Formulary insulin glargine (Lantus®) will be covered on the prescription drug benefit when the following criteria are met:

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

-OR-

- Use in patients with type 2 diabetes mellitus that experience recurrent nocturnal hypoglycemia (low blood sugar at night) with bedtime NPH insulin dosing defined as: 3 or more episodes of nocturnal CBG (capillary blood glucose at night) less than 70 over the preceding 30 days that persists despite NPH insulin dose reduction

**For patients on 70/30 insulin, trial of NPH insulin (dosed am and bedtime) and Regular insulin (dosed breakfast and dinner) where the bedtime dose of NPH insulin resulted in recurrent hypoglycemia as defined above

-OR-

- Use in patients with type 2 diabetes mellitus on NPH insulin that experience any episode of severe hypoglycemia defined as: hypoglycemia resulting in seizures, loss of consciousness, episode necessitating assistance from someone else, EMT (emergency medical technician), and/or use of glucagon (medication used to raise the concentration of glucose in the blood)

-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)

-OR-

- Dose Change Only: Patient meets current criteria and is already taking the drug.