

DPP-4 Inhibitors and Combinations Step Therapy with Quantity Limit Program Summary

POLICY REVIEW CYCLE

Effective Date
03-15-2025

Date of Origin

POLICY AGENT SUMMARY STEP THERAPY

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Targeted MSC	Available MSC	Final Age Limit	Preferred Status
Alogliptin ; Nesina		12.5 MG ; 25 MG ; 6.25 MG	M ; N ; O	M ; N		
Alogliptin/metformin hcl ; Alogliptin/metformin hydr ; Kazano		12.5-1000 MG ; 12.5-500 MG	M ; N ; O	M ; N		
Alogliptin/pioglitazone ; Oseni		12.5-30 MG ; 25-15 MG ; 25-30 MG ; 25-45 MG	M ; N ; O	M ; N		
Jentaduetto ; Jentaduetto xr		2.5-1000 MG ; 2.5-500 MG ; 2.5-850 MG ; 5-1000 MG	M ; N ; O	N		
Kombiglyze xr		2.5-1000 MG ; 5-1000 MG ; 5-500 MG	M ; N ; O	O ; Y		
Onglyza		2.5 MG ; 5 MG	M ; N ; O	O ; Y		
Sitagliptin ; Zituvio		100 MG ; 25 MG ; 50 MG	M ; N ; O	N		
Sitagliptin/metformin hyd ; Zituvimet ; Zituvimet xr		100-1000 MG ; 50-1000 MG ; 50-500 MG	M ; N ; O	N		
Tradjenta		5 MG	M ; N ; O	N		

POLICY AGENT SUMMARY QUANTITY LIMIT

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	QL Amount	Dose Form	Day Supply	Duration	Addtl QL Info	Allowed Exceptions	Targeted NDCs When Exclusions Exist
Alogliptin ; Nesina	alogliptin benzoate tab	12.5 MG ; 25 MG ; 6.25 MG	30	Tablets	30	DAYS			
Alogliptin/metformin hcl ; Alogliptin/metformin hydr ; Kazano	alogliptin-metformin hcl tab	12.5-1000 MG ; 12.5-500 MG	60	Tablets	30	DAYS			
Alogliptin/pioglitazone ; Oseni	alogliptin-pioglitazone tab	12.5-30 MG ;	30	Tablets	30	DAYS			

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	QL Amount	Dose Form	Day Supply	Duration	Addtl QL Info	Allowed Exceptions	Targeted NDCs When Exclusions Exist
		25-15 MG ; 25-30 MG ; 25-45 MG							
Janumet	sitagliptin-metformin hcl tab	50-1000 MG ; 50-500 MG	60	Tablets	30	DAYS			
Janumet xr	Sitagliptin-Metformin HCl Tab ER 24HR 100-1000 MG	100-1000 MG	30	Tablets	30	DAYS			
Janumet xr	Sitagliptin-Metformin HCl Tab ER 24HR 50-1000 MG	50-1000 MG	60	Tablets	30	DAYS			
Janumet xr	Sitagliptin-Metformin HCl Tab ER 24HR 50-500 MG	50-500 MG	30	Tablets	30	DAYS			
Januvia	sitagliptin phosphate tab	100 MG ; 25 MG ; 50 MG	30	Tablets	30	DAYS			
Jentadueto	Linagliptin-Metformin HCl Tab 2.5-1000 MG	2.5-1000 MG	60	Tablets	30	DAYS			
Jentadueto	Linagliptin-Metformin HCl Tab 2.5-500 MG	2.5-500 MG	60	Tablets	30	DAYS			
Jentadueto	Linagliptin-Metformin HCl Tab 2.5-850 MG	2.5-850 MG	60	Tablets	30	DAYS			
Jentadueto xr	Linagliptin-Metformin HCl Tab ER 24HR 2.5-1000 MG	2.5-1000 MG	60	Tablets	30	DAYS			
Jentadueto xr	Linagliptin-Metformin HCl Tab ER 24HR 5-1000 MG	5-1000 MG	30	Tablets	30	DAYS			
Kombiglyze xr	Saxagliptin-Metformin HCl Tab ER 24HR 2.5-1000 MG	2.5-1000 MG	60	Tablets	30	DAYS			
Kombiglyze xr	Saxagliptin-Metformin HCl Tab ER 24HR 5-1000 MG	5-1000 MG	30	Tablets	30	DAYS			
Kombiglyze xr	Saxagliptin-Metformin HCl Tab ER 24HR 5-500 MG	5-500 MG	30	Tablets	30	DAYS			
Onglyza	Saxagliptin HCl Tab 2.5 MG (Base Equiv)	2.5 MG	30	Tablets	30	DAYS			
Onglyza	Saxagliptin HCl Tab 5 MG (Base Equiv)	5 MG	30	Tablets	30	DAYS			
Sitagliptin ; Zituvio	sitagliptin tab	25 MG	30	Tablets	30	DAYS			
Sitagliptin ; Zituvio	sitagliptin tab	50 MG	30	Tablets	30	DAYS			
Sitagliptin ; Zituvio	sitagliptin tab	100 MG	30	Tablets	30	DAYS			
Sitagliptin/metformin hyd ; Zituvimet	sitagliptin free base-metformin hcl tab	50-500 MG	60	Tablets	30	DAYS			
Sitagliptin/metformin hyd ; Zituvimet	sitagliptin free base-metformin hcl tab	50-1000 MG	60	Tablets	30	DAYS			
Tradjenta	Linagliptin Tab 5 MG	5 MG	30	Tablets	30	DAYS			
Zituvimet xr	sitagliptin free base-metformin hcl tab er	50-500 MG	60	Tablets	30	DAYS			
Zituvimet xr	sitagliptin free base-metformin hcl tab er	50-1000 MG	60	Tablets	30	DAYS			

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	QL Amount	Dose Form	Day Supply	Duration	Addtl QL Info	Allowed Exceptions	Targeted NDCs When Exclusions Exist
Zituvimet xr	sitagliptin free base-metformin hcl tab er	100-1000 MG	30	Tablets	30	DAYS			

CLIENT SUMMARY – STEP THERAPY

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
Alogliptin ; Nesina		12.5 MG ; 25 MG ; 6.25 MG	Basic ; Basic Annual ; Enhanced ; Enhanced Annual
Alogliptin/metformin hcl ; Alogliptin/metformin hydr ; Kazano		12.5-1000 MG ; 12.5-500 MG	Basic ; Basic Annual ; Enhanced ; Enhanced Annual
Alogliptin/pioglitazone ; Oseni		12.5-30 MG ; 25-15 MG ; 25-30 MG ; 25-45 MG	Basic ; Basic Annual ; Enhanced ; Enhanced Annual
Jentadueto ; Jentadueto xr		2.5-1000 MG ; 2.5-500 MG ; 2.5-850 MG ; 5-1000 MG	Basic ; Basic Annual ; Enhanced ; Enhanced Annual
Kombiglyze xr		2.5-1000 MG ; 5-1000 MG ; 5-500 MG	Basic ; Basic Annual ; Enhanced ; Enhanced Annual
Onglyza		2.5 MG ; 5 MG	Basic ; Basic Annual ; Enhanced ; Enhanced Annual
Sitagliptin ; Zituvio		100 MG ; 25 MG ; 50 MG	Basic ; Basic Annual ; Enhanced ; Enhanced Annual
Sitagliptin/metformin hyd ; Zituvimet ; Zituvimet xr		100-1000 MG ; 50-1000 MG ; 50-500 MG	Basic ; Basic Annual ; Enhanced ; Enhanced Annual
Tradjenta		5 MG	Basic ; Basic Annual ; Enhanced ; Enhanced Annual

CLIENT SUMMARY – QUANTITY LIMITS

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
Alogliptin ; Nesina	alogliptin benzoate tab	12.5 MG ; 25 MG ; 6.25 MG	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2024 ; HIM Annual 2025 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; NM HIM Annual 2024 ; NM HIM Annual 2025 ; NM Performance ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; Whole Foods
Alogliptin/metformin hcl ; Alogliptin/metformin hydr ; Kazano	alogliptin-metformin hcl tab	12.5-1000 MG ; 12.5-500 MG	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2024 ; HIM Annual 2025 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; NM HIM Annual 2024 ; NM

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			HIM Annual 2025 ; NM Performance ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; Whole Foods
Alogliptin/pioglitazone ; Oseni	alogliptin-pioglitazone tab	12.5-30 MG ; 25-15 MG ; 25-30 MG ; 25-45 MG	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2024 ; HIM Annual 2025 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; NM HIM Annual 2024 ; NM HIM Annual 2025 ; NM Performance ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; Whole Foods
Janumet	sitagliptin-metformin hcl tab	50-1000 MG ; 50-500 MG	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2024 ; HIM Annual 2025 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; NM HIM Annual 2024 ; NM HIM Annual 2025 ; NM Performance ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; Whole Foods
Janumet xr	Sitagliptin-Metformin HCl Tab ER 24HR 100-1000 MG	100-1000 MG	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2024 ; HIM Annual 2025 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; NM HIM Annual 2024 ; NM HIM Annual 2025 ; NM Performance ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; Whole Foods
Janumet xr	Sitagliptin-Metformin HCl Tab ER 24HR 50-1000 MG	50-1000 MG	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2024 ; HIM Annual 2025 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; NM HIM Annual 2024 ; NM HIM Annual 2025 ; NM Performance ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; Whole Foods
Janumet xr	Sitagliptin-Metformin HCl Tab ER 24HR 50-500 MG	50-500 MG	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2024 ; HIM Annual 2025 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; NM HIM Annual 2024 ; NM HIM Annual 2025 ; NM Performance ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; Whole Foods

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			2025 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; NM HIM Annual 2024 ; NM HIM Annual 2025 ; NM Performance ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; Whole Foods
Januvia	sitagliptin phosphate tab	100 MG ; 25 MG ; 50 MG	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2024 ; HIM Annual 2025 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; NM HIM Annual 2024 ; NM HIM Annual 2025 ; NM Performance ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; Whole Foods
Jentadueto	Linagliptin-Metformin HCl Tab 2.5-1000 MG	2.5-1000 MG	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2024 ; HIM Annual 2025 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; NM HIM Annual 2024 ; NM HIM Annual 2025 ; NM Performance ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; Whole Foods
Jentadueto	Linagliptin-Metformin HCl Tab 2.5-500 MG	2.5-500 MG	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2024 ; HIM Annual 2025 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; NM HIM Annual 2024 ; NM HIM Annual 2025 ; NM Performance ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; Whole Foods
Jentadueto	Linagliptin-Metformin HCl Tab 2.5-850 MG	2.5-850 MG	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2024 ; HIM Annual 2025 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; NM HIM Annual 2024 ; NM HIM Annual 2025 ; NM Performance ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; Whole Foods
Jentadueto xr	Linagliptin-Metformin HCl Tab ER 24HR 2.5-1000 MG	2.5-1000 MG	Balanced ; Balanced Biosimilar ; Basic ; Basic

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2024 ; HIM Annual 2025 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; NM HIM Annual 2024 ; NM HIM Annual 2025 ; NM Performance ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; Whole Foods
Jentadueto xr	Linagliptin-Metformin HCl Tab ER 24HR 5-1000 MG	5-1000 MG	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2024 ; HIM Annual 2025 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; NM HIM Annual 2024 ; NM HIM Annual 2025 ; NM Performance ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; Whole Foods
Kombiglyze xr	Saxagliptin-Metformin HCl Tab ER 24HR 2.5-1000 MG	2.5-1000 MG	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2024 ; HIM Annual 2025 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; NM HIM Annual 2024 ; NM HIM Annual 2025 ; NM Performance ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; Whole Foods
Kombiglyze xr	Saxagliptin-Metformin HCl Tab ER 24HR 5-1000 MG	5-1000 MG	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2024 ; HIM Annual 2025 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; NM HIM Annual 2024 ; NM HIM Annual 2025 ; NM Performance ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; Whole Foods
Kombiglyze xr	Saxagliptin-Metformin HCl Tab ER 24HR 5-500 MG	5-500 MG	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2024 ; HIM Annual 2025 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; NM HIM Annual 2024 ; NM HIM Annual 2025 ; NM Performance ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; Whole Foods

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
Onglyza	Saxagliptin HCl Tab 2.5 MG (Base Equiv)	2.5 MG	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2024 ; HIM Annual 2025 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; NM HIM Annual 2024 ; NM HIM Annual 2025 ; NM Performance ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; Whole Foods
Onglyza	Saxagliptin HCl Tab 5 MG (Base Equiv)	5 MG	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2024 ; HIM Annual 2025 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; NM HIM Annual 2024 ; NM HIM Annual 2025 ; NM Performance ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; Whole Foods
Sitagliptin ; Zituvio	sitagliptin tab	25 MG	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2024 ; HIM Annual 2025 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; NM HIM Annual 2024 ; NM HIM Annual 2025 ; NM Performance ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; Whole Foods
Sitagliptin ; Zituvio	sitagliptin tab	100 MG	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2024 ; HIM Annual 2025 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; NM HIM Annual 2024 ; NM HIM Annual 2025 ; NM Performance ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; Whole Foods
Sitagliptin ; Zituvio	sitagliptin tab	50 MG	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2024 ; HIM Annual 2025 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; NM HIM Annual 2024 ; NM HIM Annual 2025 ; NM Performance ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ;

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			Performance Select Biosimilar ; Whole Foods
Sitagliptin/metformin hyd ; Zituvimet	sitagliptin free base-metformin hcl tab	50-1000 MG	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2024 ; HIM Annual 2025 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; NM HIM Annual 2024 ; NM HIM Annual 2025 ; NM Performance ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; Whole Foods
Sitagliptin/metformin hyd ; Zituvimet	sitagliptin free base-metformin hcl tab	50-500 MG	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2024 ; HIM Annual 2025 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; NM HIM Annual 2024 ; NM HIM Annual 2025 ; NM Performance ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; Whole Foods
Tradjenta	Linagliptin Tab 5 MG	5 MG	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2024 ; HIM Annual 2025 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; NM HIM Annual 2024 ; NM HIM Annual 2025 ; NM Performance ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; Whole Foods
Zituvimet xr	sitagliptin free base-metformin hcl tab er	100-1000 MG	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2024 ; HIM Annual 2025 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; NM HIM Annual 2024 ; NM HIM Annual 2025 ; NM Performance ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; Whole Foods
Zituvimet xr	sitagliptin free base-metformin hcl tab er	50-1000 MG	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2024 ; HIM Annual 2025 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; NM HIM Annual 2024 ; NM HIM Annual 2025 ; NM Performance ; Performance ;

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; Whole Foods
Zituvimet xr	sitagliptin free base-metformin hcl tab er	50-500 MG	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2024 ; HIM Annual 2025 ; HIM Quarterly 2024 ; HIM Quarterly 2025 ; NM HIM Annual 2024 ; NM HIM Annual 2025 ; NM Performance ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; Whole Foods

STEP THERAPY CLINICAL CRITERIA FOR APPROVAL

Module	Clinical Criteria for Approval	
1-Step Through Preferred	Preferred Agents	Non-preferred Agents
	Januvia (sitagliptin) Janumet (sitagliptin/metformin) Janumet XR (sitagliptin/metformin extended-release ER)	Alogliptin Alogliptin/metformin Alogliptin/pioglitazone Jentadueto (linagliptin/metformin) Jentadueto XR (linagliptin/metformin ER) Kazano (alogliptin/metformin) Kombiglyze XR (saxagliptin/metformin ER) Nesina (alogliptin) Onglyza (saxagliptin) Oseni (alogliptin/pioglitazone) Tradjenta (linagliptin) Zituvimet (sitagliptin free base/metformin) Zituvimet XR (sitagliptin free base/metformin ER) Zituvio, Sitagliptin
Target Agent(s) will be approved when ALL of the following are met:		
1. ONE of the following: <ol style="list-style-type: none"> The patient is currently being treated with the requested agent AND the patient is currently stable on the requested agent OR The patient has tried and had an inadequate response to a preferred DPP-4 inhibitor agent OR A preferred DPP-4 inhibitor was discontinued due to lack of efficacy or effectiveness, diminished effect, or an adverse event OR The patient has an intolerance or hypersensitivity to sitagliptin that is not expected to occur with the requested agent OR The patient has an FDA labeled contraindication to sitagliptin that is not expected to occur with the requested agent OR 		

Module	Clinical Criteria for Approval
	<p>F. A preferred DPP-4 inhibitor is expected to be ineffective based on the known clinical characteristics of the patient and the known characteristics of the prescription drug; OR cause a significant barrier to the patient's adherence of care; OR worsen a comorbid condition; OR decrease the patient's ability to achieve or maintain reasonable functional ability in performing daily activities; OR cause an adverse reaction or cause physical or mental harm OR</p> <p>G. A preferred DPP-4 inhibitor is not in the best interest of the patient based on medical necessity OR</p> <p>H. The patient has tried another prescription drug in the same pharmacologic class or with the same mechanism of action as a preferred DPP-4 inhibitor and that prescription drug was discontinued due to lack of efficacy or effectiveness, diminished effect, or an adverse event OR</p> <p>I. The requested agent is medically necessary and appropriate for the patient AND</p> <p>2. The patient will NOT be using the requested agent in combination with another DPP-4 inhibitor/combination agent (e.g., Januvia, Janumet, Janumet XR, Jentadueto, Jentadueto XR, Kazano, Kombiglyze XR, Nesina, Onglyza, Oseni, Tradjenta, Zituvio, Zituvimet, Zituvimet XR) for the requested indication AND</p> <p>3. The patient will NOT be using the requested agent in combination with a GLP-1 or GLP-1/GIP receptor agonist (e.g., Saxenda, Wegovy, Zepbound, Adlyxin, Bydureon, Byetta, Mounjaro, Ozempic, Rybelsus, Trulicity, Victoza)</p> <p>Length of approval: 12 months</p> <p>NOTE: If Quantity Limit program also applies, please refer to Quantity Limit criteria.</p>

QUANTITY LIMIT CLINICAL CRITERIA FOR APPROVAL

Module	Clinical Criteria for Approval
QL	<p>Quantity limit for the Target Agent(s) will be approved when ONE of the following is met:</p> <ol style="list-style-type: none"> The requested quantity (dose) does NOT exceed the program quantity limit OR The requested quantity (dose) exceeds the program quantity limit AND ONE of the following: <ol style="list-style-type: none"> BOTH of the following: <ol style="list-style-type: none"> The requested agent does NOT have a maximum FDA labeled dose for the requested indication AND There is support for therapy with a higher dose for the requested indication OR BOTH of the following: <ol style="list-style-type: none"> The requested quantity (dose) does NOT exceed the maximum FDA labeled dose for the requested indication AND There is support for why the requested quantity (dose) cannot be achieved with a lower quantity of a higher strength that does NOT exceed the program quantity limit OR BOTH of the following: <ol style="list-style-type: none"> The requested quantity (dose) exceeds the maximum FDA labeled dose for the requested indication AND There is support for therapy with a higher dose for the requested indication <p>Length of Approval: 12 months</p>