# Missouri Pharmacy Program – Preferred Drug List

## Insulins – Long Acting

**Effective 07/02/2009**  
**Revised 10/03/2019**

### Preferred Agents
- Lantus® Vial
- Lantus® Solostar® Pen
- Levemir® Vial
- Levemir® FlexTouch® Pen

### Non-Preferred Agents
- Basaglar® KwikPen
- Toujeo® Max Solostar® Pen
- Toujeo® Solostar® Pen
- Tresiba® Flextouch® Pen
- Tresiba® Vial

### Approval Criteria
- Failure to achieve desired therapeutic outcomes with trial on 2 preferred agents  
  - Documented trial period for preferred agents  
  - Documented ADE/ADR to preferred agents

### Denial Criteria
- Lack of adequate trial on required preferred agents
- Therapy will be denied if no approval criteria are met
- Drug Prior Authorization Hotline: (800) 392-8030