Criteria-Based Consultation Prescribing Program CRITERIA FOR DRUG COVERAGE Insulin lispro (Humalog) cartridges

<u>Initiation (new start) criteria</u>: Non-formulary **insulin lispro (Humalog) cartridges or its unbranded biologic** will be covered on the prescription drug benefit when the following criteria are met:

 Has a prescription for, or is currently using, a compatible re-usable insulin pen device, such as InPen, and meets coverage criteria for that device

Criteria for current Kaiser Permanente members already taking the medication who have not been reviewed previously: Non-formulary insulin lispro (Humalog) cartridges or its unbranded biologic will be covered on the prescription drug benefit when the following criteria are met:

 Has a prescription for, or is currently using, a compatible re-usable insulin pen device, such as InPen, and meets coverage criteria for that device

<u>Criteria for new members entering Kaiser Permanente already taking the medication who have not been reviewed previously</u>: Non-formulary insulin lispro (Humalog) cartridges or its unbranded biologic will be covered on the prescription drug benefit when the following criteria are met:

• Has a prescription for, or is currently using, a compatible re-usable insulin pen device, such as InPen, and meets coverage criteria of that device



KAISER PERMANENTE