

Criteria Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

Insulin NPH isophane and insulin regular (Novolin 70/30)

Non-formulary **insulin NPH isophane and insulin regular (Novolin 70/30)** will be covered on the prescription drug benefit when the following criteria are met:

- Documented allergy or intolerance* to basal insulins: insulin NPH (Humulin N) and insulin glargine
-AND-
- Documented allergy or intolerance* to prandial insulins: insulin regular (Humulin R) and insulin lispro

* Intolerance excludes adverse drug reactions that are expected, mild in nature, resolve with continued treatment, and do not require medication discontinuation