Prior Authorization Review Panel

CHC-MCO Policy Submission

A separate copy of this form must accompany each policy submitted for review.
Policies submitted without this form will not be considered for review.

Plan: PA Health & Wellness	**Submission Date: 11/01/2018**
Policy Number: PA.CP.PST.13	**Effective Date: 10/17/2018** **Revision Date: 10/17/2018**
Policy Name: Pramlintide (Symlin)	**HC Approval Date:**

Type of Submission – Check all that apply:

- ☐ **New Policy**
- ☐ **Revised Policy***
- ☐ **Annual Review – No Revisions**
- ☐ **Attestation of HC PARP Policy –** *This option should only be used during Readiness Review for Community HealthChoices. The policy must be identical to the PARP approved policy for the HealthChoices Program, with the exception of revisions/clarifications adding the term "Community HealthChoices" to the policy.*

***All revisions to the policy must be highlighted using track changes throughout the document.**

Please provide any changes or clarifying information for the policy below:

This policy is being retired and replaced by the following policy:

PA.CP.PMN.129 Pramlintide (Symlini)

Name of Authorized Individual (Please type or print): **Francis G. Grillo, MD**	**Signature of Authorized Individual:**

Clinical Policy: Pramlintide (Symlin)

Reference Number: PA.CP.PST.13
Effective Date: 01/18
Last Review Date: 05/17
Line of Business: Medicaid

Coding Implications
Revision Log

Description
Pramlintide (Symlin®) is an amylin analog.

FDA approved indication
Symlin is indicated for patients with type 1 or type 2 diabetes who use mealtime insulin and have failed to achieve desired glycemic control despite optimal insulin therapy.

Policy/Criteria
Provider must submit documentation (including office chart notes and lab results) supporting that member has met all approval criteria

It is the policy of Pennsylvania Health and Wellness ® that Symlin is **medically necessary** when the following criteria are met:

I. Initial Approval Criteria

A. Electronic Step Therapy for Symlin (must meet all)**:**

1. Previous use of mealtime insulin therapy (e.g., Apidra, Humalog, Humulin, Novolin, Novolog, Relion) or an insulin pump in the last 30 days;
2. Dose does not exceed 120 mcg per injection (1 pen per injection).

Approval duration: 6 months

II. Continued Therapy

A. Electronic Step Therapy for Symlin (must meet all)**:**

1. Currently receiving medication via Pennsylvania Health and Wellness benefit or member has previously met initial approval criteria; or the Continuity of Care policy (PA.LTSS.PHAR.01) applies;
2. Current use of mealtime insulin therapy or an insulin pump;
3. If request is for a dose increase, new dose does not exceed 120 mcg per injection (1 pen per injection).

Approval duration: 6 months

III. Appendices/General Information

Appendix A: Abbreviation/Acronym Key
FDA: Food and Drug Administration

IV. Dosage and Administration

Drug	Dosing Regimen	Maximum Dose
Symlin	1 injection subcutaneously prior to each major meal (≥ 250 kcal or containing ≥ 30 g of carbohydrate)	120 mcg/injection

V. Product Availability

- 1.5 mL SymlinPen disposable multidose pen-injector: 15 mcg, 30 mcg, 45 mcg, 60 mcg
- 2.7 mL SymlinPen disposable multidose pen-injector: 60 mcg, 120 mcg

VI. References

1. Symlin Prescribing Information. Wilmington, DE: AstraZeneca Pharmaceuticals LP; February 2015. Available at: www.symlin.com. Accessed January 11, 2017.
2. American Diabetes Association. Standards of medical care in diabetes—2017. Diabetes Care. 2017; 40(suppl 1): S1-S133.