Missouri Pharmacy Program – Preferred Drug List

Oral Antidiabetics: Meglitinides

Effective 04/27/2005
Revised 10/03/2019

Preferred Agents
• Nateglinide
• Repaglinide

Non-Preferred Agents
• Prandin®
• Starlix®

Approval Criteria
• Failure to achieve desired therapeutic outcomes with trial on 2 or more preferred agents
  o Documented trial period for preferred agents
  o Documented ADE/ADR to preferred agents

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