blue of california

alogliptin/metformin (Kazano)
alogliptin (Nesina)
alogliptin/pioglitazone (Oseni)
JANUVIA
JANUMET
JANUMET XR
JENTADUETO
JENTADUETO XR
KAZANO
KOMBIGLYZE XR
NESINA
ONGLYZA
OSENI
TRADJENTA

Diagnoses Considered for Coverage:

- Management of Diabetes Mellitus – Type 2 (DM-2)

Coverage Criteria:

For diagnosis above:

- Not being used in combination with another DPP-4 agent, **and**
- Dose not to exceed FDA label maximum, **and**
- Meets step therapy requirement below:

• **Januvia** • **Janumet** • **Janumet XR**	**PLUS and STANDARD PLAN** • Inadequate response, intolerable side effect, or contraindication to metformin.
• **alogliptin/metformin (Kazano)** • **alogliptin (Nesina)** • **alogliptin/pioglitazone (Oseni)**	**PLUS PLAN** • Inadequate response, intolerable side effect, or contraindication to metformin. **STANDARD PLAN** • Inadequate response, intolerable side effect, or contraindication to metformin, **and** • Inadequate response, intolerable side effect, or contraindication to one sitagliptin-containing agent (Janumet, Janumet XR, and Januvia).
• **Jentadueto** • **Jentadueto XR** • **Tradjenta** • **Kombiglyze XR** • **Onglyza**	**PLUS and STANDARD PLAN** • Inadequate response, intolerable side effect, or contraindication to metformin, **and** • Inadequate response, intolerable side effect, or contraindication to one sitagliptin-containing agent (Janumet, Janumet XR, and Januvia).

For brand-name Kazano, Nesina, Oseni:

- Meets above coverage criteria for generic, **and**
- Allergic or intolerable side effect to the generic formulation

Coverage Duration: Length of benefit

Effective: 3/03/2021GF