

Criteria-Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

Insulin NPH human isophane (Novolin N, Novolin N Flexpen)

Notes:

- Quantity Limits: No
- * Intolerance excludes adverse drug reactions that are expected, mild in nature, resolve with continued treatment, and do not require medication discontinuation

Initiation (new start) criteria: Non-formulary **Insulin NPH human isophane (Novolin N, Novolin N Flexpen)** will be covered on the prescription drug benefit when the following criteria are met:

- Patient has a Documented allergy or intolerance* to insulin NPH (Humulin N) and insulin glargine