



AmeriHealth.

Policy Title Insulin Glargine (Lantus®)

Policy Number FS.CLIN.97

Application of pharmacy policy is determined by benefits and contracts. Benefits may vary based on product line, group, or contract. Some medications may be subject to precertification and age, gender or quantity restrictions. Individual member benefits must be verified.

This pharmacy policy document describes the status of pharmaceutical information and/or technology at the time the document was developed. Since that time, new information relating to drug efficacy, interactions, contraindications, dosage, administration routes, safety, or FDA approval may have changed. If the Medical/Pharmacy Reviewer is aware of any new information on the subject of this document, please provide it promptly to the Medical/Pharmacy Policy Department. This information may include new FDA approved indications, withdrawals or other FDA alerts. This type of information is relevant not only when considering whether this policy should be updated, but also when applying it to current requests for coverage.

Members are advised to use participating pharmacies in order to receive the highest level of benefits.

Policy **Insulin Glargine (Lantus)** is indicated to improve glycemic control in adults and children with type 1 diabetes mellitus and in adults with type 2 diabetes mellitus.

The use of Insulin Glargine (Lantus) requires prior authorization (i.e., clinical pharmacy and/or Medical Director review).

Policy description **Insulin Glargine (Lantus)** is a long acting human insulin analog. The primary activity of Insulin Glargine (Lantus) is regulation of glucose metabolism by stimulating peripheral glucose uptake and by inhibiting hepatic glucose production.

Policy guideline inclusion Insulin Glargine (Lantus) is approved when one of the following inclusion criteria is met:

- Documentation of a trial and failure/contraindication/intolerance/allergy to Levemir
- Documentation of continuous therapy with Insulin Glargine (Lantus)

Policy guideline exclusion Insulin Glargine (Lantus) is denied when both of the following exclusion criteria are present:

- No documentation of a trial and failure/contraindication/intolerance/allergy to Levemir
- No documentation of continuous therapy with Insulin Glargine (Lantus)

Policy List of Applicable Drugs

Brand Name	Generic Name
Lantus	Insulin Glargine

Dosing and administration Refer to the specific manufacturer's prescribing information for administration and dosage details for each specific agent.

Policy references Facts and Comparisons website [lantus]. Available at www.factsandcomparisons.com. Accessed September 9, 2011.

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Borah B, Darkow T, Bouchard J, et al. A comparison of insulin use, glycemic control and health care costs with insulin detemir and insulin glargine in insulin naïve patients with type 2 diabetes. *Clinical Therapeutics.* 2009. 31(3) 623-631.

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Dornhorst A, Luddeke J, Koenen, et al. Transferring to insulin detemir from NPH insulin or insulin glargine in type 2 diabetes patients on basal only therapy with oral antidiabetic drugs improves glycemic control and reduces weight gain and risk of hypoglycemia: 14 week follow up data from Predictive. *Diabetes Obes Metab.* 2008. 10; 75-81.

	Meneghini L, Rosenberg K, Koenen C. Insulin detemir improves glycemic control with less hypoglycemia and no weight gain in patients with type 2 diabetes who were insulin naïve or treated with NPH or insulin glargine: clinical practice experience from a German subgroup of the predictive study. Diabetes Obes
Policy link to related policies	
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