



UnitedHealthcare Pharmacy  
Clinical Pharmacy Programs

Program Number	2020 P 1198-7
Program	Prior Authorization/Notification – Custom Oxford SoNY and SoCT - Diabetes Medications - DPP4 Inhibitors
Medication	Januvia (sitagliptin)*, Janumet (sitagliptin/metformin immediate-release)*, Janumet XR (sitagliptin/metformin extended-release)*
P&T Approval Date	10/2016, 10/2017, 10/2018, 10/2019, 4/2020, 5/2020, 8/2020
Effective Date	Oxford: 11/1/2020

**1. Background:**

Januvia (sitagliptin)\* is indicated as an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes mellitus. Janumet (sitagliptin/metformin)\* and Janumet XR (sitagliptin/metformin extended-release)\* are indicated as an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes mellitus when treatment with both sitagliptin and metformin/metformin extended-release is appropriate.

**2. Coverage Criteria<sup>a</sup>:**

**A. Januvia\* will be approved based on the following criterion:**

1. Submission of medical records documenting a history of a three month trial<sup>b</sup> resulting in a therapeutic failure, contraindication (e.g. risk factors for heart failure), or intolerance to **both** of the following (Document date and duration of trial):

a. Tradjenta (linagliptin)

**-AND-**

b. **One** of the following:

(1) Nesina (alogliptin)

(2) Onglyza (saxagliptin)

**Authorization will be issued for 12 months**

**B. Janumet\* and Janumet XR\* will be approved based on the following criterion:**

1. Submission of medical records documenting a history of a three month trial<sup>b</sup> resulting in a therapeutic failure, contraindication (e.g. risk factors for heart failure), or intolerance to **all** of the following (Document date and duration of trial):

a. Jentadueto (linagliptin/metformin immediate-release)/ Jentadueto XR (linagliptin/metformin extended-release)

**-AND-**

b. **One** of the following:

- (1) Kazano (alogliptin/metformin immediate-release)
- (2) Kombiglyze XR (saxagliptin/metformin extended-release)

**Authorization will be issued for 12 months**

<sup>a</sup> State mandates may apply. Any federal regulatory requirements and the member specific benefit plan coverage may also impact coverage criteria. Other policies and utilization management programs may apply.

<sup>b</sup> For Connecticut business only a 30 day trial will be required.

**\*Typically excluded from coverage**

**3. Additional Clinical Rules:**

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.
- Supply limits may be in place.

**4. References:**

1. Januvia [[package insert]Whitehouse Station, NJ: Merck & CO. Inc.; August 2019.
2. Janumet [package insert]. Whitehouse Station, NJ: Merck & CO. Inc.; August 2019.
3. Janumet XR [package insert]. Whitehouse Station, NJ: Merck & Co., Inc.; August 2019.
4. Jentadueto/Jentadueto XR [package insert]. Ridgefield, CT: Boehringer-Ingelheim Pharmaceuticals, Inc.; July 2019.
5. Kazano [package insert]. Deerfield, IL: Takeda Pharmaceutical America, Inc.; June 2019.
6. Kombiglyze XR [package insert]. Wilmington, DE: AstraZeneca Pharmaceuticals; June 2019.
7. Nesina [package insert]. Deerfield, IL: Takeda Pharmaceuticals America, Inc.; June 2019.
8. Onglyza [package insert]. Wilmington, DE: AstraZeneca Pharmaceuticals; June 2019
9. Tradjenta [package insert]. Ridgefield, CT: Boehringer-Ingelheim Pharmaceuticals, Inc.; July 2019.
10. American Diabetes Association. Standard of Medical Care in Diabetes- 2020. Diabetes Care 2020;43 (Supplement 1)
11. American Diabetes Association; Cardiovascular Disease and Risk Management: Standards of Medical Care in Diabetes. Diabetes Care 2020 Jan; 41(Supplement 1): S86-S104.

Program	Notification – Diabetes Medication- DPP4 Inhibitors
<b>Change Control</b>	
10/2016	New - Replacing Diabetes Medication Notification program P1025 originally P&T approved 11/2012.
10/2017	Annual review. Updated references. State mandate reference language updated.
10/2018	Annual review. Updated references. Added Jentaducto XR as a Step 1 option.
10/2019	Annual review. Added information on automated approval language.
4/2020	Removed the automated approval language.
5/2020	Added Januvia, Janumet and Janumet are typically excluded from coverage.
8/2020	Added requirement for submission of medical records.