



Missouri Pharmacy Program – Preferred Drug List



Insulins – Rapid Acting

Effective 10/19/2005

Revised 10/04/2018

Preferred Agents

- Humalog® Cartridge/Vial
- Humalog 200 u/mL Pen
- Novolog® Cartridge/Pen/Vial

Non-Preferred Agents

- **Admelog SoloStar® Pen/Vial**
- Afrezza® Cartridge
- Apidra® Vial
- Apidra® Solostar Pen
- **Fiasp® Pen/Vial**
- **Humalog Jr Kwik Pen**
- Humalog® KwikPen

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
- Documented compliance on current therapy regimen
- Humalog 200 units/mL: Compliance on prior Insulin Therapy

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