

Effective Date: 7/1/2025
Reviewed: 6/25
Scope: Medicaid

Insulin Glargine 300 units/ml

POLICY

I. CRITERIA FOR APPROVAL

An authorization may be granted when all the following criteria are met:

- A. The patient is 6 years of age or older
- B. The requested drug is being prescribed for a diagnosis of diabetes mellitus
- C. The patient requires ≥ 100 units of insulin per day

II. QUANTITY LIMIT

- 1 ml/day

III. COVERAGE DURATION

- 12 months