

Policies Repository



Policy Title Insulin Glargine (Lantus®)

Policy Number FS.CLIN.97

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 **Insulin Glargine (Lantus)** is indicated to improve glycemic control in adults and children with type 1 diabetes mellitus and in adults with type 2 diabetes mellitus.

The use of Insulin Glargine (Lantus) requires prior authorization (ie, clinical pharmacy and/or Medical Director review).

Policy Description **Insulin Glargine (Lantus)** is a long acting human insulin analog. The primary activity of Insulin Glargine (Lantus) is regulation of glucose metabolism by stimulating peripheral glucose uptake and by inhibiting hepatic glucose production.

Policy Guideline Inclusion Inclusion Criteria applies to new starts. New starts are defined as members who have not received Insulin Glargine (Lantus) through the argus claims system.

Insulin Glargine (Lantus) is approved when the following inclusion criteria is met:

- Documentation of a trial and failure/contraindication/intolerance/allergy to Levemir

Policy Guideline Exclusion **Insulin Glargine (Lantus)** is denied when the following exclusion criteria is present:

- No documentation of a trial and failure/contraindication/intolerance/allergy to Levemir

Policy List of Applicable Drugs

Brand Name	Generic Name
Lantus	Insulin Glargine

Dosing and Administration

Refer to the specific manufacturer's prescribing information for administration and dosage details for each specific agent.

Policy References

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Policy Link to Related Policies

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