

Clinical Pharmacy Program Guidelines for Sitagliptin (JANUVIA[®])

Program	Prior Authorization
Medication	Sitagliptin (JANUVIA)

1. Background:

Drugs Requiring Prior Authorization

JANUVIA 25 MG TABLET
JANUVIA 50 MG TABLET
JANUVIA 100 MG TABLET

2. Coverage Criteria:

A. Authorization Criteria

1. The patient is at least 18 years of age.

AND

2. The patient has a diagnosis of Type 2 diabetes.

AND

3. The requested number of units are less than or equal to 1 tablet per day.

Authorization will be issued for 365 days.

Program	Program type – Prior Authorization
Change Control	
Date	Change
August 1, 2016	New program