

Texas Prior Authorization Program Clinical Criteria

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.

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



Symlin (Pramlintide)

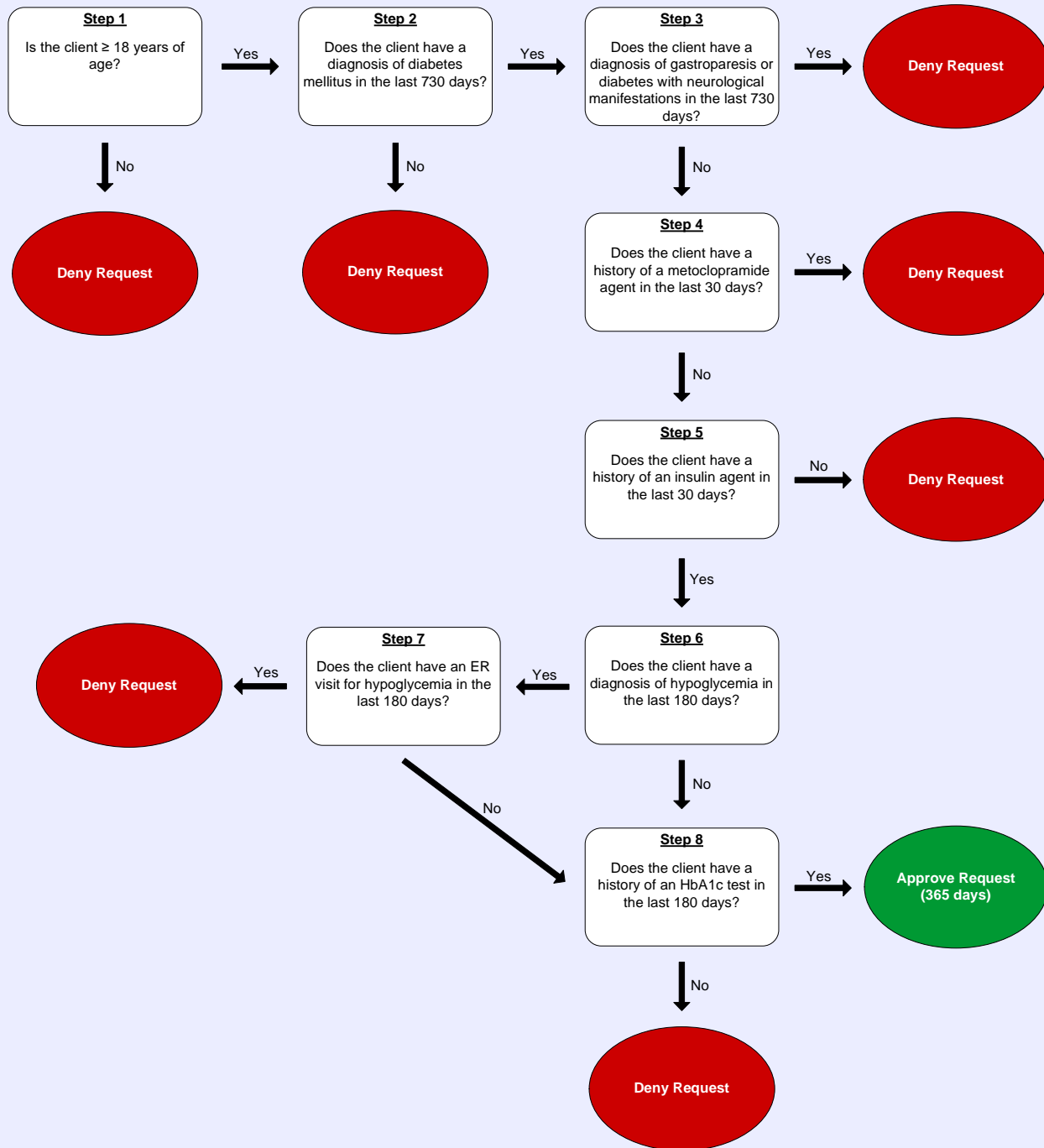
Clinical Criteria Logic

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

Step 2 (diagnosis of diabetes mellitus)	
Required diagnosis: 1	
Look back timeframe: 730 days	
ICD-10 Code	Description
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

Step 2 (diagnosis of diabetes mellitus)	
Required diagnosis: 1	
Look back timeframe: 730 days	
ICD-10 Code	Description
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

Step 2 (diagnosis of diabetes mellitus)	
Required diagnosis: 1	
Look back timeframe: 730 days	
ICD-10 Code	Description
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

Step 3 (diagnosis of gastroparesis or diabetes with neurological manifestations)	
Required diagnosis: 1	
Look back timeframe: 730 days	
ICD-10 Code	Description
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

Step 3 (diagnosis of gastroparesis or diabetes with neurological manifestations)	
Required diagnosis: 1	
Look back timeframe: 730 days	
ICD-10 Code	Description
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

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 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

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

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

Step 6 (diagnosis of hypoglycemia)	
Required diagnosis: 1	
Look back timeframe: 180 days	
ICD-10 Code	Description
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

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

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

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. Accessed on April 3, 2015.
3. Clinical Pharmacology [online database]. Tampa, FL: Elsevier/Gold Standard, Inc.; 2024. Available at www.clinicalpharmacology.com. Accessed on July 31, 2024.
4. Micromedex [online database]. Available at www.micromedexsolutions.com. Accessed on July 31, 2024.
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"> 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
04/03/2015	<ul style="list-style-type: none"> Updated to include ICD-10s
09/09/2015	<ul style="list-style-type: none"> Updated ICD-9 and ICD-10s
04/12/2018	<ul style="list-style-type: none"> Annual review by staff Removed ICD-9 codes Updated Table 4 Updated Table 5
03/29/2019	<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
04/30/2021	<ul style="list-style-type: none"> Annual review by staff Added GCNs for Afrezza (37621, 38918); Humalog Jr (43753); Novolin Flexpen (15518, 18488, 24486); Toujeo Max Solostar (44561); Tresiba vial (42785) to Table 5 Updated references
12/08/2023	<ul style="list-style-type: none"> Annual review by staff Updated references
07/31/2024	<ul style="list-style-type: none"> Annual review by staff Updated references