UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

<table>
<thead>
<tr>
<th>Program Number</th>
<th>2018 P 1198-3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program</td>
<td>Prior Authorization/Notification – Custom Oxford SoNY and SoCT - Diabetes Medications - DPP4 Inhibitors</td>
</tr>
<tr>
<td>Medication</td>
<td>Januvia (sitagliptin), Janumet (sitagliptin/metformin immediate-release), Janumet XR (sitagliptin/metformin extended-release)</td>
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<tr>
<td>P&amp;T Approval Date</td>
<td>10/2016, 10/2017, 10/2018</td>
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<tr>
<td>Effective Date</td>
<td>Oxford: 2/1/2019</td>
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</tbody>
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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 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 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)/ 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**

*a* 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.

*b* For Connecticut business only a 30 day trial will be required.

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3. **Additional Clinical Rules:**

- Supply limits may be in place.

4. **References:**

10. American Diabetes Association; Pharmacologic Approaches to Glycemic Treatment: Standards of Medical Care in Diabetes 2018, Diabetes Care 2018 Jan;41 (Supplement 1):S73-S85.
11. American Diabetes Association; Cardiovascular Disease and Risk Management: Standards of Medical Care in Diabetes. Diabetes Care 2018 Jan; 41(Supplement 1): S86-S104.
<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>Change Control</strong></td>
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<tr>
<td>10/2018</td>
<td>Annual review. Updated references. Added Jentadueto XR as a Step 1 option.</td>
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