



## Missouri Pharmacy Program – Preferred Drug List



### Oral AntiDiabetics: Alpha-Glucosidase Inhibitors

Effective 01/08/2009

Revised 10/04/2018

#### Preferred Agents

- Acarbose
- Glyset®

#### Non-Preferred Agents

- Precose®
- Miglitol

### Approval Criteria

- Failure to achieve desired therapeutic outcomes with a trial on 2 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