



Missouri Pharmacy Program – Preferred Drug List



Oral AntiDiabetics: 2nd Generation Sulfonylureas

Effective 05/11/2005

Revised 01/05/2012

Preferred Agents

- Glipizide
- Glyburide
- Glyburide Micronized
- Glipizide ER/XL
- Glimepiride

Non-Preferred Agents

- Glucotrol®
- Glucotrol XL®
- Glynase®
- Amaryl®

<u>Approval Criteria</u>	<u>Denial Criteria</u>
Failure to achieve desired therapeutic outcomes with trial on 3 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