INSTRUCTIONS FOR USE

The following Coverage Policy applies to health benefit plans administered by Cigna Companies. Certain Cigna Companies and/or lines of business only provide utilization review services to clients and do not make coverage determinations. References to standard benefit plan language and coverage determinations do not apply to those clients. Coverage Policies are intended to provide guidance in interpreting certain standard benefit plans administered by Cigna Companies. Please note, the terms of a customer’s particular benefit plan document [Group Service Agreement, Evidence of Coverage, Certificate of Coverage, Summary Plan Description (SPD) or similar plan document] may differ significantly from the standard benefit plans upon which these Coverage Policies are based. For example, a customer’s benefit plan document may contain a specific exclusion related to a topic addressed in a Coverage Policy. In the event of a conflict, a customer’s benefit plan document always supersedes the information in the Coverage Policies. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration of 1) the terms of the applicable benefit plan document in effect on the date of service; 2) any applicable laws/regulations; 3) any relevant collateral source materials including Coverage Policies and; 4) the specific facts of the particular situation. Coverage Policies relate exclusively to the administration of health benefit plans. Coverage Policies are not recommendations for treatment and should never be used as treatment guidelines. In certain markets, delegated vendor guidelines may be used to support medical necessity and other coverage determinations.

Medical Necessity Criteria

Coverage for Lantus and Toujeo varies across plans. Refer to the customer’s benefit plan document for coverage details.

Where coverage requires the use of preferred products, the following criteria apply:

For Employer Group Plans:

<table>
<thead>
<tr>
<th>Product</th>
<th>Standard Drug List Plan</th>
<th>Value Drug List Plan</th>
<th>Legacy Drug List Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lantus, Lantus SoloStar (insulin glargine)</td>
<td>All of the following: • Documented contraindication per FDA label, intolerance, or inability to use ALL of the following: Basaglar (insulin glargine), Levemir (insulin detemir), and Tresiba (insulin degludec)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Toujeo SoloStar, Max</td>
<td>All of the following:</td>
<td></td>
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</tbody>
</table>
SoloStar (insulin glargine)

- Documented contraindication per FDA label, intolerance, or inability to use ALL of the following: Basaglar (insulin glargine), Levemir (insulin detemir), and Tresiba (insulin degludec)

Initial and reauthorization is up to 12 months unless otherwise stated.

When coverage is available and medically necessary, the dosage, frequency, duration of therapy, and site of care should be reasonable, clinically appropriate, and supported by evidence-based literature and adjusted based upon severity, alternative available treatments, and previous response to therapy.

Insulin glargine is considered experimental, investigational or unproven for ANY other use.

Note: Receipt of sample product does not satisfy any criteria requirements for coverage

*If you’re a Cigna provider, please log in to the Cigna for Health Care Professionals website and search for specific patients to view their covered medications.

**FDA Approved Indications**

**FDA Approved Indication**

Lantus is indicated to improve glycemic control in adults and pediatric patients with type 1 diabetes mellitus and in adults with type 2 diabetes mellitus.

**Limitations of Use** Lantus is not recommended for the treatment of diabetic ketoacidosis.

Toujeo is indicated to improve glycemic control in adults with diabetes mellitus.

**Limitations of Use** Toujeo is not recommended for the treatment of diabetic ketoacidosis.

**Recommended Dosing**

**FDA Recommended Dosing**

**Lantus**

**Type 1 Diabetes**

- In patients with type 1 diabetes, Lantus must be used concomitantly with short-acting insulin. The recommended starting dose of Lantus in patients with type 1 diabetes should be approximately one-third of the total daily insulin requirements. Short-acting, premeal insulin should be used to satisfy the remainder of the daily insulin requirements

**Type 2 Diabetes**

- The recommended starting dose of Lantus in patients with type 2 diabetes who are not currently treated with insulin is 0.2 units per kilogram of body weight or up to 10 units once daily.

**Toujeo**

**Type 1 Diabetes**

- The recommended starting dose of Toujeo in insulin-naive patients with type 1 diabetes is approximately one-third to one-half of the total daily insulin dose. The remainder of the total daily insulin dose should be given as a short-acting insulin and divided between each daily meal. As a general rule, 0.2 to 0.4 units of insulin per kilogram of body weight can be used to calculate the initial total daily insulin dose in insulin-naive patients with type 1 diabetes.
- The maximum glucose lowering effect of a dose of Toujeo may take five days to fully manifest and the first TOUJEO dose may be insufficient to cover metabolic needs in the first 24 hours of use

Type 2 Diabetes
- The recommended starting dose of Toujeo in insulin-naive patients with type 2 diabetes is 0.2 units per kilogram of body weight once daily

Drug Availability
Lantus is available as a 10 mL multi-dose vial or a 3 mL single-patient-use SoloStar (100 units/mL) prefilled pen.

Toujeo is available as 1.5 mL SoloStar (450 units/1.5 mL) or 3 mL Max Solostar (900 units/3 mL) disposable prefilled pen.

Background

Therapeutic Alternatives
Therapeutic alternatives to Lantus and Toujeo include the following drugs: Basaglar (insulin glargine), Levemir (insulin detemir), and Tresiba (insulin degludec).

Professional Societies/Organizations
Clinical practice guidelines do not advocate the use of one long-acting insulin analog product over another. However, guidelines do recommend long-acting basal analogs over neutral protamine Hagedorn (NPH) insulin as analogs have been shown to be equally effective in reducing A1C with significantly less symptomatic and nocturnal hypoglycemia. Additionally, the ADA states that longer-acting basal analogs (U-300 glargine or degludec) may convey a lower hypoglycemia risk compared with U-100 glargine. (AACE/ACE, 2019, 2015; ADA 2019)

Off Label Uses
AHFS Drug Information 2019 Edition supports no off-label uses of Lantus or Toujeo.

Comparative Studies
Head-to-head studies are lacking and of those completed, have not consistently demonstrated the superiority of one long-acting insulin analog over another. Several of the head-to-head trials were designed to establish non-inferiority in the management of Type 1 and Type 2 diabetes. A 2011 Cochrane review demonstrated no difference in efficacy or hypoglycemia in Lantus compared to Levemir. (Swinnen, 2011) A recent meta-analysis that included the basal insulins Levemir, Toujeo, and Tresiba found similar change in HbA1c and rates of hypoglycemia. (Freemantle, 2016)

References
2. ADA Standards of Medical Care in Diabetes, Diabetes Care January 2019;42(Suppl. 1):S90–S102. Available at: http://care.diabetesjournals.org/content/42/Supplement_1/S90