

Policies Repository



Policy Title Non-Preferred Insulins

Policy Number FS.CLIN.14

Application of Pharmacy Policy is determined by benefits and contracts. Benefits may vary based on product line, group or contract. Some medications may be subject to precertification, age, gender or quantity edits. Individual member benefits must be verified.

This Pharmacy Policy document describes the status of pharmaceutical information and/or technology at the time the document was developed. Since that time, new information relating to drug efficacy, interactions, contraindications, dosage, administration routes, safety or FDA approval may have changed. If the Medical/Pharmacy Reviewer is aware of any new information on the subject of this document, please provide it promptly to the Medical/Pharmacy Policy Department. This information may include new FDA approved indications, withdrawals or other FDA alerts. This type of information is relevant not only when considering whether this Policy should be updated, but also when applying it to current requests for coverage.

Members are advised to use participating pharmacies in order to receive the highest level of benefits.

Policy **Insulins** are indicated for the treatment of type 1 diabetes mellitus and type 2 diabetes mellitus that cannot be controlled properly by diet, exercise, and weight reduction.

The use of non-preferred insulins require prior authorization (ie, clinical pharmacy and/or Medical Director review).

Policy Description **Insulin** and its analogs lower blood glucose levels by stimulating peripheral glucose uptake, especially by skeletal muscle and fat, and by inhibiting hepatic glucose production. Insulin, secreted by the beta cells of the pancreas, is the principal hormone required for proper glucose use in normal metabolic processes.

Policy Guideline Inclusion A **non-preferred insulin** is approved when the following inclusion criterion is met:

- Documentation of a trial and failure or contraindication to one preferred insulin:
 - Novo Nordisk
 - Novolin N
 - Novolin R
 - Novolin 70/30
 - Novolog
 - Novolog Mix 70/30

Policy Guideline Exclusion A **non-preferred insulin** is denied when the following exclusion criterion is present:

- No documentation of a trial and failure or contraindication to one preferred insulin:

- Novo Nordisk
 - Novolin N
 - Novolin R
 - Novolin 70/30
 - Novolog
 - Novolog Mix 70/30

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| Policy List of Applicable Drugs | Non-Preferred Insulins Policy accounts for all insulins except Levemir and Lantus. |
| Dosing and Administration | Refer to the specific manufacturer's prescribing information for administration and dosage details for each specific agent. |
| Policy References | <p>AACE Diabetes Mellitus Clinical Practice Guidelines Task Force: American Association of Clinical Endocrinologists medical guidelines for clinical practice for the management of diabetes mellitus. Endocr Pract 2007; 13 Suppl 1:1-68.</p> <p>Product Information: Apidra(R) injection, insulin glulisine [rDNA origin] injection. Sanofi-Aventis US,LLC, Bridgewater, NJ, 2007.</p> <p>Product Information: Apidra(TM), insulin glulisine. Aventis Pharmaceuticals, Inc., Kansas City, MO, 2004.</p> <p>Product Information: Humalog(R) injection, insulin lispro recombinant (rDNA origin) injection. Eli Lilly and Company, Indianapolis, IN, 2004.</p> <p>Product Information: Humalog(R) insulin lispro. Eli Lilly & Co, Indianapolis, IN, 2000.</p> <p>Product Information: Lantus(R) injection, insulin glargine (rDNA) injection. Aventis Pharmaceuticals Inc., Kansas City, MO, 2005.</p> <p>Product Information: Lantus(R) Injection, insulin glargine (rDNA) injection. Sanofi-Aventis US,LLC, Bridgewater, NJ, 2007.</p> <p>Product Information: Lantus(R) subcutaneous injection, insulin glargine, recombinant subcutaneous injection. Aventis Pharmaceuticals Inc, Kansas City, MO, 2004.</p> <p>Product Information: Levemir(R) injection, insulin detemir injection. Novo Nordisk Inc, Princeton, NJ, 2005.</p> <p>Product Information: Lantus(R), insulin glargine. Aventis Pharmaceuticals Inc., Kansas City, MO, 2001.</p> <p>Product Information: Lantus®, insulin glargine. Aventis Pharmaceuticals Inc., Kansas City, MO, 2000.</p> <p>Product Information: Novolog(R), insulin aspart (rDNA origin) injection. Novo Nordisk, Inc., Princeton, NJ, 2005</p> <p>Becker RHA, Frick AD, Wessels DH, et al: Pharmacodynamics and pharmacokinetics of a new, rapidly-acting insulin analog, insulin glulisine (abstract 471-P). Diabetes 2003b; 52(6):A110(1).</p> <p>Comparison of insulins. Pharmacist's Letter/Prescriber's Letter 2006;22 (9):220910.</p> |
| Policy Link to Related Policies | |

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