

Insulins

Goal:

Provide evidence-based and cost-effective insulin options to patients with diabetes mellitus.

Length of Authorization:

- Up to 12 months

Requires PA:

Non-preferred insulins

Select preferred insulin pens (Novolin® 70/30 and Humulin® 70/30)

Covered Alternatives:

- Current PMPDP preferred drug list per OAR 410-121-0030 at www.orpdl.org
- Searchable site for Oregon FFS Drug Class listed at www.orpdl.org/drugs/

Approval Criteria		
1. What diagnosis is being treated?	Record ICD10 code	
2. Is this an OHP-funded diagnosis?	Yes: Go to #3	No: Pass to RPh. Deny; not funded by the OHP
3. Will the prescriber consider a change to a preferred product? <u>Message:</u> Preferred products are reviewed for comparative effectiveness and safety by the Oregon Pharmacy & Therapeutics Committee	Yes: Inform prescriber of covered alternatives	No: Go to #4
4. Is the request for an insulin pen or cartridge?	Yes: Go to #5	No: Approve for up to 12 months
5. Has the patient tried and failed or have contraindications to any of the preferred pens or cartridges listed above?	Yes: Go to #6	No: Pass to RPh; deny and recommend a trial of one of the preferred insulin products

Approval Criteria

<p>6. Will the insulin be administered by the patient or a non-professional caregiver AND do any of the following criteria apply:</p> <ul style="list-style-type: none">• The patient has physical dexterity problems/vision impairment• The patient is unable to comprehend basic administration instructions• The patient has a history of dosing errors with use of vials• The patient is a child less than 18 years of age?	<p>Yes: Approve for up to 12 months</p>	<p>No: Pass to RPh; deny for medical appropriateness</p>
---	--	---

P&T / DUR Review: 2/20(KS); 9/19; 11/18; 9/17; 3/16; 11/15; 9/10
Implementation: 11/1/2019; 11/1/17; 10/13/16; 1/1/11