Missouri Pharmacy Program – Preferred Drug List

Insulins – Long Acting

Effective 07/02/2009
Revised 10/02/2014

Preferred Agents

- Levemir Vial
- Levemir Pen
- Lantus Vial
- Lantus Cartridge
- Lantus Solostar

Non-Preferred Agents

Approval Criteria	Denial Criteria
N/A	Drug Prior Authorization Hotline: (800) 392-8030