

# Criteria-Based Consultation Prescribing Program

## CRITERIA FOR DRUG COVERAGE

### Insulin glulisine (Apidra)

#### 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 vial (Apidra)** will be covered on the prescription drug benefit when the following criteria are met:

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