

STEP THERAPY POLICY

Policy:

Diabetes - Dipeptidyl Peptidase-4 Inhibitors Step Therapy Policy

- Janumet[®] (sitagliptin/metformin tablets Merck)
- Janumet® XR (sitagliptin/metformin extended-release tablets Merck)
- Januvia® (sitagliptin tablets Merck)
- Jentadueto® (linagliptin/metformin tablets Boehringer Ingelheim)
- Jentadueto® XR (linagliptin/metformin extended-release tablets Boehringer Ingelheim)
- Kazano[™] (alogliptin/metformin tablets Takeda, authorized generic)
- Kombiglyze[®] XR (saxagliptin/metformin extended-release tablets AstraZeneca, generic)
- Nesina® (alogliptin tablets Takeda, authorized generic)
- Onglyza® (saxagliptin tablets AstraZeneca, generic)
- Oseni[™] (alogliptin/pioglitazone tablets Takeda, authorized generic)
- Sitagliptin/metformin tablets (authorized generic to Zituvimet[™] [not available])
- Tradjenta[®] (linagliptin tablets Boehringer Ingelheim)
- Zituvio[™] (sitagliptin tablets Zydus, authorized generic)

REVIEW DATE: 05/22/2024; selected revision 08/07/2024

INSTRUCTIONS FOR USE

The following Coverage Policy applies to health benefit plans administered by Cigna Companies. Certain Cigna COMPANIES AND/OR LINES OF BUSINESS ONLY PROVIDE UTILIZATION REVIEW SERVICES TO CLIENTS AND DO NOT MAKE COVERAGE DETERMINATIONS. REFERENCES TO STANDARD BENEFIT PLAN LANGUAGE AND COVERAGE DETERMINATIONS DO NOT APPLY TO THOSE CLIENTS. COVERAGE POLICIES ARE INTENDED TO PROVIDE GUIDANCE IN INTERPRETING CERTAIN STANDARD BENEFIT PLANS ADMINISTERED BY CIGNA COMPANIES. PLEASE NOTE, THE TERMS OF A CUSTOMER'S PARTICULAR BENEFIT PLAN DOCUMENT [GROUP SERVICE AGREEMENT, EVIDENCE OF COVERAGE, CERTIFICATE OF COVERAGE, SUMMARY PLAN DESCRIPTION (SPD) OR SIMILAR PLAN DOCUMENT] MAY DIFFER SIGNIFICANTLY FROM THE STANDARD BENEFIT PLANS UPON WHICH THESE COVERAGE POLICIES ARE BASED. FOR EXAMPLE, A CUSTOMER'S BENEFIT PLAN DOCUMENT MAY CONTAIN A SPECIFIC EXCLUSION RELATED TO A TOPIC ADDRESSED IN A COVERAGE POLICY. IN THE EVENT OF A CONFLICT, A CUSTOMER'S BENEFIT PLAN DOCUMENT ALWAYS SUPERSEDES THE INFORMATION IN THE COVERAGE POLICIES. IN THE ABSENCE OF A CONTROLLING FEDERAL OR STATE COVERAGE MANDATE, BENEFITS ARE ULTIMATELY DETERMINED BY THE TERMS OF THE APPLICABLE BENEFIT PLAN DOCUMENT. COVERAGE DETERMINATIONS IN EACH SPECIFIC INSTANCE REQUIRE CONSIDERATION OF 1) THE TERMS OF THE APPLICABLE BENEFIT PLAN DOCUMENT IN EFFECT ON THE DATE OF SERVICE; 2) ANY APPLICABLE LAWS/REGULATIONS; 3) ANY RELEVANT COLLATERAL SOURCE MATERIALS INCLUDING COVERAGE POLICIES AND; 4) THE SPECIFIC FACTS OF THE PARTICULAR SITUATION. EACH COVERAGE REQUEST SHOULD BE REVIEWED ON ITS OWN MERITS. MEDICAL DIRECTORS ARE EXPECTED TO EXERCISE CLINICAL JUDGMENT AND HAVE DISCRETION IN MAKING INDIVIDUAL COVERAGE DETERMINATIONS. COVERAGE POLICIES RELATE EXCLUSIVELY TO THE ADMINISTRATION OF HEALTH BENEFIT PLANS. COVERAGE POLICIES ARE NOT RECOMMENDATIONS FOR TREATMENT AND SHOULD NEVER BE USED AS TREATMENT GUIDELINES, IN CERTAIN MARKETS, DELEGATED VENDOR GUIDELINES MAY BE USED TO SUPPORT MEDICAL NECESSITY AND OTHER COVERAGE DETERMINATIONS.

CIGNA NATIONAL FORMULARY COVERAGE:

OVERVIEW

The dipeptidyl peptidase-4 (DPP-4) inhibitors and combination products are indicated to improve glycemic control in adults with **type 2 diabetes mellitus** (as monotherapy and as combination therapy) when used as adjuncts to diet and exercise.^{1-11,15}

Various combination products are available which combine DPP-4 inhibitors with metformin, sodium glucose co-transporter-2 (SGLT-2) inhibitors, and/or thiazolidinediones (TZDs). Of note, the SGLT-2/DPP-4 combination products are not addressed in this policy; refer to the *Diabetes – Sodium Glucose Co-Transporter-2 and Dipeptidyl Peptidase-4 Inhibitors Step Therapy Policy*.

GUIDELINES

The American Diabetes Association Standards of Care (2024) note that therapy for patients with type 2 diabetes depends on comorbidities, patient-centered treatment factors, and management needs and generally includes metformin and comprehensive lifestyle modification. Very high circulating levels of metformin have been associated with lactic acidosis. However, the occurrence of this complication is now known to be very rare. In patients with contraindications or intolerance to metformin, initial therapy should be based on patient factors. Metformin is contraindicated in patients with severe renal impairment (estimated glomerular filtration rate [eGFR] < 30 mL/min/1.73 m²) and in patients with acute or chronic metabolic acidosis, including diabetic ketoacidosis, with or without coma. DPP-4 inhibitors are among the classes of medications recommended as add-on therapy after metformin (or as initial therapy if metformin cannot be used). Because type 2 diabetes is often a progressive disease, combination therapy may be needed for many patients over time to achieve glycemic targets. Other guidelines have similar recommendations. 13,16

POLICY STATEMENT

This program has been developed to encourage the use of a Step 1 Product prior to the use of a Step 2 Product. If the Step Therapy rule is not met for a Step 2 Product at the point of service, coverage will be determined by the Step Therapy criteria below. All approvals are provided for 1 year in duration.

- One Step 1 Product; OR
- One of the following metformin-containing products: Glumetza ER, Riomet, metformin oral solution, Riomet ER, metformin extended-release (generics to Fortamet ER and Glumetza ER), glyburide/metformin, glipizide/metformin, Actoplus Met, pioglitazone/metformin, Invokamet, Invokamet XR, Synjardy, Synjardy XR, Xigduo XR, dapagliflozin/metformin extended-release (authorized generic to Xigduo XR), Segluromet; OR
- One Step 2 Product.

Step 1: generic metformin, generic metformin extended-release (generic to Glucophage XR only)

⁵ Pages - Cigna National Formulary Coverage - Policy: Diabetes - Dipeptidyl Peptidase-4 Inhibitors Step Therapy Policy

Step 2: Januvia, Janumet, Janumet XR, saxagliptin (Onglyza, generic), saxagliptin/metformin extended-release (Kombiglyze XR, generic), Tradjenta, Jentadueto, Jentadueto XR, alogliptin (Nesina, authorized generic), alogliptin/metformin (Kazano, authorized generic), alogliptin/pioglitazone (Oseni, authorized generic), sitagliptin (Zituvio, authorized generic), sitagliptin/metformin (authorized generic)

Diabetes – Dipeptidyl Peptidase-4 Inhibitors Step Therapy product(s) is(are) covered as medically necessary when the following step therapy criteria is(are) met. Any other exception is considered not medically necessary.

CRITERIA

- 1. If the patient has tried one Step 1 Product, approve a Step 2 Product.

 Note: A trial of one of the following metformin-containing products also satisfies the requirement: Fortamet ER (obsolete), Glucophage (obsolete), Glucophage XR (obsolete), Glumetza ER, Riomet, metformin oral solution, Riomet ER, metformin extended-release (generics to Fortamet ER and Glumetza ER), glyburide/metformin, glipizide/metformin, Actoplus Met, pioglitazone/metformin, Actoplus Met XR (obsolete), repaglinide/metformin (obsolete), Invokamet, Invokamet XR, Synjardy, Synjardy XR, Xigduo XR, dapagliflozin/metformin extended-release (authorized generic to Xigduo XR), Segluromet.
- **2.** If the patient has tried one Step 2 Product, approve the requested Step 2 Product.
- **3.** If the patient is initiating dual (combination) therapy with a single-entity DPP-4 inhibitor (Januvia, saxagliptin [Onglyza, generic], Tradjenta, alogliptin [Nesina, authorized generic], or sitagliptin [Zituvio, authorized generic]) AND metformin, approve a single-entity DPP-4 inhibitor.
- **4.** If the patient has a contraindication to metformin, according to the prescriber, approve a single-entity DPP-4 inhibitor.

 Note: Examples of contraindications to metformin include acute or chronic

metabolic acidosis, including diabetic ketoacidosis.

REFERENCES

- 1. Janumet® tablets [prescribing information]. Whitehouse Station, NJ: Merck; June 2022.
- 2. Janumet® XR tablets [prescribing information]. Whitehouse Station, NJ: Merck; June 2022.
- 3. Januvia® tablets [prescribing information]. Rahway, NJ: Merck; December 2023.
- 4. Jentadueto® tablets [prescribing information]. Ridgefield, CT: Boehringer Ingelheim; June 2023.
- 5. Jentadueto® XR tablets [prescribing information]. Ridgefield, CT: Boehringer Ingelheim; June 2023.
- 6. Kazano[™] tablets [prescribing information]. Lexington, MA: Takeda; July 2023.
- 7. Kombiglyze® XR tablets [prescribing information]. Wilmington, DE. AstraZeneca; July 2019.

⁵ Pages - Cigna National Formulary Coverage - Policy: Diabetes - Dipeptidyl Peptidase-4 Inhibitors Step Therapy Policy

- 8. Nesina® tablets [prescribing information]. Lexington, MA: Takeda; July 2023.
- 9. Onglyza® tablets [prescribing information]. Wilmington, DE: AstraZeneca; June 2019.
- 10. Oseni[™] tablets [prescribing information]. Lexington, MA: Takeda; March 2022.
- 11. Tradjenta® tablets [prescribing information]. Ridgefield, CT: Boehringer Ingelheim; June 2023.
- 12. American Diabetes Association standards of care in diabetes 2024. *Diabetes Care.* 2024;47(Suppl 1):S1-S321.
- 13. Blonde L, Umpierrez GE, Reddy SS, et al. American Association of Clinical Endocrinology clinical practice guideline: developing a diabetes mellitus comprehensive care plan 2022 update. *Endocr Pract.* 2022;18:923-1049.
- 14. Metformin tablets [prescribing information]. Raleigh, NC: Indicus Pharma; June 2020.
- 15. Zituvio[™] tablets [prescribing information]. Pennington, NJ: Zydus; October 2023.
- 16. Samson SL, Vellanki P, Blonde L, et al. American Association of Clinical Endocrinology consensus statement: comprehensive type 2 diabetes management algorithm 2023 update. *Endocr Pract.* 2023;29:305-340.

HISTORY

Type of Revision	Summary of Changes	Review Date
Annual Revision	Automation: The following products were removed from the automation (obsolete): Glucophage, Glucophage XR, repaglinide/metformin, Actoplus Met XR. Glumetza and Fortamet were clarified to be Glumetza ER and Fortamet ER.	05/03/2023
	Criteria: For patients requesting a Step 2 product, the note was updated to reflect that Glucophage, Glucophage XR, repaglinide/metformin, and Actoplus Met XR are obsolete (these still count towards a trial of a Step 1 product). Additionally Glumetza and Fortamet were clarified to be Glumetza ER and Fortamet ER.	
Selected Revision	Step 2 Products: Saxagliptin (generic to Onglyza) and saxagliptin/metformin extended-release (generic to Kombiglyze XR) were added to Step 2 products.	09/13/2023
	Criteria : For a patient initiating dual (combination) therapy with a single-entity DPP-4 inhibitor AND metformin, saxagliptin was added to the list of single-entity DPP-4 inhibitors to approve.	
Selected Revision	Step 2 Products: Zituvio was added to the list of Step 2 products.	02/07/2024
	Criteria: For a patient initiating dual (combination) therapy with a single-entity DPP-4 inhibitor AND metformin, Zituvio was added to the list of single-entity DPP-4 inhibitors to approve.	
Annual Revision	Automation: Fortamet ER was removed from the list of metformin-containing products (obsolete). Dapagliflozin/metformin extended-release (authorized generic to Xigduo XR) was added to the list of metformin-containing products.	05/22/2024
	Step 2 Products: sitagliptin (authorized generic to Zituvio) was added to Step 2 products.	
	Criteria: For a patient requesting a Step 2 product, the note was updated to reflect that Fortamet ER is obsolete (this still counts towards a trial of a Step 1 product). The note was also updated to add dapagliflozin/metformin extended-release (authorized generic to Xigduo XR). For a patient initiating dual	

	(combination) therapy with a single-entity DPP-4 inhibitor AND metformin, sitagliptin (authorized generic to Zituvio) was added to the list of single-entity DPP-4 inhibitors to approve.	
Selected	Step 2 Products: Sitagliptin/metformin (authorized generic)	08/07/2024
Revision	was added to Step 2 products.	

"Cigna Companies" refers to operating subsidiaries of The Cigna Group. All products and services are provided exclusively by or through such operating subsidiaries, including Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, Evernorth Behavioral Health, Inc., Cigna Health Management, Inc., and HMO or service company subsidiaries of The Cigna Group. © 2024 The Cigna Group.