



## Missouri Pharmacy Program – Preferred Drug List



### Insulin Rapid Acting

*Effective 10/19/2005*

*Revised 07/07/2011*

#### Preferred Agents

- Humalog
- Novolog

#### Non-Preferred Agents

- Apidra
- Apidra® Solostar

Approval Criteria	Denial Criteria
Failure to achieve desired therapeutic outcomes with documented trial period for 1 or more preferred agents.	Lack of adequate trial on required preferred agents.
Documented ADE/ADR to preferred agents.	Therapy will be denied if no approval criteria are met.
Documented compliance on current therapy regimen.	Drug Prior Authorization Hotline: (800) 392-8030.