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:
The intent of this policy is to communicate the medical necessity criteria for Humulin, Humalog, Apidra, and Basaglar insulins as provided under the member's pharmacy benefit.

🧦 Description:
Type 1 diabetes mellitus (T1DM) is characterized by absolute insulin deficiency due to autoimmune βcell destruction. Insulin is the mainstay of therapy for T1DM.

Type 2 diabetes mellitus (T2DM) is characterized by insulin resistance and usually relative (rather than absolute) insulin deficiency. Patients with T2DM may have insulin levels that appear normal or elevated. However, the higher blood glucose levels in these patients would be expected to result in even higher insulin values with normally functioning beta cells. Hence, insulin secretion is defective and insufficient to compensate for insulin resistance.

Insulins are indicated for the treatment of type 1 diabetes mellitus and type 2 diabetes mellitus. 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:
Humulin, Humalog, or Apidra is approved when there is inadequate response or inability to tolerate one preferred insulin:

1. Novolin N
2. Novolin R
3. Novolin 70/30
4. Novolog
5. Novolog Mix 70/30

Humulin R U-500 is approved when ALL of the following documentation is provided:

1. FDA approved indication
2. Prescriber is an endocrinologist
3. Insulin requirements exceed 200 units/day

Basaglar is approved with documentation of inadequate response or inability to tolerate at least TWO of the following:

A. Lantus
B. Levemir
C. Toujeo
D. Tresiba

» Black Box Warning:
None

» 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:


### 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.

### Cross References:

N/A

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**Policy Version Number:** 7.00  
**P&T Approval Date:** January 12, 2017
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