Missouri Pharmacy Program – Preferred Drug List

AntiDiabetic Combinations: Oral and Injectable

Effective 05/21/2008
Revised 10/03/2019

Preferred Agents

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

Non-Preferred Agents

- ActoplusMet®
- ActoplusMet XR®
- Alogliptin/Metformin
- Alogliptin/Pioglitazone
- DuetAct®
- Glyxambi®
- Invokamet®
- Invokamet XR®
- Jentadueto XR®
- Kazano®
- Oseni®
- Pioglitazone/Glimepiride
- Pioglitazone/Metformin
- Qtern®
- Repaglinide/Metformin
- Segluromet™
- Soliqua®
- Steglujan™
- Synjardy XR®
- XigDuo XR®
- Xultophy®

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

Denial Criteria

- For ActoplusMet or ActoplusMet XR:
  - Diagnosis of heart failure in the past 2 years or
- Treated with 3 or more agents used to establish inferred heart failure in the past 2 years
- 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