



## Missouri Pharmacy Program – Preferred Drug List



### Oral AntiDiabetics: Meglitinides

**Effective 04/27/2005**

Revised 01/05/2012

#### Preferred Agents

- Starlix®
- Prandin®

#### Non-Preferred Agents

- Nateglinide

<u>Approval Criteria</u>	<u>Denial Criteria</u>
Failure to achieve desired therapeutic outcomes with trial on 2 preferred agents	Lack of adequate trial on required preferred agents
Documented trial period for preferred agents	Therapy will be denied if no approval criteria are met
Documented ADE/ADR to preferred agents.	
Documented compliance on current therapy regimen.	Drug Prior Authorization Hotline: (800) 392-8030