

## Onglyza (saxagliptin) eligible for coverage via Step Therapy on the AHWDBL

Effective December 1, 2011, Onglyza (saxagliptin) is eligible for coverage via Step Therapy on the *Alberta Health and Wellness Drug Benefit List (AHWDBL)*. Saxagliptin is covered as add-on therapy for the treatment of Type 2 diabetes in patients with intolerance to and/or inadequate glycemic control on

- metformin (minimum six months trial); AND
  - a sulfonylurea; AND
  - for whom insulin is not an option
- OR
- for whom these products are contraindicated.

### Claim submission, adjudication, reject codes and intervention codes

The Alberta Blue Cross PRIDE<sup>RT</sup> claim adjudication system will read the program participant's claims history to determine if the required first line and second line drugs have been claimed within the preceding 12 months, and whether other aspects of the criteria as outlined above have been met before coverage of Onglyza is permitted. Subsequent claims for Onglyza will continue to be covered as long as Onglyza has been claimed within the preceding 12 months, based on the date of service of the claim.

When the pharmacy service provider has supporting documentation of the patient meeting the above noted criteria, coverage may be provided if the following intervention code(s) are used. A maximum of two applicable intervention codes can be included with the claim submission. Here are examples of when intervention code(s) may be used:

Intervention code	Guidelines are met when pharmacy service provider's documentation from the patient record of care history indicates the following
<b>UP</b> - First line therapy ineffective	Treatment failure with sufficient trial (minimum six months) of metformin and/or sulfonylurea product(s).
<b>UQ</b> - First line therapy not tolerated by patient	Contraindication or intolerance to use of metformin and/or sulfonylurea product(s).
<b>CA</b> - Prior adverse reaction	Prior adverse reaction to insulin product(s).
<b>CB</b> - Previous treatment failure	Previous treatment failure with insulin product(s).
<b>CJ</b> - Product is not effective	Contraindications to use of insulin product(s), or when insulin is not an option.

Special Authorization (criteria for coverage as per Section 3 of the *Alberta Health and Wellness Drug Benefit List*) will be available as an option for coverage of Onglyza in those instances when

- the automated review of the program participant's claim history does not identify claims for the required previous therapies, and
- the pharmacy service provider does not have documentation to support the patient meets the above-noted criteria.

If the criteria for coverage of Onglyza is not met, the claim may be rejected with the following response codes:

- **QO** - preference or step drug available and
- **CP** - eligible for special authorization



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