



UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

Program Number	2024 P 2276-7
Program	Prior Authorization/Medical Necessity
Medication	Levemir [®] (insulin detemir)*
P&T Approval Date	7/2019, 7/2020, 8/2021, 2/2022, 5/2022, 6/2023, 6/2024
Effective Date	9/1/2024

1. Background:

The Endocrine Society recommends insulin NPH, an intermediate acting insulin, as the preferred basal insulin in pregnancy. Patients may be switched to Levemir, a long-acting insulin, when therapy with insulin NPH is inadequate. This program allows for coverage of Levemir for pregnant patients when they have failed therapy with insulin NPH.

2. Coverage Criteria^{a,b}:

<p>A. Levemir* will only be approved based on both of the following:</p> <ol style="list-style-type: none"> 1. Patient is pregnant <p style="text-align: center;">-AND-</p> <ol style="list-style-type: none"> 2. History of failure, contraindication, or intolerance to insulin NPH <p>Authorization will be issued for 9 months.</p> <p>^a State mandates may apply. Any federal regulatory requirements and the member specific benefit plan coverage may also impact coverage criteria. Other policies and utilization management programs may apply.</p> <p>^b In Florida, Maine, and Tennessee only, medications prescribed for diabetes may be approved based on both of the following: 1) Provider attests use of this product is medically necessary for the treatment of diabetes; and- 2) If applicable, clinical characteristics exist that preclude the use of the covered preferred alternative(s) and use of the covered preferred alternative(s) could result in worsening of patient’s condition or inadequate treatment (document alternatives and clinical information related to worsening/inadequate treatment).</p>
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* Levemir is typically excluded from coverage.

3. Additional Clinical Rules:

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.
- Supply limits may be in place.

4. References:

1. Levemir [package insert]. Plainsboro, NJ: Novo Nordisk; December 2022.
2. Ian Blumer, Eran Hadar, David R. Hadden, Lois Jovanovič, Jorge H. Mestman, M. Hassan Murad, Yariv Yogev, Diabetes and Pregnancy: An Endocrine Society Clinical Practice Guideline, *The Journal of Clinical Endocrinology & Metabolism*, Volume 98, Issue 11, 1 November 2013, Pages 4227–4249.
3. American Diabetes Association; Management of Diabetes in Pregnancy: Standards of Medical Care in Diabetes- 2023. *Diabetes Care* 2023;46 (Suppl. 1):S254-S266.

Program	Prior Authorization/Medical Necessity - Levemir
Change Control	
7/2019	New program.
7/2020	Annual review. Updated references.
8/2021	Annual review. Updated references.
2/2022	Added Florida, Maine, and Tennessee mandate language.
5/2022	Changed program type from Non-Formulary (program number 1287) to Medical Necessity (program number 2276).
6/2023	Annual review. Updated references. Updated diabetes state mandate language.
6/2024	Annual review. No changes.