

TRIJARDY XR
(empagliflozin, linagliptin, & metformin)

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. Inadequate treatment response, intolerance, or contraindication to **TWO** SGLT2 inhibitors (see Appendix 1)
3. Patient must have a HgbA1C greater than 7.0%
4. Patient has an eGFR ≥ 45 mL/min/1.73m²
5. **NO** dual therapy with another SGLT2 inhibitor (see Appendix 1)

AND NOT to be used for the following:

1. Diabetic ketoacidosis (DKA)
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

TRIJARDY XR
(empagliflozin, linagliptin, & metformin)

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 another SGLT2 inhibitor (see Appendix 1)
3. Patient has an eGFR ≥ 45 mL/min/1.73m²

AND NOT to be used for the following:

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

Prior - Approval *Renewal* Limits

Same as above

Appendix 1 - List of SGLT2 Inhibitors

Generic Name	Brand Name
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