Rapid Acting Insulin

Override(s)	Approval Duration
Prior Authorization	1 year

Medications	Comments	Quantity Limit
Humalog (insulin lispro)* authorized generic insulin lispro* Lyumjev (insulin lispro-aabc)*	Preferred	30 mL per 30 days
Admelog (insulin lispro)* Apidra (insulin glulisine)* Fiasp (insulin aspart)* Humalog (insulin lispro) Tempo pen* Lyumjev (insulin lispro-aabc) Tempo pen* Novolog (insulin aspart)*	Non-Preferred	
Humalog Mix 75/25 (insulin lispro protamine/insulin lispro)* authorized generic insulin lispro protamine/insulin lispro 75/25* Humalog Mix 50/50 (insulin lispro protamine/insulin lispro)*	Preferred	30 mL per 30 days
Novolog Mix 70/30 (insulin aspart protamine/insulin aspart)*	Non-Preferred	
Humulin R (regular human insulin)* Humulin R U-500(regular human insulin)** Humulin R U-500 KwikPen (regular human insulin)**	Preferred	30 mL per 30 days 20 mL per 30 days 18 mL per 30 days
Novolin R (regular human insulin)*	Non-Preferred	30 mL per 30 days
Humulin N (NPH human insulin)*	Preferred	30 mL per 30 days
Novolin N (NPH human insulin)*	Non-Preferred	
Humulin 70/30 (NPH human insulin/regular human insulin)*	Preferred	30 mL per 30 days

Novolin 70/30 (NPH human insulin/regular human insulin)*	Non-Preferred	

**requires prior authorization before consideration as a trial

*May approve up to 45 mL per 30 days of U-100 insulin if the following criteria are met:

I. Individual is currently utilizing insulin therapy; **AND**
II. Individual requires insulin dosing that exceeds the allowed amount.

Requests for greater than allowable quantity limits will be reviewed on a case-by-case basis.

APPROVAL CRITERIA

Requests for Admelog (insulin lispro), Apidra (insulin glulisine), Fiasp (insulin aspart), Humalog (insulin lispro) Tempo pen, Lyumjev (insulin lispro-aabc) Tempo pen, or Novolog (insulin aspart) may be approved when the following criteria are met:

I. Documentation is provided that individual has had a trial and inadequate response or intolerance to Humalog OR authorized generic insulin lispro OR Lyumjev. Medication samples/coupons/discount cards are excluded from consideration as a trial.

Requests for Humulin R U-500 (human insulin) may be approved if the following criteria are met:

I. Individual has a diagnosis of diabetes mellitus; **AND**
II. Individual requires more than 200 units of U-100 insulin per day.

Humulin R U-500 (human insulin) may **not** be approved for the following:

I. For use as a continuous subcutaneous infusion.

Requests for Novolog Mix 70/30 (insulin aspart protamine/insulin aspart) may be approved when the following criteria are met:

I. Documentation is provided that individual has had a trial and inadequate response or intolerance to Humalog Mix 75/25 OR authorized generic insulin lispro protamine/insulin lispro 75/25 OR Humalog Mix 50/50. Medication samples/coupons/discount cards are excluded from consideration as a trial.

Requests for Novolin R (regular human insulin) may be approved when the following criteria are met:

I. Documentation is provided that individual has had a trial and inadequate response or intolerance to Humulin R or Humulin R U-500*. Medication samples/coupons/discount cards are excluded from consideration as a trial.

Requests for Novolin N (NPH human insulin) may be approved when the following criteria are met:

I. Documentation is provided that individual has had a trial and inadequate response or intolerance to Humulin N. Medication samples/coupons/discount cards are excluded from consideration as a trial.

Requests for Novolin 70/30 (NPH human insulin/regular human insulin) may be approved when the following criteria are met:

I. Documentation is provided that individual has had a trial and inadequate response or intolerance to Humulin 70/30. Medication samples/coupons/discount cards are excluded from consideration as a trial.

Key References:

1. American Diabetes Association. 9. Pharmacologic Approaches to Glycemic Treatment: Standards of Medical Care in Diabetes - 2022. *Diabetes Care.* 2022;45: S125–S143.
2. Blonde L, Umpierrez GE, Reddy SS, et. al. American Association of Clinical Endocrinology (AACE) Clinical Practice Guideline: Developing a Diabetes Mellitus Comprehensive Care Plan: 2022 Update. *Endocrine Practice*. 2022;28:923-1049.
3. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. http://dailymed.nlm.nih.gov/dailymed/about.cfm. Accessed: October 7, 2022.
4. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
5. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc. Updated periodically.
6. Weinstock RS. General principles of insulin therapy in diabetes mellitus. Last updated: September 8, 2022. In: UpToDate, Post TW (Ed), UpToDate, Waltham, MA. Accessed: October 6, 2022.