Criteria Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

Insulin Aspart rapid (Fiasp vial)

Formulary **Insulin Aspart 100 units/ mL vial (Fiasp vial)** will be covered on the prescription drug benefit when the following criteria are met:

1. Patients with Type 1 Diabetes   -OR-
2. Patients on insulin pump therapy -OR-
3. Use while pregnant             -OR-
4. Patients with Type 2 Diabetes who require intensive glycemic control (4 or more insulin injections per day),
   -AND-
5. Not controlled or recurrent hypoglycemia (low blood sugar) with regular insulin defined as 3 or more episodes of low blood sugar (less than 70 mg/dL) over the preceding 30 days that persists despite regular insulin dose adjustments
   -AND-
6. Documented allergy to insulin lispro (Humalog 100 units/mL)
   -OR-
7. Dose Change Only: Patient previously met criteria and is already taking the drug