UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

Program Number | 2018 P 3084-3
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Program | Step Therapy – 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
Effective Date | 2/1/2019; Oxford only: 2/1/2019

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 Criteriaa:

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)b:

   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)b:

   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 and Kentucky 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.
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