

PHARMACY PRE-AUTHORIZATION CRITERIA



DRUG (S)	<p><u>Diabetic Oral Medications</u></p> <p><u>Combinations:</u> Actoplus Met XR Duetact Kazano Kombiglyze XR Segluromet Xigduo XR</p> <p><u>“DPP4’s”:</u> Nesina Onglyza</p> <p><u>“SGLT2’s”:</u> Farxiga Steglatro</p>
POLICY #	12106
INDICATIONS	These agents are approved for the treatment of Type 2 diabetes in combination with other agents or alone as an adjunct to diet and exercise to improve glycemic control.
DRUG (S)	<u>Diabetic Oral</u> #14155

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NOTE: All of the following drugs require a diagnosis of diabetes mellitus type 2:

DRUG	FREEDOM DRUG LIST Requirements	COMMERCIAL DRUG LIST Requirements
Actoplus Met XR	Metformin	Metformin
Duetact	Metformin	Metformin
Farxiga	Metformin AND one of the following: Invokana Invokamet Jardiance Synjardy	Metformin AND one of the following: Invokana Invokamet Jardiance Synjardy
Kazano	Metformin AND one of the following: Januvia Janumet/XR Jentadueto Tradjenta	Metformin AND one of the following: Januvia Janumet/XR Jentadueto Tradjenta
Kombiglyze XR	Metformin AND TWO of the following: Jentadueto Kazano Nesina Oseni Tradjenta Januvia Janumet/XR	Metformin AND one of the following: Januvia Janumet/XR Jentadueto Tradjenta
Nesina	Metformin AND one of the following: Januvia Janumet/XR Jentadueto Tradjenta	Metformin AND one of the following: Januvia Janumet/XR Jentadueto Tradjenta
Onglyza	Metformin AND TWO of the following: Januvia Janumet/XR Jentadueto Kazano Nesina	Metformin AND one of the following: Januvia Janumet/XR Jentadueto Tradjenta

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	Oseni Tradjenta	
Segluromet	Metformin AND one of the following: Invokana Invokamet Jardiance Synjardy	Metformin AND one of the following: Invokana Invokamet Jardiance Synjardy
Steglatro	Metformin AND one of the following: Invokana Invokamet Jardiance Synjardy	Metformin AND one of the following: Invokana Invokamet Jardiance Synjardy
Xigduo XR	Metformin AND one of the following: Invokana Invokamet Jardiance Synjardy	Metformin AND one of the following: Invokana Invokamet Jardiance Synjardy

LIMITATIONS

REFERENCES

1. Nathan DM, Buse JB, Davidson MB, et al. Management of hyperglycemia on type 2 diabetes: a consensus algorithm for the initiation and adjustment of therapy. *Diabetes Care* 2006;29:1963-72.
2. Actoplus Met XR full prescribing information. Deerfield, IL. Takeda Pharmaceuticals.
3. Duetact full prescribing information. Deerfield IL. Takeda Pharmaceuticals.
4. Glumetza full prescribing information. Menlo Park, CA. DepoMed Inc.
5. Fortamet full prescribing information. Atlanta, GA. Sciele Pharma Inc.
6. Oseni full prescribing information. Deerfield, IL. Takeda Pharmaceuticals.
7. Kazano full prescribing information. Deerfield, IL. Takeda Pharmaceuticals.
8. Xigduo XR, full prescribing information, Wilmington, DE, AstraZeneca Pharmaceuticals
9. Kombiglyze XR full prescribing information. Princeton, NJ. Bristol-Myers Squibb Company.
10. Nesina full prescribing information. Deerfield, IL. Takeda Pharmaceuticals.
11. Onglyza full prescribing information. Princeton, NJ. Bristol-Myers Squibb Company.
12. Farxiga full prescribing information. Princeton, NJ. Bristol-Myers Squibb Company.
13. GoodRx.com/blog/metformin-vs-metformin-mod-vs-osm-whats-the-difference/

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	<p>14. Steglatro full prescribing information. Whitehouse Station, NJ. Merck & Co, Inc. 15. Stegluromet full prescribing information. Whitehouse Station, NJ. Merck & Co, Inc. 16. Steglujan full prescribing information. Whitehouse Station, NJ. Merck & Co, Inc. 17. Qtern full prescribing information. Wilmington, DE. AstraZeneca Pharmaceuticals LP.</p>
P&T REVIEW HISTORY	3/08, 6/08, 9/08, 9/09, 9/10, 12/11, 10/13, 10/14, 2/16, 8/16, 11/16, 2/17, 5/17, 11/17, 5/18, 5/19
REVISION RECORD	9/08, 12/09, 12/10, 5/11, 12/11, 9/12, 3/13, 4/13, 10/13, 2/14, 6/14, 10/14, 2/15, 7/15, 9/15, 5/16, 8/16, 11/16, 2/17, 5/17, 11/17, 1/18, 5/18, 9/18, 11/18, 5/19, 1/1/2020 – removed Oseni, please see separate Oseni Policy, 1/23/2020 – removed Qtern and Steglujan, please see separate policies for both, 2/20/2020 – removed Fortamet, Glumetza, Riomet, Metformin oral solution, please see separate Metformin Extended Release and Riomet policies