



Rapid to Intermediate Acting Insulin Quantity Limit Program Summary

Quantity limit applies to Medicaid.

POLICY REVIEW CYCLE

Effective Date
04-01-2024

Date of Origin
04-01-2022

FDA APPROVED INDICATIONS AND DOSAGE

See package insert for FDA prescribing information: <https://dailymed.nlm.nih.gov/dailymed/index.cfm>

POLICY AGENT SUMMARY QUANTITY LIMIT

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	QL Amount	Dose Form	Day Supply	Duration	Addtl QL Info	Allowed Exceptions	Targeted NDCs When Exclusions Exist
Admelog ; Admelog solostar ; Humalog ; Humalog junior kwikpen ; Humalog kwikpen ; Humalog tempo pen ; Lyumjev ; Lyumjev kwikpen ; Lyumjev tempo pen	insulin lispro inj soln ; insulin lispro soln cartridge ; insulin lispro soln pen-inj w/transmitter port ; insulin lispro soln pen-injector ; insulin lispro-aabc inj ; insulin lispro-aabc soln pen-inj ; insulin lispro-aabc soln pen-inj w/transmit port ; insulin lispro-aabc soln pen-injector	100 UNIT/ML ; 200 UNIT/ML	45	mLs	30	DAYS			
Admelog ; Admelog solostar ; Humalog ; Humalog junior kwikpen ; Humalog kwikpen ; Humalog tempo pen ; Lyumjev ; Lyumjev kwikpen ; Lyumjev tempo pen	insulin lispro inj soln ; insulin lispro soln cartridge ; insulin lispro soln pen-inj w/transmitter port ; insulin lispro soln pen-injector ; insulin lispro-aabc inj ; insulin lispro-aabc soln pen-inj ; insulin lispro-aabc soln pen-inj w/transmit port ; insulin lispro-aabc soln pen-injector	100 UNIT/ML ; 200 UNIT/ML	45	mLs	30	DAYS			
Apidra ; Apidra solostar	insulin glulisine inj ; insulin glulisine soln pen-injector inj	100 UNIT/ML	45	mLs	30	DAYS			
Fiasp ; Fiasp flextouch ; Fiasp penfill ; Fiasp pumpcart ; Novolog ; Novolog flexpen ; Novolog flexpen relion ; Novolog	insulin aspart (with niacinamide) inj ; insulin aspart (with niacinamide) sol pen-inj ; insulin aspart (with niacinamide) soln	100 UNIT/ML	45	mLs	30	DAYS			

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	QL Amount	Dose Form	Day Supply	Duration	Addtl QL Info	Allowed Exceptions	Targeted NDCs When Exclusions Exist
penfill ; Novolog relion	cartridge ; insulin aspart inj soln ; insulin aspart soln cartridge ; insulin aspart soln pen-injector								
Humalog mix 50/50 ; Humalog mix 50/50 kwikpen ; Humalog mix 75/25 ; Humalog mix 75/25 kwikpen	insulin lispro prot & lispro inj ; insulin lispro prot & lispros pen-inj ; insulin lispro protamine & lispro inj	(50-50) 100 UNIT/ML ; (75-25) 100 UNIT/ML	45	mLs	30	DAYS			
Humulin 70/30 ; Humulin 70/30 kwikpen ; Novolin 70/30 ; Novolin 70/30 flexpen ; Novolin 70/30 flexpen rel ; Novolin 70/30 relion	insulin nph & regular susp pen-inj ; insulin nph isophane & regular human inj	(70-30) 100 UNIT/ML	45	mLs	30	DAYS			
Humulin n ; Humulin n kwikpen ; Novolin n ; Novolin n flexpen ; Novolin n flexpen relion ; Novolin n relion	insulin nph (human) (isophane) inj ; insulin nph (human) (isophane) susp pen-injector	100 UNIT/ML	45	mLs	30	DAYS			
Humulin r ; Humulin r u-500 (concentr ; Novolin r ; Novolin r relion	insulin regular (human) inj	100 UNIT/ML ; 500 UNIT/ML	45	mLs	30	DAYS			
Humulin r u-500 kwikpen ; Novolin r flexpen ; Novolin r flexpen relion	insulin regular (human) soln pen-injector	100 UNIT/ML ; 500 UNIT/ML	45	mLs	30	DAYS			
Novolog mix 70/30 ; Novolog mix 70/30 prefill ; Novolog mix 70/30 relion	insulin aspart prot & aspart (human) inj ; insulin aspart prot & aspart sus pen-inj	(70-30) 100 UNIT/ML	45	mLs	30	DAYS			

CLIENT SUMMARY – QUANTITY LIMITS

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
Admelog ; Admelog solostar ; Humalog ; Humalog junior kwikpen ; Humalog kwikpen ; Humalog tempo pen ; Lyumjev ; Lyumjev kwikpen ; Lyumjev tempo pen	insulin lispro inj soln ; insulin lispro soln cartridge ; insulin lispro soln pen-inj w/transmitter port ; insulin lispro soln pen-injector ; insulin lispro-aabc inj ; insulin lispro-aabc soln pen-inj ; insulin lispro-aabc soln pen-inj w/transmit port ; insulin lispro-aabc soln pen-injector	100 UNIT/ML ; 200 UNIT/ML	Medicaid
Admelog ; Admelog solostar ; Humalog ; Humalog junior kwikpen ; Humalog kwikpen ; Humalog tempo pen ; Lyumjev ; Lyumjev kwikpen ; Lyumjev tempo pen	insulin lispro inj soln ; insulin lispro soln cartridge ; insulin lispro soln pen-inj w/transmitter port ; insulin lispro soln pen-injector ; insulin lispro-aabc inj ; insulin lispro-aabc soln pen-inj ; insulin lispro-aabc soln pen-inj w/transmit port ; insulin lispro-aabc soln pen-injector	100 UNIT/ML ; 200 UNIT/ML	Medicaid
Apidra ; Apidra solostar	insulin glulisine inj ; insulin glulisine soln pen-injector inj	100 UNIT/ML	Medicaid
Fiasp ; Fiasp flextouch ; Fiasp penfill ; Fiasp pumpcart ; Novolog ; Novolog flexpen ; Novolog flexpen relion ; Novolog penfill ; Novolog relion	insulin aspart (with niacinamide) inj ; insulin aspart (with niacinamide) sol pen-inj ; insulin aspart (with niacinamide) soln cartridge ; insulin aspart inj soln ; insulin aspart soln	100 UNIT/ML	Medicaid

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
	cartridge ; insulin aspart soln pen-injector		
Humalog mix 50/50 ; Humalog mix 50/50 kwikpen ; Humalog mix 75/25 ; Humalog mix 75/25 kwikpen	insulin lispro prot & lispro inj ; insulin lispro prot & lispro sus pen-inj ; insulin lispro protamine & lispro inj	(50-50) 100 UNIT/ML ; (75-25) 100 UNIT/ML	Medicaid
Humulin 70/30 ; Humulin 70/30 kwikpen ; Novolin 70/30 ; Novolin 70/30 flexpen ; Novolin 70/30 flexpen rel ; Novolin 70/30 relion	insulin nph & regular susp pen-inj ; insulin nph isophane & regular human inj	(70-30) 100 UNIT/ML	Medicaid
Humulin n ; Humulin n kwikpen ; Novolin n ; Novolin n flexpen ; Novolin n flexpen relion ; Novolin n relion	insulin nph (human) (isophane) inj ; insulin nph (human) (isophane) susp pen-injector	100 UNIT/ML	Medicaid
Humulin r ; Humulin r u-500 (concentr ; Novolin r ; Novolin r relion	insulin regular (human) inj	100 UNIT/ML ; 500 UNIT/ML	Medicaid
Humulin r u-500 kwikpen ; Novolin r flexpen ; Novolin r flexpen relion	insulin regular (human) soln pen-injector	100 UNIT/ML ; 500 UNIT/ML	Medicaid
Novolog mix 70/30 ; Novolog mix 70/30 prefill ; Novolog mix 70/30 relion	insulin aspart prot & aspart (human) inj ; insulin aspart prot & aspart sus pen-inj	(70-30) 100 UNIT/ML	Medicaid

QUANTITY LIMIT CLINICAL CRITERIA FOR APPROVAL

Module	Clinical Criteria for Approval
QL Standalone	<p>Quantity Limit for the Target Agent(s) will be approved when ONE of the following is met:</p> <ol style="list-style-type: none"> 1. The requested quantity (dose) does NOT exceed the program quantity limit OR 2. The requested quantity (dose) exceeds the program quantity limit AND ONE of the following: <ol style="list-style-type: none"> A. BOTH of the following: <ol style="list-style-type: none"> 1. The requested agent does NOT have a maximum FDA labeled dose for the requested indication AND 2. Information has been provided to support therapy with a higher dose for the requested indication OR B. BOTH of the following: <ol style="list-style-type: none"> 1. The requested quantity (dose) does NOT exceed the maximum FDA labeled dose for the requested indication AND 2. There is support for why the requested quantity (dose) cannot be achieved with a lower quantity of a higher strength that does NOT exceed the program quantity limit OR C. BOTH of the following: <ol style="list-style-type: none"> 1. The requested quantity (dose) exceeds the maximum FDA labeled dose for the requested indication AND 2. Information has been provided to support therapy with a higher dose for the requested indication <p>Length of Approval: up to 12 months</p>