

Sodium-Glucose CoTransporter-2 Inhibitors (SGLT-2 Inhibitors) Drug Use Criteria

Created: August 2020

Reviewed: September 30, 2020, October 2020, September 2021, January 2022, February 2022, July 2022

Includes:

Invokana©	Canagliflozin
Invokamet XR©	Canagliflozin/Metformin HCl
Invokamet©	Canagliflozin/Metformin HCl
Farxiga©	Dapagliflozin Propanediol
XigduoXR©	Dapagliflozin/Metformin HCl
Qtern©	Dapagliflozin/Saxagliptin HCl
Jardiance©	Empagliflozin
Glyxambi©	Empagliflozin/Linagliptin
Synjardy XR©	Empagliflozin/Metformin HCl
Synjardy©	Empagliflozin/Metformin HCl
Steglatro©	Ertugliflozin Pidoate
Segluromet©	Ertugliflozin/Metformin
Steglujan©	Ertugliflozin/Sitagliptin
Trijardy XR©	Empagliflozin/Linagliptin/metformin

(Bolded items are preferred agents)

GUIDELINE FOR USE:

Initial Request:

1. Is this a request for renewal of a previously approved prior authorization?
 - a) Yes: Go the Renewal Criteria
 - b) No: Go to #2

Drug Name	CV risk reduction in patients with T2DM and established CV disease	Reduction in risk of end-stage kidney disease in patients with T2DM and diabetic nephropathy with albuminuria >300mg/day	Reduction in risk of eGFR decline and end-stage kidney disease, CV death, and hospitalization for HF in patients with CKD at risk of progression	HF risk reduction in patients with T2DM and established CV disease or multiple CV risk factors	HF risk reduction in patients with HF and HFrEF
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Invokana (canagliflozin)	X	X			
Farxiga (dapagliflozin)			X	X	X
Jardiance (empagliflozin)	X				X
Steglatro (ertugliflozin)					

*Abbreviations: CKD- chronic kidney disease; CV- Cardiovascular; eGFR- estimated glomerular filtration rate; HF- heart failure; HFrEF- heart failure with reduced ejection fraction; T2DM- Type 2 Diabetes Mellitus

2. Does the member qualify for the requested therapy based on the diagnoses and requirements in Table 1?
 - a) Yes: Go to #4
 - b) No: Go to #3

3. Does the patient have T2DM and has tried and failed metformin, has contraindications to metformin, or is requesting a SGLT2 inhibitor to be used in combination with metformin?
 - a) Yes: go to question #4
 - b) No: Deny as not meeting criteria. A trial of metformin is required.

4. Is the request for the following treatments (including combination products) with an associated estimated glomerular filtration rate (eGFR):
 - Canagliflozin and eGFR <30 mL/min/ 1.73 m², or
 - Empagliflozin and eGFR <30 mL/min/1.73 m², or
 - Dapagliflozin and eGFR <45 mL/min/1.73 m², or
 - Ertugliflozin and eGFR <45 mL/min/1.73 m²?

*Additional manufacturer labeling information will be used on an individual basis.

 - a) Yes: Deny as criteria not met. Use is not recommended per manufacturing labeling.
 - b) No: Approve for 6 months if for T2DM and 12 months if for indications in Table 1. Please submit follow-up chart note evaluating response to treatment, including HgA1c level after treatment was initiated.

Renewal Request:

1. Does member still meet initial criteria?
 - a). Yes: Go to #2
 - b). No: Deny as not meeting criteria.

2. Has the patient been adherent to therapy and if applicable, has HgA1c been reduced by 0.5% for T2DM?
 - a) Yes: approve for 6 months if for T2DM and 12 months if for indications in Table 1.
 - b) No: Deny as criteria not met. Please address nonadherence and consider addition of other formulary glucose lowering agents.

Rationale:

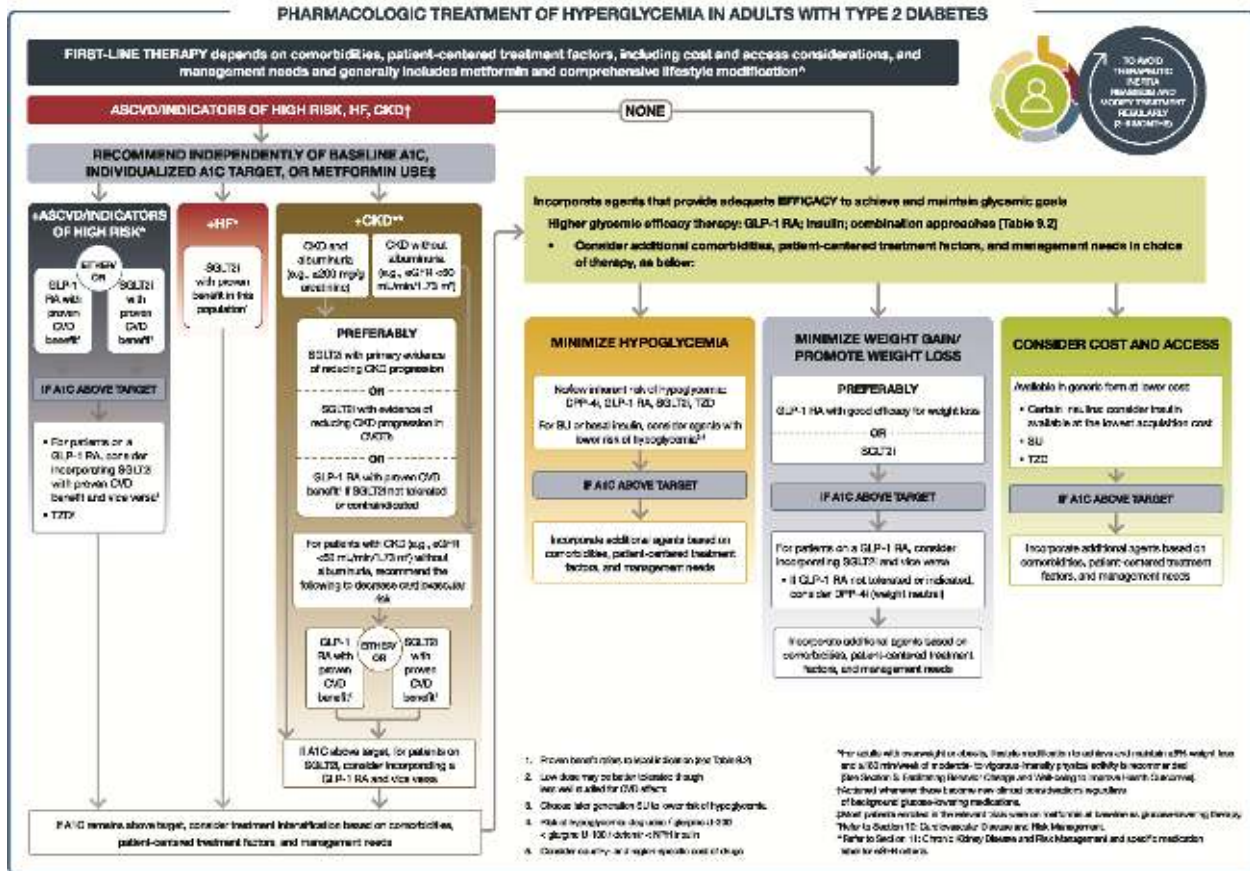
To promote value within step therapy management and evidence-based standard of care. To ensure optimization of least costly formulary alternative, metformin. Adherence and dose optimization will be reviewed using prescription refill history for consideration of coverage for SGLT-2 inhibitors.

FDA Approved Indication:

As an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes mellitus for all products. See Table 1 for medication specific indications.

References:

1. American Diabetes Association (ADA). Standards of Medical Care in Diabetes – 2021. Diabetes Care 2021 Jan; 44(Supplement 1): S111-S124.
2. Invokana Prescribing Information. Revised 8/2020.
3. Invokamet XR Prescribing Information. Revised 8/2020.
4. Invokamet Prescribing Information. Revised 8/2020.
5. Farxia Prescribing Information. Revised 4/2021.
6. XigduoXR Prescribing Information. Revised 1/2020.
7. Qtern Prescribing Information. Revised 1/2020.
8. Jardiance Prescribing Information. Revised 8/2021.
9. Glyxambi Prescribing Information. Revised 6/2021.
10. Synjardy XR Prescribing Information. Revised 6/2021.
11. Synjardy Prescribing Information. Revised 6/2021.
12. Steglatro Prescribing Information. Revised 9/2021.
13. Segluromet Prescribing Information. Revised 9/2021.
14. Steglujan Prescribing Information. Revised 9/2021.
15. Trijardy Prescribing Information. Revised 6/2021.



Pharmacologic treatment of hyperglycemia in adults with type 2 diabetes. 2022 ADA Professional Practice Committee (PPC) adaptation of Davies MJ, D'Alessio DA, Fradkin J, et al. Diabetes Care 2018;41:2669–2701 and Buse JB, Wexler DJ, Tsapas A, et al. Diabetes Care 2020;43:487–493