



Uniform Formulary Medical Necessity Criteria for Insulin Detemir Pen (Levemir Pen)

Drug Class – Basal Insulins

Background – After evaluating the relative clinical and cost effectiveness of medications in this class (the Basal Insulins), the DoD P&T Committee recommended that Levemir Pen be designated as non-formulary. This recommendation has been approved by the Director, TMA.

Effective Date: 14 July 2010

Patients currently using a nonformulary basal insulin injection may wish to ask their doctor to consider a formulary alternative.

Uniform Formulary Status, Cost shares, and Therapeutic Alternatives for Basal Insulins

Uniform Formulary Status	Medication	MTF (up to a 90 day supply)	TMOP (up to a 90 day supply)	Retail (up to a 30-day supply)
Non-Formulary (Tier 3)	Levemir Pen (insulin detemir pen)	Not available ²	Non-Formulary cost share applies	Non-Formulary cost share applies
Formulary: Brand Name (Tier 2)	Levemir Vial (insulin detemir vial) Lantus Pen (insulin glargine pen) Lantus Vial (insulin glargine vial)	\$0	Formulary (Brand) cost share applies	Formulary (Brand) cost share applies
Formulary: Generic (Tier 1)	None	\$0	Generic cost share applies	Generic cost share applies

- Active duty cost share always \$0 in all points of service for all three tiers; Active duty cost share always \$0 in all points of service for all three tiers; TRICARE does not cover non-formulary medications for active duty service members unless they are determined to be medically necessary.
- MTFs will be able to fill non-formulary requests for non-formulary medications only if both of the following conditions are met: 1) a MTF provider writes the prescription, and 2) medical necessity is established for the non-formulary medication. MTFs may (but are not required to) fill a prescription for a non-formulary medication written by a non-MTF provider to whom the patient was referred, as long as medical necessity has been established.

Medical Necessity Criteria

The non-formulary cost share for Levemir Pen may be reduced to the formulary cost share if the patient meets any of the following criteria:

1. The patient previously responded to Levemir Pen and changing to Levemir Vials or Lantus (insulin glargine) vials or pens would incur unacceptable risk. (Patients requiring twice daily dosing with impaired manual dexterity or visual impairment.)

Medical necessity criteria for Levemir Pen recommended by the DoD Pharmacy & Therapeutics Committee at the February 2010 meeting and approved by the Director, TMA on 5 May 2010. For more information, please see the February 2010 [DoD P&T Committee minutes](#).

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