

Insulin Detemir (Levemir)

Formulary options: Levemir vials and Levemir FlexTouch pens

- **New Start only PA. Claims for formulary insulin detemir products will process when there is a previously approved claim within the last 120 days.**
1. Is the member being treated for an OHP funded condition?
Review for relevant comorbid conditions or exceptional needs if ICD-10 code submitted is not funded.
 - a. If Yes, Move to question #2
 - b. If No, Category 1 denial
 2. Is the diagnosis Diabetes Mellitus Types 1 and 2?
 - a. If Yes, Move to question #4
 - b. If No, Move the question #3
 3. Does the member have gestational diabetes and is unable to use, or has tried and failed preferred formulary option NPH insulin (formulary options: Humulin N, Humulin N Kwikpen, Novolin N) or is under the care of a maternal/fetal specialist or endocrinologist?
 - a. If Yes, approve for duration of pregnancy
 - b. If No, with gestational diabetes, forward to Medical Director for medical appropriateness (Category 5) review
 - c. If No, without gestational diabetes, Category 3 denial
 4. Has the member tried and failed or has contraindication to preferred formulary option Basaglar?
 - a. If Yes, approve for 12 months
 - b. If No, Forward to Medication Director for medical appropriateness (category 5) review.