

Effective Date: 7/2018
Revised: 5/2020
Reviewed: 7/2019, 5/2020, 3/2021, 2/2022, 3/2023, 3/2024
Scope: Medicaid

## Humulin R U-500 (Vials and KwikPens)

### POLICY

#### I. CRITERIA FOR APPROVAL

An authorization may be granted when all the following criteria are met:

- A. The requested drug is being prescribed for a diagnosis of diabetes mellitus
- B. The patient requires more than 200 units of insulin per day

#### II. QUANTITY LIMIT

- Vials: 0.67 ml/day (20 ml per 30 days)
- Pens: 0.8 ml/day (24 ml per 30 days)

#### III. COVERAGE DURATION

- 12 months