



Missouri Pharmacy Program – Preferred Drug List



Oral AntiDiabetics: Meglitinides

Effective 04/27/2005

Revised 01/06/2011

Preferred Agents

- Starlix®
- Prandin®

Non-Preferred Agents

- Nateglinide

Approval Criteria	Denial Criteria
Failure to achieve desired therapeutic outcomes with trial on 2 preferred agent	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