

# PHARMACY GUIDELINE – 23

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## UNIVERSITY PHYSICIANS HEALTH PLANS

(Maricopa Health Plan)

### PHARMACY REFERRAL GUIDELINE

#### **JANUVIA® (SITAGLIPTIN)**

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##### Indications:

- For use, in addition to diet and exercise, in type 2 diabetes either alone or in combination with metformin or a TZD.

##### Dosage:

- 100 mg orally daily

##### Contraindications/Precautions

- Renal insufficiency

##### Monitoring

- A1C every 3-6 months

##### Criteria for Use

- Baseline A1C >7% obtained within the previous 2 months prior to request
- Failure to achieve an A1C <7% on maximal doses of combination therapy including a sulfonylurea (e.g., glyburide >10 mg daily) and metformin (>2000 mg daily) for at least 4 months. If there is a contraindication to the use of either a sulfonylurea or metformin, the patient must be on a maximal dose of the alternative agent.
- Initial authorization will be given for four months. Must achieve and maintain an A1C <7% for continued authorization.
- Only one third-line agent will be covered. Third-line agents include sitagliptin (Januvia®), TZDs (Actos®, Avandia®), exenatide (Byetta®), and pramlintide (Symlin®).

*Approved by the Pharmacy and Therapeutics Committee 8/07, Reviewed 1/08, 5/09*