Overview
Insulin acts via specific membrane-bound receptors on target tissues to regulate metabolism of carbohydrate, protein, and fats. Target organs for insulin include the liver, skeletal muscle, and adipose tissue. Within the liver, insulin stimulates hepatic glycogen synthesis. Insulin promotes hepatic synthesis of fatty acids, which are released into the circulation as lipoproteins. Skeletal muscle effects of insulin include increased protein synthesis and increased glycogen synthesis. Within adipose tissue, insulin stimulates the processing of circulating lipoproteins to provide free fatty acids, facilitating triglyceride synthesis and storage by adipocytes; also, directly inhibits the hydrolysis of triglycerides.

<table>
<thead>
<tr>
<th>No PA</th>
<th>PA required</th>
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<tbody>
<tr>
<td><strong>Rapid-Acting Insulin</strong></td>
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</tr>
<tr>
<td>Humalog® (insulin lispro) †§</td>
<td>Admelog® (insulin lispro)</td>
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<tr>
<td>Novolog® (insulin aspart) †§</td>
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<tr>
<td><strong>Long-Acting Insulin</strong></td>
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<tr>
<td>Lantus® SoloSTAR</td>
<td>Basaglar® (insulin glargine)</td>
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<tr>
<td>Lantus® vial</td>
<td>Semglee® (insulin glargine)</td>
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</table>

† Authorized generic available.
§ Brand Preferred over generic equivalents. A trial of the preferred drug or clinical rationale for prescribing the non-preferred drug generic equivalent.
Coverage Guidelines
Authorizations requests will be reviewed on a case by case basis for members new to AllWays Health Partners who are currently receiving treatment with the requested medication, excluding when the product is obtained as samples or via manufacturer’s patient assistance programs.

OR
Authorization may be granted for members when all the following criteria are met, and documentation is provided:

**Admelog® (insulin lispro)**
Prescriber provides documentation of **ALL** of the following:
1. The member has a diagnosis of Diabetes Mellitus
2. An inadequate response to at least 90 days of therapy (within a 6-month time period) or adverse reaction with Apidra® (insulin glulisine), Humalog® (insulin lispro), or insulin aspart

**Basaglar® (insulin glargine)**
Prescriber provides documentation of **ALL** of the following:
1. The member has a diagnosis of Diabetes Mellitus
2. An inadequate response to at least 90 days of therapy (within a 6-month time period) or adverse reaction with Lantus® products

**Semglee® (insulin glargine)**
Prescriber provides documentation of **ALL** of the following:
3. The member has a diagnosis of Diabetes Mellitus
4. An inadequate response to at least 90 days of therapy (within a 6-month time period) or adverse reaction with Lantus® SoloSTAR (insulin glargine) prefilled syringe or Lantus® (vial)

**Limitations**
Initial approval and reauthorizations will be granted for 12 months.

**Brand preferred over generic equivalent**
In addition to any prior authorization requirements, generic medications listed below require a trial of the preferred drug or clinical rationale for prescribing the non-preferred drug generic equivalent.
- insulin lispro
- insulin aspart

**References**

**Review History**
10/06/2020 – Updated; Match Masshealth partial unified formulary requirements for implementation on 1/1/21

**Disclaimer**
AllWays Health Partners complies with applicable federal civil rights laws and does not discriminate or exclude people on the basis of race, color, national origin, age, disability, or sex.