

Criteria-Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

Insulin aspart protamine – insulin aspart (NovoLog 70/30 FlexPen)

Initiation (new start) criteria: Non-formulary **insulin aspart protamine – insulin aspart (Novolog 70/30 FlexPen) or its unbranded biologic** will be covered on the prescription drug benefit when the following criteria are met:

- Documented allergy or intolerance* to all of the following:
 - NPH insulin
 - Regular insulin
 - Insulin lispro protamine
 - 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

* Intolerance excludes adverse drug reactions that are expected, mild in nature, resolve with continued treatment, and do not require medication discontinuation

Criteria for new members entering Kaiser Permanente already taking the medication who have not been reviewed previously: Non-formulary **insulin aspart protamine – insulin aspart (Novolog 70/30 FlexPen) or its unbranded biologic** will be covered on the prescription drug benefit when the following criteria are met:

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 - NPH insulin
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