

**HARVARD PILGRIM HEALTH CARE
RECOMMENDED MEDICATION REQUEST GUIDELINES**

DPP-IV INHIBITORS

Generic	Brand	HICL	GCN	Exception/Other
ALOGLIPTIN	NESINA	39968		
SAXAGLIPTIN	ONGLYZA	36471		

GUIDELINES FOR USE

INITIAL CRITERIA (NOTE: FOR RENEWAL CRITERIA SEE BELOW)

1. Has the patient tried or does the patient have a contraindication to the use of Januvia **AND** Tradjenta?

If yes, continue to #2.

If no, do not approve. Please use status code #238 and the denial text provided.

DENIAL TEXT: Per your health plan's DPP-IV Inhibitors guideline, a trial of both Januvia **AND** Tradjenta is required prior to approving coverage for the requested medication. Your provider did not indicate that you have been treated with Januvia and Tradjenta and therefore your request was not approved.

2. **Please approve for 24 months by HICL.** Please use status code #057.

Requests for products on formulary with a restriction, please use the approval text provided.

APPROVAL TEXT: Your request for _____ has been approved for a 24-month period.

Requests for products not on formulary, please use the approval text provided.

APPROVAL TEXT: Your request for _____ has been approved for a 24-month period at your highest cost-share tier. Refer to your Harvard Pilgrim ID card for the amount you pay for drugs on that tier.

RENEWAL CRITERIA

1. Has the patient experienced improvement while on therapy?

If yes, continue to #2.

If no, do not approve. Please use status code #238 and the denial text provided.

DENIAL TEXT: Per your health plan's DPP-IV Inhibitors guideline, authorization for renewal requires documentation of improvement of symptoms while on therapy with **[requested drug]**. Your provider did not indicate that your symptoms have improved with **[requested drug]** and therefore your request was not approved.

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RENEWAL CRITERIA (CONTINUED)

2. **Please approve for 24 months by HICL.** Please use status code #057.

Requests for products on formulary with a restriction, please use the approval text provided.

APPROVAL TEXT: Your request for _____ has been approved for a 24-month period.

Requests for products not on formulary, please use the approval text provided.

APPROVAL TEXT: Your request for _____ has been approved for a 24-month period at your highest cost-share tier. Refer to your Harvard Pilgrim ID card for the amount you pay for drugs on that tier.

RATIONALE

To promote first-line use of the preferred formulary agents Januvia and Tradjenta, prior to the approval of alogliptin, Nesina, or Onglyza.

FDA APPROVED INDICATIONS

JANUVIA is indicated as an adjunct to diet and exercise to improve glycemic control in adults with Type 2 Diabetes mellitus.

NESINA is indicated as an adjunct to diet and exercise to improve glycemic control in adults with Type 2 Diabetes mellitus.

ONGLYZA is indicated as an adjunct to diet and exercise to improve glycemic control in adults with Type 2 Diabetes mellitus in multiple clinical settings.

TRADJENTA is indicated as an adjunct to diet and exercise to improve glycemic control in adults with Type 2 Diabetes Mellitus.

REFERENCES

- Januvia package insert. Merck & Co., Inc. Whitehouse Station, NJ. February 2010.
- Nesina package insert. Takeda Pharmaceuticals America, Inc. Deerfield, IL. January 2013.
- Onglyza package insert. Bristol-Myers Squibb Company. Princeton, NJ. February 2011.
- Tradjenta package insert. Boehringer Ingelheim Pharmaceuticals, Inc. Ridgefield, CT. May 2011.

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