

PRIOR AUTHORIZATION POLICY

POLICY: Diabetes – Symmlin Prior Authorization Policy

- Symmlin[®] (pramlintide subcutaneous injection – AstraZeneca)

REVIEW DATE: 08/11/2021

OVERVIEW

Symmlin, an antihyperglycemic agent, is indicated as an adjunctive treatment in patients with **type 1 or type 2 diabetes** who use mealtime insulin therapy and who have failed to achieve desired glucose control despite optimal insulin therapy.¹

Guidelines/Consensus Statements

The American Diabetes Association (ADA) Standards of Medical Care in Diabetes (2021) note that Symmlin is the only approved treatment for adjunct therapy to insulin in type 1 diabetes; however, a specific recommendation for its use is not provided.² Symmlin is not included on the ADA treatment algorithm for type 2 diabetes. Similarly, American Association of Clinical Endocrinologists and American College of Endocrinology guidelines for management of type 2 diabetes (2020) note that Symmlin is approved in combination with basal-bolus insulin regimens but do not make a recommendation regarding its place in therapy.³

POLICY STATEMENT

Prior Authorization is recommended for prescription benefit coverage of Symmlin. All approvals are provided for the duration noted below.

Automation: If criteria for previous use of insulin (automated) within the past 130 days are not met at the point of service, coverage will be determined by prior authorization criteria.

RECOMMENDED AUTHORIZATION CRITERIA

Coverage of Symmlin is recommended in those who meet the following criteria:

FDA-Approved Indications

1. **Diabetes Mellitus, Type 1 or Type 2.** Approve for 3 years if Symmlin is prescribed in adjunct to insulin therapy.

CONDITIONS NOT RECOMMENDED FOR APPROVAL

Coverage of Symmlin is not recommended in the following situations:

1. **Weight Loss Treatment.** AACE/ACE obesity clinical practice guidelines (2016) comment that Symmlin may lead to modest weight loss in diabetic patients but do not comment on a role for Symmlin in management of obesity in non-diabetic patients.⁴ Other pharmacotherapies are available and indicated for weight loss.
 2. Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.
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REFERENCES

1. Symlin[®] subcutaneous injection [prescribing information]. Wilmington, DE: AstraZeneca; December 2019.
 2. American Diabetes Association. Standards of medical care in diabetes – 2021. *Diabetes Care*. 2021;44(Suppl 1):S1-S232.
 3. Garber AJ, Handelsman Y, Grunberger G, et al. Consensus statement by the American Association of Clinical Endocrinologists and American College of Endocrinology on the comprehensive type 2 diabetes management algorithm – 2020 executive summary. *Endocr Pract*. 2020;26(1):107-139.
 4. Garvey WT, Mechanick JI, Brett EM, et al. American Association of Clinical Endocrinologist and American College of Endocrinology comprehensive clinical practice guidelines for medical care of patients with obesity. *Endocr Pract*. 2016;22 Suppl 3:1-203.
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