



## Missouri Pharmacy Program – Preferred Drug List



### ***Insulins***

***Effective 10/19/2005***

***Revised 07/02/2010***

#### **Preferred Agents**

- Humulin N
- Humulin R
- Novolin N
- Novolin R

#### **Non-Preferred Agents**

- Relion N
- Relion R

<b>Approval Criteria</b>	<b>Denial Criteria</b>
Failure to achieve desired therapeutic outcomes with documented trial period for 2 more preferred agents.	Lack of adequate trial on required preferred agents.
Documented trial period for preferred agents	Therapy will be denied if no approval criteria are met
Documented ADE/ADR to preferred agents.	
Documented compliance on current therapy regimen.	Drug Prior Authorization Hotline: (800) 392-8030.