Pharmacy Policy Bulletin

Title: Insulin Glargine (Lantus®)
Policy #: Rx.01.44

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 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. This Pharmacy Policy will be regularly updated as scientific and medical literature becomes available. 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.

**Intent:**
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 pharmacist and/or Medical Director review).

**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.

**Black Box Warning:**
None

**Policy:**
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)

**Guidelines:**
Refer to the specific manufacturer's prescribing information for administration and dosage details and any applicable Black Box warnings.

**BENEFIT APPLICATION**

Subject to the terms and conditions of the applicable benefit contract, the applicable drug(s) identified in this policy is (are) covered under the pharmacy benefits of the Company’s products when the medical necessity criteria listed in this pharmacy policy are met. Any services that are experimental/investigational or cosmetic are benefit contract exclusions for all products of the Company.

**References:**


DeVries J, Nattrass M, Pieber T. Refining basal insulin therapy: what have we learned in the age of analogues? Diab Metab...

King AB. Once daily insulin detemir is comparable to once daily insulin glargine in providing glycemic control over 24 h in patients with type 2 diabetes: a double blind, randomized crossover study. Diabetes Obes Metab. 11 (1) 2009. 69-71.


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 and Metab. 2007. 418-427.

### Applicable Drugs:

Inclusion of a drug in this table does not imply coverage. Eligibility, benefits, limitations, exclusions, precertification/referral requirements, provider contracts, and Company policies apply.

<table>
<thead>
<tr>
<th>Brand Name</th>
<th>Generic Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lantus</td>
<td>Insulin Glargine</td>
</tr>
</tbody>
</table>

### Cross References:

<table>
<thead>
<tr>
<th>Policy Version Number:</th>
<th>2.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>P&amp;T Approval Date:</td>
<td>April 11, 2013</td>
</tr>
<tr>
<td>Policy Effective Date:</td>
<td>June 01, 2013</td>
</tr>
<tr>
<td>Next Required Review Date:</td>
<td>April 11, 2014</td>
</tr>
</tbody>
</table>

The Policy Bulletins on this website were developed to assist AmeriHealth in administering the provisions of the respective benefit programs, and do not constitute a contract. If you are an AmeriHealth member, please refer to your specific benefit program for the terms, conditions, limitations and exclusions of your coverage. AmeriHealth does not provide health care services, medical advice or treatment, or guarantee the outcome or results of any medical services/treatments. The facility and...
professional providers are responsible for providing medical advice and treatment. Facility and professional providers are independent contractors and are not employees or agents of AmeriHealth. If you have a specific medical condition, please consult with your doctor. AmeriHealth reserves the right at any time to change or update its Policy Bulletins. ©2013 AmeriHealth, Inc. All Rights Reserved.