

## DPP-4 INHIBITORS PA SUMMARY

<b>PREFERRED</b>	Onglyza
<b>NON-PREFERRED</b>	Januvia, Janumet

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

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

### PA CRITERIA:

*For Onglyza*

- ❖ 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 a thiazolidinedione  
*AND*
- ❖ Submit documentation of hemoglobin A1c results within the past 6 months.

*For Januvia/Janumet*

- ❖ Approvable for members with Type 2 diabetes mellitus  
*AND*
- ❖ Submit documentation of 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](http://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](http://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.