



Missouri Pharmacy Program – Preferred Drug List



Oral AntiDiabetics: Biguanides

Effective 04/13/2005

Revised 10/04/2018

Preferred Agents

- Metformin HCl
- Metformin ER (gen GlucophageXR)

Non-Preferred Agents

- Fortamet®
- Glucophage®
- Glucophage XR®
- Glumetza®
- Metformin ER (generic Fortamet)
- Metformin ER (generic Glumetza)
- Riomet® Oral Solution

Approval Criteria

- Failure to achieve desired therapeutic outcomes with trial on 1 or more 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