



Missouri Pharmacy Program – Preferred Drug List



Oral AntiDiabetics: Combinations

Effective 04/13/2005

Revised 01/05/2012

Preferred Agents

- Glyburide-Metformin
- Avandamet®
- ActoplusMet®
- Avandaryl®
- Duetact®
- Janumet®
- Glipizide-Metformin
- **Kombiglyze® XR**

Non-Preferred Agents

- Glucovance®
- Metaglip®
- Prandimet®
- ActoplusMet XR®

<u>Approval Criteria</u>	<u>Denial Criteria</u>
Failure to achieve desired therapeutic outcomes with trial on 4 preferred agents	See Below
Documented trial period for preferred agents	Lack of adequate trial on required preferred agents
Documented ADE/ADR to preferred agents	Therapy will be denied if no approval criteria are met
Documented compliance on current therapy regimen	Drug Prior Authorization Hotline: (800) 392-8030

Denial Criteria

Condition	Submitted ICD-9 Diagnoses	Inferred Drugs	History Date Range
Heart Failure	428.0 – 428.9	Digoxin Loop Diuretics ACEI or ARB Beta Blockers BiDil Aldosterone Inh	2 years

- **Patients with symptomatic heart failure (*Avandamet, Avandaryl & ActoplusMet*)**
 - Treated with 3 or more agents in the inferred therapy groups
 - See Appendix A
- **Concurrent use with insulin (*Avandamet & Avandaryl*)**
- **Concurrent use with nitrate therapy (*Avandamet & Avandaryl*)**
- Lack of adequate trial on required preferred agents
- Therapy will be denied if no approval criteria are met