

Sodium-glucose Co-transporter 2 (SGLT-2) Inhibitors
Effective April 17, 2019

Plan	<input checked="" type="checkbox"/> MassHealth <input type="checkbox"/> Commercial/Exchange	Program Type	<input type="checkbox"/> Prior Authorization
Benefit	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit (NLX)		<input type="checkbox"/> Quantity Limit <input checked="" type="checkbox"/> Step Therapy
Specialty Limitations	N/A		
Contact Information	Specialty Medications		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	Non-Specialty Medications		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
	Exchange	Phone: 855-582-2022	Fax: 855-245-2134
	Medical Specialty Medications (NLX)		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
Exceptions	N/A		

Overview

Prescriptions that meet the initial step therapy requirements will adjudicate automatically at the point of sale. If the prescription does not meet the initial step therapy requirements, the prescription will deny with a message indicating that prior authorization (PA) is required. Refer to the criteria below and submit a PA request for the members who do not meet the initial step therapy requirements at the point of sale.

Initial Step-Therapy Requirements:

First-Line: Medications listed on first-line are covered without prior-authorization.

Second-Line: Second-line medications will pay if the member has filled a first-line medication or a second-line medication within the past 180 days.

Third-Line: Third-line medications will pay if the member has filled a second-line medication as described below or a third-line medication within the past 180 days.

Coverage Guidelines

FIRST-LINE	SECOND-LINE	THIRD-LINE
metformin or a metformin-containing product	Invokana (canagliflozin) Farxiga (dapagliflozin) Jardiance (empagliflozin) Tradjenta (linagliptin)	Invokamet (canagliflozin/metformin) Xigduo XR (dapagliflozin/metformin ER) Glyxambi (empagliflozin/linagliptin)

If a member does not meet the initial step therapy requirements, then approval of a second-line medication will be granted if the member meets the following criteria:



Invokana, Farxiga, Jardiance & Tradjenta

1. Patient must have a diagnosis of Type 2 diabetes **AND**
 2. Patient has been started and stabilized on the requested medication (samples are not considered adequate justification for started & stabilized)
- OR**
2. Patient has had a documented inadequate response, side effect, allergy, or contraindication* to metformin or a metformin-containing product

Invokamet tablets

1. Patient must have a diagnosis of Type 2 diabetes **AND**
 2. Patient has been started and stabilized on the requested medication (samples are not considered adequate justification for started & stabilized)
- OR**
2. Patient has had a documented inadequate response, side effect, allergy, or contraindication* to metformin or a metformin-containing product **AND**
 3. Patient has had a documented inadequate response, side effect, allergy to Invokana (canagliflozin)

Xigduo XR tablets

1. Patient must have a Type 2 diabetes **AND**
 2. Patient has been started and stabilized on the requested medication (samples are not considered adequate justification for started & stabilized)
- OR**
2. Patient has had a documented inadequate response, side effect, allergy, or contraindication* to metformin or a metformin-containing product **AND**
 3. Patient has had a documented inadequate response, side effect, allergy to Farxiga (dapagliflozin)

Glyxambi tablets

1. Patient must have a Type 2 diabetes **AND**
 2. Patient has been started and stabilized on the requested medication (samples are not considered adequate justification for started & stabilized)
- OR**
2. Patient has had a documented inadequate response, side effect, allergy, or contraindication* to metformin or a metformin-containing product **AND**
 3. Patient has had a documented inadequate response, side effect, allergy to Jardiance (empagliflozin) or Tradjenta (linagliptin)

*Contraindication to metformin therapy would include but is not limited to renal insufficiency, liver disease, heart failure, or history of lactic acidosis etc.

Limitations

1. Approvals will be granted for 36 months.

References

1. Invokana [package insert]. Titusville (NJ): Janssen Pharmaceuticals, Inc.; 2018 Oct.



2. Farxiga [package insert]. Princeton (NJ) & Wilmington (DE): AstraZeneca Pharmaceuticals, LP; 2019 Feb.
3. Jardiance [package insert]. Ridgefield (CT): Boehringer Ingelheim Pharmaceuticals, Inc.; 2018 Oct.
4. Invokamet [package insert]. Titusville (NJ): Janssen Pharmaceuticals, Inc.; 2018 Oct.
5. Xigduo XR [package insert]. Wilmington (DE): AstraZeneca Pharmaceuticals, LP; 2019 Feb.
6. Glyxambi [package insert]. Ridgefield (CT): Boehringer Ingelheim Pharmaceuticals, Inc.; 2018 Oct.
7. Rodbard HW, et al. Statement by an American Association of Clinical Endocrinologists/American College of Endocrinology Consensus Panel on Type 2 Diabetes Mellitus: An Algorithm for Glycemic Control. *Endocrine Practice*. 2009;15(6):541-549. <http://www.aace.com/pub/pdf/GlycemicControlAlgorithm.pdf>
8. Nathan DM, Buse JB, Davidson MB, Ferrannini E, Holman RR, Sherwin R, et al. Medical management of hyperglycemia in type 2 diabetes: a consensus algorithm for the initiation and adjustment of therapy: a consensus statement of the American Diabetes Association and the European Association for the Study of Diabetes. *Diabetes Care*. 2009 Jan;32(1):193-203.
9. Qaseem A, Humphrey LL, Sweet DE, Starkey M, Shekelle P; Clinical Guidelines Committee of the American College of Physicians. Oral pharmacologic treatment of type 2 diabetes mellitus: a clinical practice guideline from the American College of Physicians. *Ann Intern Med*. 2012;156(3):218-31.
10. American Diabetes Association. Standards of medical care in diabetes – 2015. *Diabetes Care*. 2015(Jan);38(suppl 1):S1-S94.
11. Garber AJ, Abrahamson MJ, Barzilay JI, et al. American Association of Clinical Endocrinologists' comprehensive diabetes management algorithm 2013 consensus statement. *Endocr Pract*. 2013;19(suppl 2):1-48.
12. Handelsman et al. American Association of Clinical Endocrinologists Medical Guidelines for Clinical Practice for developing a diabetes mellitus comprehensive care plan. *Endocr Pract*. 2011 Mar-Apr;17 Suppl 2:1-53.
13. Inzucchi SE, BergenstalRM, Buse JB, Diamant M, Ferrannini E, Nauck M, et al. Management of hyperglycemia in type 2 diabetes, 2015: A patient-centered approach. *Diabetes Care*. 2015;38:140-9.

Review History

04/28/14 – Reviewed

01/12/15 – Added Farxiga & Jardiance

04/27/15 – Updated

04/25/16 – Reviewed

04/24/17 – Reviewed

04/17/19 – Retired for CommExch

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