

Clinical Pharmacy Program Guidelines for Symlin

Program	Prior Authorization
Medication	Symlin [®] (pramlintide acetate)
Markets in Scope	Arizona, California, Florida-CHIP, Hawaii, Maryland, New Jersey, Nevada, New York, New York EPP, Pennsylvania, Rhode Island, Ohio
Issue Date	9/2009
Pharmacy and Therapeutics Approval Date	4/2019
Effective Date	6/2019

1. Background:

Symlin is an amylin analog indicated for patients with type 1 and type 2 diabetes who use mealtime insulin and have failed to achieve desired glycemic control despite optimal insulin therapy.

Symlin has a black box warning for hypoglycemia. Please see full prescribing information for additional details.

2. Coverage Criteria:

<p>A. Symlin will be approved based on the following criteria:</p> <ol style="list-style-type: none"> 1. Patient must have <u>one</u> of the following diagnoses: <ol style="list-style-type: none"> a. Type 1 diabetes b. Type 2 diabetes <p style="text-align: center;">-AND-</p> <ol style="list-style-type: none"> 2. Concurrent use of insulin therapy <p>Authorization will be issued for 12 months.</p>
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3. References:

1. Symlin [package insert]. Wilmington, DE: AstraZeneca Pharmaceuticals,; April 2016.

2. Dungan K. Amylin analogs for the treatment of diabetes mellitus. In: UpToDate, Post TW (Ed), UpToDate, Waltham, MA. (Accessed on March 04, 2019.)

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Change Control	
Sept 2009	Criteria were taken from a previously approved Unison policy, RX06 Symlin. Removed sulfonylurea requirement for type II diabetes and Prandin and Starlix from the list of drugs not to be taken with Symlin. Changed age requirement to 15 and older. Policy was reformatted.
Dec 2010	Annual Review
Sept 2011	Annual Review
Sept 2012	Annual Review
Dec 2015	<p>Criteria redesigned to simplify clinical review. Combined both Type 1 and Type 2 diabetes sections into a single criteria section.</p> <p>The following requirements are new:</p> <ul style="list-style-type: none"> • Added age requirement of 18 years <p>Removed or changed the following requirements from Type 1 section:</p> <ul style="list-style-type: none"> • Changed the number of insulin injections per day to “concurrent use of insulin therapy” • Removed A1C requirement • Removed all contraindication requirements except for gastroparesis <p>Removed or changed the following requirements from Type 2 section:</p> <ul style="list-style-type: none"> • Changed the number of insulin injections per day to “concurrent use of insulin therapy” • Removed A1C requirement • Removed all contraindication requirements except for gastroparesis • Removed requirement for an inadequate response to metformin and a TZD
Nov 2016	Annual review, updated policy template
Aug 2017	Removed requirement that Symlin cannot be used in patients with

	gastroparesis. Updated background.
Oct 2018	Annual review. Removed age check.
April 2019	Annual review. Updated references