



Missouri Pharmacy Program – Preferred Drug List



AntiDiabetic Combinations: Oral and Injectable

Effective 05/21/2008

Revised 10/04/2018

Preferred Agents

- Glipizide-Metformin
- Glyburide-Metformin
- **Glyxambi®**
- Jentadueto®
- Janumet®
- Janumet® XR
- Kombiglyze® XR
- **Synjardy®**
- **Synjardy® XR**

Non-Preferred Agents

- Actoplus Met®
- Actoplus Met XR®
- Alogliptin/Metformin
- Alogliptin/Pioglitazone
- DuetAct®
- Glucovance®
- Invokamet®
- Invokamet® XR
- Jentadueto® XR
- Kazano®
- Oseni®
- Pioglitazone/Glimepiride
- Pioglitazone/Metformin
- Prandimet® (discontinued)
- Repaglinide/Metformin
- Soliqua® Pen Injector
- Xigduo XR®
- Xultophy® Pen Injector

Approval Criteria

For ORAL Combination Products

- Failure to achieve desired therapeutic outcomes with trial on 3 preferred agents
 - Documented trial period for preferred agents
 - Documented ADE/ADR to preferred agents

For INSULIN Combination Products (Soliqua® and Xultophy®)

- Failure to achieve desired therapeutic outcomes with trial on 2 preferred GLP-1 Receptor Agonists and 2 preferred Long-Acting Insulins
 - Documented trial period for preferred agents
 - Documented ADE/ADR to preferred agents
- Documented compliance on current therapy regimen

Denial Criteria

Condition	Inferred Drugs	History Date Range
Heart Failure	Digoxin Loop Diuretics ACEI or ARB Beta Blockers BiDil Aldosterone Inh	2 years

- Patients with symptomatic heart failure (*ActoplusMet, ActoplusMet XR*)
 - Treated with 3 or more agents in the inferred therapy groups
- 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