

Market Applicability														
Market	DC	FL & FHK	FL MMA	FL LTC	GA	KS	KY	MD	NJ	NV	NY	TN	TX	WA
Applicable	X	X	NA	NA	X	NA	X	X	X	X	X	NA	NA	X

\*FHK- Florida Healthy Kids

## 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	1 tablet per day 1 tablet per day 1 tablet per day 1 tablet per day 1 tablet per day

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.

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		25-45 mg	1 tablet per day
Tradjenta (linagliptin)	Non-Preferred	5 mg	1 tablet per day

## **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 been on the requested preferred DPP-4 inhibitor or preferred DPP-4 combination product in the past 180 days (medication samples/ coupons/ discount cards are excluded from consideration as a trial); **OR**
- II. Individual has had a trial (medication samples/coupons/discount cards are excluded from consideration as a trial) and inadequate response or intolerance to metformin; **OR**
- III. Individual has a contraindication to metformin therapy [such as but not limited to, renal insufficiency (eGFR is less than 45 mL/minute/1.73 m<sup>2</sup>)];

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; **OR**
  - B. Individual has a contraindication to metformin therapy [such as but not limited to, renal insufficiency (eGFR is less than 45 mL/minute/1.73 m<sup>2</sup>)];

**AND**

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- 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, Kazano, Kombiglyze XR, Nesina, Onglyza, Oseni, Tradjenta

State Specific Mandates		
State name	Date effective	Mandate details (including specific bill if applicable)
N/A	N/A	N/A

**Key References:**

Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2017. URL: <http://www.clinicalpharmacology.com>. Updated periodically.

DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>.

DrugPoints® System (electronic version). Truven Health Analytics, Greenwood Village, CO. Updated periodically.

Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2017; Updated periodically.

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