

UNIVERSITY PHYSICIANS HEALTH PLANS
(University Family Care)

PHARMACY REFERRAL GUIDELINE

JANUVIA® (SITAGLIPTIN)

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 $\geq 7\%$ 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®).