

Market Applicability														
Market	DC	FL & FHK	FL MMA	FL LTC	GA	KS	KY	MD	NJ	NV	NY	TN	TX	WA
Applicable	X	X	NA	NA	X	NA	X	X	X	X	X	NA	NA	NA

*FHK- Florida Healthy Kids

Non-Preferred Long-Acting Insulin

Override(s)	Approval Duration
Prior Authorization Quantity Limit	1 year

Medications	Comments	Quantity Limit
Basaglar	Preferred	May be subject to quantity limit
Lantus Levemir Toujeo Tresiba	Non-Preferred	

APPROVAL CRITERIA

Requests for a non-preferred long-acting insulin may be approved when the following criteria are met:

- I. Individual has had a trial (medication samples/coupons/discount cards are excluded from consideration as a trial) and inadequate response or intolerance to Basaglar; **OR**
- II. The preferred agent is not acceptable due to concomitant clinical situations, such as but not limited to:
 - A. Individual is pregnant or intending to become pregnant, and the request is for Levemir.
- III. For an individual that is pregnant and initiated therapy with Lantus prior to 2/1/17 may continue Lantus therapy throughout pregnancy and for 8 weeks post-partum.

State Specific Mandates		
State name	Date effective	Mandate details (including specific bill if applicable)
N/A	N/A	N/A

Key References:

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This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.
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DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>.

DrugPoints® System (electronic version). Truven Health Analytics, Greenwood Village, CO. Updated periodically.

Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2016; Updated periodically.