UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

Program Number	2019 P 3050-8
Program	Step Therapy – Insulin
Medication	Apidra (insulin glulisine)*, Apidra SoloStar (insulin glulisine)*, Fiasp (insulin aspart)*, Novolin N (NPH, human insulin isophane)*, Novolin R (regular, human insulin)*, Novolin 70/30 (70% NPH, human insulin isophane and 30% regular, human insulin)*, Novolog (insulin aspart)*, Novolog Mix 70/30 (70% insulin aspart protamine and 30% insulin aspart)*
P&T Approval Date	12/2014, 10/2015, 10/2016, 10/2017, 5/2018, 10/2018, 6/2019
Effective Date	9/1/2019; Oxford: N/A

1. Background:

The American Diabetes Association recommends insulin therapy for Type II diabetes when the appropriate step wise non-insulin approach has failed to lower HbA1c. In Type I diabetes insulin monotherapy is the appropriate treatment. The ADA does not differentiate between brands of insulin but does make recommendations for the initiation of basal insulins or intermediate to short acting insulins.

2. Coverage Criteria[a]:

A. **Novolin 70/30*** will be approved based on the following criteria:

1. History of failure after at least a three month trial[b], contraindication, or intolerance (list reason for therapeutic failure, contraindication, or intolerance) to Humulin 70/30

B. **Apidra***, **Apidra Solostar*, Fiasp*, or Novolog*** pens and vials will be approved based on the following criteria:

1. History of failure after at least a three month trial[b], contraindication, or intolerance (list reason for therapeutic failure, contraindication, or intolerance) to Humalog

C. **Novolin N*** will be approved based on the following criteria:

1. History of failure after at least a three month trial[b], contraindication, or intolerance (list reason for therapeutic failure, contraindication, or intolerance) to Humulin N

D. **Novolin R*** will be approved based on the following criteria:

1. History of failure after at least a three month trial[b], contraindication, or intolerance (list reason for therapeutic failure, contraindication, or intolerance) to Humulin R

E. **Novolog Mix 70/30*** pens and vials will be approved based on the following criteria:

1. History of failure after at least a three month trial[b], contraindication, or intolerance (list reason for therapeutic failure, contraindication, or intolerance) to Humalog 75/25

Authorization will be issued for 12 months

[a] State mandates may apply. Any federal regulatory requirements and the member specific benefit plan coverage may also impact coverage criteria. Other policies and utilization management programs may apply.

[b] For Connecticut and Kentucky business, only a 30 day trial will be required.

3. Additional Clinical Rules:

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class
- Supply limits may be in place.

*Typically excluded from coverage.

4. References:

1. Novolog Prescribing Information, Novo Nordisk Inc. Plainsboro, NJ. December 2018.
2. Novolin 70/30 Prescribing Information, Novo Nordisk Inc. Plainsboro, NJ. June 2018.
3. Humulin 70/30 Prescribing Information, Eli Lilly, Indianapolis, IN. November 2018.
4. Humalog Prescribing Information, Eli Lilly, Indianapolis, IN. November 2018.
5. Apidra Prescribing Information, Sanofi Aventis, Bridgewater, NJ. December 2018.
6. American Diabetes Association; Standards of Medical Care in Diabetes – 2017. Diabetes Care 2017: Jan; 40 (Supplement 1): S64-74
7. Novolin N Prescribing Information, Novo Nordisk Inc. Plainsboro, NJ. June 2018.
8. Novolin R Prescribing Information, Novo Nordisk Inc. Plainsboro, NJ. June 2018.
9. Humulin N Prescribing Information, Eli Lilly, Indianapolis, IN. November 2018.
10. Humulin R Prescribing Information, Eli Lilly, Indianapolis, IN. May 2018.
11. Fiasp Prescribing Information, Novo Nordisk Inc. Plainsboro, NJ. September 2018.

Program	Step Therapy- Insulin
Change Control	
12/2014	New program
10/2015	Added authorization period. Separated out Novolog Mix 70/30 criteria. Added Maryland Continuation of Care
7/2016	Added Indiana and West Virginia coverage information.
10/2016	Removed Humulin from step one agents for Novolin 70/30. Administrative changes.
2/2017	Administrative change. Oxford effective date updated.
10/2017	Added Fiasp to criteria. State mandate reference language updated. References updated.
5/2018	Added statement that Fiasp is typically excluded from coverage.
10/2018	Retire program for 1/1/2019.
6/2019	Program re-implemented. Updated to note all targeted products are typically excluded from coverage. Updated references.