

UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

Program Number	2024 P 3086-18
Program	Step Therapy – SGLT2 Inhibitors
Medication	Brenzavvy® (bexagliflozin)*, Farxiga® (dapagliflozin)*, Glyxambi® (empagliflozin/linagliptan), Inpefa® (sotagliflozin)*, Invokana® (canagliflozin)*, Invokamet (canagliflozin/metformin)*, Invokamet XR (canagliflozin/metformin extended-release)*, Qtern® (dapagliflozin/saxagliptin)*, Segluromet® (ertugliflozin/metformin)*, Steglatro® (ertugliflozin)*, Steglujan® (ertugliflozin/sitagliptin)*, Xigduo® XR (dapagliflozin/metformin extended-release)*
P&T Approval Date	10/2016, 10/2017, 4/2018, 8/2018, 12/2018, 2/2019, 2/2020, 5/2020; 7/2020, 7/2021, 10/2021, 2/2022, 4/2022, 8/2022, 9/2022, 3/2023, 7/2023, 7/2024
Effective Date	10/1/2024

1. Background:

Brenzavvy (bexagliflozin*), Farxiga (dapagliflozin)*, Invokana (canagliflozin)*, Jardiance (empagliflozin) and Steglatro (ertugliflozin)* are sodium-glucose co-transporter 2 (SGLT2) inhibitors indicated as an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes mellitus. Farxiga*, Invokana* and Jardiance have additional indications. Farxiga* is indicated to reduce the risk of hospitalization for heart failure in adults with type 2 diabetes mellitus and either established cardiovascular disease or multiple cardiovascular risk factors, to reduce the risk of cardiovascular death and hospitalization for heart failure and urgent heart failure visit in adults with heart failure and to reduce the risk of sustained eGFR decline, end-stage kidney disease, cardiovascular death, and hospitalization for heart failure in adults with chronic kidney disease at risk of progression. Invokana* is indicated to reduce the risk of major adverse cardiovascular events (cardiovascular death, nonfatal myocardial infarction and nonfatal stroke) in adults with type 2 diabetes mellitus and established cardiovascular disease (CVD), and to reduce the risk of end-stage kidney disease (ESKD), doubling of serum creatinine, cardiovascular (CV) death, and hospitalization for heart failure in adults with type 2 diabetes mellitus and diabetic nephropathy with albuminuria > 300 mg/day. Jardiance is indicated as an adjunct to diet and exercise to improve glycemic control in pediatric patients aged 10 years and older with type 2 diabetes mellitus, to reduce the risk of cardiovascular death in adult patients with type 2 diabetes mellitus and established cardiovascular disease, to reduce the risk of sustained decline in eGFR, end-stage kidney disease, cardiovascular death, and hospitalization in adults with chronic kidney disease at risk of progression and to reduce the risk of cardiovascular death plus hospitalization for heart failure in adults. Inpefa (sotagliflozin)* is indicated to reduce the risk of cardiovascular death, hospitalization for heart failure, and urgent heart failure visit in adults with heart failure or type 2 diabetes mellitus, chronic kidney disease, and other cardiovascular risk factors.

Invokamet (canagliflozin/metformin)*, Invokamet XR (canagliflozin/metformin extended-release)*, Synjardy (empagliflozin/metformin), Synjardy XR (empagliflozin/metformin extended-release), Segluromet (ertugliflozin/metformin)*, and Xigduo XR (dapagliflozin/metformin extended-release)* are SGLT2 inhibitors and biguanide combination medications indicated as an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes mellitus

who are not adequately controlled on a regimen containing metformin or a SGLT2 inhibitor or in patients already being treated with both a SGLT2 inhibitor and metformin.

Glyxambi (empagliflozin/linagliptin), Qtern (dapagliflozin/saxagliptin)* and Steglujan (ertugliflozin/sitagliptin)* are combination SGLT2 inhibitors and dipeptidyl peptidase-4 (DPP-4) inhibitors indicated as an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes mellitus when treatment with both a SGLT2 and a DPP4 inhibitor is appropriate.

If a member has a prescription for metformin or Glyxambi in the claims history within the previous 12 months, the claim for Glyxambi will automatically process. Members currently on Glyxambi as documented in claims history will be allowed continued coverage of their current therapy. Members new to therapy will be required to meet the coverage criteria below.

2. Coverage Criteria^{a,b}:

A. Heart failure

1. **Farxiga* or Inpefa*** will be approved based on the following criterion:

a. History of therapeutic failure, contraindication or intolerance to a 30-day trial of Jardiance

Authorization will be issued for 12 months.

B. Chronic kidney disease without diabetes

1. **Farxiga*** will be approved based on **both** of the following:

a. History of suboptimal response, contraindication or intolerance to **one** of the following:

- 1) Angiotensin converting enzyme (ACE) inhibitor (e.g., lisinopril)
- 2) Angiotensin receptor blocker (e.g., losartan)

-AND-

b. History of therapeutic failure (after a three-month trial^c), contraindication or intolerance to Jardiance

Authorization will be issued for 12 months.

C. Chronic kidney disease with diabetes

1. **Farxiga* or Invokana*** will be approved based on the following criteria:

a. History of suboptimal response, contraindication or intolerance to **one** of the following:

- 1) Angiotensin converting enzyme (ACE) inhibitor (e.g., lisinopril)
- 2) Angiotensin receptor blocker (e.g., losartan)

-AND-

- b. History of suboptimal response (after a three-month trial^c), contraindication or intolerance to metformin (generic Glucophage, Glucophage XR)

-AND-

- c. History of therapeutic failure (after a three-month trial^c), contraindication or intolerance to Jardiance

Authorization will be issued for 12 months.

D. All other indications

1. **Glyxambi** will be approved based on one of the following criteria:

- a. History of suboptimal response (after a three-month trial^c), contraindication or intolerance to metformin (generic Glucophage, Glucophage XR)

-OR-

- b. Currently on therapy with Glyxambi and is requesting continuation of the same therapy.

Authorization will be issued for 12 months.

2. **Brenzavvy, Farxiga*, Invokana* or Steglatro*** will be approved based on the following criteria:

- a. History of suboptimal response (after a three-month trial^c), contraindication or intolerance to metformin (generic Glucophage, Glucophage XR)

-AND-

- b. History of therapeutic failure (after a three-month trial^c), contraindication or intolerance to Jardiance

Authorization will be issued for 12 months.

3. **Invokamet*, Invokamet XR*, Xigduo XR*, or Segluromet*** will be approved based on the following criterion:

- a. History of therapeutic failure (after a three-month trial^c), contraindication or intolerance to Synjardy/Synjardy XR

Authorization will be issued for 12 months.

4. **Qtern* or Steglujan*** will be approved based on the following criteria:

- a. History of suboptimal response (after a three-month trial^c), contraindication or intolerance to metformin (generic Glucophage, Glucophage XR)

-AND-

- b. History of therapeutic failure (after a three-month trial^c), contraindication or intolerance to Glyxambi

Authorization will be issued for 12 months.

5. **Inpefa*** will be approved based on the following criterion:

- a. History of therapeutic failure, contraindication or intolerance to a 30-day trial of Jardiance

Authorization will be issued for 12 months.

^a State mandates may apply. Any federal regulatory requirements and the member specific benefit plan coverage may also impact coverage criteria. Other policies and utilization management programs may apply.

^b In Florida, Maine, and Tennessee only, medications prescribed for diabetes may be approved based on both of the following: 1) Provider attests use of this product is medically necessary for the treatment of diabetes; and- 2) If applicable, clinical characteristics exist that preclude the use of the covered preferred alternative(s) and use of the covered preferred alternative(s) could result in worsening of patient's condition or inadequate treatment (document alternatives and clinical information related to worsening/inadequate treatment).

^c For Connecticut, Kentucky and Mississippi business, only a 30 day trial will be required.

3. Additional Clinical Rules:

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class
- Supply limits may be in place.

* Bexaglifloxin (Brenzavvy authorized generic), Farxiga, Inpefa, Invokana, Invokamet, Invokamet XR, Qtern, Segluromet, Steglatro, Steglujan and Xigduo XR are typically excluded from coverage. Tried/failed criteria may be in place. Please refer to plan specifics to determine coverage status.

4. References:

1. Brenzavvy [package insert]. Marlborough, MA: TheracosBio, LLC; February 2024.
2. Jardiance [package insert]. Ridgefield, CT: Boehringer Ingelheim Pharmaceuticals, Inc.; September 2023.
3. Invokana [package insert] Titusville, NJ: Janssen Pharmaceuticals, Inc; July 2023.
4. Farxiga [package insert]. Wilmington, DE: AstraZeneca Pharmaceuticals LP.; January 2024.
5. Steglatro [package insert]. Rahway, NJ: Merck & Co., Inc.; September 2023.
6. Inpefa [package insert]. Woodlands, TX: Lexicon Pharmaceuticals, Inc.; May 2023.
7. Invokamet/Invokamet XR [package insert]. Titusville, NJ: Janssen Pharmaceuticals, Inc.; January 2024.
8. Synjardy/Synjardy XR [package insert]. Ridgefield, CT: Boehringer Ingelheim Pharmaceuticals, Inc.; October 2023.
9. Segluromet [package insert]. Rahway, NJ: Merck & Co., Inc.; September 2023.
10. Xigduo XR [package insert]. Wilmington, DE: AstraZeneca Pharmaceuticals LP.; September 2023.

11. Glyxambi [package insert]. Ridgefield, CT: Boehringer Ingelheim Pharmaceuticals, Inc.; October 2023.
12. Qtern [package insert]. Wilmington, DE: AstraZeneca Pharmaceuticals LP.; September 2023.
13. Steglujan [package insert]. Rahway, NJ: Merck & Co., Inc.; October 2023.
14. American Diabetes Association. Standard of Medical Care in Diabetes- 2024. *Diabetes Care* 2024;47 (Supplement 1)

Program	Step Therapy –SGLT2 Inhibitors
Change Control	
Date	Change
10/2016	New. Replaces Diabetes Medications Step Therapy program P3018-8 originally P&T approved 12/2013.
10/2017	Added Synjardy/Synjardy XR as step 1 agent for Xigduo XR. Updated references.
4/2018	Added Qtern, Segluromet, Steglatro and Steglujan as step 2 agents. Updated references.
8/2018	Modified the step criteria for Glyxambi to only require metformin, a sulfonylurea or a thiazolidinedione.
12/2018	Removed the sulfonylurea and thiazolidinedione requirement. Added Florida, Maine, and Tennessee mandate language. Updated references.
2/2019	Modified the Qtern and Steglujan step.
2/2020	Annual review. Updated the background section and references.
5/2020	Invokana removed from the automated lookback. Added step requirement for Invokana, Invokamet, Invokamet XR. Updated references.
7/2020	Added step requirements for heart failure indication.
7/2021	Annual review. Updated master rationale. Modified step therapy for SGLT-2 inhibitors for heart failure. Updated failure language to remove reference to trial. Updated references.
10/2021	Added step requirement for chronic kidney disease. Updated failure to suboptimal response for heart failure section A and for metformin sections. Updated state mandate language for CT and KY. Updated references.
2/2022	Added Jardiance into the criteria for chronic kidney disease. Updated references. Florida, Maine, and Tennessee state mandate language added.
4/2022	Jardiance label updated for heart failure with or without a reduced ejection fraction. Added section to allow for Jardiance for heart failure with preserved ejection fraction.
8/2022	Combined reduced and preserved heart failure sections and removed the step component for Jardiance. Farxiga will still require a step through Jardiance for heart failure. Updated state mandate footnote to include Mississippi. Updated references.
10/2022	Removed Jardiance from step therapy requirements.
3/2023	Added Brenzavvy to criteria. Updated references.
7/2023	Added Inpefa, updated Florida, Maine, and Tennessee state mandate language, and updated references. Removed diabetes from the name of the program.

7/2024	Annual review. Updated excluded products – removed Brenzavvy, added Bexagliflozin. Updated regulatory requirement. Updated references.
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