



## PROCEDURE

### Initial Authorization Criteria:

*Must meet all of the criteria listed under the respective header:*

#### 1. Automatic coverage:

- Must have a documented pharmacy claim history of mealtime insulin (such as Humalog or Novalog)

#### 2. Members without a documented claims history:

- Must have documentation indicating that the member has failed or has an intolerance or contraindication to mealtime insulin (such as Humalog or Novolog)

### Limitations:

Length of Authorization (if above criteria met)	
Initial Authorization	Up to duration of member's membership with plan
Reauthorization	N/A

If the established criteria are not met, the request is referred to a Medical Director for review.

## REFERENCES

1. Apidra [prescribing information]. Bridgewater, NJ: sanofi-aventis U.S. LLC; February 2015.

## RECORD RETENTION

Records Retention for Evolent Health documents, regardless of medium, are provided within the Evolent Health records retention policy and as indicated in CORP.028.E Records Retention Policy and Procedure.

## REVIEW HISTORY

DESCRIPTION OF REVIEW / REVISION	DATE APPROVED
<i>Annual review</i>	<i>02/17, 02/18</i>

