



Prior Authorization Approval Criteria
Department of Pharmacy Services

Generic Name: Insulin Pen

Brand Name: Insulin Pen

Medication Class: insulin administration system

FDA Approved Uses: Patients with Type I or II insulin-dependent diabetes

Duration of Therapy: indefinite

Approximate cost (based on AWP 2008): varies depending on the insulin
Humalog vial (10ml) \$101.38 (\$10.138/ml)
Humalog pen (15ml) \$195.81 (\$13.054/ml)
Humalog Kwikpen (15ml) \$195.81 (\$13.054/ml)

Criteria for Use: *(bullet points below are all inclusive unless otherwise noted)*

- Patient must have clinically diagnosed Type I or Type II diabetes
- Patient must be able to monitor blood glucose
- Patient must have completed a comprehensive diabetes education program
- Patient must have 1 or more of the following:
 - Unable to draw up insulin into a syringe or self administer, due to mechanical, physical or environmental factors
 - Visual impairment
 - Requires 1 or more injections per day during a work period
 - Has severe phobia to traditional syringes and needles as documented in the patient's medical records

Or

- Patient is a child

Not Approved if:

- Does not meet the above criteria
- Has any contraindication to the corresponding insulin

P&T Approval: _____ Date: _____