Missouri Pharmacy Program – Preferred Drug List

DPP-IV Inhibitors

Effective 07/05/2007
Revised 10/03/2019

Preferred Agents
- Januvia®
- Onglyza®
- Tradjenta®

Non-Preferred Agents
- Alogliptin
- Nesina™

Approval Criteria

- Inferred diabetes mellitus diagnosis by history of at least one oral hypoglycemic agent, insulin product, or GLP-1 agonist in the past year
- Failure to achieve desired therapeutic outcomes with trial on 3 preferred agents
  - Documented trial period for preferred agents
  - Documented ADE/ADR to preferred agents

Denial Criteria

- 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