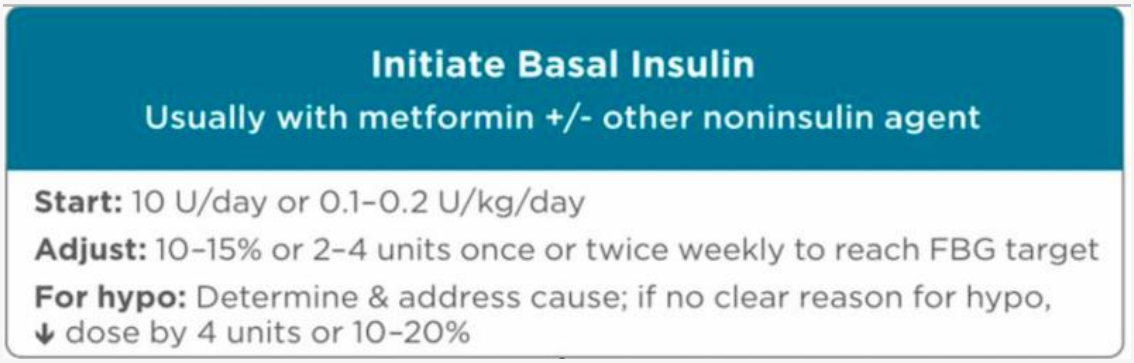
Primary Care
CONNECTED CARE PARTNERS
COMMON PRACTICE

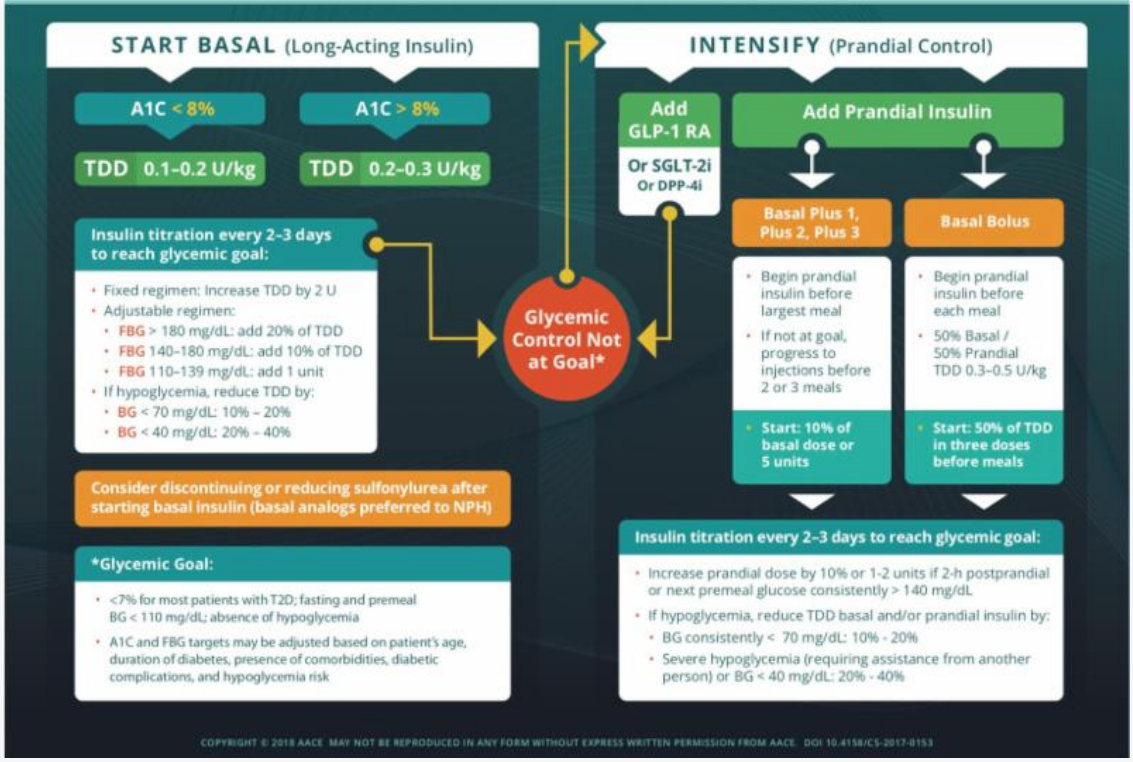
Prescribing Long Acting Insulin Analogs

Although there are many non-insulin options for treating Type 2 diabetes, many patients have to start insulin to achieve target blood sugars either at initial diabetes diagnosis due to symptomatic hyperglycemia or as Type 2 diabetes progresses. Insulin therapy is very effective and there are many insulin analogues on the market. Understanding the different properties of the different insulin analogs can help prescribers and patients achieve glycemic targets even utilizing the older insulin analog NPH (isophane).

ADA Guidelines



AACE/ACE Guidelines



The newer insulin analogs offer lower risks of hypoglycemia, longer durations of activity and convenient delivery options compared to NPH (isophane) insulin. Last year the NMHS Health Plan spent $430,000 on long-acting insulin analogs, with Lantus and Tresiba accounting for $310,000 of those costs to the health plan. Below is a summary of the different insulin analogs with cost information from the health plan and patient perspectives. As a class, long acting insulins have comparable dosing and are generally compatible on a unit by unit basis. With manufacturer copay cards, the costs from the patient side are very similar between agents. From the Health Plan perspective, these cost differences are significant and are worth considering when prescribing these agents as the copay cards are often for less than one year.

Despite the advantages of the newer insulin analogs, prescribers and patients who choose to use NPH (isophane) can achieve comparable glycemic control with close monitoring and an understanding of the pharmacokinetic properties of NPH (isophane) insulin. The 2019 WelldyneRx Open Access Formulary insulins are listed in the following table, with the lower cost options listed first.

2019 Welldyne Formulary

Brand (analog name)	Typical dosing	Dosage form	Cost per unit	Copay (*with Card)
Basal				
Novolin N (isophane)	1-2 times per day	10 mL vail (U100)	<$0.05	$8
Levemir (detemir)	1-2 times per day	10 mL vail (U100)	$0.05-0.10	$25*
		Flextouch 15 mL (U100)	$0.05-0.10	$25*
Tresiba (degludec)	Once a day	Flextouch 15 mL (U100)	$0.11-0.15	$15*
		Flextouch 9 mL (U200)	$0.11-0.15	$15*
Toujeo (glargine)	Once a day	Solostar Max 9 mL (U300)	$0.16-0.20	$10*
		Solostar 4.5 mL (U300)	>$0.25	$10*
Lantus (glargine)	Once a day	10 mL vail (U100)	>$0.25	$0*
		Solostar 15 mL (U100)	>$0.25	$0*
Short - Acting				
Novolin R (regular)	2-4 times a day	10 mL vial (U100)	<0.05	$8
Humulin R (U-500)	2-4 times a day	20 mL vial (U500)	$0.11-0.15	$25*
		Kwikpen 6 mL (U500)	$0.05-0.10	$25*
Fiasp (aspart)	2-4 times a day	Flextouch 15mL (U100)	$0.05-0.10	$25*
		10 mL vial (U100)	$0.05-0.10	$25*
Novolog (aspart)	2-4 times a day	10 mL vial (U100)	$0.05-0.10	$11
		Flexpen 15 mL (U100)	$0.05-0.10	$20
Mixed				
Novolin 70/30	1-2 times per day	10 mL vial (U100)	<$0.05	$8
Novolog Mix 70/30	1-2 times per day	10 mL vial (U100)	$0.05-0.10	$11
		Flexpen 15 mL (U100)	$0.05-0.10	$20

Our clinical pharmacy team, including James Taylor, Pharm.D., Kimberly Deaton, Pharm.D., and Matthew Clark, Pharm.D., will be scheduling appointments with you to review the updated Diabetes Care Guidelines, distribute the 2019 WelldyneRx Open Access Formulary information for our CCP patient population, and provide diabetes drug therapy recommendations for some of your patients. If you need drug therapy assistance at any time, please contact them at 377-7042 or 377-2429, or send a referral to the Pharmacist, ACO desktop in Centricity.

Contact Us

Connected Care Partners
808 Varsity Drive
Tupelo, MS 38801
Phone: (662) 377-7811
www.ccpartnerscin.com

Contacts
C.K. White, M.D., ckwhite@nmhs.net
Bo Calhoun, M.D. bcalhoun@nmhs.net
Alison Gilbert, alallen1@nmhs.net

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alallen1@nmhs.net