Missouri Pharmacy Program – Preferred Drug List

Insulins – Rapid Acting

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

**Preferred Agents**
- Humalog® Cartridge/Vial
- Novolog® Cartridge/Pen/Vial

**Non-Preferred Agents**
- Admelog® SoloStar®
- Admelog® Vial
- Afrezza® Cartridge
- Apidra® Solostar® Pen
- Apidra® Vial
- Fiasp® Flextouch
- Fiasp® Vial
- Humalog KwikPen®
- Humalog Jr Kwik Pen®
- Insulin Lispro KwikPen
- Insulin Lispro 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
- Humalog 200 units/ml: Compliance on prior rapid acting 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