

**NOVOPEN ECHO  
INPEN FOR HUMALOG  
INPEN FOR NOVOLOG**

**Diagnosis Considered for Coverage:**

- Diabetes mellitus

**Coverage Criteria:**

**For diagnosis listed above:**

<b>Novopen Echo</b>	<ul style="list-style-type: none"><li>• Medical rationale why patient cannot use Novolog Flexpen and Penfill.</li></ul>
<b>Inpen for Humalog</b>	<ul style="list-style-type: none"><li>• Intolerance or contraindication to Humalog Kwikpen.</li></ul>
<b>Inpen for Novolog</b>	<ul style="list-style-type: none"><li>• Medical rationale why patient cannot use Novopen Echo.</li></ul>

**Coverage Duration:** Length of benefit

Effective: 06/02/2021GF