BlueCross BlueShield of Illinois
BlueCross BlueShield of Montana
BlueCross BlueShield of New Mexico
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BlueCross BlueShield of Texas

Long Acting Insulin Prior Authorization with Quantity Limit Program Summary

POLICY REVIEW CYCLE

Effective Date **Date of Origin**
11/20/2023

OBJECTIVE

The intent of the Long Acting Insulin prior authorization criteria is to encourage use of cost-effective preferred insulin agents over the non-preferred insulin agents. The program will also support a quantity limit of 100 mL of preferred and non-preferred insulin agent per 30 days.

POLICY AGENT SUMMARY PRIOR AUTHORIZATION

Target Brand Agent(s)	Target Generic Agent(s)	Strength	Targeted MSC	Available MSC	Final Age Limit	Preferred Status
	insulin degludec inj ; insulin degludec soln pen-injector	100 UNIT/ML ; 200 UNIT/ML	M ; N ; O ; Y	N		
Lantus ; Lantus solostar ; Rezvoglar kwikpen	insulin glargine inj ; insulin glargine soln pen-injector ; insulin glargine-aglr soln pen-injector ; insulin glargine-yfgn inj ; insulin glargine-yfgn soln pen-injector	100 UNIT/ML ; 300 UNIT/ML	M ; N ; O ; Y	N		

POLICY AGENT SUMMARY QUANTITY LIMIT

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	QL Amount	Dose Form	Day Supply	Duration	Addtl QL Info	Allowed Exceptions	Targeted NDCs When Exclusions Exist
Basaglar kwikpen ; Basaglar tempo pen ; Lantus ; Lantus solostar ; Rezvoglar kwikpen ; Semglee ; Toujeo max solostar ; Toujeo solostar	insulin glargine inj ; insulin glargine pen-inj with transmitter port ; insulin glargine soln pen-injector ; insulin glargine-aglr soln pen-injector ; insulin glargine-yfgn inj ; insulin glargine-yfgn soln pen-injector	100 UNIT/ML ; 300 UNIT/ML	100	mLs	30	DAYS	Quantity limit is cumulative at GPI 8 for injectable formulations .		
Levemir ; Levemir flexpen ; Levemir flextouch	insulin detemir inj ; insulin detemir soln pen-injector	100 UNIT/ML	100	mLs	30	DAYS	Quantity limit is cumulative at GPI 8 for injectable formulations .		
Tresiba ; Tresiba flextouch	insulin degludec inj ; insulin degludec soln pen-injector	100 UNIT/ML ; 200 UNIT/ML	100	mLs	30	DAYS	Quantity limit is cumulative at GPI 8 for		

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	QL Amount	Dose Form	Day Supply	Duration	Addtl QL Info	Allowed Exceptions	Targeted NDCs When Exclusions Exist
							injectable formulations .		

CLIENT SUMMARY – PRIOR AUTHORIZATION

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
	insulin degludec inj ; insulin degludec soln pen-injector	100 UNIT/ML ; 200 UNIT/ML	
Lantus ; Lantus solostar ; Rezvoglar kwikpen	insulin glargine inj ; insulin glargine soln pen-injector ; insulin glargine-aglr soln pen-injector ; insulin glargine-yfgn inj ; insulin glargine-yfgn soln pen-injector	100 UNIT/ML ; 300 UNIT/ML	

CLIENT SUMMARY – QUANTITY LIMITS

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
Basaglar kwikpen ; Basaglar tempo pen ; Lantus ; Lantus solostar ; Rezvoglar kwikpen ; Semglee ; Toujeo max solostar ; Toujeo solostar	insulin glargine inj ; insulin glargine pen-inj with transmitter port ; insulin glargine soln pen-injector ; insulin glargine-aglr soln pen-injector ; insulin glargine-yfgn inj ; insulin glargine-yfgn soln pen-injector	100 UNIT/ML ; 300 UNIT/ML	
Levemir ; Levemir flexpen ; Levemir flextouch	insulin detemir inj ; insulin detemir soln pen-injector	100 UNIT/ML	
Tresiba ; Tresiba flextouch	insulin degludec inj ; insulin degludec soln pen-injector	100 UNIT/ML ; 200 UNIT/ML	

PRIOR AUTHORIZATION CLINICAL CRITERIA FOR APPROVAL

Module	Clinical Criteria for Approval

Preferred Agents	Non-Preferred Target Agents	Stand-Alone Agents
Semglee Glargin-yfgn Tresiba	Lantus Insulin glargine Insulin degludec Rezvoglar	Basaglar Toujeo, Toujeo Max

Non-preferred Target Agent(s) will be approved when ONE of the following is met:

1. The patient is currently being treated with the requested agent and the patient is currently stable on the requested agent **OR**
2. The patient has tried and had an inadequate response to a preferred insulin agent **OR**
3. A preferred insulin agent was discontinued due to lack of efficacy or effectiveness, diminished effect, or an adverse event **OR**
4. The patient has an intolerance or hypersensitivity to ALL preferred long acting insulin agents that is not expected to occur with the requested agent **OR**
5. The patient has an FDA labeled contraindication to ALL preferred long acting insulin agents that is not expected to occur with the requested agent **OR**
6. A preferred insulin agent is expected to be ineffective based on the known clinical characteristics of the patient and the known characteristics of the prescription drug; **OR** cause a significant barrier to the patient's adherence of care; **OR** worsen a comorbid

Module	Clinical Criteria for Approval
	condition; **OR** decrease the patient's ability to achieve or maintain reasonable functional ability in performing daily activities; **OR** cause an adverse reaction or cause physical or mental harm **OR** 7. A preferred insulin agent is not in the best interest of the patient based on medical necessity **OR** 8. The patient has tried another prescription drug in the same pharmacologic class or with the same mechanism of action as a preferred insulin and that prescription drug was discontinued due to lack of efficacy or effectiveness, diminished effect, or an adverse event **OR** 9. The requested agent is medically necessary and appropriate for the patient **Length of Approval:** 12 months NOTE: If Quantity Limit applies, please refer to Quantity Limit Criteria.

QUANTITY LIMIT CLINICAL CRITERIA FOR APPROVAL

Module	Clinical Criteria for Approval
	All insulin agents will be approved for prescribed quantities when ONE of the following is met: 1. The requested quantity (dose) does NOT exceed the program quantity limit **OR** 2. BOTH of the following: A. The requested quantity (dose) is greater than the program quantity limit **AND** B. The prescriber has provided information in support of therapy with a higher dose for the requested indication **Length of Approval:** 12 months