

DPP-4 INHIBITORS PA SUMMARY

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| PREFERRED | Onglyza, Kombiglyze |
| NON-PREFERRED | Januvia, Janumet, Juvisync, 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.

For Juvisync

- ❖ Submit a written letter of medical necessity stating the reason(s) the separate products, simvastatin and Januvia, are not appropriate for the member.

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.