



## Missouri Pharmacy Program – Preferred Drug List



### Amylin Analogs

**Effective 07/05/2007**

Revised 10/06/2011

#### Preferred Agents

Available with Clinical Edits

- Symlin<sup>®</sup>
- SymlinPen<sup>®</sup> Injector

#### Non-Preferred Agents

<u>Approval Criteria</u>	<u>Denial Criteria</u>
Documented insulin therapy regimen	Therapy will be denied if no approval criteria are met
	Drug Prior Authorization Hotline: (800) 392-8030