

Pharmacy Policy Bulletin

Title: Non-Preferred Insulins

Policy #: Rx.01.63

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 restrictions. 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. This Pharmacy Policy will be regularly updated as scientific and medical literature becomes available. 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.

▸ Intent:

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 (i.e. clinical pharmacy and/or Medical Director review).

▸ 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:

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

▸ Guidelines:

Refer to the specific manufacturer's prescribing information for administration and dosage details and any applicable Black Box warnings.

BENEFIT APPLICATION

Subject to the terms and conditions of the applicable benefit contract, the applicable drug(s) identified in this policy is (are) covered under the pharmacy benefits of the Company's products when the medical necessity criteria listed in this pharmacy policy are met. Any services that are experimental/investigational or cosmetic are benefit contract exclusions for all products of the Company.

References:

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.

Product Information: Apidra(R) injection, insulin glulisine [rDNA origin] injection. Sanofi-Aventis US,LLC, Bridgewater, NJ, 2007.

Product Information: Humalog(R) injection, insulin lispro recombinant (rDNA origin) injection. Eli Lilly and Company, Indianapolis, IN, 2004.

Product Information: Lantus(R) Injection, insulin glargine (rDNA) injection. Sanofi-Aventis US,LLC, Bridgewater, NJ, 2007.


Product Information: Levemir(R) injection, insulin detemir injection. Novo Nordisk Inc, Princeton, NJ, 2005.

Product Information: Novolog(R), insulin aspart (rDNA origin) injection. Novo Nordisk, Inc., Princeton, NJ, 2005

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).

Comparison of insulins. Pharmacist's Letter/Prescriber's Letter 2006;22(9):220910.

Applicable Drugs:

 Inclusion of a drug in this table does not imply coverage. Eligibility, benefits, limitations, exclusions, precertification/referral requirements, provider contracts, and Company policies apply.

Non-Preferred Insulins Policy accounts for all insulins except Levemir and Lantus.

Cross References:

Policy Version Number:	1.00
P&T Approval Date:	March 08, 2012
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