

# Criteria-Based Consultation Prescribing Program

## CRITERIA FOR DRUG COVERAGE

### insulin aspart protamine-insulin aspart (Novolog 70/30)

**Initiation (new start) criteria:** Non-formulary **insulin aspart protamine – insulin aspart (Novolog 70/30) or its unbranded biologic** will be covered on the prescription drug benefit when the following criteria are met:

- Documented allergy or intolerance\* to all of the following:
  - NPH insulin
  - Regular insulin
  - Insulin lispro protamine
  - Insulin lispro

**Criteria for *new members entering Kaiser Permanente already taking the medication who have not been reviewed previously:*** Non-formulary **insulin aspart protamine – insulin aspart (Novolog 70/30) or its unbranded biologic** will be covered on the prescription drug benefit when the following criteria are met:

- Documented allergy or intolerance\* to all of the following:
  - NPH insulin
  - Regular insulin
  - Insulin lispro protamine
  - Insulin lispro

\* Intolerance excludes adverse drug reactions that are expected, mild in nature, resolve with continued treatment, and do not require medication discontinuation