



# Rapid to Intermediate Acting Insulin Quantity Limit Program Summary

Quantity limit applies to FlexRx Closed, FlexRx Open, FocusRx, GenRx Closed, GenRx Open, Health Insurance Marketplace, and KeyRx.

## 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	100	mLs	30	DAYS			
Apidra ; Apidra solostar	insulin glulisine inj ; insulin glulisine soln pen-injector inj	100 UNIT/ML	100	mLs	30	DAYS			
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 cartridge ; insulin aspart soln pen-injector	100 UNIT/ML	100	mLs	30	DAYS			
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	100	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
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	100	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	100	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	100	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	100	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	100	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	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
Apidra ; Apidra solostar	insulin glulisine inj ; insulin glulisine soln pen-injector inj	100 UNIT/ML	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
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 cartridge ; insulin aspart soln pen-injector	100 UNIT/ML	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
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	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
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	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
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	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
Humulin r ; Humulin r u-500 (concentr ; Novolin r ; Novolin r relion	insulin regular (human) inj	100 UNIT/ML ; 500 UNIT/ML	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
Humulin r u-500 kwikpen ; Novolin r flexpen ; Novolin r flexpen relion	insulin regular (human) soln pen-injector	100 UNIT/ML ; 500 UNIT/ML	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
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	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx

## QUANTITY LIMIT CLINICAL CRITERIA FOR APPROVAL

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