

## New Hampshire Medicaid Fee-for-Service Program

### Symlin® Criteria

Approval Date: December 3, 2019

#### Pharmacology

Pramlintide is a synthetic analog of human amylin, a naturally occurring neuroendocrine hormone synthesized by pancreatic beta cells that contributes to glucose control during the postprandial period.

#### Medications

Brand Name	Generic Name	Dosage Strengths
Symlin®	pramlintide acetate	1.5 ml disposable multidose pen-injector, for 15, 30, 45, 60 mcg 2.7 ml disposable multidose pen-injector, for 60 and 120 mcg

#### Criteria for Approval

1. Diagnosis of Type 1 Diabetes Mellitus; **AND**
  - a. Patient requires insulin; **OR**
2. Diagnosis of Type 2 Diabetes Mellitus; **AND**
  - a. Failure to attain adequate glycemic control on maximum tolerated dose of metformin or cannot be a candidate for its use; **AND**
  - b. Patient requires insulin.

#### Criteria for Denial

1. Prior approval will be denied if the approval criteria are not met
2. HbA1c greater than 9%
3. No claims history for metformin (for Type 2 diabetes) in last 120 days for new prescriptions only
4. Confirmed diagnosis of gastroparesis
5. Need for medications that stimulate GI motility

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6. Pediatric patients (less than 18 years of age)
7. No concurrent therapy with insulin
8. Severe recurrent hypoglycemia in the last six months

**Length of Authorization:** One year

## References

Available upon request.

## Revision History

Reviewed by	Reason for Review	Date Approved
Pharmacy & Therapeutic Committee	New	09/05/2006
Commissioner	New	09/29/2006
DUR Board	Revision	10/25/2010
Commissioner	Revision	02/10/2011
DUR Board	Revision	10/16/2016
Commissioner	Approval	11/22/2016
DUR Board	Revision	09/27/2018
Commissioner Designee	Approval	11/27/2018
DUR Board	Revision	10/28/2019
Commissioner Designee	Approval	12/03/2019