



Missouri Pharmacy Program – Preferred Drug List



DPP-IV Inhibitors

Effective 07/05/2007

Revised 10/06/2011

Preferred Agents

Available With Clinical Edits

- Januvia[®]
- Onglyza[®]
- Tradjenta[®]

Non-Preferred Agents

<u>Approval Criteria</u>	<u>Denial Criteria</u>
Documented or inferred diabetes mellitus diagnosis	Therapy will be denied if no approval criteria are met
Oral hypoglycemic agent (at least 1 prescription)	Drug Prior Authorization Hotline: (800) 392-8030