

Policies Repository



Policy Title Saxagliptin (Onglyza™)

Policy Number FS.CLIN.15

Application of Pharmacy Policy is determined by benefits and contracts. Benefits may vary based on product line, group or contract. Some medications may be subject to precertification, age, gender or quantity edits. Individual member benefits must be verified.

This Pharmacy Policy document describes the status of pharmaceutical information and/or technology at the time the document was developed. Since that time, new information relating to drug efficacy, interactions, contraindications, dosage, administration routes, safety or FDA approval may have changed. If the Medical/Pharmacy Reviewer is aware of any new information on the subject of this document, please provide it promptly to the Medical/Pharmacy Policy Department. This information may include new FDA approved indications, withdrawals or other FDA alerts. This type of information is relevant not only when considering whether this Policy should be updated, but also when applying it to current requests for coverage.

Members are advised to use participating pharmacies in order to receive the highest level of benefits.

Policy **Saxagliptin (Onglyza™)** is indicated as an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes mellitus.

The use of Saxagliptin (Onglyza™) requires prior authorization (ie, clinical pharmacy and/or Medical Director review).

Policy Description **Saxagliptin (Onglyza™)** is a reversible, competitive dipeptidyl peptidase-4 (DPP-4) inhibitor. DPP-4 inhibitors lower blood glucose by preventing the breakdown of glucagon-like peptide-1 (GLP-1) and glucose-dependent insulinotropic polypeptide (GIP), thus prolonging the activity of these peptides. GLP-1 and GIP are released into the blood stream from the small intestine in response to meals. GLP-1 and GIP cause insulin release from the pancreatic beta cells in a glucose dependent manner.

Policy Guideline Inclusion **Saxagliptin (Onglyza™)** is approved when all of the following inclusion criteria are met:

- Documentation of type 2 diabetes mellitus
- Documentation of a trial and failure of or contraindication to a metformin-containing product
- Documentation of a trial and failure of one or contraindication to both of the following:
 - A thiazolidinedione
 - A sulfonylurea

Policy Guideline Exclusion **Saxagliptin (Onglyza™)** is denied when any of the following exclusion criteria are present:

- No documentation of type 2 diabetes mellitus
- No documentation of a trial and failure of or contraindication to a

metformin-containing product

- No documentation of a trial and failure of one or contraindication to both of the following:
 - A thiazolidinedione
 - A sulfonylurea

Policy List of Applicable Drugs

Brand Name	Generic Name
Onglyza™	Saxagliptin

Dosing and Administration

Refer to the specific manufacturer's prescribing information for administration and dosage details for each specific agent.

Policy References

Chacra A, Tan G, Apanovitch A, et al. Saxagliptin added to a submaximal dose of sulphonylurea improves glycemic control compared with uptitration of sulphonylurea in patients with type 2 diabetes: a randomised controlled trial. *IJCP*; 2009. 63; 1395-1406.

Facts and Comparisons website [Onglyza]. Available at www.factsandcomparisons.com. Accessed August 14, 2009.

Medical Management of Hyperglycemia in Type 2 Diabetes: A Consensus Algorithm for the Initiation and Adjustment of Therapy. A consensus statement of the American Diabetes Association and the European Association for the Study of Diabetes. *Diabetes Care*. 2009; 32: 193-203.

Micromedex website [Onglyza]. Available at www.micromedex.com. Accessed August 14, 2009.

Onglyza [package insert]. Princeton, NJ: Bristol-Myers Squibb; 2009.

Policy Link to Related Policies

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