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

<table>
<thead>
<tr>
<th>FIRST-LINE</th>
<th>SECOND-LINE</th>
</tr>
</thead>
<tbody>
<tr>
<td>metformin or a metformin-containing product</td>
<td>Januvia (sitagliptin)</td>
</tr>
<tr>
<td>Janumet (sitagliptin/metformin)</td>
<td>Janumet XR (sitagliptin/metformin XR)</td>
</tr>
<tr>
<td>Onglyza (saxagliptin)</td>
<td>Kombiglyze XR (saxagliptin/metformin XR)</td>
</tr>
<tr>
<td>Tradjenta (linagliptin)</td>
<td>Jentadueto (linagliptin/metformin)</td>
</tr>
<tr>
<td>Jentadueto XR (linagliptin/metformin XR)</td>
<td>alogliptin</td>
</tr>
<tr>
<td>alogliptin/metformin</td>
<td>alogliptin/pioglitazone</td>
</tr>
</tbody>
</table>
* 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**


**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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