

Non-Preferred Insulin Drug Use Criteria

Created: 4/5/2021

Revised: 1/9/2024

Includes:

Brand®

Basaglar Kwikpen®

Humalog®, Humalog Mix Pen®

Humulin N, R, 70/30 Pen®

Lantus Solostar®, Lantus®

Levemir Flextouch®, Levemir®

Novolog®, NovoLog Mix Pen®

Tresiba®

Toujeo®

Generic

insulin glargine

insulin lispro, insulin lispro protamine/insulin lispro

insulin regular, insulin NPH, insulin 70/30

insulin glargine

insulin detemir

insulin aspart, insulin aspart protamine/insulin aspart

insulin degludec

insulin glargine

***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

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