



Missouri Pharmacy Program – Preferred Drug List



Amylin Analogs
Effective 07/05/2007
Revised 10/07/2010

Preferred Agents

- Symlin[®] Vial
- Symlin[®] Pen

Non-Preferred Agents

Approval Criteria	Denial Criteria
Documented insulin therapy regimen	Therapy will be denied if no approval criteria are met Drug Prior Authorization Hotline: (800) 392-8030.