Mass General Brigham
Health Plan

Symlin Pen® (pramlintide)
Effective 08/01/2020

Plan	☐ MassHealth UPPL ☒Commercial/Exchange	**Program Type**	☒ Prior Authorization ☐ Quantity Limit ☐ Step Therapy
Benefit	☒ Pharmacy Benefit ☐ Medical Benefit (NLX)		
Specialty Limitations	N/A		
Contact Information	**Specialty Medications**		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	Non-Specialty Medications		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
	Exchange	Phone: 855-582-2022	Fax: 855-245-2134
	Medical Specialty Medications (NLX)		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
Exceptions	N/A		

Overview
Pramlintide is a synthetic analog of human amylin cosecreted with insulin by pancreatic beta cells; reduces postprandial glucose increases via the following mechanisms: 1) prolongation of gastric emptying time, 2) reduction of postprandial glucagon secretion, and 3) reduction of caloric intake through centrally-mediated appetite suppression. Pramlintide is indicated as an adjunctive treatment in patients with type 1 or type 2 diabetes who use mealtime insulin therapy and who have failed to achieve desired glucose control despite optimal insulin therapy.

Coverage Guidelines
Authorization may be granted for members who are currently receiving treatment with Symlin Pen, excluding when the product is obtained as samples or via manufacturer's patient assistance programs
Or
Authorization may be granted when all of the following criteria are met, and documentation has been provided:

1. The patient has a diagnosis of type 1 or type 2 diabetes mellitus
2. The patient is currently receiving optimal mealtime insulin therapy
3. The patient has experienced an inadequate treatment response to insulin
4. The patient does not require drug therapy to stimulate gastrointestinal motility

Continuation of Therapy
Reauthorization may be granted when a physician's assessment has been submitted documenting the patient has had an expected reduction in HbA1c since starting Symlin therapy.

Limitations

1. Authorizations will be granted for 36 months

References

1. Symlin (pramlintide) [prescribing information]. Wilmington, DE: AstraZeneca Pharmaceuticals LP; December 2019
2. Galderisi A, Sherr J, VanName M, et al. Pramlintide but Not Liraglutide Suppresses Meal-Stimulated Glucagon Responses in Type 1 Diabetes. J Clin Endocrinol Metab 2018; 103:1088
3. Inzucchi S., Buse JB, Bergenstal R, et al. Management of hyperglycemia in type 2 diabetes: A Patient-Centered Approach: a consensus statement from the American Diabetes Association and the European Association for the Study of Diabetes. Diabetes Care. 2012 Jun;35(6):1364-79. Epub 2012 Apr 19.
4. American Diabetes Association. Standards of medical care in diabetes – 2020. Diabetes Care. 2020;43(Suppl. 1): S1-S212.

Review History

04/2017 – Reviewed
04/17/2019 – Reviewed
05/20/2020 – Reviewed and Updated May P&T Mtg; updated overview and references; removed rationale from criteria; added started and stabilized statement. Effective 8/1/20.