

BLUE CROSS OF NORTHEASTERN PENNSYLVANIA UTILIZATION MANAGEMENT CRITERIA	MANUAL: PHARMACY UTILIZATION MANAGEMENT CRITERIA
[] PROPOSED [X] FINAL	REFERENCE NO.: UMC-530-0058
	SECTION: PHARMACY MANAGEMENT DEPARTMENT
	SUBJECT: STEP THERAPY CRITERIA FOR DPP-4 (DIPEPTIDYL PEPTIDASE-4) ENZYME INHIBITORS AND DPP-4 INHIBITOR COMBINATIONS
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STEP THERAPY CRITERIA FOR DPP-4 (DIPEPTIDYL PEPTIDASE-4) ENZYME INHIBITORS

DRUGS WHICH DO NOT REQUIRE STEP THERAPY: JANUVIA (SITAGLIPTIN), JANUMET/JANUMET XR (SITAGLIPTIN/METFORMIN), TRADJENTA (LINAGLIPTIN), JENTADUETO (LINAGLIPTIN/METFORMIN),

DRUGS WHICH REQUIRE STEP THERAPY: ONGLYZA (SAXAGLIPTIN), KOMBIGLYZE XR (SAXAGLIPTIN/METFORMIN), NESINA (ALOGLIPTIN BENZOATE), KAZANO (ALOGLIPTIN/METFORMIN), AND OSENI (ALOGLIPTIN/PIOGLITAZONE)

Member must have used a sitagliptin product (Januvia, Janumet, Janumet XR) as well as a linagliptin product (Tradjenta, Jentadueto) before a saxagliptin product (Onglyza, Kombiglyze XR) or an alogliptin product (Nesina, Kazano, Oseni) will be covered. Both the sitagliptin product as well as the linagliptin product must appear on the member's prescription claims history within the past 180 days for a saxagliptin or alogliptin product to be covered.

STEP 1 MEDICATIONS

Januvia (sitagliptin)
 Janumet (sitagliptin/metformin)
 Janumet XR (sitagliptin/metformin)
 Tradjenta (linagliptin)
 Jentadueto (linagliptin/metformin)

These 1st step medications do not require any intervention, they will process at the pharmacy without any intervention.

STEP 2 MEDICATIONS

Onglyza (saxagliptin)
Kombiglyze XR (saxagliptin/metformin)
Nesina (alogliptin benzoate)
Kazano (alogliptin/metformin)
Oseni (alogliptin/pioglitazone)

- This program applies to members when starting on medications for the first time and members restarting on medications after a lapse of more than 130 days.
- If you believe that the first-step drug requirement is inappropriate or if it has failed to successfully treat your patient's condition, you may submit a prior authorization request for consideration of approval of a second-step medication.
- If the member is started on a step 2 medication using "samples" without following the stated step criteria, authorization will not be given.

Januvia, Onglyza, Kombiglyze XR, Tradjenta and Jentadueto are indicated as adjuncts to diet and exercise to improve glycemic control in adult patients with type 2 diabetes mellitus.

The dipeptidyl peptidase-4 (DPP-4) enzyme inhibitors available commercially are Januvia (sitagliptin), Onglyza (saxagliptin), Tradjenta (linagliptin) and Nesina (alogliptin). These medications are given orally and are believed to exert their actions in patients with type 2 diabetes by slowing the inactivation of incretin hormones. Incretin hormones, including glucagon-like peptide-1 (GLP-1) and glucose dependent insulinotropic polypeptide (GIP) are released by the intestine throughout the day, and levels are increased in response to a meal. These hormones are rapidly inactivated by the enzyme, DPP-4.

The incretins are part of an endogenous system involved in the physiologic regulation of glucose homeostasis. By increasing and prolonging active incretin levels, DPP-4 Inhibitors increase insulin release and decrease glucagon levels in the circulation in a glucose-dependent manner. Inhibition of DPP-4 with these medications results in a 2- to 3-fold increase in circulating levels of GLP-1 and GIP, decreased glucagon concentrations, and increased responsiveness of insulin release to glucose, resulting in higher C-peptide and insulin concentrations.

Janumet/Janumet XR (sitagliptin/metformin), Kombiglyze XR (saxagliptin/metformin), Jentadueto (linagliptin/metformin) are indicated as an adjunct to diet and exercise to improve glycemic control in adult patients with type 2 diabetes mellitus who are not adequately controlled on metformin or sitagliptin/saxagliptin/linagliptin alone or in patients already being treated with the combination of Januvia/Onglyza/Tradjenta and metformin.

Metformin improves glucose tolerance in patients with type 2 diabetes mellitus by lowering both basal and postprandial plasma glucose. Metformin decreases hepatic glucose production, decreases intestinal absorption of glucose, and improves insulin sensitivity by increasing peripheral glucose uptake and utilization.

Dosage and Administration

Januvia is available in 100 mg, 50 mg, and 25 mg tablets. The usual dosage is 100 mg by mouth, once daily. A dosage adjustment is recommended in patients with moderate renal insufficiency and in patients with severe renal insufficiency or with ESRD requiring hemodialysis or peritoneal dialysis.

Janumet is available in 2 strengths:

- 50 mg/500 mg (50 mg of sitagliptin and 500 mg of metformin)
- 50 mg/1000 mg (50 mg of sitagliptin and 1000 mg of metformin)

Janumet XR is available in 3 strengths:

- 50 mg/500 mg (50 mg of sitagliptin and 500 mg of metformin)
- 50 mg/1000 mg (50 mg of sitagliptin and 1000 mg of metformin)
- 100 mg/1000 mg (100 mg of sitagliptin and 1000 mg of metformin)

Janumet should be given twice daily with meals. Janumet XR is given once daily. The sitagliptin dose should not exceed 100 mg per day. Patients taking Januvia monotherapy dose-adjusted for renal insufficiency should not be switched to Janumet.

Onglyza is available in 2.5 and 5 mg tablets. The usual dosage is 2.5 or 5 mg once daily. The dosage should be decreased to 2.5 mg once daily for moderate to severe renal impairment (CrCL of 50 ml/min or less). In the case of end-stage renal disease requiring hemodialysis, the dose of Onglyza is 2.5 mg once daily after hemodialysis.

Nesina is available in 6.25 mg, 12.5 mg and 25 mg tablets. The usual dose is 25 mg once daily. Dosage adjustments for moderate and severe renal impairment must be made. The alogliptin dose should not exceed 25 mg per day.

Kombiglyze is available in 3 strengths:

- 5 mg/50 mg (5 mg of saxagliptin/500 mg of metformin)
- 2.5 mg/1000 mg (2.5 mg of saxagliptin/1000 mg of metformin)
- 5 mg/1000 mg (5 mg of saxagliptin/1000 mg of metformin).

Tradjenta is available as 5 mg tablets. The usual dosage is 5 mg by mouth, once daily with or without food. No adjustments are recommended for renal or hepatic function impairment.

Jentaduetto is available in 3 strengths:

- 2.5 mg/1000 mg (2.5 mg of linagliptin/1000 mg of metformin)
- 2.5 mg/850 mg (2.5 mg of linagliptin/850 mg of metformin)
- 2.5 mg/500 mg (2.5 mg of linagliptin/500 mg of metformin)

Kazano is available in 2 strengths:

- 12.5 mg/500 mg (12.5 mg of alogliptin/500 mg of metformin)
- 12.5 mg/1000 mg (12.5 mg of alogliptin/1000 mg of metformin)

Oseni is available in 6 strengths:

- 12.5 mg/15 mg (12.5 mg of alogliptin/15 mg of pioglitazone)
- 12.5 mg/30 mg (12.5 mg of alogliptin/30 mg of pioglitazone)
- 12.5 mg/45 mg (12.5 mg of alogliptin/45 mg of pioglitazone)
- 25 mg/15 mg (25 mg of alogliptin/15 mg of pioglitazone)
- 25 mg/30 mg (25 mg of alogliptin/30 mg of pioglitazone)
- 25 mg/45 mg (25 mg of alogliptin/45 mg of pioglitazone)