

Market Applicability							
Market	DC	GA	KY	MD	NJ	NY	WA
Applicable	X	X	X	X	X	X	NA

Dipeptidyl Peptidase-4 (DPP-4) Inhibitor Step Therapy

Override(s)	Approval Duration
Prior Authorization Quantity Limit	1 year

Medications	Comment	Strength	Quantity Limit
Janumet (sitagliptin/metformin)	Preferred	50-500 mg 50-1000 mg	2 tablets per day 2 tablets per day
Janumet XR (sitagliptin/metformin)	Preferred	50mg-500mg 50mg-1000mg 100mg-1000mg	2 tablets per day 2 tablets per day 1 tablet per day
Januvia (sitagliptin)	Preferred	25 mg 50 mg 100 mg	1 tablet per day 1 tablet per day 1 tablet per day
Jentadueto (linagliptin/metformin)	Non-Preferred	2.5-500 mg 2.5-850 mg 2.5-1000 mg	2 tablets per day 2 tablets per day 2 tablets per day
Jentadueto XR (linagliptin/metformin)	Non-Preferred	2.5-1000 mg 5-1000 mg	2 tablets per day 1 tablet per day
Kazano (alogliptin/metformin)	Non-Preferred	12.5-500 mg 12.5-1000 mg	2 tablets per day 2 tablets per day
Kombiglyze XR (saxagliptin/metformin)	Non-Preferred	2.5-1000 mg 5-500 mg 5-1000 mg	2 tablets per day 1 tablet per day 1 tablet per day
Nesina (alogliptin)	Non-Preferred	6.25 mg 12.5 mg 25 mg	1 tablet per day 1 tablet per day 1 tablet per day
Onglyza (saxagliptin)	Non-Preferred	2.5 mg 5 mg	1 tablet per day 1 tablet per day
Oseni (alogliptin/pioglitazone)	Non-Preferred	12.5-15 mg 12.5-30 mg 12.5-45 mg 25-15 mg 25-30-mg 25-45 mg	1 tablet per day 1 tablet per day 1 tablet per day 1 tablet per day 1 tablet per day 1 tablet per day
Tradjenta (linagliptin)	Non-Preferred	5 mg	1 tablet per day

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APPROVAL CRITERIA

Requests for a preferred DPP-4 inhibitor and DPP-4 combination products may be approved when the following criteria are met:

- I. Individual has had a trial (medication samples/coupons/discount cards are excluded from consideration as a trial) and inadequate response or intolerance to metformin (AACE/ACE 2019); **OR**
- II. Individual has a contraindication to metformin therapy;

Requests for a non-preferred DPP-4 inhibitor may be approved when the following criteria are met

- I. One of the following:
 - A. Individual has had a trial (medication samples/coupons/discount cards are excluded from consideration as a trial) and inadequate response or intolerance to metformin (AACE/ACE 2019); **OR**
 - B. Individual has a contraindication to metformin therapy;

AND

- II. Individual has had a trial (medication samples/coupons/discount cards are excluded from consideration as a trial) and inadequate response or intolerance to one preferred DPP-4 inhibitor

Preferred DPP-4 inhibitors: Janumet, Janumet XR, Januvia

Non-Preferred DPP-4 Inhibitors: Jentadueto, Jentadueto XR, alogliptan/metformin (Kazano), Kombiglyze XR, alogliptan (Nesina), Onglyza, (alogliptan/pioglitazone) Oseni, Tradjenta

OR

- III. Tradjenta (linagliptin) may be approve for individuals with renal impairment (eGFR less than 45 mL/minute/1.73m²).

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Applicable	X	X	X	X	X	X	NA

Key References:

1. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed: January 2, 2020.
2. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
3. Garber AJ, Abrahamson MJ, Barzilay JI, et. al. Consensus Statement by the American Association of Clinical Endocrinologists and American College of Endocrinology on the Comprehensive Type 2 Diabetes Management Algorithm – 2019 Executive Summary. *Endocrine Practice*. 2019;25:69-100.
4. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2020; Updated periodically.
5. US Food and Drug Administration. FDA Drug Safety Communication: FDA revises warnings regarding use of the diabetes medicine metformin in certain patients with reduced kidney function. Last updated: November 14, 2017. Available at <https://www.fda.gov/Drugs/DrugSafety/ucm493244.htm>. Accessed: January 2, 2020.

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.