Market Applicability							
Market	**DC**	**GA**	**KY**	**MD**	**NJ**	**NY**	**WA**
Applicable	X	X	X	X	X	X	NA

Sodium-Glucose Co-Transporter-2 (SGLT2) Inhibitor/Dipeptidyl Peptidase-4 (DPP-4) Inhibitor Combination Agents

Override(s)	Approval Duration
Prior Authorization Quantity Limit	1 year

Medication	Quantity Limit
Glyxambi (empagliflozin/linagliptin) Qtern (dapagliflozin/saxagliptin) Qternmet XR (dapagliflozin/saxagliptin/metformin) Steglujan (ertugliflozin/sitagliptin) Trijardy XR (empagliflozin/linagliptin/metformin extended-release)	May be subject to quantity limit

APPROVAL CRITERIA

Requests for a SGLT2 inhibitor/DPP-4 inhibitor combination agent may be approved when the following criteria are met:

I. Individual has had a trial (medication samples/coupons/discount cards are excluded from consideration as a trial) and inadequate response or intolerance to metformin (AACE/ACE 2019);
OR
II. Individual has a contraindication to metformin therapy;

AND
III. Individual has had a trial (medication samples/coupons/discount cards are excluded from consideration as a trial) and inadequate response to one preferred DPP-4 inhibitor*;

*Preferred DPP-4 inhibitors: Janumet, Janumet XR, Januvia

AND
IV. Individual has had a trial (medication samples/coupons/discount cards are excluded from consideration as a trial) and inadequate response to one preferred SGLT2 inhibitor**;

**Preferred SGLT2 inhibitors: Jardiance, Synjardy, Synjardy XR

Market Applicability							
Market	**DC**	**GA**	**KY**	**MD**	**NJ**	**NY**	**WA**
Applicable	X	X	X	X	X	X	NA

AND

V. Individual has had an adequate response (achieved glucose control) with a trial (medication samples/coupons/discount cards are excluded from consideration as a trial) of a DPP-4 inhibitor and SGLT2 inhibitor at the same time;

AND

VI. Documentation has been provided for why the combination agent is clinically necessary and not for convenience.

A SGLT2 inhibitor/DPP-4 inhibitor combination agent may not be approved for any of the following:

I. Individual is requesting Glyxambi (empagliflozin/linagliptin), Qtern (dapagliflozin/saxagliptin), Qternmet XR (dapagliflozin/saxagliptin/metformin) or Trijardy XR (empagliflozin/linagliptin/metformin) with an eGFR less than 45 mL/min/1.73 m^2; **OR**
II. Individual is requesting Steglujan (ertugliflozin/sitagliptin) with an eGFR less than 60 mL/min/1.73 m^2; **OR**
III. Individual is on dialysis; **OR**
IV. Individual is requesting for treatment of type 1 diabetes mellitus.

Key References:

1. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. http://dailymed.nlm.nih.gov/dailymed/about.cfm. Accessed: January 28, 2020.
2. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.

Market Applicability							
Market	**DC**	**GA**	**KY**	**MD**	**NJ**	**NY**	**WA**
Applicable	X	X	X	X	X	X	NA

3. Garber AJ, Abrahamson MJ, Barzilay JI, et. al. Consensus Statement by the American Association of Clinical Endocrinologists and American College of Endocrinology on the Comprehensive Type 2 Diabetes Management AIgorithm – 2019 Executive Summary. *Endocrine Practice*. 2019;25:69-100.
4. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2020; Updated periodically.
5. US Food and Drug Administration. FDA Drug Safety Communication: FDA revises warnings regarding use of the diabetes medicine metformin in certain patients with reduced kidney function. Last updated November 14, 2017. Available at https://www.fda.gov/Drugs/DrugSafety/ucm493244.htm. Accessed: January 2, 2020.

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.