Non-formulary **Lantus Solostar** will be covered on the prescription drug benefit when the following criteria are met:

- Use in patient with type 1 diabetes mellitus as basal insulin

- **OR**-

- Use in patients with type 2 diabetes mellitus that experience recurrent nocturnal hypoglycemia with bedtime NPH dosing defined as: 3 or more episodes of nocturnal CBG less than 70 over the preceding 30 days that persists despite NPH dose reduction
  
  **For patients on 70/30, trial of NPH (dosed am and bedtime) and R (dosed breakfast and dinner) insulin where the bedtime dose of NPH resulted in recurrent hypoglycemia as defined above**

- **OR**-

- Use in patients with type 2 diabetes mellitus on NPH that experience any episode of severe hypoglycemia defined as: hypoglycemia resulting in seizures, loss of consciousness, episode necessitating assistance from someone else, EMT, use of glucagon

- **OR**-

- Use in patient with type 2 diabetes mellitus that require ultra-long acting insulin due to work (night shift work where hours of sleep are significantly and repeatedly varied over time, frequent time-zone traveler)

- **AND**-

Co-pay will be applied if one or more of the following criteria is/are met:

- Unable to draw up insulin accurately from a vial with a syringe due to young age, visual impairment, physical disabilities (i.e., amputations, tremors/Parkinson’s disease, rheumatoid arthritis)
  
  - OR -

- Requires small doses of insulin (less than 5 units/dose)
  
  - OR -

- Pediatric patient who is required to use such devices by school
  
  - OR -

- Stabilized on smaller insulin dose (generally less than 30 units per day or less than 1000 units per month)

- **OR**-

- Dose Change Only: Patient previously met criteria and is already taking the drug.