

Symlin Pen® (pramlintide)
Effective 03/01/2025

Plan	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Benefit	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit		
Specialty Limitations	N/A		
Contact Information	Medical Benefit Pharmacy Benefit	Phone: 833-895-2611 Phone: 800-711-4555	Fax: 888-656-6671 Fax: 844-403-1029
Exceptions	N/A		

Overview

Symlin (pramlintide) is an amylin analog 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.

Coverage Guidelines

Authorization may be granted for members new to the plan within the past 90 days who are currently receiving treatment with the requested medication, excluding when the product is obtained as samples or via manufacturer's patient assistance programs

OR

Authorization may be granted all of the following criteria are met:

1. Member has one of the following diagnoses:
 - a. Type 1 diabetes
 - b. Type 2 diabetes
2. Member is currently administering optimal mealtime insulin therapy
3. Member has not reached optimal glycemic control with insulin therapy
4. The patient does not require drug therapy to stimulate gastrointestinal motility

Continuation of Therapy

Requests for reauthorization will be approved when the following criteria are met:

1. Submission of medical records (e.g., chart notes, labs) demonstrating member has had a positive response to therapy (e.g., A1C reduction)

Limitations

1. Authorizations will be granted for 36 months

References

1. American Diabetes Association. Standards of medical care in diabetes – 2024. *Diabetes Care*. 2024;47(Suppl. 1): S1-S321.
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. Symlin (pramlintide) [prescribing information]. Wilmington, DE: AstraZeneca Pharmaceuticals LP; December 2019

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.

12/11/2024 – Reviewed and updated at December P&T. Updated verbiage for members who are new to the plan. Verbiage updates for initial and reauthorization criteria. Effective 3/1/2025.

