



**Drug Name:** Alogliptin, Alogliptin-metformin, Alogliptin-pioglitazone

**Totally Revised Date:** 05/2019

**Revision Dates:** 05-2012, 05-2015, 09-2017, 7/2018, 8/2019

| <b>Drug Name: Alogliptin, Alogliptin-metformin, Alogliptin-pioglitazone</b> |  |
|---|--|
| <b>Required Medical Information:</b>  | <ul style="list-style-type: none"><li>• The patient has not achieved adequate glucose control using an adequate/maximized dose and appropriate duration of metformin (2grams/day)<ul style="list-style-type: none"><li>o And the patient has failed to achieve adequate glucose control with a sulfonylurea, pioglitazone, or a formulary injectable GLP-1</li></ul></li></ul> |
| <b>Coverage Duration:</b>   | <b>1 year</b>  |