

CRITERIA FOR PRIOR AUTHORIZATION

Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitor Combinations

PROVIDER GROUP Pharmacy

MANUAL GUIDELINES The following drug requires prior authorization:
Canagliflozin/metformin (Invokamet®, Invokamet XR®)
Dapagliflozin/metformin (Xigduo XR®)
Empagliflozin/linagliptin (Glyxambi®)
Empagliflozin/metformin (Synjardy®)

CRITERIA FOR PRIOR AUTHORIZATION FOR SGLT2 INHIBITOR COMBINATIONS: (must meet all of the following)

- Patient must have a diagnosis of type II diabetes
- Patient **MUST NOT** have a diagnosis of type I diabetes
- Patient must be 18 years of age or older
- Patient must have an eGFR above:
 - 45 mL/min/1.73m² (Glyxambi, Invokamet, Synjardy)
 - 60 mL/min/1.73m² (Xigduo XR)
- Patient **MUST NOT** have any of the following contraindications:
 - End-stage renal disease
 - Currently on dialysis
- Patient must have a trial of concurrent use of generic metformin plus a SGLT2 individual agent for at least 90 days (for Invokamet, Synjardy, Xigduo)
- Patient must have a trial of or contraindication to concurrent use of generic metformin plus a SGLT2 individual agent for at least 90 days (for Glyxambi)

LENGTH OF APPROVAL: 12 months

Notes:

DRUG UTILIZATION REVIEW COMMITTEE CHAIR

PHARMACY PROGRAM MANAGER
DIVISION OF HEALTH CARE FINANCE
KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

DATE

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