



## Missouri Pharmacy Program – Preferred Drug List



### DPP-IV Inhibitors

Effective 07/05/2007

Revised 10/04/2018

#### Preferred Agents

Available with Clinical Edits

- Januvia®
- Onglyza®
- Tradjenta®

#### Non-Preferred Agents

- Alogliptin
- Nesina®

### Approval Criteria

- Documented or inferred diabetes mellitus diagnosis
  - Oral hypoglycemic agent, insulin product, or GLP-1 agonist (at least 1 prescription)
- Failure to achieve desired therapeutic outcomes with trial on 3 preferred agents
  - Documented trial period for preferred agents
  - Documented ADE/ADR to preferred agents
- Documented compliance on current therapy regimen

### 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