

**Texas Prior Authorization Program  
Clinical Edit Criteria**

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**Drug/Drug Class**

## **Sitagliptin (Januvia)**

**Clinical Edit Information Included in this Document**

**Sitagliptin (Januvia) 25mg**

- **Drugs requiring prior authorization:** the list of drugs requiring prior authorization for this clinical edit
- **Prior authorization criteria logic:** a description of how the prior authorization request will be evaluated against the clinical edit criteria rules
- **Logic diagram:** a visual depiction of the clinical edit criteria logic
- **Supporting tables:** a collection of information associated with the steps within the criteria (diagnosis codes, procedure codes, and therapy codes); provided when applicable
- **References:** clinical publications and sources relevant to this clinical edit

**Sitagliptin (Januvia) 50mg**

- **Drugs requiring prior authorization:** the list of drugs requiring prior authorization for this clinical edit
- **Prior authorization criteria logic:** a description of how the prior authorization request will be evaluated against the clinical edit criteria rules
- **Logic diagram:** a visual depiction of the clinical edit criteria logic
- **Supporting tables:** a collection of information associated with the steps within the criteria (diagnosis codes, procedure codes, and therapy codes); provided when applicable
- **References:** clinical publications and sources relevant to this clinical edit

**Sitagliptin (Januvia) 100mg**

- **Drugs requiring prior authorization:** the list of drugs requiring prior authorization for this clinical edit
- **Prior authorization criteria logic:** a description of how the prior authorization request will be evaluated against the clinical edit criteria rules
- **Logic diagram:** a visual depiction of the clinical edit criteria logic
- **Supporting tables:** a collection of information associated with the steps within the criteria (diagnosis codes, procedure codes, and therapy codes); provided when applicable
- **References:** clinical publications and sources relevant to this clinical edit

**Note:** Click the hyperlink to navigate directly to that section.

**Revision Notes**

- Removed steps 4 and 5 regarding moderate to severe renal failure for sitagliptin (Januvia) 25mg to reflect rules in system
- Changed step 3 to deny with a history of severe renal failure or ESRD for sitagliptin (Januvia) 50mg to reflect rules in system
- Updated to include ICD-10s



**Sitagliptin (Januvia)  
25mg**

**Drugs Requiring Prior Authorization**

<b>Drugs Requiring Prior Authorization</b>	
<b>Label Name</b>	<b>GCN</b>
JANUVIA 25 MG TABLET	97398



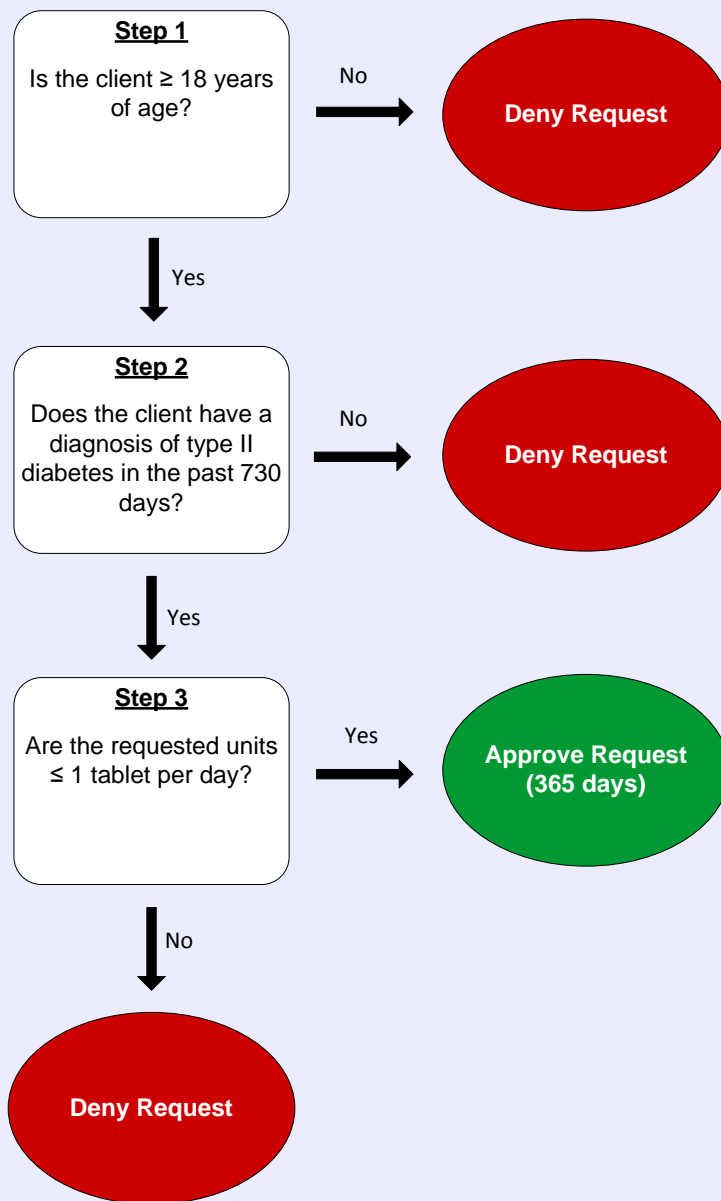
**Sitagliptin (Januvia)**  
**25mg**  
**Clinical Edit Criteria Logic**

1. Is the client greater than or equal to ( $\geq$ ) 18 years of age?  
 Yes (Go to #2)  
 No (Deny)
  
2. Does the client have a diagnosis of type II diabetes in the past 730 days?  
 Yes (Go to #3)  
 No (Deny)
  
3. Are the requested units less than or equal to ( $\leq$ ) 1 tablet per day?  
 Yes (Approve – 365 days)  
 No (Deny)



# Sitagliptin (Januvia) 25mg

## Clinical Edit Criteria Logic Diagram





## Sitagliptin (Januvia) 25mg

### Clinical Edit Criteria Supporting Tables

<b>Step 2 (diagnosis of type II diabetes)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 730 days</b>	
<b>Type II Diabetes Diagnoses</b>	
<b>ICD-9 Code</b>	<b>Description</b>
25000	DIABETES MELLITUS WITHOUT MENTION OF COMPLICATION, TYPE II OR UNSPECIFIED TYPE, NOT STATED AS UNCONTROLLED
25002	DIABETES MELLITUS WITHOUT MENTION OF COMPLICATION, TYPE II OR UNSPECIFIED TYPE, UNCONTROLLED
25010	DIABETES WITH KETOACIDOSIS, TYPE II OR UNSPECIFIED TYPE, NOT STATED AS UNCONTROLLED
25012	DIABETES WITH KETOACIDOSIS, TYPE II OR UNSPECIFIED TYPE, UNCONTROLLED
25020	DIABETES WITH HYPEROSMOLARITY, TYPE II OR UNSPECIFIED TYPE, NOT STATED AS UNCONTROLLED
25022	DIABETES WITH HYPEROSMOLARITY, TYPE II OR UNSPECIFIED TYPE, UNCONTROLLED
25030	DIABETES WITH OTHER COMA, TYPE II OR UNSPECIFIED TYPE, NOT STATED AS UNCONTROLLED
25032	DIABETES WITH OTHER COMA, TYPE II OR UNSPECIFIED TYPE, UNCONTROLLED
25040	DIABETES WITH RENAL MANIFESTATIONS, TYPE II OR UNSPECIFIED TYPE, NOT STATED AS UNCONTROLLED
25042	DIABETES WITH RENAL MANIFESTATIONS, TYPE II OR UNSPECIFIED TYPE, UNCONTROLLED
25050	DIABETES WITH OPHTHALMIC MANIFESTATIONS, TYPE II OR UNSPECIFIED TYPE, NOT STATED AS UNCONTROLLED
25052	DIABETES WITH OPHTHALMIC MANIFESTATIONS, TYPE II OR UNSPECIFIED TYPE UNCONTROLLED
25060	DIABETES WITH NEUROLOGICAL MANIFESTATIONS, TYPE II OR UNSPECIFIED TYPE, NOT STATED AS UNCONTROLLED
25062	DIABETES WITH NEUROLOGICAL MANIFESTATIONS, TYPE II OR UNSPECIFIED TYPE, UNCONTROLLED
25070	DIABETES WITH PERIPHERAL CIRCULATORY DISORDERS, TYPE II OR UNSPECIFIED TYPE, NOT STATED AS UNCONTROLLED
25072	DIABETES WITH PERIPHERAL CIRCULATORY DISORDERS, TYPE II OR UNSPECIFIED TYPE, UNCONTROLLED
25080	DIABETES WITH OTHER SPECIFIED MANIFESTATIONS, TYPE II OR UNSPECIFIED TYPE, NOT STATED AS UNCONTROLLED
25082	DIABETES WITH OTHER SPECIFIED MANIFESTATIONS, TYPE II OR UNSPECIFIED TYPE UNCONTROLLED

<b>Step 2 (diagnosis of type II diabetes)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 730 days</b>	
<b>Type II Diabetes Diagnoses</b>	
<b>ICD-10 Code</b>	<b>Description</b>
25090	DIABETES WITH UNSPECIFIED COMPLICATION, TYPE II OR UNSPECIFIED TYPE, NOT STATED AS UNCONTROLLED
25092	DIABETES WITH UNSPECIFIED COMPLICATION, TYPE II OR UNSPECIFIED TYPE, UNCONTROLLED
E1100	TYPE 2 DIABETES MELLITUS WITH HYPEROSMOLARITY WITHOUT NONKETOTIC HYPERGLYCEMIC-HYPEROSMOLAR COMA (NKHHC)
E1101	TYPE 2 DIABETES MELLITUS WITH HYPEROSMOLARITY WITH COMA
E1121	TYPE 2 DIABETES MELLITUS WITH DIABETIC NEPHROPATHY
E1122	TYPE 2 DIABETES MELLITUS WITH DIABETIC CHRONIC KIDNEY DISEASE
E1129	TYPE 2 DIABETES MELLITUS WITH OTHER DIABETIC KIDNEY COMPLICATION
E11311	TYPE 2 DIABETES MELLITUS WITH UNSPECIFIED DIABETIC RETINOPATHY WITH MACULAR EDEMA
E11319	TYPE 2 DIABETES MELLITUS WITH UNSPECIFIED DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA
E11321	TYPE 2 DIABETES MELLITUS WITH MILD NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA
E11329	TYPE 2 DIABETES MELLITUS WITH MILD NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA
E11331	TYPE 2 DIABETES MELLITUS WITH MODERATE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA
E11339	TYPE 2 DIABETES MELLITUS WITH MODERATE NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA
E11341	TYPE 2 DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA
E11349	TYPE 2 DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA
E11351	TYPE 2 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA
E11359	TYPE 2 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA
E1136	TYPE 2 DIABETES MELLITUS WITH DIABETIC CATARACT
E1139	TYPE 2 DIABETES MELLITUS WITH OTHER DIABETIC OPHTHALMIC COMPLICATION
E1140	TYPE 2 DIABETES MELLITUS WITH DIABETIC NEUROPATHY, UNSPECIFIED
E1141	TYPE 2 DIABETES MELLITUS WITH DIABETIC MONONEUROPATHY
E1142	TYPE 2 DIABETES MELLITUS WITH DIABETIC POLYNEUROPATHY
E1143	TYPE 2 DIABETES MELLITUS WITH DIABETIC AUTONOMIC (POLY)NEUROPATHY
E1144	TYPE 2 DIABETES MELLITUS WITH DIABETIC AMYOTROPHY

<b>Step 2 (diagnosis of type II diabetes)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 730 days</b>	
<b>Type II Diabetes Diagnoses</b>	
E1149	TYPE 2 DIABETES MELLITUS WITH OTHER DIABETIC NEUROLOGICAL COMPLICATION
E1151	TYPE 2 DIABETES MELLITUS WITH DIABETIC PERIPHERAL ANGIOPATHY WITHOUT GANGRENE
E1152	TYPE 2 DIABETES MELLITUS WITH DIABETIC PERIPHERAL ANGIOPATHY WITH GANGRENE
E1159	TYPE 2 DIABETES MELLITUS WITH OTHER CIRCULATORY COMPLICATIONS
E11610	TYPE 2 DIABETES MELLITUS WITH DIABETIC NEUROPATHIC ARTHROPATHY
E11618	TYPE 2 DIABETES MELLITUS WITH OTHER DIABETIC ARTHROPATHY
E11620	TYPE 2 DIABETES MELLITUS WITH DIABETIC DERMATITIS
E11621	TYPE 2 DIABETES MELLITUS WITH FOOT ULCER
E11622	TYPE 2 DIABETES MELLITUS WITH OTHER SKIN ULCER
E11628	TYPE 2 DIABETES MELLITUS WITH OTHER SKIN COMPLICATIONS
E11630	TYPE 2 DIABETES MELLITUS WITH PERIODONTAL DISEASE
E11638	TYPE 2 DIABETES MELLITUS WITH OTHER ORAL COMPLICATIONS
E11641	TYPE 2 DIABETES MELLITUS WITH HYPOGLYCEMIA WITH COMA
E11649	TYPE 2 DIABETES MELLITUS WITH HYPOGLYCEMIA WITHOUT COMA
E1165	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA
E1169	TYPE 2 DIABETES MELLITUS WITH OTHER SPECIFIED COMPLICATION
E118	TYPE 2 DIABETES MELLITUS WITH UNSPECIFIED COMPLICATIONS
E119	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS
E1300	OTHER SPECIFIED DIABETES MELLITUS WITH HYPEROSMOLARITY WITHOUT NONKETOTIC HYPERGLYCEMIC-HYPEROSMOLAR COMA (NKHHC)
E1301	OTHER SPECIFIED DIABETES MELLITUS WITH HYPEROSMOLARITY WITH COMA
E1310	OTHER SPECIFIED DIABETES MELLITUS WITH KETOACIDOSIS WITHOUT COMA
E1311	OTHER SPECIFIED DIABETES MELLITUS WITH KETOACIDOSIS WITH COMA
E1321	OTHER SPECIFIED DIABETES MELLITUS WITH DIABETIC NEPHROPATHY
E1322	OTHER SPECIFIED DIABETES MELLITUS WITH DIABETIC CHRONIC KIDNEY DISEASE
E1329	OTHER SPECIFIED DIABETES MELLITUS WITH OTHER DIABETIC KIDNEY COMPLICATION
E13311	OTHER SPECIFIED DIABETES MELLITUS WITH UNSPECIFIED DIABETIC RETINOPATHY WITH MACULAR EDEMA
E13319	OTHER SPECIFIED DIABETES MELLITUS WITH UNSPECIFIED DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA



<b>Step 2 (diagnosis of type II diabetes)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 730 days</b>	
<b>Type II Diabetes Diagnoses</b>	
E13321	OTHER SPECIFIED DIABETES MELLITUS WITH MILD NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA
E13329	OTHER SPECIFIED DIABETES MELLITUS WITH MILD NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA
E13331	OTHER SPECIFIED DIABETES MELLITUS WITH MODERATE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA
E13339	OTHER SPECIFIED DIABETES MELLITUS WITH MODERATE NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA
E13341	OTHER SPECIFIED DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA
E13349	OTHER SPECIFIED DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA
E13351	OTHER SPECIFIED DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA
E13359	OTHER SPECIFIED DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA
E1336	OTHER SPECIFIED DIABETES MELLITUS WITH DIABETIC CATARACT
E1339	OTHER SPECIFIED DIABETES MELLITUS WITH OTHER DIABETIC OPHTHALMIC COMPLICATION
E1340	OTHER SPECIFIED DIABETES MELLITUS WITH DIABETIC NEUROPATHY, UNSPECIFIED
E1341	OTHER SPECIFIED DIABETES MELLITUS WITH DIABETIC MONONEUROPATHY
E1342	OTHER SPECIFIED DIABETES MELLITUS WITH DIABETIC POLYNEUROPATHY
E1343	OTHER SPECIFIED DIABETES MELLITUS WITH DIABETIC AUTONOMIC (POLY)NEUROPATHY
E1344	OTHER SPECIFIED DIABETES MELLITUS WITH DIABETIC AMYOTROPHY
E1349	OTHER SPECIFIED DIABETES MELLITUS WITH OTHER DIABETIC NEUROLOGICAL COMPLICATION
E1351	OTHER SPECIFIED DIABETES MELLITUS WITH DIABETIC PERIPHERAL ANGIOPATHY WITHOUT GANGRENE
E1352	OTHER SPECIFIED DIABETES MELLITUS WITH DIABETIC PERIPHERAL ANGIOPATHY WITH GANGRENE
E1359	OTHER SPECIFIED DIABETES MELLITUS WITH OTHER CIRCULATORY COMPLICATIONS
E13610	OTHER SPECIFIED DIABETES MELLITUS WITH DIABETIC NEUROPATHIC ARTHROPATHY
E13618	OTHER SPECIFIED DIABETES MELLITUS WITH OTHER DIABETIC ARTHROPATHY
E13620	OTHER SPECIFIED DIABETES MELLITUS WITH DIABETIC DERMATITIS

<b>Step 2 (diagnosis of type II diabetes)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 730 days</b>	
<b>Type II Diabetes Diagnoses</b>	
E13621	OTHER SPECIFIED DIABETES MELLITUS WITH FOOT ULCER
E13622	OTHER SPECIFIED DIABETES MELLITUS WITH OTHER SKIN ULCER
E13628	OTHER SPECIFIED DIABETES MELLITUS WITH OTHER SKIN COMPLICATIONS
E13630	OTHER SPECIFIED DIABETES MELLITUS WITH PERIODONTAL DISEASE
E13638	OTHER SPECIFIED DIABETES MELLITUS WITH OTHER ORAL COMPLICATIONS
E13641	OTHER SPECIFIED DIABETES MELLITUS WITH HYPOGLYCEMIA WITH COMA
E13649	OTHER SPECIFIED DIABETES MELLITUS WITH HYPOGLYCEMIA WITHOUT COMA
E1365	OTHER SPECIFIED DIABETES MELLITUS WITH HYPERGLYCEMIA
E1369	OTHER SPECIFIED DIABETES MELLITUS WITH OTHER SPECIFIED COMPLICATION
E138	OTHER SPECIFIED DIABETES MELLITUS WITH UNSPECIFIED COMPLICATIONS
E139	OTHER SPECIFIED DIABETES MELLITUS WITHOUT COMPLICATIONS

<b>Step 4 (diagnosis of moderate renal failure)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 730 days</b>	
<b>Moderate Renal Failure Diagnoses</b>	
<b>ICD-9 Code</b>	<b>Description</b>
5853	CHRONIC KIDNEY DISEASE, STAGE III (MODERATE)
<b>ICD-10 Code</b>	<b>Description</b>
N183	CHRONIC KIDNEY DISEASE, STAGE 3 (MODERATE)

<b>Step 5 (diagnosis of severe renal failure or ESRD)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 730 days</b>	
<b>Severe Renal Failure or ESRD Diagnoses</b>	
<b>ICD-9 Code</b>	<b>Description</b>
5854	CHRONIC KIDNEY DISEASE, STAGE IV (SEVERE).
5855	CHRONIC KIDNEY DISEASE, STAGE V.
5856	END STAGE RENAL DISEASE.
<b>ICD-10 Code</b>	<b>Description</b>

<b>Step 5 (diagnosis of severe renal failure or ESRD)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 730 days</b>	
<b>Severe Renal Failure or ESRD Diagnoses</b>	
<b>ICD-9 Code</b>	<b>Description</b>
N184	CHRONIC KIDNEY DISEASE, STAGE 4 (SEVERE)
N185	CHRONIC KIDNEY DISEASE, STAGE 5
N186	END STAGE RENAL DISEASE



**Sitagliptin (Januvia)  
50mg**

**Drugs Requiring Prior Authorization**

<b>Drugs Requiring Prior Authorization</b>	
<b>Label Name</b>	<b>GCN</b>
JANUVIA 50 MG TABLET	97399



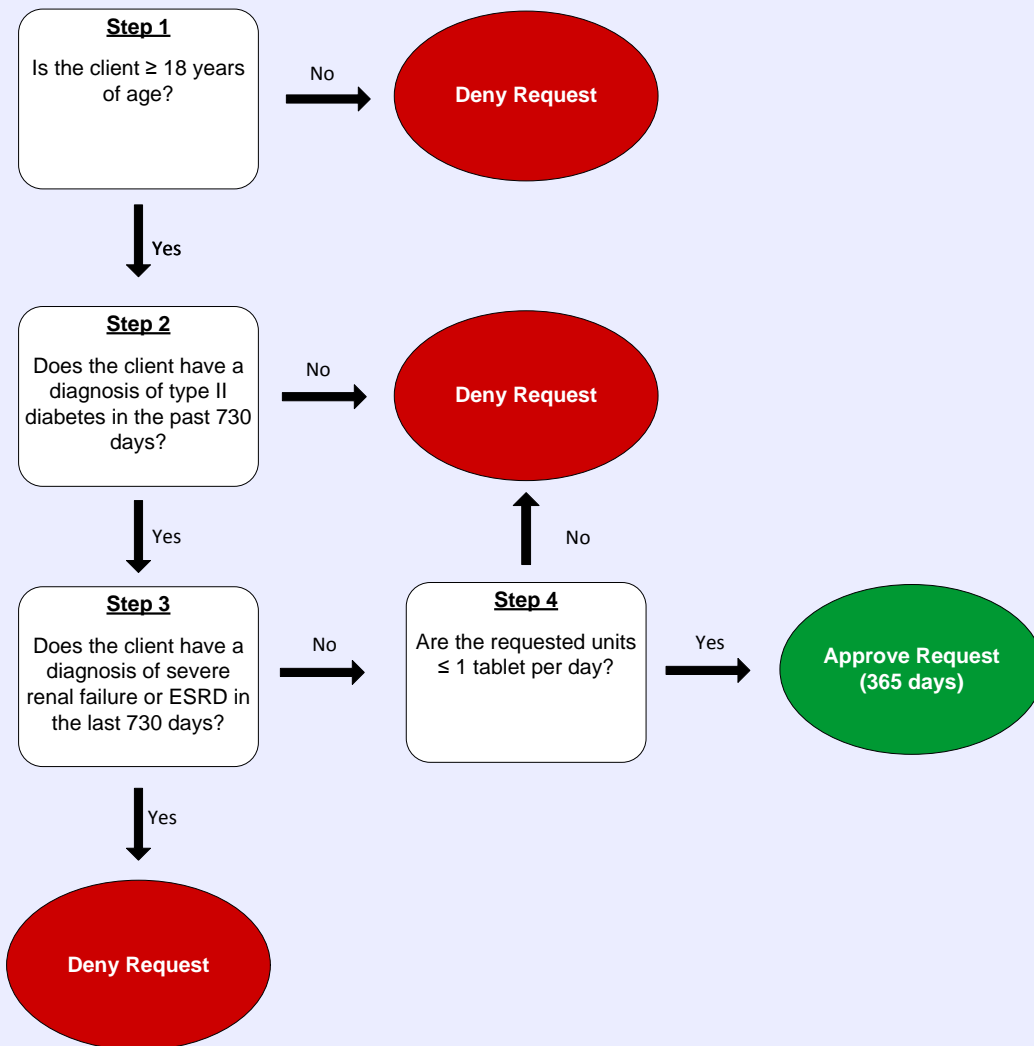
**Sitagliptin (Januvia)**  
**50mg**  
**Clinical Edit Criteria Logic**

1. Is the client greater than or equal to ( $\geq$ ) 18 years of age?  
 Yes (Go to #2)  
 No (Deny)
2. Does the client have a diagnosis of type II diabetes in the past 730 days?  
 Yes (Go to #3)  
 No (Deny)
3. Does this client have a diagnosis of severe renal failure or ESRD in the last 730 days?  
 Yes (Deny)  
 No (Go to #4)
4. Are the requested units less than or equal to ( $\leq$ ) 1 tablet per day?  
 Yes (Approve – 365 days)  
 No (Deny)



# Sitagliptin (Januvia) 50mg

## Clinical Edit Criteria Logic Diagram



**Sitagliptin (Januvia)****50mg****Clinical Edit Criteria Supporting Tables****Step 2 (diagnosis of type II diabetes)****Required diagnosis: 1****Look back timeframe: 730 days**

For the list of type II diabetes diagnosis codes that pertain to this step, see the **Type II Diabetes Diagnoses** table in the previous "Supporting Tables" section.

**Note:** Click the hyperlink to navigate directly to the table.

**Step 3 (diagnosis of severe renal failure or ESRD)****Required diagnosis: 1****Look back timeframe: 730 days**

For the list of severe renal failure or ESRD diagnosis codes that pertain to this step, see the **Severe Renal Failure or ESRD Diagnoses** table in the previous "Supporting Tables" section.

**Note:** Click the hyperlink to navigate directly to the table.



**Sitagliptin (Januvia)  
100mg**

**Drugs Requiring Prior Authorization**

<b>Drugs Requiring Prior Authorization</b>	
<b>Label Name</b>	<b>GCN</b>
JANUVIA 100 MG TABLET	97400





**Sitagliptin (Januvia)**  
**100mg**  
**Clinical Edit Criteria Logic**

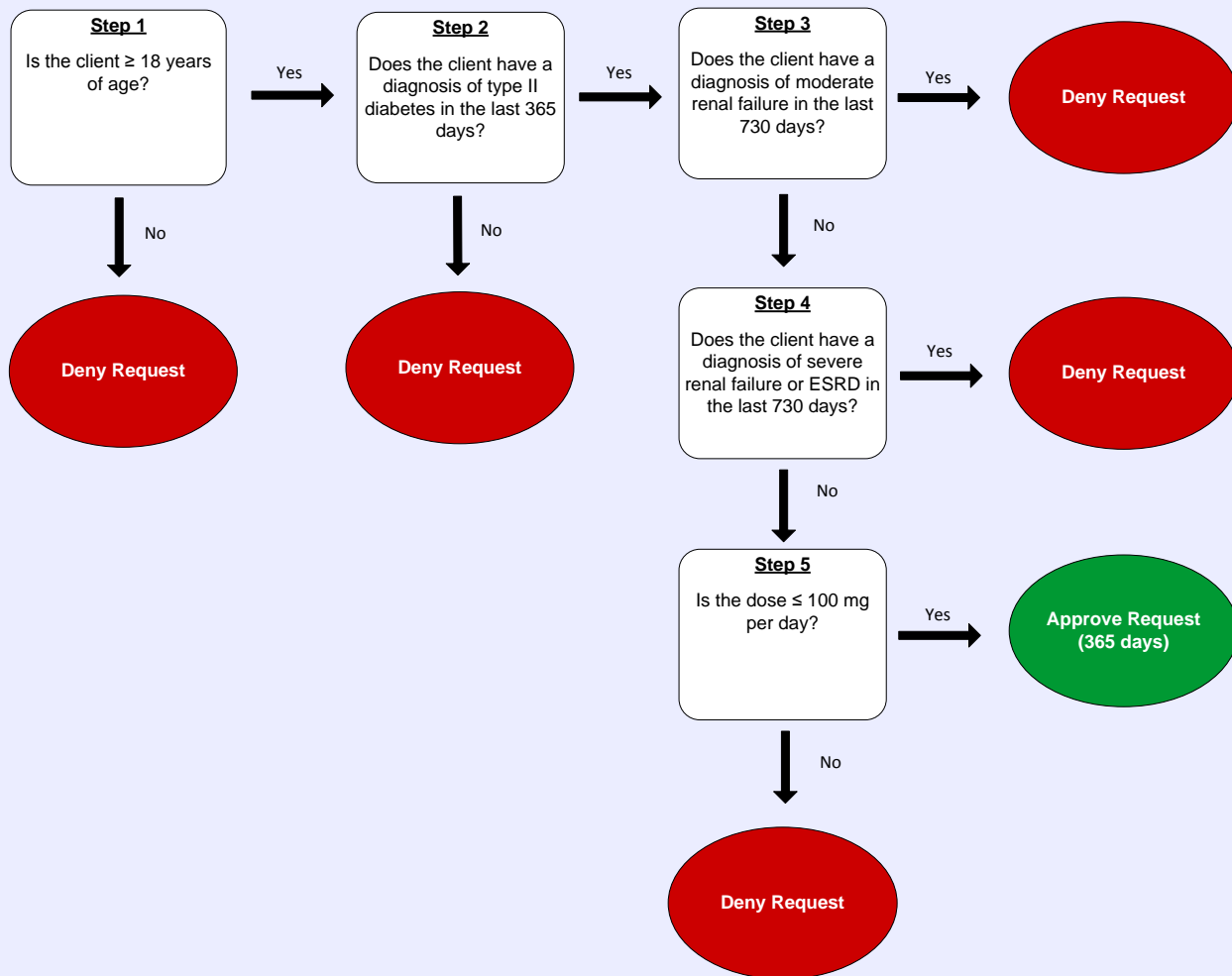
1. Is the client greater than or equal to ( $\geq$ ) 18 years of age?  
 Yes (Go to #2)  
 No (Deny)
2. Does the client have a diagnosis of type II diabetes in the past 730 days?  
 Yes (Go to #3)  
 No (Deny)
3. Does the client have a diagnosis of moderate renal failure in the last 730 days?  
 Yes (Deny)  
 No (Go to #4)
4. Does the client have a diagnosis of severe renal failure or ESRD in the last 730 days?  
 Yes (Deny)  
 No (Go to #5)
5. Is the dose less than or equal to ( $\leq$ ) 100 mg per day?  
 Yes (Approve – 365 days)  
 No (Deny)



# Sitagliptin (Januvia)

## 100mg

### Clinical Edit Criteria Logic Diagram



**Sitagliptin (Januvia)****100mg****Clinical Edit Criteria Supporting Tables****Step 2 (diagnosis of type II diabetes)****Required diagnosis: 1****Look back timeframe: 730 days**

For the list of type II diabetes diagnosis codes that pertain to this step, see the **Type II Diabetes Diagnoses** table in a previous "Supporting Tables" section.

**Note:** Click the hyperlink to navigate directly to the table.

**Step 3 (diagnosis of moderate renal failure)****Required diagnosis: 1****Look back timeframe: 730 days**

For the list of type II diabetes diagnosis codes that pertain to this step, see the **Moderate Renal Failure Diagnoses** table in a previous "Supporting Tables" section.

**Note:** Click the hyperlink to navigate directly to the table.

**Step 4 (diagnosis of severe renal failure or ESRD)****Required diagnosis: 1****Look back timeframe: 730 days**

For the list of type II diabetes diagnosis codes that pertain to this step, see the **Severe Renal Failure or ESRD Diagnoses** table in a previous "Supporting Tables" section.

**Note:** Click the hyperlink to navigate directly to the table.



## Sitagliptin (Januvia)

### Clinical Edit Criteria References

1. Clinical pharmacology: sitagliptin monograph. Available at: <http://www.clinicalpharmacology.com>. Accessed on December 8, 2006.
2. MICROMEDEX Health Services. DRUGDEX evaluations: sitagliptin drug evaluation. Available at <http://www.micromedex.com>. Accessed on December 8, 2006.
3. Januvia® (sitagliptin) [prescribing information]. Whitehouse Station, NJ: Merck & Company, Inc. 2006.
4. 2015 ICD-9-CM Diagnosis Codes. 2015. Available at [www.icd9data.com](http://www.icd9data.com). Accessed on April 3, 2015.
5. 2015 ICD-10-CM Diagnosis Codes. 2015. Available at [www.icd10data.com](http://www.icd10data.com). Accessed on April 3, 2015.
6. American Medical Association data files. 2015 ICD-9-CM Diagnosis Codes. Available at [www.commerce.ama-assn.org](http://www.commerce.ama-assn.org).
7. American Medical Association data files. 2015 ICD-10-CM Diagnosis Codes. Available at [www.commerce.ama-assn.org](http://www.commerce.ama-assn.org).

## Publication History

The Publication History records the publication iterations and revisions to this document. Notes for the *most current revision* are also provided in the **Revision Notes** on the first page of this document.

Publication Date	Notes
01/31/2011	Initial publication and posting to website
05/11/2012	<ul style="list-style-type: none"> <li>Separated sitagliptin (Januvia) into three sections: one for 25mg, one for 50mg, and one for 100mg</li> <li>Added a new section to specify the drugs requiring prior authorization for each strength of sitagliptin (Januvia)</li> <li>In each "Clinical Edit Supporting Tables" section, revised tables to specify the diagnosis codes pertinent to steps 2, 4, and 5 of the logic diagrams</li> </ul>
07/18/2012	<ul style="list-style-type: none"> <li>Removed steps 4 and 5 regarding moderate to severe renal failure for sitagliptin (Januvia) 25mg to reflect rules in system</li> <li>Changed step 3 to deny with a history of severe renal failure or ESRD for sitagliptin (Januvia) 50mg to reflect rules in system</li> </ul>
04/03/2015	<ul style="list-style-type: none"> <li>Updated to include ICD-10s</li> </ul>