| Division: Pharmacy Policy | Subject: Prior Authorization Criteria |
|---|---|
| Original Development Date:<br>Original Effective Date:<br>Revision Date: | March 13, 2023<br><br>February 5, 2024, February 8, 2024, April 12, 2024, August 9, 2024 |

# Sodium-Glucose Co-Transporter (SGLT-2) Inhibitor Agents

| Sodium-Glucose Co-Transporter 2 (SGLT-2) Inhibitors | |
|---|---|
| **PREFERRED** | Farxiga® (dapagliflozin); Jardiance® (empagliflozin) |
| **NON-PREFERRED** | Inpefa® (sotagliflozin), Invokana® (canagliflozin); Steglatro® (ertugliflozin); |

| Sodium-Glucose Co-Transporter 2 (SGLT-2) Inhibitor/Biguanide Combination Products | |
|---|---|
| **PREFERRED** | Synjardy® (empagliflozin/metformin)<br>Xigduo XR® (dapagliflozin/metformin) |
| **NON-PREFERRED** | Invokamet® (canagliflozin/metformin); Invokamet XR® (canagliflozin/metformin);<br>Segluromet® (ertugliflozin/metformin); Synjardy XR® (empagliflozin/metformin) |

| Sodium-Glucose Co-Transporter 2 (SGLT-2) Inhibitor/Dipeptidyl Peptidase 4 (DPP-4) Inhibitor Combination Products | |
|---|---|
| **PREFERRED** | Glyxambi® (empagliflozin/linagliptin) |
| **NON-PREFERRED** | Qtern® (dapagliflozin/saxagliptin); Steglujan® (ertugliflozin/sitagliptin) |

| Sodium-Glucose Co-Transporter 2 (SGLT-2) Inhibitor /Dipeptidyl Peptidase 4 (DPP-4) Inhibitor/Biguanide Combination Product | |
|---|---|
| **PREFERRED** | Trijardy XR® (empagliflozin/linagliptin/metformin) |
| **NON-PREFERRED** | |

**LENGTH OF AUTHORIZATION**: Up to one year

**REVIEW CRITERIA**:

- Patient must be ≥ 18 years of age.
- Patient must have a documented diagnosis of Type 2 diabetes mellitus.
- Patient must have both of the following *(official labs required)*:
  - HgbA1C ≥ 7.0%, **AND**
  - eGFR based on the prescribing information.
- Patient must have documented trial and failure of the preferred agents in the respective requested SGLT-2 inhibitor class.
- The medication requested will not be used concomitantly with another SGLT-2 inhibitor.

**Note:** These medications are not indicated to be used exclusively for weight loss.

**CONTINUATION OF THERAPY**

- Patient met initial review criteria.
- Documentation of improved clinical response.
- Dosing is appropriate as per labeling or is supported by compendia.

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**DOSING AND ADMINISTRATION:**

- Refer to product labeling at https://www.accessdata.fda.gov/scripts/cder/daf/