



**DPP-4 Inhibitor and Combo Products
Effective April 17, 2019**

Plan	<input checked="" type="checkbox"/> MassHealth <input type="checkbox"/> Commercial/Exchange	Program Type	<input type="checkbox"/> Prior Authorization
Benefit	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit (NLX)		<input type="checkbox"/> Quantity Limit <input checked="" type="checkbox"/> Step Therapy
Specialty Limitations	N/A		
Contact Information	Specialty Medications		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	Non-Specialty Medications		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
	Exchange	Phone: 855-582-2022	Fax: 855-245-2134
	Medical Specialty Medications (NLX)		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
Exceptions	N/A		

Overview

Prescriptions that meet the initial step therapy requirements will adjudicate automatically at the point of sale. If the prescription does not meet the initial step therapy requirements, the prescription will deny with a message indicating that prior authorization (PA) is required. Refer to the criteria below and submit a PA request for the members who do not meet the initial step therapy requirements at the point of sale.

Initial Step-Therapy Requirements:

- First-Line:** Medications listed on first-line are covered without prior-authorization.
- Second-Line:** Second-line medications will pay if the member has filled both first-line medications or a second-line medication within the past 180 days.

Coverage Guidelines

FIRST-LINE	SECOND-LINE
metformin or a metformin-containing product	Januvia (sitagliptin) Janumet (sitagliptin/metformin) Janumet XR (sitagliptin/metformin XR) Onglyza (saxagliptin) Kombiglyze XR (saxagliptin/metformin XR) Tradjenta (linagliptin) Jentadueto (linagliptin/metformin) Jentadueto XR (linagliptin/metformin XR) alogliptin alogliptin/metformin alogliptin/pioglitazone



* Note: Please refer to the SGLT-2 ST & QL criteria for Glyxambi® (empagliflozin/linagliptin) criteria

If a member does not meet the initial step therapy requirements, then approval of a second-line medication will be granted if the member meets the following criteria:

- The member has a diagnosis of Type II diabetes **AND**
- The member has been started and stabilized on the requested medication **OR**
- The member has a documented inadequate response, side effect, allergy or contraindication (i.e., renal insufficiency, liver disease, heart failure, history of lactic acidosis) to metformin.

Limitations

1. Approvals will be granted for 36 months.

References

1. Januvia® [package insert]. Whitehouse Station (NJ): Merck & Co; 2019 Mar.
2. Janumet® [package insert]. Whitehouse Station (NJ): Merck & Co; 2019 Mar.
3. Janumet® XR [package insert]. Whitehouse Station (NJ): Merck & Co; 2019 Mar.
4. Onglyza® [package insert]. Wilmington (DE): AstraZeneca Pharmaceuticals LP; 2018 Apr.
5. Kombiglyze® XR [package insert]. Wilmington (DE): AstraZeneca Pharmaceuticals LP; 2018 Nov.
6. Tradjenta® [package insert]. Ridgefield (CT): Boehringer Ingelheim Pharmaceuticals, Inc.; 2017 Aug.
7. Jentadueto® [package insert]. Ridgefield (CT): Boehringer Ingelheim Pharmaceuticals, Inc.; 2017 Aug.
8. Rodbard HW, et al. Statement by an American Association of Clinical Endocrinologists/American College of Endocrinology Consensus Panel on Type 2 Diabetes Mellitus: An Algorithm for Glycemic Control. *Endocrine Practice*. 2009;15(6):541-549. <http://www.aace.com/pub/pdf/GlycemicControlAlgorithm.pdf>
9. Nathan DM, Buse JB, Davidson MB, Ferrannini E, Holman RR, Sherwin R, et al. Medical management of hyperglycemia in type 2 diabetes: a consensus algorithm for the initiation and adjustment of therapy: a consensus statement of the American Diabetes Association and the European Association for the Study of Diabetes. *Diabetes Care*. 2009 Jan;32(1):193-203.
10. Qaseem A, Humphrey LL, Sweet DE, Starkey M, Shekelle P; Clinical Guidelines Committee of the American College of Physicians. Oral pharmacologic treatment of type 2 diabetes mellitus: a clinical practice guideline from the American College of Physicians. *Ann Intern Med*. 2012;156(3):218-31.
11. The American Diabetes Association. Standards of medical care in diabetes – 2016. *Diabetes Care*. 2016(Jan);38(suppl 1):S1-S112.
12. Inzucchi SE, BergenstalRM, Buse JB, Diamant M, Ferrannini E, Nauck M, et al. Management of hyperglycemia in type 2 diabetes, 2015: A patient-centered approach. *Diabetes Care*. 2015;38:140-9.

Review History

- 03/05/07 – Reviewed
- 04/23/07 – Reviewed
- 04/28/08 – Reviewed
- 07/16/08 – Tier 2 status
- 08/21/08 – Metformin-containing products



02/01/09 – Prandimet
04/27/09 – Reviewed
04/26/10 – Reviewed
12/15/10 – Disclaimer
01/03/11 – Kombiglyze XR
04/25/11 – Reviewed
06/06/11 – Tradjenta
03/19/12 – Jentadueto
04/23/12 – Updated
04/22/13 – Reviewed
04/28/14 – Updated
04/27/15 – Reviewed
04/25/16 – Reviewed
04/24/17 – Updated
04/17/19 – Reviewed

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