GEORGIA DEPARTMENT OF COMMUNITY HEALTH

August 17, 2009

Alert of Change in Insulin Quantity Level Limits for Georgia Medicaid Fee-For-Service Members

Dear Dr. :

Starting October 1, 2009, the quantity level limits (QLL) allowed for each insulin product for Georgia Medicaid Fee-for-Service (FFS) members will change from (60) mL to (40) mL per (34) days. This change was recommended and supported by the Department of Community Health's (DCH) Drug Utilization Review Board (DURB), which is comprised of physicians, pharmacists and a consumer advocate.

In type 2 diabetes mellitus (DM), 77% of patients use insulin therapy; however, less than 50% achieve the recommended hemoglobin A1c (HbA1c) level of 7% or less, suggesting insulin therapy is commonly suboptimal. Understanding the normal physiological release of insulin and frequent monitoring are important for proper insulin therapy

Response to insulin is unique for each patient and depends on weight and insulin resistance. The dose should be determined and adjusted based on blood glucose levels, hemoglobin A1C levels, and other clinical parameters. In general, the starting dose for replacement therapy is 0.5 units/kg/day and the starting dose for augmentation is 0.15 units/kg/day. Two- to four-fold higher doses are often required for insulin resistance. Typically, most patients require doses between 0.5 to 1.2 units/kg/day, which falls within the new QLL of 40 mL per 34 days of each type of insulin.

In addition, the synergistic use of oral antidiabetic medications at optimal doses with insulin in type 2 DM may allow the insulin dose to be reduced by up to 50%. The treatment of glucose toxicity should include prompt insulin therapy, and after a few weeks of intense therapy, many patients regain beta-cell function allowing them to return to diabetes management with diet, exercise and/or oral medications.

The DURB and DCH realize hyperglycemia can produce serious complications, such as cardiovascular disease, diabetic neuropathy, infection, retinopathy and death. On the other hand, serious and prolonged hypoglycemia can lead to disorientation, seizures, unconsciousness, irreversible brain damage and death. Hypoglycemia is the most common adverse event associated with insulin therapy. The DURB and DCH recommend following insulin treatment guidelines by the American Diabetes Association (ADA) and the American Association of Clinical Endocrinologists (AACE).

The Department of Community Health has performed a clinical review of patient drug profiles to identify your Medicaid FFS members who are currently receiving >40 mL of an insulin per month to assist you in evaluation of their diabetes management. The patient profiles are attached for your review. If you deem it clinical appropriate to maintain your patient on elevated levels of insulin, above the new QLL of (40) mL per (34) days, you can submit an appeal with complete medical information to justify your request to SXC at **1-866-525-5827**. We encourage you to submit this appeal prior to the implementation of the new quantity limit on October 1, 2009.

Sincerely,
Georgia Department of Community Health

1. Mayfield JA, White RD. Insulin therapy for type 2 diabetes: rescue, augmentation, and replacement of beta-cell function. American Family Physician. 2004;70(3):489-500.
2. American Association of Clinical Endocrinologists (AACE) Diabetes Mellitus Clinical Practice Guidelines Task Force. AACE diabetes mellitus guidelines: Glycemic management. *Endocr Pract*; May-June 2007: 16-34.
3. American Diabetes Association. Standards of medical care in diabetes – 2008. *Diabetes Care* 2008;31:S12-S54.
4. Clinical Pharmacology. Available at http://www.clinicalpharmacology. Accessed December 17, 2008.