Non-formulary **Fiasp FlexTouch** 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)  
   **-AND-**
7. 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 –**
8. Pediatric patient who is required to use such devices by school  **- OR –**
9. Stabilized on smaller insulin dose (generally less than 30 units per day)  **- OR –**
10. Dose Change Only: Patient previously met criteria and is already taking the drug