



Missouri Pharmacy Program – Preferred Drug List



DPP-IV Inhibitors
Effective 07/05/2007
Revised 10/07/2010

Preferred Agents
Available with Clinical Edits

- Januvia[®]

Non-Preferred Agents

- Onglyza[®]

Approval Criteria	Denial Criteria
Documented or inferred diabetes mellitus diagnosis • Oral hypoglycemic agent (at least 1 prescription)	Therapy will be denied if no approval criteria are met
Failure to achieve desired therapeutic outcomes with trial on 1 or more preferred agents	Lack of adequate trial on required preferred agent
Documented compliance on current therapy regimen	
Documented trial period for preferred agents	
Documented ADE/ADR to preferred agents	Drug Prior Authorization Hotline: (800) 392-8030