

Criteria Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

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

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:

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

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