



Missouri Pharmacy Program – Preferred Drug List



Insulins – Long Acting

Effective 07/02/2009

Revised 10/04/2018

Preferred Agents

- Lantus® Vial
- Lantus® Solostar Pen
- Levemir® Vial
- Levemir® FlexTouch Pen

Non-Preferred Agents

- Basaglar® KwikPen
- Toujeo® Solostar Pen
- Tresiba® FlexTouch Pen

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
- Documented compliance on current therapy regimen

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