

Policies Repository



Policy Title Pramlintide (Symlin®/SymlinPen®)

Policy Number FS.CLIN.19

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, age, gender or quantity edits. 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 Pramlintide (Symlin®/SymlinPen®) is indicated as adjunct therapy for individuals with type 1 or type 2 diabetes who are currently receiving optimal insulin therapy but have failed to achieve desired glycemic control. Individuals with type 2 diabetes may be taking a sulfonylurea agent and/or metformin with insulin or insulin alone.

The use of pramlintide (Symlin®/SymlinPen®) requires prior authorization (ie, clinical pharmacy and/or Medical Director review).

Policy Description Pramlintide (Symlin®/SymlinPen®) is a synthetic analog of the naturally occurring beta-cell hormone amylin. Amylin is co-secreted with insulin by beta cells in response to meals, and it aids in the regulation of glucose levels. Pramlintide (Symlin®/SymlinPen®) works by slowing gastric emptying, decreasing post-prandial glucagon secretion, and inducing weight loss.

Policy Guideline Inclusion Pramlintide (Symlin®/SymlinPen®) is approved when **one** of the following inclusion criteria is met:

- Documentation of type 1 diabetes with concurrent insulin therapy
- Documentation of type 2 diabetes with concurrent insulin therapy

Policy Guideline Exclusion Pramlintide (Symlin®/SymlinPen®) is denied when **all** of the following exclusion criteria are present:

- No documentation of type 1 diabetes with concurrent insulin therapy
- No documentation of type 2 diabetes with concurrent insulin therapy

Policy List of Applicable Drugs

Brand Name	Generic Name
Symlin/ SymlinPen	pramlintide

Dosing and Administration

Refer to the specific manufacturer's prescribing information for administration and dosage details, contraindications, and Black Box warnings.

Policy References

Buse JB, Weyer C, Maggs DG. Amylin replacement with pramlintide in type 1 and type 2 diabetes: a physiological approach to overcome barriers with insulin therapy. *Clinical Diabetes*. (serial online). [Clinical Diabetes Web site]. 2002;20(3):137-144. Available at: <http://clinical.diabetesjournals.org/cgi/content/abstract/20/3/137>. Accessed July 14, 2010.

Heptulla RA, Rodriguez LM, Bomgaars L, Haymond MW. The role of amylin and glucagon in the dampening of glycemic excursions in children with type 1 diabetes. *Diabetes*. 2005;54(4):1100-1107.

Riddle MC, Drucker DJ. Emerging therapies mimicking the effects of amylin and glucagon-like peptide 1. *Diabetes Care*. 2006;29(2):435-449.

Symlin® (pramlintide) [package insert]. San Diego, CA: Amylin Pharmaceuticals, Inc; 2005. Also available online at: <http://www.symmlin.com>. Accessed July 14, 2010.

Policy Link to Related Policies**Printed**08/16/2010 11:11:37

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