

FAST-ACTING INSULINS

Applies To:

INSULIN LISPRO PROT & LISPRO (75-25) 100 UNIT/ML SUSP PEN
 HUMULIN R U-500 KWIKPEN
 HUMALOG TEMPO PEN 100 UNIT/ML SOLN PEN
 LYUMJEV TEMPO PEN 100 UNIT/ML SOLN PEN
 ADMELOG 100 UNIT/ML VIAL
 ADMELOG SOLOSTAR 100 UNIT/ML
 APIDRA 100 UNIT/ML VIAL
 APIDRA SOLOSTAR PEN 100 UNIT/ML
 FIASP FLEXTOUCH 100 UNIT/ML SOLN PEN
 FIASP PENFILL 100 UNIT/ML SOLN CART
 FIASP 100 UNIT/ML VIAL
 NOVOLOG MIX 70/30 FLEXPEN (70-30) 100 UNIT/ML SUSP PEN
 NOVOLOG 70/30 FLEXPEN RELION (70-30) 100 UNIT/ML SUSP PEN
 INSULIN ASP PROT & ASP FLEXPEN (70-30) 100 UNIT/ML SUSP PEN
 NOVOLOG 100 UNIT/ML VIAL
 NOVOLOG RELION 100 UNIT/ML SOLUTION vial
 INSULIN ASPART 100 UNIT/ML VIAL
 NOVOLOG MIX 70/30 (70-30) 100 UNIT/ML SUSPENSION VIAL
 NOVOLOG MIX 70/30 RELION (70-30) 100 UNIT/ML SUSPENSION VIAL
 INSULIN ASPART PROT & ASPART (70-30) 100 UNIT/ML SUSPENSION
 NOVOLOG FLEXPEN 100 UNIT/ML SOLN PEN
 NOVOLOG FLEXPEN RELION 100 UNIT/ML SOLN PEN
 INSULIN ASPART FLEXPEN 100 UNIT/ML SOLN PEN
 NOVOLOG PENFILL 100 UNIT/ML SOLN CART
 INSULIN ASPART PENFILL 100 UNIT/ML SOLN CART
 NOVOLIN R 100 UNIT/ML VIAL
 NOVOLIN R FLEXPEN 100 UNIT/ML SOLN PEN
 NOVOLIN R RELION 100 UNIT/ML
 NOVOLIN R FLEXPEN RELION 100 UNIT/ML PEN

Diagnosis Considered for Coverage:

- Diabetes mellitus

Coverage Criteria:

For diagnosis listed above:

1. For coverage request, approve if:

- Quantity requested does not exceed Quantity Limit, **and**
- Meets step therapy requirement:

<p>Admelog vial Admelog Solostar Apidra vial Apidra Solostar Fiasp vial</p>	<ul style="list-style-type: none"> • Patient is unable to use the equivalent form of Humalog, insulin lispro (Humalog), or Lyumjev
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<p>Fiasp Flextouch Fiasp Penfill Novolog vial Novolog Relion vial Novolog Flexpen Nogolog Flexpen Relion Novolog penfill Insulin aspart (Novolog) vial Insulin aspart Flexpen Insulin aspart penfill</p>	
<p>Novolog Mix 70/30 vial Novolog Mix 70/30 Relion vial Novolog Mix 70/30 Flexpen Novolog Mix 70/30 Flexpen Relion Insulin aspart mix (70/30) vial Insulin aspart mix (70/30) Flexpen</p>	<ul style="list-style-type: none"> • Patient is unable to use Humalog 50/50 or 75/25.
<p>Novolin R vial Novolin R Relion vial Novolin R Flexpen Novolin R Flexpen Relion</p>	<ul style="list-style-type: none"> • Patient is unable to use Humulin R.
<p>Humalog Tempo pen</p>	<ul style="list-style-type: none"> • Inadequate response or intolerable side effect to Humalog Kwikpen not expected with Humalog Tempo pen.
<p>Lyumjev Tempo pen</p>	<ul style="list-style-type: none"> • Inadequate response or intolerable side effect to Lyumjev Kwikpen not expected with Humalog Tempo pen

For coverage request exceeding the quantity limit:

- Requested quantity does not exceed the prescribed dosage required for a 30 day supply at retail or a 90 day supply at mail order (*approve up to the next available package size*), and
- Meets criteria for specific formulation.

Coverage Duration: one year

Effective Date: 11/02/2023