Criteria-Based Consultation Prescribing Program CRITERIA FOR DRUG COVERAGE

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

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

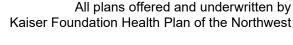
- Documented allergy or intolerance* to all of the following:
 - NPH insulin
 - o Regular insulin
 - o Insulin lispro protamine
 - Insulin lispro

<u>Criteria for new members entering Kaiser Permanente already taking the</u>
<u>medication who have not been reviewed previously</u>: Non-formulary insulin aspart
<u>protamine – insulin aspart (Novolog 70/30) or its unbranded biologic</u> 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
 - o Regular insulin
 - Insulin lispro protamine
 - o Insulin lispro

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