



Insulin Products
Admelog
Basaglar
Humalog
Novolog
Semglee
Effective 08/01/2022

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	Drugs that require PA
Rapid-Acting Insulin	
Humalog® (insulin lispro 100 units/mL cartridge) Humalog® (insulin lispro 200 unit/mL) insulin lispro 100 unit/mL prefilled syringe, vial insulin aspart †	Admelog® (insulin lispro) Humalog® (insulin lispro 100 unit/mL prefilled syringe, vial) † Novolog® (insulin aspart) †
Long-Acting Insulin	



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

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

†† Brand Preferred over generic equivalents. In general, MassHealth requires a trial of the preferred drug or clinical rationale for prescribing the non-preferred drug generic equivalent

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

§ Unbranded insulin glargine is interchangeable with Semglee® (insulin glargine-yfgn) and Lantus® (insulin glargine).

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. Physician documented of an inadequate response to at least 90 days of therapy (within a 180-day time period) or adverse reaction with Apidra® (insulin glulisine), Humalog® (insulin lispro), or insulin aspart

Basaglar® Kwikpen (insulin glargine)

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

1. The member has a diagnosis of Diabetes Mellitus
2. Physician documented of an inadequate response to at least 90 days of therapy (within a 180-day time period) or adverse reaction with Lantus® vial (insulin glargine)
3. Physician documented of an inadequate response to at least 90 days of therapy (within a 180-day time period) or adverse reaction with Semglee® (insulin glargine-yfgn) prefilled syringe or vial.

Semglee® (insulin glargine-yfgn)

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

1. The member has a diagnosis of Diabetes Mellitus



2. Physician documented of an inadequate response to at least 90 days of therapy (within a 180-day time period) or adverse reaction with Lantus® SoloSTAR (insulin glargine) prefilled syringe or Lantus® (insulin glargine) vial.

Humalog® (insulin lispro 100 unit/mL prefilled syringe, vial) †

Humalog® 75-25 (insulin lispro 75/25 prefilled syringe) †

Novolog® (insulin aspart) †

Novolog® 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.

†*Brand-name drug with an authorized generic available.*

Limitations

Initial approval and reauthorizations will be granted for 12 months.

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.

06/22/2022 – Reviewed and Updated for June P&T; matched MH UPPL. Guideline update to include new unbranded insulin glargine. Lantus will be added to the brand preferred over generic list to reflect the availability of this formulation. Pre-Mixed Insulins were added to the Reference table. Effective 8/1/22.

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.