UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

Program Number	2016 P 1198-1
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
Effective Date	Oxford: 2/1/2017

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:**

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

1. History of a three month trial[a] resulting in a therapeutic failure, contraindication (e.g. risk factors for heart failure), or intolerance to **both** of the following (list reason for therapeutic failure, contraindication, or intolerance):

   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. History of a three month trial[a] resulting in a therapeutic failure, contraindication (e.g. risk factors for heart failure), or intolerance to **all** of the following (list reason for therapeutic failure, contraindication, or intolerance):

   a. Jentadueto (linagliptin/metformin immediate-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.

[a] For Connecticut business only a 30 day trial will be required.

3. Additional Clinical Rules:

- Supply limits may be in place.

4. References:

1. Januvia package insert. Merck and CO. Inc. Whitehouse Station, New Jersey. April 2012.
2. Janumet package insert. Merck and CO. Inc. Whitehouse Station, New Jersey. April 2012.
3. Janumet XR prescribing information. Merck & Co., Inc., Whitehouse Station, New Jersey. February 2012.
4. Jentadueto prescribing information. Boehringer-Ingelheim Pharmaceuticals, Inc. Ridgefield, Connecticut. January 2012.
5. Kazano prescribing information. Takeda Pharmaceutical America, Inc. Deerfield, IL. January 2013.
6. Kombiglyze prescribing information. Bristol Myers Squibb, Princeton, New Jersey. March 2012.
7. Nesina prescribing information. Takeda Pharmaceuticals America, Inc. Deerfield, IL. January 2013.
9. Onglyza prescribing information. Bristol Myers Squibb, Princeton, New Jersey. February, 2011.
10. Tradjenta prescribing information. Boehringer-Ingelheim Pharmaceuticals, Inc. Ridgefield, Connecticut. January 2012.
11. American Diabetes Association; Executive Summary: Standards of Medical Care in Diabetes 2012, Diabetes Care 2012:35:S4-S10.

Program	Notification – Diabetes Medication- DPP4 Inhibitors
Change Control	
10/2016	New - Replacing Diabetes Medication Notification program P1025 originally P&T approved 11/2012.