

DPP-4 INHIBITORS PA SUMMARY

PREFERRED	Onglyza, Kombiglyze
NON-PREFERRED	Januvia, Janumet, Tradjenta

LENGTH OF AUTHORIZATION: Initial: 6 Months; Repeat: 1 Year

NOTE: Preferred and non-preferred agents require prior authorization.

PA CRITERIA:

For Onglyza or Kombiglyze

- ❖ Approvable for members with Type 2 diabetes mellitus
AND
- ❖ Submit documentation of inadequate response, allergies, contraindications, drug-drug interactions, or show a history of intolerable side effects to metformin and either a thiazolidinedione or a sulfonylurea
AND
- ❖ Submit documentation of hemoglobin A1c results within the past 6 months.
- ❖ Kombiglyze may be approved if the member has been taking Onglyza as a single-ingredient product. Otherwise, requests for Kombiglyze must meet the criteria above.

For Januvia/Janumet or Tradjenta

- ❖ Approvable for members with Type 2 diabetes mellitus
AND
- ❖ Submit documentation of inadequate response, allergies, contraindications, drug-drug interactions, or show a history of intolerable side effects to Onglyza
AND
- ❖ Submit documentation of hemoglobin A1c results within the past 6 months.

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **SXC Health Solutions at 1-866-525-5827**.

PA and Appeal Process:

- ❖ For online access to the PA process please go to www.mmis.georgia.gov/portal, highlight the pharmacy link on the top right side of the page, and click on “prior approval process”.

Quantity Level Limitations:

- ❖ For online access to the current Quantity Level Limits please go to www.mmis.georgia.gov/portal, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services Part II and select that manual.