

Criteria-Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

U-500 concentrated insulin [human] 500 unit/mL vial (Humulin R U-500 Concentrated)

Initiation (new start) criteria: Formulary **U-500 concentrated insulin [human] 500 unit/mL vial (Humulin R U-500 Concentrated)** will be covered on the prescription drug benefit for when the following criteria are met:

- Diagnosis of diabetes mellitus
- Using total daily dose (TDD) of insulin greater than or equal to 200 units of standard U-100 insulin without adequate diabetes control
- All previous insulin prescriptions have been discontinued

Criteria for members already taking the medication who have not been reviewed previously (e.g., new members): Formulary **U-500 concentrated insulin [human] 500 unit/mL vial (Humulin R U-500 Concentrated)** will be covered on the prescription drug benefit when the following criteria are met:

- Diagnosis of diabetes mellitus
- Using total daily dose (TDD) of insulin greater than or equal to 200 units