BlueCross BlueShield
Federal Employee Program

SGLT2 INHIBITORS

Brenzavvy* (bexagliflozin), Invokana (canagliflozin), Invokamet, Invokamet XR (canagliflozin & metformin), Steglatro (ertugliflozin), Steglujan (ertugliflozin & sitagliptin), Segluromet (ertugliflozin & metformin),

*This medication is currently pending tier determination and may not be available at this time

Pre - PA Allowance

None

Prior-Approval Requirements

Age 18 years of age or older

Diagnosis

Patient must have the following:

Type 2 diabetes mellitus

AND ALL of the following:

1. Inadequate treatment response, intolerance, or contraindication to metformin **AND ONE** of the drugs from the following drug classes:
    a. Alpha-glucosidase inhibitor
    b. Dipeptidyl peptidase 4 inhibitors (DPP-4)
    c. Thiazolidinedione
    d. Glucagon-like peptide-1 receptor agonists (GLP-1)
2. Patient must have a HgbA1C greater than 7.0%
3. Patient has an eGFR greater than or equal to **ONE** of the following:
    a. Patients on **Brenzavvy**: ≥ 30 mL/min/1.73m²
    b. Patients on **Steglatro**, **Steglujan**, and **Segluromet**: ≥ 45 mL/min/1.73m²
    c. Patients on **Invokana 100mg**: ≥ 30 mL/min/1.73m² **OR** patient has albuminuria greater than 300 mg/day
    d. Patients on **Invokana > 100mg**: ≥ 60 mL/min/1.73m²
    e. Patients on **Invokamet or Invokamet XR 50mg**: ≥ 30 mL/min/1.73m²
    f. Patients on **Invokamet or Invokamet XR > 50mg**: ≥ 60 mL/min/1.73m²
4. **NO** dual therapy with other SGLT2 inhibitors (see Appendix 1)
5. Patient **MUST** have tried at least **TWO** of the preferred products (see Appendix 2) unless the patient has a valid medical exception (e.g., inadequate treatment response, intolerance, contraindication)

AND NOT to be used for the following:

1. Diabetic ketoacidosis (DKA)

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*This medication is currently pending tier determination and may not be available at this time

2. Prevention of diabetes
3. Exclusively used for weight loss

Prior - Approval Limits

Duration 12 months

Prior – Approval *Renewal* Requirements

Age 18 years of age or older

Diagnosis

Patient must have the following:

Type 2 diabetes mellitus

AND ALL of the following:

1. Condition has improved or stabilized on the therapy
2. **NO** dual therapy with other SGLT2 inhibitors (see Appendix 1)
3. Patient has an eGFR greater than or equal to **ONE** of the following:
    a. Patients on **Brenzavvy**: ≥ 30 mL/min/1.73m²
    b. Patients on **Steglatro**, **Steglujan**, and **Segluromet**: ≥ 45 mL/min/1.73m²
    c. Patients on **Invokana 100mg**: ≥ 30 mL/min/1.73m² **OR** patient has albuminuria greater than 300 mg/day
    d. Patients on **Invokana > 100mg**: ≥ 60 mL/min/1.73m²
    e. Patients on Invokamet or **Invokamet XR 50mg**: ≥ 30 mL/min/1.73m²
    f. Patients on Invokamet or **Invokamet XR > 50mg**: ≥ 60 mL/min/1.73m²
4. Patient **MUST** have tried at least **TWO** of the preferred products (see Appendix 2) unless the patient has a valid medical exception (e.g., inadequate treatment response, intolerance, contraindication)

AND NOT to be used for the following:

1. Diabetic ketoacidosis (DKA)
2. Prevention of diabetes
3. Exclusively used for weight loss

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SGLT2 INHIBITORS

Brenzavvy* (bexagliflozin), Invokana (canagliflozin), Invokamet, Invokamet XR (canagliflozin & metformin), Steglatro (ertugliflozin), Steglujan (ertugliflozin & sitagliptin), Segluromet (ertugliflozin & metformin),

*This medication is currently pending tier determination and may not be available at this time

Prior - Approval *Renewal* Limits

Same as above

Appendix 1 - List of SGLT2 Inhibitors

Generic Name	Brand Name
bexagliflozin	Brenzavvy
canagliflozin	Invokana
canagliflozin/metformin	Invokamet/Invokamet XR
dapagliflozin	Farxiga
dapagliflozin/metformin	Xigduo XR
dapagliflozin/saxagliptin	Qtern
empagliflozin	Jardiance
empagliflozin/linagliptin	Glyxambi
empagliflozin/linagliptin/metformin	Trijardy XR
empagliflozin/metformin	Synjardy/Synjardy XR
ertugliflozin	Steglatro
ertugliflozin/metformin	Segluromet
ertugliflozin/sitagliptin	Steglujan
sotagliflozin	Inpefa

Appendix 2 - List of Preferred SGLT2 Inhibitors

Generic Name	Brand Name
dapagliflozin	Farxiga
dapagliflozin/metformin	Xigduo XR
dapagliflozin/saxagliptin	Qtern
empagliflozin	Jardiance
empagliflozin/linagliptin	Glyxambi
empagliflozin/metformin	Synjardy
empagliflozin/metformin	Synjardy XR