

Clinical Pharmacy Program Guidelines for Symlin

Program	Prior Authorization
Medication	Symlin [®] (pramlintide acetate)
Issue Date	9/2009
Pharmacy and Therapeutics Approval Date	8/2017
Effective Date	10/2017

1. Background:

Symlin is an amylin analog indicated for patients with type 1 and type 2 diabetes who use mealtime insulin and have failed to achieve desired glycemic control despite optimal insulin therapy.

2. Coverage Criteria:

<p>A. Symlin will be approved based on the following criteria:</p> <ol style="list-style-type: none"> 1. Patient must have <u>one</u> of the following diagnoses: <ol style="list-style-type: none"> a. Type 1 diabetes b. Type 2 diabetes <p style="text-align: center;">-AND-</p> 2. Age greater than or equal to 18 years of age <p style="text-align: center;">-AND-</p> 3. Concurrent use of insulin therapy <p>Authorization will be issued for 12 months.</p>

3. References:

1. Symlin Prescribing Information. AstraZeneca Pharmaceuticals, April 2016.
2. AACE Comprehensive Diabetes Management Algorithm, Endocr Pract. 2013;19 (No. 2)
3. Inzucchi SE, Bergenstal RM, Buse JB, et al. Management of hyperglycemia in type 2 diabetes: a patient centered approach. Diabetes Care. 2012, 19 April 2012 [Epub ahead of print]

4. American Diabetes Association. Standards of medical care in diabetes. Diabetes Care. 2013; 36 (suppl 1): S11-S66.

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Change Control	
Sept 2009	Criteria were taken from a previously approved Unison policy, RX06 Symlin. Removed sulfonylurea requirement for type II diabetes and Prandin and Starlix from the list of drugs not to be taken with Symlin. Changed age requirement to 15 and older. Policy was reformatted.
Dec 2010	Annual Review
Sept 2011	Annual Review
Sept 2012	Annual Review
Dec 2015	<p>Criteria redesigned to simplify clinical review. Combined both Type 1 and Type 2 diabetes sections into a single criteria section.</p> <p>The following requirements are new:</p> <ul style="list-style-type: none"> • Added age requirement of 18 years <p>Removed or changed the following requirements from Type 1 section:</p> <ul style="list-style-type: none"> • Changed the number of insulin injections per day to “concurrent use of insulin therapy” • Removed A1C requirement • Removed all contraindication requirements except for gastroparesis <p>Removed or changed the following requirements from Type 2 section:</p> <ul style="list-style-type: none"> • Changed the number of insulin injections per day to “concurrent use of insulin therapy” • Removed A1C requirement • Removed all contraindication requirements except for gastroparesis • Removed requirement for an inadequate response to metformin and a TZD
Nov 2016	Annual review, updated policy template
Aug 2017	Removed requirement that Symlin cannot be used in patients with

	gastroparesis. Updated background.
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