

Criteria-Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

Insulin glulisine (Apidra Solostar)

Notes:

- Quantity limits: No
- * Intolerance excludes adverse drug reactions that are expected, mild in nature, resolve with continued treatment, and do not require medication discontinuation
- ^ Insulinopenia is defined fasting c-peptide less than or equal to 0.88 ng/mL (or 1.6 ng/mL in patients with creatinine clearance less than 50 mL/min) with a concurrent blood glucose of 70-225 mg/dL

Initiation (new start) criteria: Non-formulary insulin glulisine pen (Apidra Solostar) 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^ with a documented allergy or intolerance* 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