Semglee™ (insulin glargine)

Policy # 00728
Original Effective Date: 02/08/2021
Current Effective Date: 02/08/2021

Applies to all products administered or underwritten by Blue Cross and Blue Shield of Louisiana and its subsidiary, HMO Louisiana, Inc.(collectively referred to as the "Company"), unless otherwise provided in the applicable contract. Medical technology is constantly evolving, and we reserve the right to review and update Medical Policy periodically.

When Services May Be Eligible for Coverage

Coverage for eligible medical treatments or procedures, drugs, devices or biological products may be provided only if:

- *Benefits are available in the member's contract/certificate, and*
- *Medical necessity criteria and guidelines are met.*

Based on review of available data, the Company may consider Semglee™‡ (insulin glargine) to be **eligible for coverage**** when the below patient selection criterion is met.

Patient Selection Criteria
Coverage eligibility will be considered for Semglee (insulin glargine) when the following criterion is met:

- There is clinical evidence or patient history that suggests the use of Lantus®‡ (insulin glargine), Levemir®‡ (insulin detemir), Toujeo®‡ (insulin glargine), or Tresiba®‡ (insulin degludec) will be ineffective or cause an adverse reaction to the patient.

When Services Are Considered Not Medically Necessary

Based on review of available data, the Company considers the use of Semglee (insulin glargine) when the patient selection criterion is not met to be **not medically necessary.****

Background/Overview

The long acting products mentioned in this policy are approved for both Type 1 and Type 2 diabetes mellitus. Semglee and Lantus both contain 100 units per mL of insulin glargine. Levemir contains 100 units per mL of insulin detemir. Toujeo contains 300 units per mL of insulin glargine. Tresiba contains either 100 or 200 units per mL of insulin degludec.

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Rationale/Source

The patient selection criterion presented in this policy takes into consideration clinical evidence or patient history that suggests the use of Lantus, Levemir, Toujeo, or Tresiba will be ineffective or cause an adverse reaction to the patient. Based on a review of the data, in the absence of the above-mentioned caveat, there is no advantage of using Semglee over Lantus, Levemir, Toujeo, or Tresiba.

References

1. Semglee [package insert]. Mylan Pharmaceuticals. Morgantown, West Virginia. Updated June 2020.
2. Lantus [package insert]. Sanofi-Aventis. Bridgewater, New Jersey. Updated November 2019.
3. Levemir [package insert]. Novo Nordisk. Plainsboro, New Jersey. Updated April 2020.
4. Toujeo [package insert]. Sanofi-Aventis. Bridgewater, New Jersey. Updated November 2019.
5. Tresiba [package insert]. Novo Nordisk. Plainsboro, New Jersey. Updated December 2019.

Policy History

Original Effective Date: 02/08/2021
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01/07/2021 Medical Policy Committee review
01/13/2021 Medical Policy Implementation Committee approval. New policy.
Next Scheduled Review Date: 01/2022

**Medically Necessary (or "Medical Necessity") - Health care services, treatment, procedures, equipment, drugs, devices, items or supplies that a Provider, exercising prudent clinical judgment, would provide to a patient for the purpose of preventing, evaluating, diagnosing or treating an illness, injury, disease or its symptoms, and that are:

A. In accordance with nationally accepted standards of medical practice;
B. Clinically appropriate, in terms of type, frequency, extent, level of care, site and duration, and considered effective for the patient's illness, injury or disease; and
C. Not primarily for the personal comfort or convenience of the patient, physician or other health care provider, and not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient's illness, injury or disease.

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For these purposes, "nationally accepted standards of medical practice" means standards that are based on credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community, Physician Specialty Society recommendations and the views of Physicians practicing in relevant clinical areas and any other relevant factors.

‡ Indicated trademarks are the registered trademarks of their respective owners.

NOTICE: If the Patient's health insurance contract contains language that differs from the BCBSLA Medical Policy definition noted above, the definition in the health insurance contract will be relied upon for specific coverage determinations.

NOTICE: Medical Policies are scientific based opinions, provided solely for coverage and informational purposes. Medical Policies should not be construed to suggest that the Company recommends, advocates, requires, encourages, or discourages any particular treatment, procedure, or service, or any particular course of treatment, procedure, or service.