

Applies To:

alogliptin-metformin (KAZANO)

alogliptin (NESINA)

alogliptin-pioglitazone (OSENi)

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 not to exceed FDA label maximum

Coverage Duration: one year

Effective Date: 11/29/2023