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PHARMACY / MEDICAL POLICY – 5.01.648

Insulin Therapy

Effective Date:	Jun. 1, 2026	RELATED MEDICAL POLICIES:	
Last Revised:	May 14, 2026	5.01.569	Pharmacotherapy of Type 1 and Type 2 Diabetes Mellitus
Replaces:	N/A	5.01.646	SGLT2 Inhibitors

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Introduction

Metabolism refers to how the body converts the energy supplied by food into energy the body can use. Diabetes is a disease of the metabolic system. Diabetes involves production of and response to insulin. Insulin is a hormone produced by certain cells in the pancreas called beta cells. These cells regulate the amount of glucose (sugar) in the blood. There are two types of diabetes: type 1 and type 2. In type 1 diabetes, the pancreas no longer makes insulin. The beta cells of the pancreas have been destroyed. The body needs an external supply of insulin to use glucose. Type 1 diabetes is usually diagnosed in children and young adults. In type 2 diabetes, people can still make insulin, but their bodies don't respond well to it. This is known as insulin resistance. Type 2 diabetes can be diagnosed at any age and can be affected and modified by a number of factors, such diet and exercise and other health conditions. This policy discusses when each type of insulin therapy may be considered medically necessary for the treatment of diabetes.

Note: The Introduction section is for your general knowledge and is not to be taken as policy coverage criteria. The rest of the policy uses specific words and concepts familiar to medical professionals. It is intended for providers. A provider can be a person, such as a doctor, nurse, psychologist, or dentist. A provider also can be a place where medical care is given, like a hospital, clinic, or lab. This policy informs them about when a service may be covered.

Policy Coverage Criteria

Insulin Products (Vials and Prefilled Pens)

Medical Necessity	
Rapid-Acting Insulin	

• **Admelog (lispro)**
• **Admelog Solostar (lispro)**
• **Afrezza (human)**
• **Apidra (glulisine)**
• **Humalog (lispro)**
• **Insulin lispro**
• **Kirsty (insulin aspart-xjhz)**
• **Lyumjev (lispro)**
• **Merilog (insulin aspart-szjj)**
	Admelog (lispro), Admelog Solostar (lispro), Afrezza (human), Apidra (glulisine), Humalog (lispro), insulin lispro, Kirsty (insulin aspart-xjhz), Lyumjev (lispro), and Merilog (insulin aspart-szjj) may be considered medically necessary when the following criteria are met:
	• The individual has a diagnosis of type 1 or type 2 diabetes (**Related Information**)
	AND
	• Has a contraindication or intolerance to a preferred insulin OR this insulin product was ineffective in reducing A1C to goal after 3 months of therapy:
	  ○ Fiasp (aspart)
	  ○ Insulin aspart
	  ○ Novolog (aspart)
	
	Note: The first-line rapid-acting insulins, Fiasp (aspart), insulin aspart, and Novolog (aspart), do not require pre-approval for coverage.

Regular–Acting/Short-Acting Insulin	
Humulin R	**Humulin R may be considered medically necessary when the following criteria are met:** • The individual has a diagnosis of type 1 or type 2 diabetes (**Related Information**) **AND** • Has a contraindication or intolerance to a preferred insulin OR this insulin product was ineffective in reducing A1C to goal after 3 months of therapy: ○ Novolin R

	Note: The first-line regular–acting/short-acting insulin, Novolin R, does not require pre-approval for coverage.
Intermediate–Acting NPH Insulin	
Humulin N	**Humulin N may be considered medically necessary when the following criteria are met:** • The individual has a diagnosis of type 1 or type 2 diabetes (**Related Information**) **AND** • Has a contraindication or intolerance to a preferred insulin OR this insulin product was ineffective in reducing A1C to goal after 3 months of therapy: ○ Novolin N **Note:** The first-line intermediate-acting NPH insulin, Novolin N, does not require pre-approval for coverage.
Mix of Intermediate-Acting NPH and Regular (Short-Acting) Insulin	
Humulin Mix 70/30	**Humulin Mix 70/30 may be considered medically necessary when the following criteria are met:** • The individual has a diagnosis of type 1 or type 2 diabetes (**Related Information**) **AND** • Has a contraindication or intolerance to a preferred insulin OR this insulin product was ineffective in reducing A1C to goal after 3 months of therapy: ○ Novolin Mix 70/30 **Note:** The first-line intermediate-acting NPH and regular mix insulin, Novolin Mix 70/30, does not require pre-approval for coverage.
Mix of Intermediate Insulin Lispro Protamine + Rapid-Acting Insulin Lispro and Mix of Intermediate-Acting Insulin Aspart Protamine + Rapid-Acting Insulin Aspart	
• **Humalog Mix 75/25** • **Humalog Mix 50/50** • **Insulin lispro protamine + insulin lispro mix 75/25**	**Humalog Mix 75/25, Humalog Mix 50/50, and insulin lispro protamine + insulin lispro mix 75/25 may be considered medically necessary when the following criteria are met:** • The individual has a diagnosis of type 1 or type 2 diabetes (**Related Information**)

	AND
	• Has a contraindication or intolerance to a preferred insulin OR this insulin product was ineffective in reducing A1C to goal after 3 months of therapy:
	  ○ Novolog Mix 70/30
	  ○ Insulin aspart protamine + insulin aspart mix 70/30
	
	Note: The first-line insulins, Novolog Mix 70/30 and insulin aspart protamine + insulin aspart mix 70/30, do not require pre-approval for coverage.

Long–Acting Insulin	

• **Basaglar (glargine)**
• **Insulin Degludec (degludec)**
• **Insulin Glargine (glargine)**
• **Insulin Glargine (glargine-yfgn)**
• **Rezvoglar (glargine-aglr)**
• **Semglee (glargine-yfgn)**
	Basaglar (glargine), insulin degludec (degludec), insulin glargine (glargine), insulin glargine (glargine-yfgn), Rezvoglar (glargine-aglr), Semglee (glargine-yfgn) may be considered medically necessary when the following criteria are met:
	• The individual has a diagnosis of type 1 or type 2 diabetes (**Related Information**)
	AND
	• Has a contraindication or intolerance to 2 preferred insulins OR this insulin product was ineffective in reducing A1C to goal after 3 months of therapy:
	  ○ Lantus (glargine)
	  ○ Toujeo (glargine)
	  ○ Tresiba (degludec)
	
	Note: The first-line long-acting insulins, Lantus (glargine), Toujeo (glargine), and Tresiba (degludec), do not require pre-approval for coverage.

Drug	Investigational
As listed	**The medications listed in this policy are subject to the product's US Food and Drug Administration (FDA) dosage and administration prescribing information.**

Drug	Investigational
	All other uses of the drugs for conditions not listed in this policy are considered investigational.

Drug	Not Medically Necessary
As listed	**All other uses of the drugs for approved conditions listed in this policy are considered not medically necessary.**

Length of Approval	
Approval	**Criteria**
Initial authorization	**Non-formulary exception reviews for all drugs listed in the policy may be approved up to 12 months.** **All other reviews for all drugs listed in this policy may be approved for up to 3 years.**
Re-authorization criteria	**Non-formulary exception reviews for all drugs listed in the policy may be approved up to 12 months as long as the drug-specific coverage criteria are met and chart notes demonstrate that the individual continues to show a positive clinical response to therapy.** **All other reviews for re-authorization of all drugs listed in the policy may be approved for up to 3 years as long as the drug-specific coverage criteria are met, and chart notes demonstrate that the individual continues to show a positive clinical response to therapy.**

Documentation Requirements
The individual's medical records submitted for review for all conditions should document that medical necessity criteria are met. The record should include the following: • Office visit notes that contain the diagnosis, relevant history, physical evaluation, and medication history

Coding

Code	Description
HCPCS	
J1813	Insulin (Lyumjev) for administration through DME (i.e., insulin pump) per 50 units
J1814	Insulin (Lyumjev) per 5 units

Note: CPT codes, descriptions and materials are copyrighted by the American Medical Association (AMA). HCPCS codes, descriptions and materials are copyrighted by Centers for Medicare Services (CMS).

Related Information

Benefit Application

Lyumjev (insulin lispro-aabc) is managed through the pharmacy and medical benefit. All other drugs addressed in this policy are managed through the pharmacy benefit.

Criteria for Diagnosis of Diabetes in Nonpregnant Individuals[1]

Criteria for Diagnosis of Diabetes in Nonpregnant Individuals
A1C greater than or equal to 6.5% (greater than or equal to 48 mmol/mol). The test should be performed in a laboratory using a method that is NGSP certified and standardized to the DCCT assay.*
OR
FPG greater than or equal to 126 mg/dL (greater than or equal to 7.0 mmol/L). Fasting is defined as no caloric intake for at least 8 h.*
OR
2-h PG greater than or equal to 200 mg/dL (greater than or equal to 11.1 mmol/L) during OGTT. The test should be performed as described by the WHO, using a glucose load containing the equivalent of 75 g anhydrous glucose dissolved in water.*
OR
In an individual with classic symptoms of hyperglycemia or hyperglycemic crisis, a random plasma glucose greater than or equal to 200 mg/dL (greater than or equal to 11.1 mmol/L). Random is any time of the day without regard to time since previous meal.

DCCT, Diabetes Control and Complications Trial; FPG, fasting plasma glucose; OGTT, oral glucose tolerance test; NGSP, National Glycohemoglobin Standardization Program; WHO, World Health Organization; 2-h PG, 2-h plasma glucose. *In the absence of unequivocal hyperglycemia, diagnosis requires two abnormal test results obtained at the same time (e.g., A1C and FPG) or at two different time points.

Staging of Type 1 Diabetes[1]

	Stage 1	Stage 2	Stage 3
Characteristics	• Autoimmunity • Normoglycemia • Presymptomatic	• Autoimmunity • Dysglycemia • Presymptomatic	• Autoimmunity • Overt hyperglycemia • Symptomatic
Diagnostic Criteria	• Multiple islet autoantibodies • No IGT or IFG	• Islet autoantibodies (usually multiple) • Dysglycemia: IFG and/or IGT • FPG 100-125 mg/dL (5.6-6.9 mmol/L) • 2-h PG 140-199 mg/dL (7.8-11.0 mmol/L) • A1C 5.7-6.4% (39-47 mmol/mol) or greater than or equal to 10% increase in A1C	• Autoantibodies may become absent • Diabetes by **standard criteria**

FPG, fasting plasma glucose; IFG, impaired fasting glucose; IGT, impaired glucose tolerance; 2-h PG, 2-h plasma glucose. Alternative additional stage 2 diagnostic criteria of 30-, 60-, or 90-min plasma glucose on oral glucose tolerance test greater than or equal to 200 mg/dL (greater than or equal to 11.1 mmol/L) and confirmatory testing in those aged greater than or equal to 18 years have been used in clinical trials.

Evidence Review

Insulin Agents

Table 1. Types and Characteristics of Commonly Used Insulin Products

Insulin	Brand Name	Onset of Action	Peak Effect	Duration of Action
Rapid-acting Insulin				
Lispro	Humalog	< 15 minutes	30 to 90 minutes	3 to 5 hours
Aspart	Novolog	< 15 minutes	30 to 90 minutes	3 to 5 hours
Glulisine	Apidra	< 15 minutes	30 to 90 minutes	3 to 5 hours
Short-acting Insulin				
Regular	Humulin R	0.5 to 1 hour	2 to 4 hours	4 to 8 hours
	Novolin R	0.5 to 1 hour	2 to 4 hours	4 to 8 hours

Insulin	Brand Name	Onset of Action	Peak Effect	Duration of Action
Intermediate-acting Insulin				
NPH	Humulin N	1 to 2 hours	4 to 10 hours	10 to 18 hours
	Novolin N	1 to 2 hours		
Long-acting Insulins				
Degludec	Tresiba	0.5 to 1.5 hours	No peak	42 to 45 hours
Detemir	Levemir	1 to 2 hours	3 to 9 hours	6 to 24 hours *
Glargine	Basaglar	1 to 2 hours	No peak	20 to 24 hours
Glargine	Lantus	1 to 2 hours	No peak	20 to 24 hours
Glargine	Semglee	1 to 2 hours	No peak	20 to 24 hours
Glargine	Toujeo	6 hours	No peak	Up to 36 hours
Combination Insulins				
Mix of intermediate insulin lispro protamine and rapid-acting insulin lispro and	Humulin 70/30 and Novolin 70/30	0.5 to 1 hour	2 to 10 hours	10 to 18 hours
Mix of intermediate-acting insulin aspart protamine and rapid-acting insulin aspart	Humalog 75/25 and Novolog 70/30	<15 minutes	1 to 2 hours	10 to 19 hours

*Duration of action for detemir is dose-dependent.

Insulin Interchangeability

As shown in the table above, different brand name insulin products can have similar pharmacokinetic profiles. Currently, there is no scientific literature or evidence to suggest that one insulin brand is superior to the other. Switching between insulin brands should be done in consultation with a physician and requires medical supervision (close monitoring of blood glucose) during the initial phase.

References

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2. U.S. Food and Drug Administration: Emergency Preparedness: Information Regarding Insulin Storage and Switching Between Products in an Emergency. [Online database): Updated September, 2017. Available at: **http://www.fda.gov/Drugs/EmergencyPreparedness/ucm085213.htm** Accessed April 28, 2026.
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7. Von Mach MA, et al. Differences in Pharmacokinetics and Pharmacodynamics of Insulin Lispro and Aspart in Healthy Volunteers. Exp Clin Endocrinol Diabetes. 2002; 110:416-419. Available at: **http://www.ncbi.nlm.nih.gov/pubmed/12518253** Accessed April 28, 2026.
8. Novolog (insulin aspart). Prescribing Information. Novo Nordisk Inc, Plainsboro, NJ. Revised February 2023.
9. Fiasp (insulin aspart). Prescribing Information. Novo Nordisk Inc, Plainsboro, NJ. Revised June 2023.
10. Humalog (insulin lispro). Prescribing Information. Eli Lilly and Company, Indianapolis, IN. Revised May 2025.
11. Apidra (insulin glulisine). Prescribing Information. Sanofi-aventis, Bridgewater, NJ. Revised November 2022.
12. Admelog (insulin lispro). Prescribing Information. Sanofi-aventis, Bridgewater, NJ. Revised August 2023.
13. Lyumjev (insulin lispro-aabc). Prescribing Information. Eli Lilly and Company, Indianapolis, IN. Revised October 2022.
14. Afrezza (insulin human). Prescribing Information. MannKind, Danbury, CT. Revised January 2026.
15. Kirsty (insulin aspart-xjhz). Prescribing Information. Biocon Biologics Inc., Cambridge, MA. Revised July 2025.
16. Merilog (insulin aspart-szjj). Prescribing Information. Sanofi-aventis U.S. LLC; Bridgewater, NJ. Revised February 2025.
17. Humulin R (insulin human). Prescribing Information. Eli Lilly and Company; Indianapolis, IN. Revised June 2022.
18. Humulin N (insulin isophane human). Prescribing Information. Eli Lilly and Company; Indianapolis, IN. Revised June 2022.
19. Basaglar (insulin glargine). Prescribing Information. Eli Lilly and Company; Indianapolis, IN. Revised July 2021.
20. Rezvoglar (insulin glargine-aglr). Prescribing Information. Eli Lilly and Company; Indianapolis, IN. Revised August 2024.
21. Semglee (insulin glargine-yfgn). Prescribing Information. Biocon Biologics Inc.; Cambridge, MA. Revised November 2023.

History

Date	Comments
01/01/25	New policy, approved December 10, 2024. Moved Novolog, Fiasp, insulin aspart, Humalog, insulin lispro, Apidra, Admelog, Admelog Solostar, Lyumjev, Novolin R, Humulin R, Novolin R, Humulin N, Novolin Mix 70/30, Humulin Mix 70/30, Novolog Mix 70/30, insulin aspart protamine-insulin aspart mix 70/30, Humalog Mix 75/25, Humalog Mix 50/50, Lantus, Levemir, Toujeo, Tresiba, Basaglar, insulin degludec, insulin glargine (insulin glargine), insulin glargine (insulin glargine-yfgn), Rezvoglar, and Semglee from Policy 5.01.569 to 5.01.648 with no changes to Section 1 (non-individual formulary plans) coverage criteria. New policy section with headers added for Section 2 (individual/small group/student ISHIP Metallic formulary plans) with hyperlinks to aid navigation. Added separate coverage criteria for Metallic (individual/small group/student ISHIP plans) formulary members for the following drugs: Novolog, Fiasp, insulin aspart, Humalog, insulin lispro, Apidra, Admelog, Admelog Solostar, Lyumjev, Novolin R, Humulin R, Novolin R, Humulin N, Novolin Mix 70/30, Humulin Mix 70/30, Novolog Mix 70/30, insulin aspart protamine-insulin aspart mix 70/30, Humalog Mix 75/25, Humalog Mix 50/50, Lantus, Levemir, Toujeo, Tresiba, Basaglar, insulin degludec, insulin glargine (insulin glargine), insulin glargine (insulin glargine-yfgn), Rezvoglar, and Semglee. Clarified that the medications listed in this policy are subject to the product's FDA dosage and administration prescribing information. Added HCPCS codes J1813 and J1814 for Lyumjev.
02/01/25	Annual Review, approved January 27, 2025. Added insulin lispro protamine + insulin lispro mix 75/25 as a non-preferred insulin to both Section 1 and Section 2. Clarified that non-formulary exception review authorizations for all drugs listed in this policy may be approved up to 12 months.
04/01/25	Interim Review, approved March 11, 2025. Removed Levemir from the policy as it has been withdrawn from the market. Added Merilog (insulin aspart-szjj) as a non-preferred insulin to both Section 1 and Section 2.
05/01/25	Interim Review, approved April 21, 2025. Updated formatting of the policy sections to the following: Section 1 includes Incentive, Open, and Select formulary plans (Rx plan A1, A2, B3, B4, C4, F1, and G3) and plans with no pharmacy benefit coverage. Section 2 includes Essentials formulary plans (Rx plan E1, E3, and E4). Section 3 includes Metallic formulary plans (Rx plan M1, M2, and M4).
09/01/25	Interim Review, approved August 12, 2025. Added Afrezza (insulin human) as a non-preferred rapid-acting insulin across all sections.
11/01/25	Interim Review, approved October 14, 2025. Added Kirsty (insulin aspart-xjhz) as a non-preferred rapid-acting insulin across all sections.
01/01/26	Interim Review, approved December 8, 2025. Removed reference to the Preferred formulary (Formulary ID: 6064; Rx Plan G3) as it is no longer available. Clarified that Section 2 of this policy applies to plans with the High Cost Low Value (HCLV) drug list.
06/01/26	Annual Review, approved May 14, 2026. Updated formatting removing the reference to Section 1: Open, Preferred, and Select Formulary Plans (Rx Plan A1, A2, B3, B4, C4, and F1) and Plans with No Pharmacy Benefit Coverage ONLY. Removed the following: Section 2: Essentials Formulary Plans (Rx Plan E1, E3, E4) and Plans with the High Cost

Date	Comments
	Low Value Drug List and Section 3 Individual/Small Group/Student ISHIP Metallic Formulary Plans (Rx Plan M1, M2, and M4).

Scope: Medical policies are systematically developed guidelines that serve as a resource for Company staff when determining coverage for specific medical procedures, drugs or devices. Coverage for medical services is subject to the limits and conditions of the member benefit plan. Members and their providers should consult the member benefit booklet or contact a customer service representative to determine whether there are any benefit limitations applicable to this service or supply. This medical policy does not apply to Medicare Advantage.