



AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name: Symlin Page: 1 of 2

Effective Date: 10/24/2023 Last Review Date: 10/2023

Applies to:	<input checked="" type="checkbox"/> Illinois	<input type="checkbox"/> Florida	<input checked="" type="checkbox"/> Florida Kids
	<input checked="" type="checkbox"/> New Jersey	<input checked="" type="checkbox"/> Maryland	<input type="checkbox"/> Michigan
	<input checked="" type="checkbox"/> Pennsylvania Kids	<input checked="" type="checkbox"/> Virginia	<input checked="" type="checkbox"/> Kentucky PRMD

Intent:

The intent of this policy/guideline is to provide information to the prescribing practitioner outlining the coverage criteria for Symlin (pramlintide acetate) under the patient's prescription drug benefit.

Description:

Symlin 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.

Applicable Drug List:

SymlinPen

Policy/Guideline:

The requested drug will be covered with prior authorization when the following criteria are met:

- The patient has a diagnosis of diabetes mellitus
- AND**
- The patient has NOT been receiving a stable maintenance dose of the requested drug for at least 3 months **AND**
 - The patient has failed to achieve desired glucose control despite receiving optimal insulin therapy, including mealtime insulin
- OR**
- The patient has been receiving a stable maintenance dose of the requested drug for at least 3 months **AND**
 - The patient has demonstrated a reduction in A1c (hemoglobin A1c) since starting this therapy

Approval Duration and Quantity Restrictions:

Approval: 12 months

References:

1. SymlinPen [package insert]. Wilmington, DE: AstraZeneca Pharmaceuticals LP; December 2019.
2. Lexicomp Online, AHFS DI (Adult and Pediatric) Online. Waltham, MA: UpToDate, Inc.; 2023. <https://online.lexi.com>. Accessed April 3, 2023.
3. Micromedex (electronic version). Merative, Ann Arbor, Michigan, USA. Available at: <https://www.micromedexsolutions.com/> (cited: 04/03/2023).
4. El Sayed NA, Aleppo G, Aroda VR et. al. American Diabetes Association, Standards of Care in Diabetes – 2023. *Diabetes Care*. 2023;46(Suppl. 1):S1-S291.



AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name: Symlin Page: 2 of 2

Effective Date: 10/24/2023 Last Review Date: 10/2023

Applies to:	<input checked="" type="checkbox"/> Illinois	<input type="checkbox"/> Florida	<input checked="" type="checkbox"/> Florida Kids
	<input checked="" type="checkbox"/> New Jersey	<input checked="" type="checkbox"/> Maryland	<input type="checkbox"/> Michigan
	<input checked="" type="checkbox"/> Pennsylvania Kids	<input checked="" type="checkbox"/> Virginia	<input checked="" type="checkbox"/> Kentucky PRMD

5. Blonde L, Umpierrez GE, Reddy SS et. al. American Association of Clinical Endocrinology Clinical Practice Guideline: Developing a Diabetes Mellitus Comprehensive Care Plan – 2022 Update. *Endocr Pract.* 2022;28(10):923-1049.