

Effective Date: 7/2018
Revised: 5/2020
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Scope: Medicaid

## **Humulin R U-500 (Vials and KwikPens)**

### **POLICY**

#### **I. CRITERIA FOR APPROVAL**

An authorization may be granted when all the following criteria are met:

- A. The requested drug is being prescribed for a diagnosis of diabetes mellitus
- B. The patient requires more than 200 units of insulin per day

#### **II. QUANTITY LIMIT**

- Vials: 0.67 ml/day (20 ml per 30 days)
- Pens: 0.8 ml/day (24 ml per 30 days)

#### **III. COVERAGE DURATION**

- 12 months