Missouri Pharmacy Program – Preferred Drug List

Insulins - Mixed

Effective 10/19/2005
Revised 10/03/2019

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

Non-Preferred Agents
- Humulin® 70/30 Pen
- Novolin® 70/30 FlexPen
- Novolin® 70/30 Vial
- ReliOn® 70/30 Vial

Approval Criteria
- Failure to achieve desired therapeutic outcomes with trial on 2 or more 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