

Phone: 541-269-7400 Fax: 541-269-7147



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, September 2023, October 2023

Includes:

Invokana© Canagliflozin

Farxiga© Dapagliflozin Propanediol

Jardiance© Empagliflozin

Inpefa© Sotagliflozin

Invokamet XR© Canagliflozin/Metformin HCI
Invokamet© Canagliflozin/Metformin HCI
XigduoXR© Dapagliflozin/Metformin HCI
Qtern© Dapagliflozin/Saxagliptin HCI
Glyxambi© Empagliflozin/Linagliptin
Synjardy XR© Empagliflozin/Metformin HCI
Synjardy© Empagliflozin/Metformin HCI

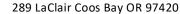
Steglatro©Ertugliflozin PidolateSegluromet©Ertugliflozin/MetforminSteglujan©Ertugliflozin/Sitagliptin

Trijardy XR© Empaglifozin/Linagliptin/metformin

(Bolded items are preferred agents and do not require a prior authorization)

GUIDELINE FOR USE:

- 1. Has the member trialed/failed or have contraindications to the preferred products?
 - a. If yes, go to
 - **b.** If no, deny as nonformulary. Formulary alternatives include Farxiga, Invokana, or Jardiance (available without a PA)
- 2. Does the member have type 2 diabetes?
 - a. If yes, approve up to 12 months
 - **b.** If no, go to
- **3.** Does the member have heart failure and is requesting an SGLT-2 inhibitor with demonstrated cardiovascular benefit?
 - a. If yes, approve up to 12 months
 - b. If no, go to
- **4.** Does the member have chronic kidney disease and is requesting an SGLT-2 inhibitor with demonstrated renal and cardiovascular benefits?
 - a. If yes, approve up to 12 months
 - **b.** If no, deny as not meeting criteria. Off-label use of medication is not a covered benefit under the Oregon Health Plan.



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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 2023. Diabetes Care 2022 Dec; 46(Supplement 1): S140-S157.
- 2. Inpefa Prescribing Information. Revised 5/2023.
- 3. Invokana Prescribing Information. Revised 8/2020.
- 4. Invokamet XR Prescribing Information. Revised 8/2020.
- 5. Invokamet Prescribing Information. Revised 8/2020.
- 6. Farxia Prescribing Information. Revised 4/2021.
- 7. XigduoXR Prescribing Information. Revised 1/2020.
- 8. Qtern Prescribing Information. Revised 1/2020.
- 9. Jardiance Prescribing Information. Revised 8/2021.
- 10. Glyxambi Prescribing Information. Revised 6/2021.
- 11. Synjardy XR Prescribing Information. Revised 6/2021.
- 12. Synjardy Prescribing Information. Revised 6/2021.
- 13. Steglatro Prescribing Information. Revised 9/2021.
- 14. Segluromet Prescribing Information. Revised 9/2021.
- 15. Steglujan Prescribing Information. Revised 9/2021.
- 16. Trijardy Prescrbing Information. Revised 6/2021.