Long Acting Insulin Quantity Limit Program Summary

Quantity limits apply to Medicaid.

POLICY REVIEW CYCLE

Effective Date	Date of Origin
05-01-2024	04-01-2022

FDA APPROVED INDICATIONS AND DOSAGE

See package insert for FDA prescribing information: https://dailymed.nlm.nih.gov/dailymed/index.cfm

POLICY AGENT SUMMARY QUANTITY LIMIT

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	QL Amount	Dose Form	Day Supply	Duration	Addtl QL Info	Allowed Exceptions	Targeted NDCs When Exclusions Exist
Basaglar kwikpen ; Lantus solostar ; Semglee	Insulin Glargine Soln Pen-Injector 100 Unit/ML	100 UNIT/ML	45	mLs	30	DAYS			
Basaglar tempo pen	Insulin Glargine Pen-Inj with Transmitter Port	100 UNIT/ML	45	mLs	30	DAYS			
Lantus ; Semglee	Insulin Glargine Inj 100 Unit/ML	100 UNIT/ML	45	mLs	30	DAYS			
Levemir	Insulin Detemir Inj 100 Unit/ML	100 UNIT/ML	45	mLs	30	DAYS			
Levemir flexpen ; Levemir flextouch	Insulin Detemir Soln Pen-injector 100 Unit/ML	100 UNIT/ML	45	mLs	30	DAYS			
Rezvoglar kwikpen	insulin glargine-aglr soln pen-injector	100 UNIT/ML	45	mLs	30	DAYS			
Semglee	Insulin Glargine-yfgn Inj	100 UNIT/ML	45	mLs	30	DAYS			
Semglee	Insulin Glargine-yfgn Soln Pen-Injector	100 UNIT/ML	45	mLs	30	DAYS			
Toujeo max solostar	Insulin Glargine Soln Pen-Injector 300 Unit/ML (2 Unit Dial)	300 UNIT/ML	45	mLs	30	DAYS			
Toujeo solostar	Insulin Glargine Soln Pen-Injector 300 Unit/ML (1 Unit Dial)	300 UNIT/ML	45	mLs	30	DAYS			
Tresiba	Insulin Degludec Inj 100 Unit/ML	100 UNIT/ML	45	mLs	30	DAYS			
Tresiba flextouch	Insulin Degludec Soln Pen-Injector 100 Unit/ML	100 UNIT/ML	45	mLs	30	DAYS			
Tresiba flextouch	Insulin Degludec Soln Pen-Injector 200 Unit/ML	200 UNIT/ML	45	mLs	30	DAYS			

CLIENT SUMMARY – QUANTITY LIMITS

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
Basaglar kwikpen ; Lantus solostar ; Semglee	Insulin Glargine Soln Pen-Injector 100 Unit/ML	100 UNIT/ML	Medicaid
Basaglar tempo pen	Insulin Glargine Pen-Inj with Transmitter Port	100 UNIT/ML	Medicaid
Lantus ; Semglee	Insulin Glargine Inj 100 Unit/ML	100 UNIT/ML	Medicaid
Levemir	Insulin Detemir Inj 100 Unit/ML	100 UNIT/ML	Medicaid
Levemir flexpen ; Levemir flextouch	Insulin Detemir Soln Pen-injector 100 Unit/ML	100 UNIT/ML	Medicaid
Rezvoglar kwikpen	insulin glargine-aglr soln pen-injector	100 UNIT/ML	Medicaid
Semglee	Insulin Glargine-yfgn Inj	100 UNIT/ML	Medicaid
Semglee	Insulin Glargine-yfgn Soln Pen-Injector	100 UNIT/ML	Medicaid
Toujeo max solostar	Insulin Glargine Soln Pen-Injector 300 Unit/ML (2 Unit Dial)	300 UNIT/ML	Medicaid
Toujeo solostar	Insulin Glargine Soln Pen-Injector 300 Unit/ML (1 Unit Dial)	300 UNIT/ML	Medicaid
Tresiba	Insulin Degludec Inj 100 Unit/ML	100 UNIT/ML	Medicaid
Tresiba flextouch	Insulin Degludec Soln Pen-Injector 100 Unit/ML	100 UNIT/ML	Medicaid
Tresiba flextouch	Insulin Degludec Soln Pen-Injector 200 Unit/ML	200 UNIT/ML	Medicaid

QUANTITY LIMIT CLINICAL CRITERIA FOR APPROVAL

Module	Clinical Criteria for Approval
QL Standalone	**Quantity Limit for the Target Agent(s)** will be approved when ONE of the following is met: 1. The requested quantity (dose) does NOT exceed the program quantity limit **OR** 2. The requested quantity (dose) exceeds the program quantity limit AND ONE of the following: A. BOTH of the following: 1. The requested agent does not have a maximum FDA labeled dose for the requested indication **AND** 2. Information has been provided to support therapy with a higher dose for the requested indication **OR** B. BOTH of the following: 1. The requested quantity (dose) does NOT exceed the maximum FDA labeled dose for the requested indication **AND** 2. Information has been provided to support why the requested quantity (dose) cannot be achieved with a lower quantity of a higher strength that does NOT exceed the program quantity limit **OR** C. BOTH of the following: 1. The requested quantity (dose) exceeds the maximum FDA labeled dose for the requested indication **AND** 2. Information has been provided to support therapy with a higher dose for the requested indication **Length of Approval:** up to 12 months