



Missouri Pharmacy Program – Preferred Drug List



Oral AntiDiabetics: 2nd Generation Sulfonylureas

Effective 06/25/2008

Revised 10/04/2018

Preferred Agents

- Glimepiride
- Glipizide
- Glipizide ER
- Glyburide (Non-micronized)
- Glyburide Micronized

Non-Preferred Agents

- Amaryl®
- Diabeta® (discontinued)
- Glucotrol®
- Glucotrol XL®
- Glynase®

Approval Criteria

- 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