

Custom Criteria for  
BlueCross Blue Shield of Rhode Island Commercial



INSULIN (insulin)

**GPI CODING:**

27104020001805	Novolin N
27104010002005	Novolin R
27104090001810	Novolin 70/30
27104002002020	Novolog
27104070001820	Novolog 70/30
2710400400****	Apidra

**DESCRIPTION:**

Novo insulin and Apidra is used to treat type 1 and type 2 diabetes. The purpose of this document is to provide approval criteria and guidelines for medical exceptions for Novo or Apidra insulin (Novolin N, Novolin R, Novolin 70/30, Novolog, Novolog 70/30, Apidra) prior to being a covered benefit. Claims submitted without obtaining prior authorization of benefits will reject on the pharmacy claim system.

**APPROVAL DURATION:**

Approval duration: 3 years

**CRITERIA FOR NOVO INSULIN**

- I. Patient needs to have tried and failed Humulin or Humalog insulin