



Missouri Pharmacy Program – Preferred Drug List



Oral AntiDiabetics: Thiazolidinediones

Effective 12/16/2004

Revised 10/06/2016

Preferred Agents

- Pioglitazone

Non-Preferred Agents

- Actos®
- Avandia®

<u>Approval Criteria</u>	<u>Denial Criteria</u>
Failure to achieve desired therapeutic outcomes with trial on 1 preferred agent	Patients with symptomatic heart failure <ul style="list-style-type: none"> ○ Treated with 3 or more agents in the inferred therapy groups
Documented trial period for preferred agents	Concurrent use with insulin (<i>Avandia</i>)
Documented ADE/ADR to preferred agents	Concurrent use with nitrate therapy (<i>Avandia</i>)
Documented compliance on current therapy regimen	Lack of adequate trial on required preferred agents
	Therapy will be denied if no approval criteria are met
	Drug Prior Authorization Hotline: (800) 392-8030

Denial Criteria

Condition	Inferred Drugs	History Date Range
Heart Failure	Digoxin Loop Diuretics ACEI or ARB Beta Blockers BiDil Aldosterone Inh	2 years