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Coverage Policy Number IP0065

Insulins (Rapid-Acting)

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INSTRUCTIONS FOR USE

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Overview

This policy supports medical necessity review for formulary exceptions to the following non-covered rapid-acting insulin products:

- **Admelog®** (insulin lispro injection)
- **Apidra®** (insulin glulisine injection)
- **Fiasp®** (insulin aspart injection)
- **Fiasp® Pump Cart** (insulin aspart injection)
- **insulin aspart injection** (generic for NovoLog®)
- **NovoLog®** (insulin aspart injection)

Receipt of sample product does not satisfy any criteria requirements for coverage.

Medical Necessity Criteria

Coverage criteria are listed for products in below table:

Non-Covered Product	Criteria
Admelog (insulin lispro injection)	Patient meets ONE of the following: 1. Contraindication or intolerance to ONE of the following: A. insulin lispro (for example, insulin lispro U-100 vial; insulin lispro KwikPen, Jr or Mix; Humalog U-100 vial, Humalog KwikPen, Cartridge, Jr, Mix or Tempo) B. Lyumjev™ (insulin lispro-aabc injection) 2. Patient is using an insulin pump that is not compatible with the formulary alternatives
Apidra (insulin glulisine injection)	Patient meets ONE of the following: 1. Contraindication or intolerance to ONE of the following: A. insulin lispro (for example, insulin lispro U-100 vial; insulin lispro KwikPen, Jr or Mix; Humalog U-100 vial, Humalog KwikPen, Cartridge, Jr, Mix or Tempo) B. Lyumjev™ (insulin lispro-aabc injection) 2. Patient is using an insulin pump that is not compatible with the formulary alternatives
Fiasp (insulin aspart injection)	Patient meets ONE of the following: 1. Contraindication or intolerance to ONE of the following: A. insulin lispro (for example, insulin lispro U-100 vial; insulin lispro KwikPen, Jr or Mix; Humalog U-100 vial, Humalog KwikPen, Cartridge, Jr, Mix or Tempo) B. Lyumjev™ (insulin lispro-aabc injection) 2. Patient is using an insulin pump that is not compatible with the formulary alternatives
Fiasp® Pump Cart (insulin aspart injection)	Patient meets ONE of the following: 1. Contraindication or intolerance to ONE of the following: A. insulin lispro (for example, insulin lispro U-100 vial; insulin lispro KwikPen, Jr or Mix; Humalog U-100 vial, Humalog KwikPen, Cartridge, Jr, Mix or Tempo) B. Lyumjev™ (insulin lispro-aabc injection) 2. Patient is using an insulin pump that is not compatible with the formulary alternatives
insulin aspart (generic for NovoLog injection)	Patient meets ONE of the following: 1. Contraindication or intolerance to ONE of the following: A. insulin lispro (for example, insulin lispro U-100 vial; insulin lispro KwikPen, Jr or Mix; Humalog U-100 vial, Humalog KwikPen, Cartridge, Jr, Mix or Tempo) B. Lyumjev™ (insulin lispro-aabc injection) 2. Patient is using an insulin pump that is not compatible with the formulary alternatives
NovoLog (insulin aspart injection)	Patient meets ONE of the following: 1. Contraindication or intolerance to ONE of the following: A. insulin lispro (for example, insulin lispro U-100 vial; insulin lispro KwikPen, Jr or Mix; Humalog U-100 vial, Humalog KwikPen, Cartridge, Jr, Mix or Tempo) B. Lyumjev™ (insulin lispro-aabc injection) 2. Patient is using an insulin pump that is not compatible with the formulary alternatives

When coverage is available and medically necessary, the dosage, frequency, duration of therapy, and site of care should be reasonable, clinically appropriate, and supported by evidence-based literature and adjusted based upon severity, alternative available treatments, and previous response to therapy.

Reauthorization Criteria

Continuation of non-covered rapid-acting insulin products are considered medically necessary when the above medical necessity criteria are met AND there is documentation of beneficial response.

Authorization Duration

Initial approval duration: up to 12 months
Reauthorization approval duration: up to 12 months

Background

Overview

The rapid-acting insulin analogs are indicated for the management of hyperglycemia in adults and pediatric patients with diabetes mellitus.¹⁻⁶

References

1. Admelog[®] injection [prescribing information]. Bridgewater, NJ: sanofi-aventis; December 2020.
2. Apidra[®] injection [prescribing information]. Bridgewater, NJ: sanofi-aventis; December 2020.
3. Fiasp[®] injection [prescribing information]. Plainsboro, NJ: Novo Nordisk; December 2019.
4. Humalog[®] injection [prescribing information]. Indianapolis, IN: Lilly; November 2019.
5. Lyumjev[™] injection [prescribing information]. Indianapolis, IN: Lilly; October 2022.
6. NovoLog[®] injection [prescribing information]. Princeton, NJ: Novo Nordisk; March 2021.

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