

**Applies To:**

linagliptin (TRADJENTA)

linagliptin-metformin (JENTADUETO)

linagliptin-extended release metformin (JENTADUETO XR)

**Diagnosis Considered for Coverage:**

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

**Coverage Criteria:**

**For diagnosis listed above:**

- 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), **and**
- Dose does not exceed FDA labeled maximum.

**Coverage Duration:** 1 year

Effective Date: 11/29/2023