

Insulin Products
Admelog
Basaglar
Humalog
Novolog
Semglee
Effective 02/01/2022

Plan	<input type="checkbox"/> MassHealth <input checked="" type="checkbox"/> MassHealth (PUF) <input type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Benefit	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit (NLX)		
Specialty Limitations	N/A		
Contact Information	Specialty Medications		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	Non-Specialty Medications		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
	Exchange	Phone: 855-582-2022	Fax: 855-245-2134
	Medical Specialty Medications (NLX)		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
Exceptions	N/A		

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

No PA	PA required
Rapid-Acting Insulin	
insulin lispro	Admelog [®] (insulin lispro)
insulin aspart	Humalog [®] †
	Novolog [®] †
Long-Acting Insulin	
Lantus [®] SoloSTAR	Basaglar [®] (insulin glargine)
Lantus [®] vial	Semglee [®] (insulin glargine-yfgn)

†Authorized generic available. Requests for brand name formulations with an authorized or interchangeable generic should be reviewed for medical necessity. See Appendix



§ 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® (insulin glargine) products
3. An inadequate response to at least 90 days of therapy (within a 6-month time period) or adverse reaction with Semglee® (insulin glargine-yfgn) prefilled syringe or vial.

Semglee® (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® SoloSTAR (insulin glargine) prefilled syringe or Lantus® (insulin glargine vial)

Limitations

Initial approval and reauthorizations will be granted for 12 months.

References

Appendix

Brands with authorized or interchangeable generics (require failure of the generic)	Brands without generic availability (do not require PA)
Novolog 100 unit/mL	Novolog relion
Humalog 100 unit/mL	Humalog Mix susp 100 unit/mL (75-25)
Novolog mix 70/30	Humalog Mix 100 unit/mL (50-50)
Novolog 100 unit cartridge (Penfill)	Humalog cartridge 100 unit/mL
Novolog FlexPen 100 unit/mL pen injector	Humalog KwikPen 200/mL
Humalog Jr 100 unit/mL (0.5 unit dial)	Humalog Mix KwikPen (50-50)



Humalog KwikPen 100 unit/mL (1 unit dial)	
Novolog Mix FlexPen (70-30)	
Humalog Mix KwikPen (75-25)	

Review History

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

11/29/2021 – Updated; Effective 2/1/22: removed brand preferred listings and criteria for Humalog and Novolog; added generics for Humalog and Novolog, clarified brand requests for Humalog and Novolog require failure of generic; updated Basaglar criteria to require step through Semglee. Effective 02/01/2022.

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