



**Insulin Products**  
**Admelog**  
**Basaglar**  
**Humalog**  
**Novolog**  
**Semglee**  
**Effective 05/01/2022**

<b>Plan</b>	<input type="checkbox"/> MassHealth <input checked="" type="checkbox"/> MassHealth (PUF) <input type="checkbox"/> Commercial/Exchange	<b>Program Type</b>	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
<b>Benefit</b>	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit (NLX)		
<b>Specialty Limitations</b>	N/A		
<b>Contact Information</b>	<b>Specialty Medications</b>		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	<b>Non-Specialty Medications</b>		
	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
	<b>Medical Specialty Medications (NLX)</b>		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
<b>Exceptions</b>	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
<b>Rapid-Acting Insulin</b>	
insulin lispro	Admelog <sup>®</sup> (insulin lispro)
<u>insulin aspart</u>	Humalog <sup>®</sup> (insulin lispro 100 unit/mL prefilled syringe, vial) <sup>†</sup>
Humalog <sup>®</sup> (insulin lispro 100 units/mL cartridge)	Novolog <sup>®</sup> ( <u>insulin aspart</u> ) <sup>†</sup>
Humalog <sup>®</sup> (insulin lispro 200 unit/mL)	
<b>Long-Acting Insulin</b>	
Lantus <sup>®</sup> (insulin glargine)*	Basaglar <sup>®</sup> (insulin glargine)



	Semglee <sup>®</sup> (insulin glargine-yfgn)*
<b>Pre-mixed Insulin</b>	
Humalog <sup>®</sup> 75-25 (insulin lispro 75/25 vial)	Humalog <sup>®</sup> 75-25 (insulin lispro 75/25 prefilled syringe)†
Humalog <sup>®</sup> 50-50 (insulin lispro 50/50)	Novolog <sup>®</sup> 70/30 (insulin aspart 70/30)†
insulin lispro 75/25 prefilled syringe	
Novolin <sup>®</sup> 70/30 (insulin NPH/regular insulin 70/30)	
insulin aspart 70/30	

†This is a brand-name drug with an authorized generic available. Requests for brand name formulations with an interchangeable generic should be reviewed for medical necessity.

\*Semglee<sup>®</sup> (insulin glargine-yfgn), has been designated an interchangeable biologic for Lantus<sup>®</sup> (insulin glargine). Switching is not required. Semglee<sup>®</sup> (insulin glargine-yfgn) will continue to require PA. Lantus<sup>®</sup> (insulin glargine) will remain available without PA

### 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<sup>®</sup> (insulin lispro)

Prescriber provides documentation of **ALL** of the following:

1. The member has a diagnosis of Diabetes Mellitus
2. A paid claim or physician attestation of inadequate response to at least 90 days of therapy (within a 180-day time period) or adverse reaction with Apidra<sup>®</sup> (insulin glulisine), Humalog<sup>®</sup> (insulin lispro), or insulin aspart

#### Basaglar<sup>®</sup> (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<sup>®</sup> (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<sup>®</sup> (insulin glargine-yfgn) prefilled syringe or vial.

#### Semglee<sup>®</sup> (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<sup>®</sup> SoloSTAR (insulin glargine) prefilled syringe or Lantus<sup>®</sup> (insulin glargine vial)

#### Humalog<sup>®</sup> (insulin lispro 100 unit/mL prefilled syringe, vial) †

#### Humalog<sup>®</sup> 75-25 (insulin lispro 75/25 prefilled syringe) †

#### Novolog<sup>®</sup> (insulin aspart) †

#### Novolog<sup>®</sup> 70/30 (insulin aspart 70/30) †

Prescriber provides documentation of **ALL** of the following:



1. If the request is for BRAND NAME Humalog® (insulin lispro vial), Humalog® (insulin lispro 100 unit/mL pen), Humalog® 75-25 (insulin lispro 75/25 pen), Novolog® (insulin aspart), or Novolog® 70/30 (insulin aspart 70/30), prescriber must provide medical records documenting an inadequate response or adverse reaction to the therapeutically equivalent generic

### Limitations

Initial approval and reauthorizations will be granted for 12 months.

### References

1. Admelog® [package insert]. Bridgewater (NJ): Sanofi-Aventis; 2020 Dec.
2. Basaglar® [package insert]. Indianapolis (IN): Eli Lilly; 2021 Jul.
3. Semglee® [package insert]. Morgantown (WV): Mylan Pharmaceuticals; 2021 Jul.
4. American Diabetes Association. 9. Pharmacologic Approaches to Glycemic Treatment: Standards of Medical Care in Diabetes—2021. Diabetes Care. 2021 Jan;44(Suppl 1):S111-S124.
5. Viatrix Inc. and Biocon Biologics Receive Historic Approval for First Interchangeable Biosimilar Semglee® (insulin glargine-yfng) injection for the Treatment of Diabetes [press release on the internet]. Pittsburg (PA): Viatrix Inc.; 2021 Jul 28 [cited 2021 Oct 08] Available from: <https://newsroom.viatrix.com/2021-07-28-Viatrix-Inc-and-Biocon-Biologics-Receive-Historic-Approval-for-First-Interchangeable-Biosimilar-Semglee-R-insulin-glargine-yfng-injection-for-the-Treatment-of-Diabetes>
6. Humalog (insulin lispro injection [rDNA origin] solution) [prescribing information]. Indianapolis, IN: Eli Lilly and Company; November 2019.
7. NovoLog (insulin aspart) [prescribing information]. Plainsboro, NJ: Novo Nordisk Inc; May 2021.
8. NovoLog Mix 70/30 (70% insulin aspart protamine suspension and 30% insulin aspart injection) [prescribing information]. Plainsboro, NJ: Novo Nordisk Inc; March 2017.

### Appendix

<b>Brands with authorized or interchangeable generics (require failure of the generic)</b>	<b>Brands without generic availability (do not require PA)</b>
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.



03/16/2022 – Reviewed and Updated for March P&T; PA for brand name Humalog and Novolog agents with a therapeutically equivalent generic. Effective 05/01/2022

**Disclaimer**

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