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

Added GCNs for metoclopramide (02911, 16807, 21011, 20512, 32589, 34797, 34798), Afrezza (45955), Apidra (25275, 26508), Basaglar (54974), Fiasp (43049, 43053, 43054, 54585), Humalog (54975), Humulin (50001, 50101, 11660, 05331, 11642, 47030, 09631, 12387), Lantus (18145), Novolin (50001, 28700, 28770, 00890, 24486, 94200, 11665, 11660, 05331, 05400, 18488, 18489, 11640, 11642, 15518, 05473, 09631, 11645), Novolog (92326, 92336, 17075, 19057, 17074) to the Supporting Tables section

Updated references

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Drugs Requiring Prior Authorization

The listed GCNs may not be an indication of Texas 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

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Clinical Criteria Logic

1. Is the client greater than or equal to (≥) 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

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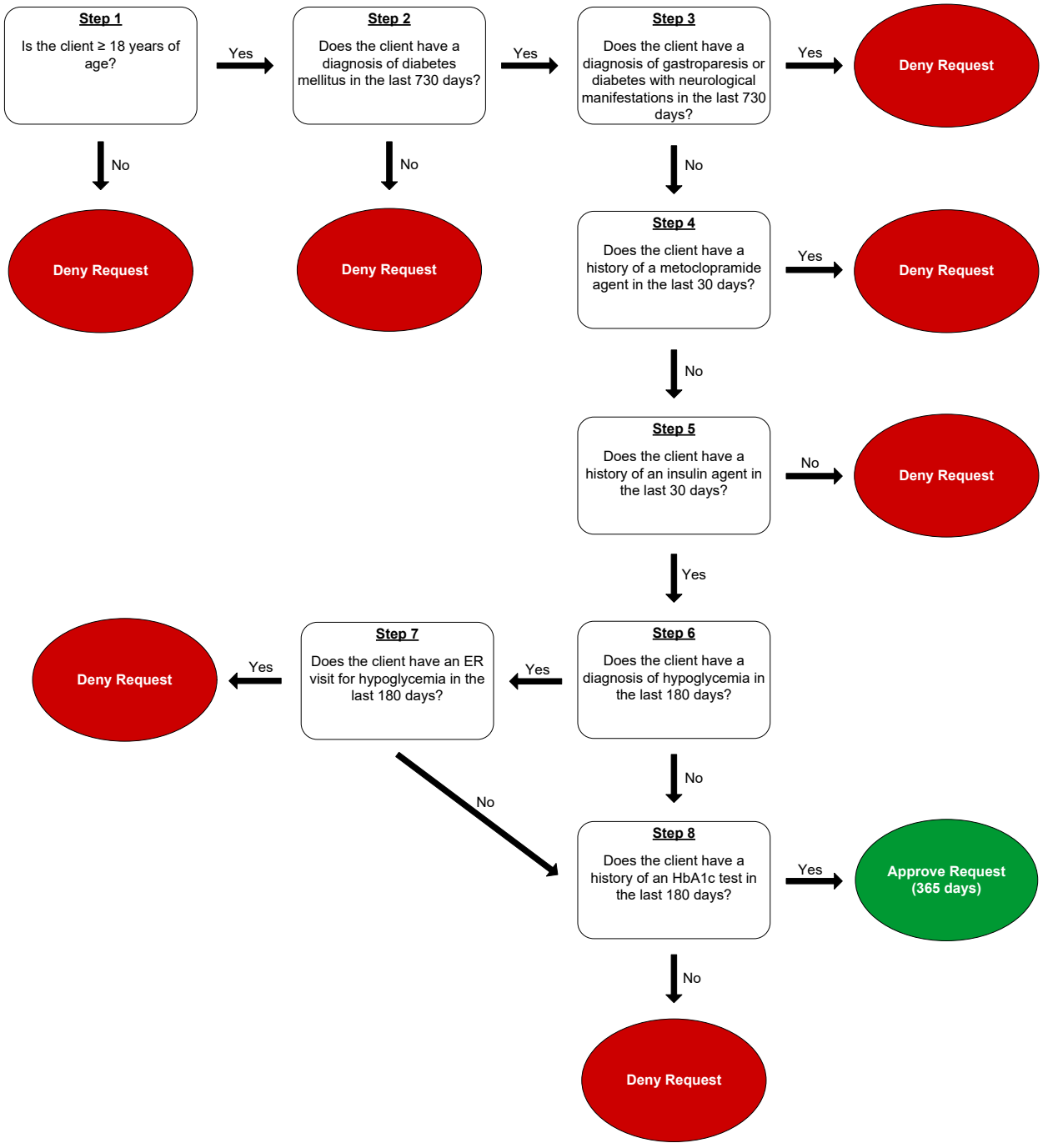
Clinical Criteria Logic Diagram



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Clinical Criteria Supporting Tables

Table 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

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

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

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

Table 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
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

Table 4 (history of a metoclopramide agent) Required quantity: *1* Look back timeframe: *30* days	
GCN	**Label Name**
03610	METOCLOPRAMIDE 5 MG/5 ML SOLN
02911	METOCLOPRAMIDE 10 MG/ML SOLN
16807	METOCLOPRAMIDE 0.9 MG/0.9 ML
21011	METOCLOPRAMIDE 5 MG/ML AMPUL
21021	METOCLOPRAMIDE 5 MG TABLET
21020	METOCLOPRAMIDE 10 MG TABLET
20510	METOCLOPRAMIDE 10 MG/2 ML VIAL
20512	METOCLOPRAMIDE 5 MG/ML SYR
27889	METOCLOPRAMIDE HCL ODT 10 MG
27898	METOCLOPRAMIDE HCL ODT 5 MG
32589	METOCLOPRAMIDE 5 MG/ML AMPUL
34797	METOCLOPRAMIDE 5 MG/5 ML SYRP
34798	METOCLOPRAMIDE 5 MG/5 ML SYRP
21021	REGLAN 5 MG TABLET
21020	REGLAN 10 MG TABLET

Table 5 (history of an insulin agent) Required quantity: *1* Look back timeframe: *30* days	
GCN	**Label Name**
38918	AFREZZA 12 UNIT CARTRIDGE
37623	AFREZZA 30-4 UNIT / 60-8 UNIT
42833	AFREZZA 4 UNIT / 8 UNIT / 12 UNIT

Table 5 (history of an insulin agent) **Required quantity: *1*** **Look back timeframe: *30* days**	
GCN	**Label Name**
37619	AFREZZA 4 UNIT CARTRIDGE
37622	AFREZZA 60-4 UNIT / 30-8 UNIT
38923	AFREZZA 60-8 UNIT / 30-12 UNIT
37621	AFREZZA 8 UNIT CARTRIDGE
37624	AFREZZA 90-4 UNIT / 90-8 UNIT
45955	AFREZZA 90-8 UNIT / 90-12 UNIT
25275	APIDRA 100 UNITS/ML CARTRIDGE
25936	APIDRA 100 UNITS/ML VIAL
26508	APIDRA SOLOSTAR 100 UNIT/ML
26508	APIDRA SOLOSTAR 100 UNITS/ML
98637	BASAGLAR 100 UNIT/ML KWIKPEN
54974	BASAGLAR TEMPO PEN 100 UNIT/ML
43053	FIASP 100 UNIT/ML FLEXTOUCH
43054	FIASP 100 UNIT/ML VIAL
43049	FIASP PENFILL 100 UNIT/ML CART
54585	FIASP PUMPCART 100 UNIT/ML
05678	HUMALOG 100 UNITS/ML CARTRIDGE
96719	HUMALOG 100 UNITS/ML KWIKPEN
05679	HUMALOG 100 UNITS/ML VIAL
37798	HUMALOG 200 UNITS/ML KWIKPEN
43753	HUMALOG JR 100 UNIT/ML KWIKPEN
50461	HUMALOG MIX 50-50 KWIKPEN
97507	HUMALOG MIX 50-50 VIAL

Table 5 (history of an insulin agent) **Required quantity: *1*** **Look back timeframe: *30* days**	
GCN	**Label Name**
93717	HUMALOG MIX 75-25 KWIKPEN
22681	HUMALOG MIX 75-25 VIAL
54975	HUMALOG TEMPO PEN 100 UNIT/ML
12387	HUMULIN 50-50 VIAL
50101	HUMULIN 70/30 CARTRIDGE
24486	HUMULIN 70-30 KWIKPEN
50001	HUMULIN 70-30 VIAL
18488	HUMULIN N 100 UNITS/ML KWIKPEN
11660	HUMULIN N 100 UNITS/ML VIAL
05331	HUMULIN N 100U/ML CARTRIDGE
11642	HUMULIN R 100 UNITS/ML VIAL
09631	HUMULIN R 100U/ML CARTRIDGE
40542	HUMULIN R 500 UNITS/ML KWIKPEN
09633	HUMULIN R 500 UNITS/ML VIAL
47030	HUMULIN U 100 UNITS/ML VIAL
18145	LANTUS 100 UNITS/ML CARTRIDGE
13072	LANTUS 100 UNITS/ML VIAL
98637	LANTUS SOLOSTAR 100 UNITS/ML
25305	LEVEMIR 100 UNITS/ML VIAL
22836	LEVEMIR FLEXPEN 100 UNITS/ML
28770	NOVOLIN 70/30 100U/ML CARTRIDGE
28700	NOVOLIN 70/30 100U/ML VIAL
00890	NOVOLIN 70/30 150 UNITS/1.5 ML

Table 5 (history of an insulin agent) Required quantity: *1* Look back timeframe: *30* days	
GCN	**Label Name**
50101	NOVOLIN 70/30 U100 CARTRIDGE
50001	NOVOLIN 70-30 100 UNIT/ML VIAL
24486	NOVOLIN 70-30 FLEXPEN
05331	NOVOLIN N 100 UNIT/ML CARTRIDGE
18488	NOVOLIN N 100 UNIT/ML FLEXPEN
18489	NOVOLIN N 100 UNITS/ML SYRINGE
11665	NOVOLIN N 100 UNITS/ML VIAL
11660	NOVOLIN N 100 UNITS/ML VIAL
05400	NOVOLIN N 100U/ML CARTRIDGE
15518	NOVOLIN R 100 UNIT/ML FLEXPEN
09631	NOVOLIN R 100 UNITS/ML CARTRDGE
05473	NOVOLIN R 100 UNITS/ML SYRINGE
11640	NOVOLIN R 100 UNITS/ML VIAL
11642	NOVOLIN R 100 UNITS/ML VIAL
11645	NOVOLIN R 100U/ML CARTRIDGE
94200	NOVOLINPEN
92886	NOVOLOG 100 UNIT/ML CARTRIDGE
92326	NOVOLOG 100 UNIT/ML VIAL
92336	NOVOLOG FLEXPEN SYRINGE
17074	NOVOLOG MIX 70-30 CARTRIDGE
17075	NOVOLOG MIX 70-30 FLEXPEN SYRN
19057	NOVOLOG MIX 70-30 VIAL
50001	RELION HUMULIN 70-30 VIAL

Table 5 (history of an insulin agent) Required quantity: *1* Look back timeframe: *30* days	
GCN	**Label Name**
11660	RELION HUMULIN N 100 UNIT/ML
11642	RELION HUMULIN R 100 UNIT/ML
24486	RELION NOVOLIN 70-30 FLEXPEN
50001	RELION NOVOLIN 70-30 VIAL
11660	RELION NOVOLIN N 100 UNIT/ML
18488	RELION NOVOLIN N U-100 FLEXPEN
11642	RELION NOVOLIN R 100 UNITS/ML
15518	RELION NOVOLIN R U-100 FLEXPEN
92326	RELION NOVOLOG 100 UNIT/ML VIAL
17075	RELION NOVOLOG MIX 70-30 FLEXPEN
19057	RELION NOVOLOG MIX 70-30 VIAL
92336	RELION NOVOLOG U-100 FLEXPEN
42676	SOLIQUA 100 UNIT-33MCG/ML PEN
44561	TOUJEO MAX SOLOSTAR 300 UNIT/ML
37988	TOUJEO SOLOSTAR 300 UNITS/ML
42785	TRESIBA 100 UNIT/ML VIAL
35836	TRESIBA FLEXTOUCH 100 UNITS/ML
35837	TRESIBA FLEXTOUCH 200 UNITS/ML
38348	XULTOPHY 100 UNIT-3.6 MG/ML PEN

Table 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

Table 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

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

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Clinical Criteria References

1. Symlin Prescribing Information. Wilmington, DE. AstraZeneca Pharmaceuticals LP. December 2019.
2. 2025 ICD-10-CM Diagnosis Codes. 2025. Available at www.icd10data.com. Accessed on March 14, 2025.
3. Clinical Pharmacology [online database]. Tampa, FL: Elsevier/Gold Standard, Inc.; 2025. Available at www.clinicalpharmacology.com. Accessed on March 14, 2025.
4. Micromedex [online database]. Available at www.micromedexsolutions.com. Accessed on March 14, 2025.
5. American Diabetes Association. Standards of Care in Diabetes-2025. Diabetes Care 202;48(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.

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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
04/06/2012	• 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	• Updated to include ICD-10s
09/09/2015	• Updated ICD-9 and ICD-10s
04/12/2018	• Annual review by staff • Removed ICD-9 codes • Updated Table 4 • Updated Table 5
03/29/2019	• 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	• 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	• Annual review by staff • Updated references
07/31/2024	• Annual review by staff • Updated references

Publication Date	Notes
04/30/2025	• Annual review by staff • Added GCNs for metoclopramide (02911, 16807, 21011, 20512, 32589, 34797, 34798), Afrezza (45955), Apidra (25275, 26508), Basaglar (54974), Fiasp (43049, 43053, 43054, 54585), Humalog (54975), Humulin (50001, 50101, 11660, 05331, 11642, 47030, 09631, 12387), Lantus (18145), Novolin (50001, 28700, 28770, 00890, 24486, 94200, 11665, 11660, 05331, 05400, 18488, 18489, 11640, 11642, 15518, 05473, 09631, 11645), Novolog (92326, 92336, 17075, 19057, 17074) to the Supporting Tables section • Updated references