## Criteria-Based Consultation Prescribing Program CRITERIA FOR DRUG COVERAGE

## Insulin aspart (NovoLog Flexpen)

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

Meets 1 of the following criteria:

- Diagnosis of Type 2 diabetes mellitus with a documented allergy or intolerance\* to regular insulin AND insulin lispro
- Diagnosis of Type 1 diabetes mellitus or Type 2 diabetes mellitus with insulinopenia<sup>^</sup> with a documented allergy or intolerance<sup>\*</sup> to insulin lispro

#### -AND-

Meets 1 of the following criteria:

- Unable to draw up insulin accurately from a vial with a syringe due to young age, visual impairment, physical disabilities (i.e., amputations, tremors/Parkinson's disease, rheumatoid arthritis), or history of IV drug use
- Pediatric patient who is required to use such devices by school
- Type 1 diabetes mellitus

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

^ Insulinopenia is defined as a fasting c-peptide level of 0.88 ng/mL or less with a concurrent glucose of 70-225 mg/dL OR in patients with renal insufficiency (creatinine clearance of 50 mL/min or less), a fasting c-peptide level of 1.6 ng/mL or less with a concurrent glucose of 70-225 mg/dL.

<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 (Novolog) or its unbranded biologic will be covered on the prescription drug benefit when the following criteria are met:

Meets 1 of the following criteria:

- Diagnosis of Type 2 diabetes mellitus with a documented allergy or intolerance\* to regular insulin AND insulin lispro
- Diagnosis of Type 1 diabetes mellitus or Type 2 diabetes mellitus with insulinopenia<sup>^</sup> with a documented allergy or intolerance<sup>\*</sup> to insulin lispro

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Revised: 04/14/22 Effective: 06/02/22 All plans offered and underwritten by Kaiser Foundation Health Plan of the Northwest



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