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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