

# Criteria-Based Consultation Prescribing Program

## CRITERIA FOR DRUG COVERAGE

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

**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 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
- Documented allergy or intolerance\* to prandial insulins: insulin regular (Humulin R) and insulin lispro