



Missouri Pharmacy Program – Preferred Drug List



Insulins

Effective 10/19/2005

Revised 10/04/2018

Preferred Agents

- Humulin® N Vials
- Humulin® R Vials
- Humulin R® 500 u/mL Pen/Vial
- Novolin® N Vials
- Novolin® R Vials

Non-Preferred Agents

- Humulin® N Pen
- Humulin® R Pen
- ReliOn® N
- ReliOn® R

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
- Humulin 500 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