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

   1. History of failure after at least a three month trial, 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, 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, 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:
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:**
   3. Humulin 70/30 Prescribing Information, Eli Lilly, Indianapolis, IN. November 2018.
<table>
<thead>
<tr>
<th>Program Date</th>
<th>Change Control</th>
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<tbody>
<tr>
<td>12/2014</td>
<td>New program</td>
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<tr>
<td>10/2015</td>
<td>Added authorization period. Separated out Novolog Mix 70/30 criteria. Added Maryland Continuation of Care</td>
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<tr>
<td>7/2016</td>
<td>Added Indiana and West Virginia coverage information.</td>
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<tr>
<td>2/2017</td>
<td>Administrative change. Oxford effective date updated.</td>
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<tr>
<td>10/2017</td>
<td>Added Fiasp to criteria. State mandate reference language updated. References updated.</td>
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<tr>
<td>5/2018</td>
<td>Added statement that Fiasp is typically excluded from coverage.</td>
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<tr>
<td>10/2018</td>
<td>Retire program for 1/1/2019.</td>
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<tr>
<td>6/2019</td>
<td>Program re-implemented. Updated to note all targeted products are typically excluded from coverage. Updated references.</td>
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