

SGLT2 STEP POLICY

Farxiga (dapagliflozin), Glyxambi (empagliflozin/linagliptin), Jardiance (empagliflozin), Qtern (dapagliflozin/saxagliptin), Synjardy, Synjardy XR (empagliflozin/metformin), Xigduo XR (dapagliflozin/metformin)

Prior-Approval Requirements

*Claims submitted with an ICD 10 diagnosis code indicating type 2 diabetes mellitus **OR** patients who have filled metformin in the past 1 year are exempt from these Prior Authorization (PA) requirements.*

Diagnosis

Patient must have the following:

Type 2 diabetes mellitus (T2DM)

- a. Patient has had an inadequate treatment response, intolerance, or contraindication to metformin
- b. **NO** dual therapy with other SGLT2 inhibitors (see Appendix 1)

Farxiga and Jardiance only

Age 18 years of age or older

Diagnoses

Patient must have **ONE** of the following:

1. Heart failure (HF)
 - a. **NO** dual therapy with other SGLT2 inhibitors (see Appendix 1)
2. Chronic kidney disease (CKD)
 - a. **NO** polycystic kidney disease (PKD)
 - b. **NO** current or recent history of immunosuppressive therapy for the treatment of kidney disease (e.g., tacrolimus, sirolimus, cyclosporine, mycophenolate etc.)
 - c. **NO** dual therapy with other SGLT2 inhibitors (see Appendix 1)

Prior - Approval Limits

Duration 12 months

Prior – Approval *Renewal* Requirements



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Diagnosis

Patient must have the following:

1. Type 2 diabetes mellitus (T2DM)
 - a. **NO** dual therapy with other SGLT2 inhibitors (see Appendix 1)

Farxiga and Jardiance only

Age 18 years of age or older

Diagnoses

Patient must have **ONE** of the following:

1. Heart failure (HF)
 - a. Symptoms have improved or stabilized
 - b. **NO** dual therapy with other SGLT2 inhibitors (see Appendix 1)
2. Chronic kidney disease (CKD)
 - a. Reduced decline in renal function
 - b. **NO** dual therapy with other SGLT2 inhibitors (see Appendix 1)

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



Federal Employee Program.

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empagliflozin/linagliptin/metformin	Trijardy XR
empagliflozin/metformin	Synjardy/Synjardy XR
ertugliflozin	Steglatro
ertugliflozin/metformin	Segluromet
ertugliflozin/sitagliptin	Steglujan
sotagliflozin	Inpefa