

Sodium-Glucose CoTransporter-2 Inhibitors (SGLT-2 Inhibitors) Drug Use Criteria

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Includes:

Invokana®

Farxiga®

Jardiance®

Canagliflozin

Dapagliflozin Propanediol

Empagliflozin

Inpefa®

Invokamet XR®

Invokamet®

XigduoXR®

Qtern®

Glyxambi®

Synjardy XR®

Synjardy®

Steglatro®

Segluromet®

Steglujan®

Trijardy XR®

Sotagliflozin

Canagliflozin/Metformin HCl

Canagliflozin/Metformin HCl

Dapagliflozin/Metformin HCl

Dapagliflozin/Saxagliptin HCl

Empagliflozin/Linagliptin

Empagliflozin/Metformin HCl

Empagliflozin/Metformin HCl

Ertugliflozin Pidoate

Ertugliflozin/Metformin

Ertugliflozin/Sitagliptin

Empagliflozin/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.

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 Prescribing Information. Revised 6/2021.