Non-formulary *NovoLog FlexPen* will be covered on the prescription drug benefit when the following criteria are met:

1. **Intolerant to Humalog**
   - AND -

2. **Unable to draw up insulin accurately from a vial with a syringe due to young age, visual impairment, physical disabilities (i.e., amputations, tremors/Parkinson’s disease, rheumatoid arthritis)**
   - OR -
     - Requires small doses of insulin (less than 5 units/dose)
   - OR -
     - Pediatric patient who is required to use such devices by school
   - OR -
     - Stabilized on smaller insulin dose (generally less than 30 units per day)
   - OR -
     - Dose Change Only: Patient previously met criteria and is already taking the drug.