

**Texas Prior Authorization Program
Clinical Edit Criteria**

Drug/Drug Class**Symlin (Pramlintide Acetate)****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 for Symlin (pramlintide acetate)
- 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
- 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
- In the "Clinical Edit Supporting Tables" section, revised tables to specify the procedure codes pertinent to steps 7 and 8 of the logic diagram



Symlin (Pramlintide Acetate)

Drugs Requiring Prior Authorization

Drugs Requiring Prior Authorization	
Label Name	GCN
SYMLIN 0.6 MG/ML VIAL	24398
SYMLINPEN 60 PEN INJECTOR	99514
SYMLINPEN 120 PEN INJECTOR	99450



Symlin (Pramlintide Acetate)

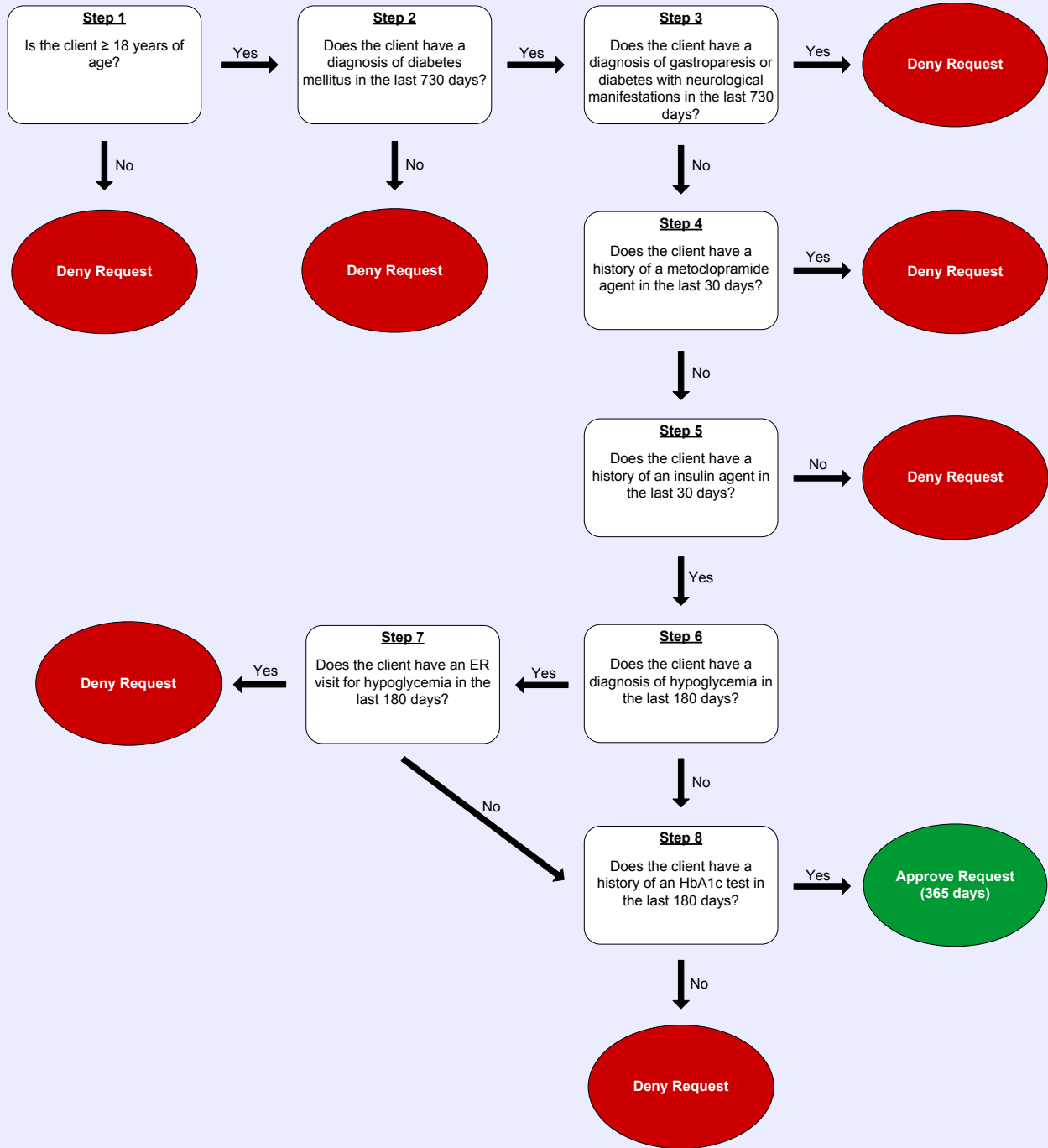
Clinical Edit Criteria Logic

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 Acetate)

Clinical Edit Criteria Logic Diagram





Symlin (Pramlintide Acetate)

Clinical Edit Criteria Supporting Tables

Step 2 (diagnosis of diabetes mellitus)	
Required diagnosis: 1	
Look back timeframe: 730 days	
ICD-9 Code	Description
250	DIABETES MELLITUS
2500	DIABETES MELLITUS WITHOUT MENTION OF COMPLICATION
25000	DIABETES MELLITUS WITHOUT MENTION OF COMPLICATION, TYPE II OR UNSPECIFIED TYPE, NOT STATED AS UNCONTROLLED
25001	DIABETES MELLITUS WITHOUT MENTION OF COMPLICATION, TYPE I [JUVENILE TYPE], NOT STATED AS UNCONTROLLED
25002	DIABETES MELLITUS WITHOUT MENTION OF COMPLICATION, TYPE II OR UNSPECIFIED TYPE, UNCONTROLLED
25003	DIABETES MELLITUS WITHOUT MENTION OF COMPLICATION, TYPE I (JUVENILE TYPE), UNCONTROLLED
2501	DIABETES WITH KETOACIDOSIS
25010	DIABETES WITH KETOACIDOSIS, TYPE II OR UNSPECIFIED TYPE, NOT STATED AS UNCONTROLLED
25011	DIABETES WITH KETOACIDOSIS, TYPE I [JUVENILE TYPE], NOT STATED AS UNCONTROLLED
25012	DIABETES WITH KETOACIDOSIS, TYPE II OR UNSPECIFIED TYPE, UNCONTROLLED
25013	DIABETES WITH KETOACIDOSIS, TYPE I (JUVENILE TYPE), UNCONTROLLED
2502	DIABETES WITH HYPEROSMOLARITY
25020	DIABETES WITH HYPEROSMOLARITY, TYPE II OR UNSPECIFIED TYPE, NOT STATED AS UNCONTROLLED
25021	DIABETES WITH HYPEROSMOLARITY, TYPE I (JUVENILE TYPE), NOT STATED AS UNCONTROLLED
25022	DIABETES WITH HYPEROSMOLARITY, TYPE II OR UNSPECIFIED TYPE, UNCONTROLLED
25023	DIABETES WITH HYPEROSMOLARITY, TYPE I (JUVENILE TYPE), UNCONTROLLED
2503	DIABETES WITH OTHER COMA
25030	DIABETES WITH OTHER COMA, TYPE II OR UNSPECIFIED TYPE, NOT STATED AS UNCONTROLLED
25031	DIABETES WITH OTHER COMA, TYPE I (JUVENILE TYPE), NOT STATED AS UNCONTROLLED
25032	DIABETES WITH OTHER COMA, TYPE II OR UNSPECIFIED TYPE, UNCONTROLLED
25033	DIABETES WITH OTHER COMA, TYPE I (JUVENILE TYPE), UNCONTROLLED

Step 2 (diagnosis of diabetes mellitus)	
Required diagnosis: 1	
Look back timeframe: 730 days	
ICD-9 Code	Description
2504	DIABETES WITH RENAL MANIFESTATIONS
25040	DIABETES WITH RENAL MANIFESTATIONS, TYPE II OR UNSPECIFIED TYPE, NOT STATED AS UNCONTROLLED
25041	DIABETES WITH RENAL MANIFESTATIONS, TYPE I (JUVENILE TYPE), NOT STATED AS UNCONTROLLED
25042	DIABETES WITH RENAL MANIFESTATIONS, TYPE II OR UNSPECIFIED TYPE, UNCONTROLLED
25043	DIABETES WITH RENAL MANIFESTATIONS, TYPE I (JUVENILE TYPE), UNCONTROLLED
2505	DIABETES WITH OPHTHALMIC MANIFESTATIONS
25050	DIABETES WITH OPHTHALMIC MANIFESTATIONS, TYPE II OR UNSPECIFIED TYPE, NOT STATED AS UNCONTROLLED
25051	DIABETES WITH OPHTHALMIC MANIFESTATIONS, TYPE I [JUVENILE TYPE], NOT STATED AS UNCONTROLLED
25052	DIABETES WITH OPHTHALMIC MANIFESTATIONS, TYPE II OR UNSPECIFIED TYPE UNCONTROLLED
25053	DIABETES WITH OPHTHALMIC MANIFESTATIONS, TYPE I (JUVENILE TYPE), UNCONTROLLED
2506	DIABETES WITH NEUROLOGICAL MANIFESTATIONS
25060	DIABETES WITH NEUROLOGICAL MANIFESTATIONS, TYPE II OR UNSPECIFIED TYPE, NOT STATED AS UNCONTROLLED
25061	DIABETES WITH NEUROLOGICAL MANIFESTATIONS, TYPE I (JUVENILE TYPE), NOT STATED AS UNCONTROLLED
25062	DIABETES WITH NEUROLOGICAL MANIFESTATIONS, TYPE II OR UNSPECIFIED TYPE, UNCONTROLLED
25063	DIABETES WITH NEUROLOGICAL MANIFESTATIONS, TYPE I (JUVENILE TYPE), UNCONTROLLED
2507	DIABETES WITH PERIPHERAL CIRCULATORY DISORDERS
25070	DIABETES WITH PERIPHERAL CIRCULATORY DISORDERS, TYPE II OR UNSPECIFIED TYPE, NOT STATED AS UNCONTROLLED
25071	DIABETES WITH PERIPHERAL CIRCULATORY DISORDERS, TYPE I [JUVENILE TYPE], NOT STATED AS UNCONTROLLED
25072	DIABETES WITH PERIPHERAL CIRCULATORY DISORDERS, TYPE II OR UNSPECIFIED TYPE, UNCONTROLLED
25073	DIABETES WITH PERIPHERAL CIRCULATORY DISORDERS, TYPE I (JUVENILE TYPE), UNCONTROLLED
2508	DIABETES WITH OTHER SPECIFIED MANIFESTATIONS
25080	DIABETES WITH OTHER SPECIFIED MANIFESTATIONS, TYPE II OR UNSPECIFIED TYPE, NOT STATED AS UNCONTROLLED
25081	DIABETES WITH OTHER SPECIFIED MANIFESTATIONS, TYPE I [JUVENILE TYPE], NOT STATED AS UNCONTROLLED
25082	DIABETES WITH OTHER SPECIFIED MANIFESTATIONS, TYPE II OR UNSPECIFIED TYPE UNCONTROLLED

Step 2 (diagnosis of diabetes mellitus)	
Required diagnosis: 1	
Look back timeframe: 730 days	
ICD-9 Code	Description
25083	DIABETES WITH OTHER SPECIFIED MANIFESTATIONS,TYPE I (JUVENILE TYPE), UNCONTROLLED
2509	DIABETES WITH UNSPECIFIED COMPLICATION
25090	DIABETES WITH UNSPECIFIED COMPLICATION, TYPE II OR UNSPECIFIED TYPE, NOT STATED AS UNCONTROLLED
25091	DIABETES WITH UNSPECIFIED COMPLICATION, TYPE I [JUVENILE TYPE], NOT STATED AS UNCONTROLLED
25092	DIABETES WITH UNSPECIFIED COMPLICATION, TYPE II OR UNSPECIFIED TYPE, UNCONTROLLED
25093	DIABETES WITH UNSPECIFIED COMPLICATION, TYPE I (JUVENILE TYPE), UNCONTROLLED

Step 3 (diagnosis of gastroparesis or diabetes with neurological manifestations)	
Required diagnosis: 1	
Look back timeframe: 730 days	
ICD-9 Code	Description
2496	SECONDARY DIABETES MELLITUS WITH NEUROLOGICAL MANIFESTATION
2506	DIABETES WITH NEUROLOGICAL MANIFESTATIONS
25060	DIABETES WITH NEUROLOGICAL MANIFESTATIONS, TYPE II OR UNSPECIFIED TYPE, NOT STATED AS UNCONTROLLED
25061	DIABETES WITH NEUROLOGICAL MANIFESTATIONS, TYPE I (JUVENILE TYPE), NOT STATED AS UNCONTROLLED
25062	DIABETES WITH NEUROLOGICAL MANIFESTATIONS, TYPE II OR UNSPECIFIED TYPE, UNCONTROLLED
25063	DIABETES WITH NEUROLOGICAL MANIFESTATIONS, TYPE I (JUVENILE TYPE), UNCONTROLLED
3572	NEUROPATHY IN DIABETES
5363	GASTROPARESIS

Step 4 (history of a metoclopramide agent)	
Required quantity: 1	
Look back timeframe: 30 days	
Label Name	GCN
METOCLOPRAMIDE 5 MG/5 ML SOLN	03610
METOCLOPRAMIDE 5 MG/5 ML SYRUP	03610
METOCLOPRAMIDE 5 MG TABLET	21021
METOCLOPRAMIDE 10 MG TABLET	21020
METOSOLV ODT 5 MG TABLET	27898

Step 4 (history of a metoclopramide agent)	
Required quantity: 1	
Look back timeframe: 30 days	
Label Name	GCN
METZOLV ODT 10 MG TABLET	27889
REGLAN 5 MG TABLET	21021
REGLAN 10 MG TABLET	21020

Step 5 (history of an insulin agent)	
Required quantity: 1	
Look back timeframe: 30 days	
Label Name	GCN
APIDRA 100 UNITS/ML VIAL	25936
APIDRA SOLOSTAR 100 UNITS/ML	26508
HUMALOG 100 UNITS/ML CARTRIDGE	05678
HUMALOG 100 UNITS/ML KWIKPEN	96719
HUMALOG 100 UNITS/ML PEN	96719
HUMALOG 100 UNITS/ML VIAL	05679
HUMALOG MIX 50-50 KWIKPEN	50461
HUMALOG MIX 75-25 KWIKPEN	93717
HUMALOG MIX 50-50 PEN	50461
HUMALOG MIX 75-25 PEN	93717
HUMALOG MIX 50-50 VIAL	97507
HUMALOG MIX 75-25 VIAL	22681
HUMULIN 70-30 PEN	24486
HUMULIN 70-30 VIAL	50001
HUMULIN N 100 UNITS/ML PEN	18488
HUMULIN N 100 UNITS/ML VIAL	11660
HUMULIN R 100 UNITS/ML VIAL	11642
HUMULIN R 500 UNITS/ML VIAL	09633
LANTUS 100 UNITS/ML CARTRIDGE	18145
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 70-30 U100 CARTRIDGE	50101
NOVOLIN N 100 UNIT/ML CARTRIDG	05331
NOVOLIN N 100 UNIT/ML INNOLET	18488

Step 5 (history of an insulin agent)**Required quantity: 1****Look back timeframe: 30 days**

Label Name	GCN
NOVOLIN N 100 UNITS/ML VIAL	11660
NOVOLIN R 100 UNIT/ML CARTRIDG	09631
NOVOLIN R 100 UNIT/ML INNOLET	15518
NOVOLIN R 100 UNITS/ML VIAL	11642
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

Step 6 (diagnosis of hypoglycemia)**Required diagnosis: 1****Look back timeframe: 180 days**

ICD-9 Code	Description
2510	HYPOGLYCEMIC COMA
2511	OTH SPCF HYPOGLYCEMIA
2512	HYPOGLYCEMIA NOS

Step 7 (history of an ER visit for hypoglycemia)**Required procedure: 1****Look back timeframe: 180 days**

CPT Code	Description
99221	INITIAL HOSPITAL CARE
99222	INITIAL HOSPITAL CARE
99223	INITIAL HOSPITAL CARE
99281	EMERGENCY DEPT VISIT
99282	EMERGENCY DEPT VISIT
99283	EMERGENCY DEPT VISIT
99284	EMERGENCY DEPT VISIT
99285	EMERGENCY DEPT VISIT
99288	DIRECT ADVANCED LIFE SUPPORT

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



Symlin (Pramlintide Acetate)

Clinical Edit Criteria References

1. Symlin® [package insert]. San Diego, CA: Amylin Pharmaceuticals, Inc. Available at <http://www.symlin.com/pdf/SYMLIN-pi-combined.pdf>. Accessed on October 25, 2005.

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">• Added a new section to specify the drugs requiring prior authorization for Symlin (pramlintide acetate)• 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• 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• In the "Clinical Edit Supporting Tables" section, revised tables to specify the procedure codes pertinent to steps 7 and 8 of the logic diagram