Non-formulary insulin glargine 300 units/mL (Toujeo®) will be covered on the prescription drug benefit when the following criteria are met:

• Must show documented intolerance to insulin glargine 100 units/mL

-AND-

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

-OR-

• Must show documented intolerance to insulin glargine 100 units/mL

-AND-

Use in patients with type 2 diabetes mellitus as basal insulin

-AND-

• 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)
Criteria Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

Glargine 300 units/mL pens (Toujeo®)

-OR-

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

Conversion Criteria

Type 1 Patients:
   Must have trial of insulin glargine 100 units/mL
Type 2 patients:
   Must have trial and failure as above with NPH and Glargine

Conversion factors:
   Consider 20% dose reduction from Toujeo (100%) to NPH (80% of previous Toujeo dose)
   Consider 10% dose reduction from Toujeo (100%) to Lantus (90% of previous Toujeo dose)