

**ADMELOG  
HUMALOG  
Insulin lispro (HUMALOG)**

**Diagnosis Considered for Coverage:**

- Diabetes mellitus

**Coverage Criteria:**

For diagnosis listed above:

|                                 |  |
|---------------------------------|--|
| <b>Admelog (insulin lispro)</b> | <b>PLUS or STANDARD PLAN FORMULARY</b> <ul style="list-style-type: none"><li>• Medical rationale why patient unable to use brand Humalog (insulin lispro).</li></ul> |
| <b>insulin lispro (Humalog)</b> |  |
| <b>Humalog</b>                  | <b>No prior authorization required</b>   |

**Coverage Duration:** length of benefit

Effective: 5/01/2019GF