



Missouri Pharmacy Program – Preferred Drug List



Oral AntiDiabetics: Thiazolidinediones

Effective 12/16/2004

Revised 01/05/2012

Preferred Agents

- Actos®
- Avandia®

Non-Preferred Agents

<u>Approval Criteria</u>	<u>Denial Criteria</u>
N/A <ul style="list-style-type: none"> • All agents within the class are preferred 	Patients with symptomatic heart failure <ul style="list-style-type: none"> • Treated with 3 or more agents in the inferred therapy groups
	Concurrent use with insulin (<i>Avandia</i>)
	Concurrent use with nitrate therapy (<i>Avandia</i>)
	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

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