

Criteria-Based Consultation Prescribing Program CRITERIA FOR DRUG COVERAGE

Insulin regular (Novolin R, Novolin R 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 regular (Novolin R, Novolin R Flexpen)** will be covered on the prescription drug benefit when the following criteria are met:

- Patient has a Documented allergy or intolerance* to insulin regular (Humulin R) and insulin lispro (Humalog), or its unbranded biologic