



Missouri Pharmacy Program – Preferred Drug List



Oral AntiDiabetics: Alpha-Glucosidase Inhibitors

Effective 04/13/2005

Revised 01/06/2011

Preferred Agents

- Precose®
- Glyset®

Non-Preferred Agents

- Acarbose

<u>Approval Criteria</u>	<u>Denial Criteria</u>
Failure to achieve desired therapeutic outcomes with documented trial period for 2 or more preferred agents.	Lack of adequate trial on required preferred agents.
Documented trial period for preferred agents	Therapy will be denied if no approval criteria are met.
Documented ADE/ADR to preferred agents.	
Documented compliance on current therapy regimen.	Drug Prior Authorization Hotline: (800) 392-8030.