



Missouri Pharmacy Program – Preferred Drug List



Insulins - Mix

Effective 10/19/2005

Revised 10/04/2018

Preferred Agents

- Humalog Mix 75/25 - Pen/Vial
- Humalog Mix 50/50 - Pen/Vial
- Humulin 70/30 Vial
- Novolog Mix 70/30 Pen/Vial

Non-Preferred Agents

- Humulin 70/30 Pen
- **Novolin 70/30 Vial**
- ReliOn 70/30

Approval Criteria

- Failure to achieve desired therapeutic outcomes with trial on 4 or more 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