PRIOR AUTHORIZATION POLICY

POLICY: Diabetes – Symlin Prior Authorization Policy
- Symlin® (pramlintide subcutaneous injection – AstraZeneca) [obsolete 07/11/2025]

REVIEW DATE: 08/06/2025

INSTRUCTIONS FOR USE

THE FOLLOWING COVERAGE POLICY APPLIES TO HEALTH BENEFIT PLANS ADMINISTERED BY CIGNA COMPANIES. CERTAIN CIGNA COMPANIES AND/OR LINES OF BUSINESS ONLY PROVIDE UTILIZATION REVIEW SERVICES TO CLIENTS AND DO NOT MAKE COVERAGE DETERMINATIONS. REFERENCES TO STANDARD BENEFIT PLAN LANGUAGE AND COVERAGE DETERMINATIONS DO NOT APPLY TO THOSE CLIENTS. COVERAGE POLICIES ARE INTENDED TO PROVIDE GUIDANCE IN INTERPRETING CERTAIN STANDARD BENEFIT PLANS ADMINISTERED BY CIGNA COMPANIES. PLEASE NOTE, THE TERMS OF A CUSTOMER'S PARTICULAR BENEFIT PLAN DOCUMENT [GROUP SERVICE AGREEMENT, EVIDENCE OF COVERAGE, CERTIFICATE OF COVERAGE, SUMMARY PLAN DESCRIPTION (SPD) OR SIMILAR PLAN DOCUMENT] MAY DIFFER SIGNIFICANTLY FROM THE STANDARD BENEFIT PLANS UPON WHICH THESE COVERAGE POLICIES ARE BASED. FOR EXAMPLE, A CUSTOMER'S BENEFIT PLAN DOCUMENT MAY CONTAIN A SPECIFIC EXCLUSION RELATED TO A TOPIC ADDRESSED IN A COVERAGE POLICY. IN THE EVENT OF A CONFLICT, A CUSTOMER'S BENEFIT PLAN DOCUMENT ALWAYS SUPERSEDES THE INFORMATION IN THE COVERAGE POLICIES. IN THE ABSENCE OF A CONTROLLING FEDERAL OR STATE COVERAGE MANDATE, BENEFITS ARE ULTIMATELY DETERMINED BY THE TERMS OF THE APPLICABLE BENEFIT PLAN DOCUMENT. COVERAGE DETERMINATIONS IN EACH SPECIFIC INSTANCE REQUIRE CONSIDERATION OF 1) THE TERMS OF THE APPLICABLE BENEFIT PLAN DOCUMENT IN EFFECT ON THE DATE OF SERVICE; 2) ANY APPLICABLE LAWS/REGULATIONS; 3) ANY RELEVANT COLLATERAL SOURCE MATERIALS INCLUDING COVERAGE POLICIES AND; 4) THE SPECIFIC FACTS OF THE PARTICULAR SITUATION. EACH COVERAGE REQUEST SHOULD BE REVIEWED ON ITS OWN MERITS. MEDICAL DIRECTORS ARE EXPECTED TO EXERCISE CLINICAL JUDGMENT WHERE APPROPRIATE AND HAVE DISCRETION IN MAKING INDIVIDUAL COVERAGE DETERMINATIONS. WHERE COVERAGE FOR CARE OR SERVICES DOES NOT DEPEND ON SPECIFIC CIRCUMSTANCES, REIMBURSEMENT WILL ONLY BE PROVIDED IF A REQUESTED SERVICE(S) IS SUBMITTED IN ACCORDANCE WITH THE RELEVANT CRITERIA OUTLINED IN THE APPLICABLE COVERAGE POLICY, INCLUDING COVERED DIAGNOSIS AND/OR PROCEDURE CODE(S). REIMBURSEMENT IS NOT ALLOWED FOR SERVICES WHEN BILLED FOR CONDITIONS OR DIAGNOSES THAT ARE NOT COVERED UNDER THIS COVERAGE POLICY (SEE "CODING INFORMATION" BELOW). WHEN BILLING, PROVIDERS MUST USE THE MOST APPROPRIATE CODES AS OF THE EFFECTIVE DATE OF THE SUBMISSION. CLAIMS SUBMITTED FOR SERVICES THAT ARE NOT ACCOMPANIED BY COVERED CODE(S) UNDER THE APPLICABLE COVERAGE POLICY WILL BE DENIED AS NOT COVERED. COVERAGE POLICIES RELATE EXCLUSIVELY TO THE ADMINISTRATION OF HEALTH BENEFIT PLANS. COVERAGE POLICIES ARE NOT RECOMMENDATIONS FOR TREATMENT AND SHOULD NEVER BE USED AS TREATMENT GUIDELINES. IN CERTAIN MARKETS, DELEGATED VENDOR GUIDELINES MAY BE USED TO SUPPORT MEDICAL NECESSITY AND OTHER COVERAGE DETERMINATIONS.

CIGNA NATIONAL FORMULARY COVERAGE:

OVERVIEW

Symlin, 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 Standards of Care (2025) do not provide a specific recommendation for use of Symlin in type 1 or type 2 diabetes and the American Association of Clinical Endocrinology (AACE) consensus statement of the comprehensive management of type 2 diabetes does not provide a recommendation for use of Symlin.[2,4] The AACE and American College of Endocrinology guidelines for developing a comprehensive care plan (2022) recommend adding a glucagon-like peptide-1 agonist, a sodium glucose co-transporter-2 inhibitor, or Symlin (less

commonly used) to reduce postprandial hyperglycemia, hemoglobin A_{1c}, and weight in individuals with type 2 diabetes who are treated with basal-bolus insulin therapy.[3]

POLICY STATEMENT

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

- **Symlin® (pramlintide subcutaneous injection – AstraZeneca) [obsolete 07/11/2025]**

is(are) covered as medically necessary when the following criteria is(are) met for FDA-approved indication(s) or other uses with supportive evidence (if applicable):

FDA-Approved Indication

1. **Diabetes Mellitus, Type 1 or Type 2.** Approve for 1 year if the medication is prescribed in adjunct to insulin therapy.

CONDITIONS NOT COVERED

- **Symlin® (pramlintide subcutaneous injection – AstraZeneca) [obsolete 07/11/2025]**

is(are) considered not medically necessary for ANY other use(s) including the following (this list may not be all inclusive; criteria will be updated as new published data are available):

1. **Weight Loss Treatment**. American Association of Clinical Endocrinologists/American College of Endocrinology obesity clinical practice guidelines (2016) comment that Symlin may lead to modest weight loss in diabetic patients but do not comment on a role for Symlin in management of obesity in non-diabetic patients.[5] Guidelines from the American Gastroenterological Association (2022) do not address Symlin for weight loss.[6] Other pharmacotherapies are available and indicated for weight loss.

REFERENCES

1. Symlin® subcutaneous injection [prescribing information]. Wilmington, DE: AstraZeneca; December 2019.
2. American Diabetes Association. Standards of care in diabetes – 2025. *Diabetes Care*. 2025;48(Suppl 1):S1-S352.
3. Samson SL, Vellanki P, Blonde L, et al. American Association of Clinical Endocrinology Consensus Statement - comprehensive type 2 diabetes management algorithm – 2023 update. *Endocr Pract.* 2023;29:205-340.
4. 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. 2022;28(10):923-1049.

5. 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.
6. Grunvald E, Shah R, Hernaez R, et al; AGA Clinical Guidelines Committee. AGA Clinical Practice Guideline on Pharmacological Interventions for Adults with Obesity. *Gastroenterology*. 2022;163(5):1198-1225.

HISTORY

Type of Revision	Summary of Changes	Review Date
Annual Revision	No criteria changes.	08/09/2023
Annual Revision	No criteria changes.	08/07/2024
Annual Revision	No criteria changes.	08/06/2025