

## Non-Preferred Insulin Drug Use Criteria

Created: 4/5/2021

Revised: 1/9/2024

Includes:

<u>Brand</u>	<u>Generic</u>
Basaglar Kwikpen	<i>insulin glargine</i>
Humalog, Humalog Mix Pen	<i>insulin lispro, insulin lispro protamine/insulin lispro</i>
Humulin N, R, 70/30 Pen	<i>insulin regular, insulin NPH, insulin 70/30</i>
Lantus Solostar, Lantus	<i>insulin glargine</i>
Levemir Flextouch, Levemir	<i>insulin detemir</i>
Novolog, NovoLog Mix Pen	<i>insulin aspart, insulin aspart protamine/insulin aspart</i>
Tresiba	<i>insulin degludec</i>
Toujeo	<i>insulin glargine</i>

\*\*\*Most of the unbranded biosimilar insulin products are on formulary without a PA. \*\*\*

### GUIDELINE FOR USE:

#### **Initial Request:**

1. Has the member trialed and failed or have a contraindication to a preferred formulary product?
  - a. If yes, approve for up to 12 months.
  - b. If no, go to #2.
2. Is there documentation as to why a preferred formulary product cannot be used (i.e., some insulin pumps require brand Humalog or Novolog)?
  - a. If yes, approved for up to 12 months.
  - b. If no, deny as not meeting criteria. Please trial an appropriate formulary alternative.

#### **Rationale:**

To promote the use of least costly insulins as first line therapy.

#### **FDA Approved Indications:**

Please see individual product labels indication information.

#### **References:**

- OAR 410-120-0000(69) "Cost Effective"

Approved by Western Oregon Advanced Health Pharmacy & Therapeutics Committee on August 28, 2017

Approved by Advanced Health Pharmacy and Therapeutics Committee May 13, 2019, 2/14/2024