

NPH AND LONG-ACTING INSULINS

Applies To:

- BASAGLAR KWIKPEN
- BASAGLAR TEMPO PEN
- INSULIN DEGLUDEC flextouch pen
- INSULIN DEGLUDEC solution
- INSULIN GLARGINE SOLOSTAR
- INSULIN GLARGINE-YFGN PEN
- INSULIN GLARGINE-YFGN solution
- NOVOLIN N VIALS
- NOVOLIN N RELION VIALS
- NOVOLIN N FLEXPEN
- NOVOLIN N FLEXPEN RELION
- NOVOLIN 70/30 VIAL
- NOVOLIN 70/30 RELION VIAL
- NOVOLIN 70/30 FLEXPEN
- NOVOLIN 70/30 RELION FLEXPEN
- REZVOGLAR KWIKPEN
- SEMGLEE (YFGN) PEN
- SEMGLEE (YFGN) solution

Diagnosis Considered for Coverage:

- Diabetes mellitus

Coverage Criteria:

For diagnosis listed above:

<ul style="list-style-type: none"> • Basaglar Kwikpen (insulin glargine) 	<ul style="list-style-type: none"> • Inadequate response or intolerable side effects with ONE preferred long-acting insulin (i.e. Lantus, Lantus Solostar, Levemir/Levemir Flexpen, Toujeo Max Solostar, Toujeo Solostar, and Tresiba).
<ul style="list-style-type: none"> • Basaglar Tempo pen (insulin glargine) 	<ul style="list-style-type: none"> • Intolerable side effect or contraindication to Basaglar Kwikpen not expected with the Tempo pen, and • Inadequate response or intolerable side effects with ONE preferred long-acting insulin (i.e. Lantus, Lantus Solostar, Levemir/Levemir

	Flexpen, Toujeo Max Solostar, Toujeo Solostar, and Tresiba).
<ul style="list-style-type: none"> • Insulin glargine vial • Insulin glargine Solostar • Semglee (YFGN) • Insulin glargine (YFGN) • Rezvoglar Kwikpen (insulin glargine-aglr) 	<ul style="list-style-type: none"> • Inadequate response or intolerable side effect to preferred Lantus and Levemir not expected with the requested insulin glargine product.
<ul style="list-style-type: none"> • insulin degludec (Tresiba) 	Inadequate response or intolerable side effect to preferred Tresiba and Toujeo not expected with insulin degludec.
<ul style="list-style-type: none"> • Novolin N vial • Novolin 70/30 vial • Novolin N RELION vial • Novolin 70/30 RELION vial 	<ul style="list-style-type: none"> • Patient unable to use equivalent formulation of Humulin.
<ul style="list-style-type: none"> • Novolin N Flexpen • Novolin 70/30 Flexpen • Novolin N RELION Flexpen • Novolin 70/30 RELION Flexpen 	<ul style="list-style-type: none"> • Patient unable to use equivalent formulation of Humulin (i.e. Humulin N Kwikpen or Humulin 70/30 Kwikpen)
Coverage Duration: one year	

Effective Date: 5/31/2023