



Prior Authorization Approval Criteria

Insulin pens

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: <i>(based on AWP 2008)</i>	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)*

- The indicated diagnosis (including any applicable labs and /or tests) and medication usage must be supported by documentation from the patient's medical records.
- Patient must have clinically diagnosed Type I or Type II diabetes
- Patient must be able to monitor blood glucose
- 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

OR

- Patient is less than 18 years old

Not approved if:

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

P&T Approval: _____ Date: _____

Adopted: 11/16/04

Revised: 07/2005

Revised: 3/12/08

Revised: 8/20/08