



Prior Authorization Approval Criteria
Department of Pharmacy Services

Generic Name: Insulin Aspart

Brand Name: Novolog

Medication Class: insulin, rDNA origin, rapid acting

FDA Approved Uses: diabetes mellitus

Usual Dose: SC within 5-10 min before a meal, individualized per patient needs

Duration of Therapy: indefinite

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

- Must have tried and failed/intolerant to Humalog

Not Approved if:

- Patient has any contraindication to the use of Novolog
- Patient does not meet above criteria

P&T Approval: _____ Date: _____