

Market Applicability														
Market	DC	FL & FHK	FL MMA	FL LTC	GA	KS	KY	MD	NJ	NV	NY	TN	TX	WA
Applicable	X	X	NA	NA	X	NA	X	X	X	X	X	NA	NA	X

*FHK- Florida Healthy Kids

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) Steglujan (ertugliflozin/sitagliptin)	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;
OR
- II. Individual has a contraindication to metformin therapy [such as but not limited to, renal insufficiency (eGFR is less than 45 mL/minute/1.73 m²)];

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**;

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.

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

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) with an eGFR less than 45 mL/min/1.73 m²; **OR**
- II. Individual is requesting Qtern (dapagliflozin/saxagliptin) or Steglujan (ertugliflozin/sitagliptin) with an eGFR less than 60 mL/min/1.73 m²; **OR**
- III. Individual is requesting for treatment of type 1 diabetes mellitus.

State Specific Mandates		
State name	Date effective	Mandate details (including specific bill if applicable)
N/A	N/A	N/A

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Applicable	X	X	NA	NA	X	NA	X	X	X	X	X	NA	NA	X

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Key References:

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