



Missouri Pharmacy Program – Preferred Drug List



Amylin Analogs

Effective 05/21/2008

Revised 10/04/2018

Preferred Agents

Available with Clinical Edits

- SymlinPen[®] Injector

Non-Preferred Agents

Approval Criteria

- Documented insulin therapy regimen

Denial Criteria

- Therapy will be denied if no approval criteria are met
- Drug Prior Authorization Hotline: (800) 392-8030