



Division: Pharmacy Policy	Subject: Prior Authorization Criteria
Original Development Date: Original Effective Date: Revision Date:	March 13, 2023 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	
<b>PREFERRED</b>	Farxiga <sup>®</sup> (dapagliflozin); Jardiance <sup>®</sup> (empagliflozin)
<b>NON-PREFERRED</b>	Inpefa <sup>®</sup> (sotagliflozin), Invokana <sup>®</sup> (canagliflozin); Steglatro <sup>®</sup> (ertugliflozin);
Sodium-Glucose Co-Transporter 2 (SGLT-2) Inhibitor/Biguanide Combination Products	
<b>PREFERRED</b>	Synjardy <sup>®</sup> (empagliflozin/metformin) Xigduo XR <sup>®</sup> (dapagliflozin/metformin)
<b>NON-PREFERRED</b>	Invokamet <sup>®</sup> (canagliflozin/metformin); Invokamet XR <sup>®</sup> (canagliflozin/metformin); Segluromet <sup>®</sup> (ertugliflozin/metformin); Synjardy XR <sup>®</sup> (empagliflozin/metformin)
Sodium-Glucose Co-Transporter 2 (SGLT-2) Inhibitor/Dipeptidyl Peptidase 4 (DPP-4) Inhibitor Combination Products	
<b>PREFERRED</b>	Glyxambi <sup>®</sup> (empagliflozin/linagliptin)
<b>NON-PREFERRED</b>	Qtern <sup>®</sup> (dapagliflozin/saxagliptin); Steglujan <sup>®</sup> (ertugliflozin/sitagliptin)
Sodium-Glucose Co-Transporter 2 (SGLT-2) Inhibitor /Dipeptidyl Peptidase 4 (DPP-4) Inhibitor/Biguanide Combination Product	
<b>PREFERRED</b>	Trijardy XR <sup>®</sup> (empagliflozin/linagliptin/metformin)
<b>NON-PREFERRED</b>	

**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/>