

Clinical Pharmacy Program Guidelines for Concentrated Insulins - ARIZONA

Program	Prior Authorization
Medication	Concentrated Insulins - ARIZONA

1. Background:

FDA Approved Indications

1. Diabetes Mellitus

Insulin is indicated for the treatment of diabetes mellitus for the control of hyperglycemia.

2. Coverage Criteria:

A. HUMULIN R U-500 vial or pen

One of the following:

1. History of failure, intolerance, or contraindication to a majority (not more than 3) of the preferred alternatives

-OR-

2. There is a reason or special circumstance the patient needs to use a concentrated insulin product

Authorization of therapy will be issued for 12 months.

3. REFERENCES

1. Lantus[™] Prescribing Information. Sanofi-Aventis, March 2007.
2. Levemir[™] Prescribing Information. Novo-Nordisk Inc., May 2007.
3. Novolin 70/30[™] Prescribing Information. Novo-Nordisk Inc., June 2009.
4. Novolin N[™] Prescribing Information. Novo-Nordisk Inc., June 2009.
5. Novolin R[™] Prescribing Information. Novo-Nordisk Inc., June 2009.
6. Novolog[™] Prescribing Information. Novo-Nordisk Inc., October 2007.
7. Novolog Mix 70/30[™] Prescribing Information. Novo-Nordisk Inc., June 2007.
8. Toujeo Prescribing Information. Sanofi-Aventis, September 2015.
9. Tresiba Prescribing Information. Novo Nordisk Inc., December 2016.
10. Basaglar Prescribing Information. Eli Lilly and Company. July 2016.

Program	Prior Authorization –Insulins ARIZONA
Change Control	
Date	Change
June 2016	New policy
January 2017	Updated preferred and non-preferred products based on AZ guidance. Removed Afrezza from policy since this medication has drug-specific criteria.
August 2017	Renamed policy “Concentrated Insulins”. Other insulins would be evaluated using the global non-preferred criteria.