

INSULINS PA SUMMARY

PREFERRED	Humalog, Humalog Mix 75/25, Humalog Mix 50/50, Humulin 70/30, Humulin 50/50, Humulin L, Humulin R-500, Humulin U, Iletin, Lantus vials, Novolin, Novolog
NON-PREFERRED	Apidra, Humulin N, Humulin R-100, Levemir vials

LENGTH OF AUTHORIZATION: 1 YEAR

NOTE: *Select Lilly products are preferred when there is no Novo Nordisk equivalent product available. For Levemir vials only, the pharmacy can submit the claim with an ICD-9 code for pregnancy (V22.2) to bypass edit 75 (PA) for those patients where pregnancy has been confirmed with their physician.*

PA CRITERIA:

- ❖ Submit documentation of allergies, contraindications, drug-drug interactions, history of intolerable side effects, or ineffectiveness to the therapeutically equivalent preferred product.
- ❖ In addition, Levemir vials are approvable for pregnant members or for members 2-5 years of age without meeting criteria above.

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **SXC Health Solutions at 1-866-525-5827**.

PA and Appeal Process:

- ❖ For online access to the PA process please go to www.mmis.georgia.gov/portal, highlight the pharmacy link on the top right side of the page, and click on “prior approval process”.

Quantity Level Limitations:

- ❖ For online access to the current Quantity Level Limits please go to www.mmis.georgia.gov/portal, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services Part II and select that manual.