

Insulin-INTERMEDIATE

Commercial Pharmacy Benefit Drug Policy

Drug Details

USP Category: BLOOD GLUCOSE REGULATORS

Mechanism of Action: insulin

Label Name	Quantity Limit
HumuLIN N 100 UNIT/ML SUSPENSION	Quantity Limit May Apply
HumuLIN N KwikPen 100 UNIT/ML SUSP PEN	Quantity Limit May Apply
NovoLIN N 100 UNIT/ML SUSPENSION	Quantity Limit May Apply
NovoLIN N FlexPen 100 UNIT/ML SUSP PEN	Quantity Limit May Apply
NovoLIN N FlexPen ReliOn 100 UNIT/ML SUSP PEN	Quantity Limit May Apply
NovoLIN N ReliOn 100 UNIT/ML SUSPENSION	Quantity Limit May Apply

Condition(s) listed in policy *(see coverage criteria for details)*

- diabetes

Any condition not listed in this policy requires a review to confirm it is medically necessary. For conditions that have not been approved for intended use by the Food and Drug Administration (i.e., off-label use), the criteria outlined in the Health and Safety Code section 1367.21 must be met.

Special Instructions and pertinent Information

Provider must submit documentation (such as office chart notes, lab results or other clinical information) to ensure the member has met all medical necessity requirements.

The member's specific benefit may impact drug coverage. Other utilization management processes, and/or legal restrictions may take precedence over the application of this clinical criteria.

The following condition(s) require Prior Authorization/Preservice:

diabetes

Novolin N, Novolin N Flexpen, Novolin N Relion

1. Patient is unable to use the equivalent formulation of Humulin, and
2. Dose requested does not exceed the quantity limit.

Coverage Period:

one year

Review History

Date of Last Annual Review: 4Q2023



Date of last revision: 01/03/2024

Changes from previous policy version:
new policy

*Blue Shield of California Medication Policy to Determine Medical Necessity
Reviewed by P&T Committee*