



**Medicare Part D – 2016**

**Prior Authorization Group Description**

KOMBIGLYZE XR

**Covered Uses:**

All FDA-approved indications not otherwise excluded from Part D.

**Exclusion Criteria:**

**Required Medical Information:**

**Age Restrictions:**

**Prescriber Restrictions:**

**Coverage Duration:**

Length of Benefit.

**Other Criteria:**

Failure or clinically significant adverse effects to Tradjenta or Jentadueto AND Failure or clinically significant adverse effects to one of the following: Januvia, Janumet, Janumet XR