIC MULTINODULAR GOITER
24220	TOX MULTNOD GOIT NO CRIS
24221	TOX MULTNOD GOIT W CRIS
2423	TOXIC NODULAR GOITER UNSPECIFIED TYPE
24230	TOX NOD GOITER NO CRISIS
24231	TOX NOD GOITER W CRISIS
2424	THYROTOXICOSIS FROM ECTOPIC THYROID NODULE
24240	THYROTOX-ECT NOD NO CRIS
24241	THYROTOX-ECT NOD W CRIS
2428	THYROTOXICOSIS OF OTHER SPECIFIED ORIGIN
24280	THYRTOX ORIG NEC NO CRIS
24281	THYROTOX ORIG NEC W CRIS
2429	THYROTOXICOSIS WITHOUT MENTION OF GOITER OR OTHER CAUSE
24290	THYROTOX NOS NO CRISIS
24291	THYROTOX NOS W CRISIS
426	CONDUCTION DISORDERS
4260	ATRIOVENT BLOCK COMPLETE
4261	ATRIOVENTRICULAR BLOCK OTHER AND UNSPECIFIED
42610	ATRIOVENT BLOCK NOS
42611	ATRIOVENT BLOCK-1ST DEGR
42612	ATRIOVEN BLOCK-MOBITZ II
42613	AV BLOCK-2ND DEGREE NEC
4262	LEFT BB HEMIBLOCK
4263	LEFT BB BLOCK NEC
4264	RT BUNDLE BRANCH BLOCK
4265	BUNDLE BRANCH BLOCK OTHER AND UNSPECIFIED
42650	BUNDLE BRANCH BLOCK NOS
42651	RT BBB/LFT POST FASC BLK
42652	RT BBB/LFT ANT FASC BLK

<b>Step 4 (diagnosis of cardiac condition defect, hyperthyroidism, or heart failure)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 730 days</b>	
<b>ICD-9 Code</b>	<b>Description</b>
42653	BILAT BB BLOCK NEC
42654	TRIFASCICULAR BLOCK
4266	OTHER HEART BLOCK
4267	ANOMALOUS AV EXCITATION
4268	OTHER SPECIFIED CONDUCTION DISORDERS
42681	LOWN-GANONG-LEVINE SYND
42682	LONG QT SYNDROME
42689	CONDUCTION DISORDER NEC
4269	CONDUCTION DISORDER NOS
427	CARDIAC DYSRHYTHMIAS
4270	PAROX ATRIAL TACHYCARDIA
4271	PAROX VENTRIC TACHYCARD
4272	PAROX TACHYCARDIA NOS
4273	ATRIAL FIBRILLATION AND FLUTTER
42731	ATRIAL FIBRILLATION
42732	ATRIAL FLUTTER
4274	VENTRICULAR FIBRILLATION AND FLUTTER
42741	VENTRICULAR FIBRILLATION
42742	VENTRICULAR FLUTTER
4275	CARDIAC ARREST
4276	PREMATURE BEATS
42760	PREMATURE BEATS NOS
42761	ATRIAL PREMATURE BEATS
42769	PREMATURE BEATS NEC
4278	OTHER SPECIFIED CARDIAC DYSRHYTHMIAS
42781	SINOATRIAL NODE DYSFUNCT
42789	CARDIAC DYSRHYTHMIAS NEC
4279	CARDIAC DYSRHYTHMIA NOS
428	HEART FAILURE
4280	CONGESTIVE HEART FAILURE, UNSPECIFIED
4281	LEFT HEART FAILURE
4282	SYSTOLIC HEART FAILURE
42820	UNSPECIFIED SYSTOLIC HEART FAILURE
42821	ACUTE SYSTOLIC HEART FAILURE
42822	CHRONIC SYSTOLIC HEART FAILURE
42823	ACUTE ON CHRONIC SYSTOLIC HEART FAILURE



<b>Step 4 (diagnosis of cardiac condition defect, hyperthyroidism, or heart failure)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 730 days</b>	
<b>ICD-9 Code</b>	<b>Description</b>
4283	DIASTOLIC HEART FAILURE
42830	UNSPECIFIED DIASTOLIC HEART FAILURE
42831	ACUTE DIASTOLIC HEART FAILURE
42832	CHRONIC DIASTOLIC HEART FAILURE
42833	ACUTE ON CHRONIC DIASTOLIC HEART FAILURE
4284	COMBINED SYSTOLIC AND DIASTOLIC HEART FAILURE
42840	UNSPECIFIED COMBINED SYSTOLIC AND DIASTOLIC HEART FAILURE
42841	ACUTE COMBINED SYSTOLIC AND DIASTOLIC HEART FAILURE
42842	CHRONIC COMBINED SYSTOLIC AND DIASTOLIC HEART FAILURE
42843	ACUTE ON CHRONIC COMBINED SYSTOLIC AND DIASTOLIC HEART FAILURE
4289	HEART FAILURE NOS
7802	SYNCOPE AND COLLAPSE
7943	NONSPECIFIC ABNORMAL RESULTS OF FUNCTION STUDY OF CARDIOVASCULAR SYSTEM
79430	ABN CARDIOVASC STUDY NOS
79431	ABNORM ELECTROCARDIOGRAM
9971	SURG COMPL-HEART

<b>Step 5 (history of monoamine oxidase inhibitor therapy)</b>	
<b>Required quantity: 1</b>	
<b>Look back timeframe: 14 days</b>	
<b>Label Name</b>	<b>GCN</b>
AZILECT 0.5MG TABLET	27081
AZILECT 1MG TABLET	24654
EMSAM 6MG/24 HOURS PATCH	26612
EMSAM 9MG/24 HOURS PATCH	26613
EMSAM 12MG/24 HOURS PATCH	26614
MARPLAN 10MG TABLET	16416
PHENELZINE SULFATE 15MG TABLET	16417
SELEGILINE HCL 5MG CAPSULE	15603
SELEGILINE HCL 5MG TABLET	15600
TRANLYCYPROMINE 10MG TABLET	16418
ZYVOX 100MG/5ML SUSPENSION	26871
ZYVOX 200MG/100ML IV SOLN	26872
ZYVOX 600MG/300ML IV SOLN	26873

<b>Step 5 (history of monoamine oxidase inhibitor therapy)</b>	
<b>Required quantity: 1</b>	
<b>Look back timeframe: 14 days</b>	
<b>Label Name</b>	<b>GCN</b>
ZYVOX 600MG TABLET	26870



## Flexeril/Amrix (Cyclobenzaprine)

### Clinical Edit Criteria References

1. Gold Standard. Cyclobenzaprine monograph. Tampa, FL: Clinical pharmacology. October 7, 2004. Available at: <http://clinicalpharmacology.com/Forms/drugoptions.aspx?cpnum=155&n=Cyclobenzaprine>. Accessed on October 12, 2011.

## 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"><li>• Added a new section to specify the drugs requiring prior authorization</li><li>• In the "Clinical Edit Criteria Logic" and "Clinical Edit Criteria Logic Diagram" sections, modified the "No" action to read "Go to 5"</li><li>• 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</li><li>• 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</li><li>• Added Step 5 in all sections to look for a history of a monoamine oxidase inhibitor in the last 14 days</li></ul>