



Louisiana

Sodium-Glucose Co-Transporter-2 (SGLT-2) Inhibitors and Combination Products

Policy # 00385

Original Effective Date: 08/21/2013

Current Effective Date: 07/11/2018

Applies to all products administered or underwritten by Blue Cross and Blue Shield of Louisiana and its subsidiary, HMO Louisiana, Inc. (collectively referred to as the "Company"), unless otherwise provided in the applicable contract. Medical technology is constantly evolving, and we reserve the right to review and update Medical Policy periodically.

When Services May Be Eligible for Coverage

Coverage for eligible medical treatments or procedures, drugs, devices or biological products may be provided only if:

- Benefits are available in the member's contract/certificate, and
- Medical necessity criteria and guidelines are met.

SGLT-2 Inhibitors, SGLT-2 Inhibitor/Metformin Combination Products

Based on review of available data, the Company may consider sodium-glucose co-transporter-2 (SGLT-2) inhibitors, including but not limited to Invokana^{™‡} (canagliflozin), Farxiga^{™‡} (dapagliflozin), Jardiance^{®‡} (empagliflozin), and Steglatro^{™‡} (ertugliflozin) OR SGLT-2 inhibitor/metformin combination products including, but not limited to Synjardy^{®‡} (empagliflozin/metformin), Invokamet^{™‡} (canagliflozin/metformin), Invokamet XR (canagliflozin/metformin extended release), Xigduo XR^{™‡} (dapagliflozin/metformin extended release), or Segluromet^{™‡} (ertugliflozin/metformin) to be **eligible for coverage** when the below patient selection criteria are met:

Patient Selection Criteria

Coverage eligibility will be considered for SGLT-2 inhibitors and SGLT-2 inhibitor/metformin combination products when the below patient selection criteria are met:

- For SGLT-2 inhibitors (non-combo) or SGLT-2 inhibitor/metformin combination products: There is clinical evidence or patient history that suggests metformin products will be ineffective or cause an adverse reaction to the patient; OR
- For SGLT-2 inhibitors (non-combo) or SGLT-2 inhibitor/metformin combination products: Patient has tried a metformin or metformin-containing combination product (brand or generic); OR
- For SGLT-2 inhibitors (non-combo): Patient is initiating dual therapy with metformin OR patient has one of the following conditions:
 - o Hepatic impairment; or
 - o Alcohol dependence; or
 - o Cardiomyopathy, heart failure, unstable, angina, or a myocardial infarction; or
 - o A condition that could potentially increase the risk of hypoperfusion, hypoxemia, or dehydration; or
 - o Chronic metabolic acidosis.

When Services Are Considered Not Medically Necessary

Based on review of available data, the Company considers the use of SGLT-2 inhibitors and SGLT-2 inhibitor combination products when patient selection criteria are not met or for usage not included in the above patient selection criteria to be **not medically necessary**.**

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SGLT-2/DPP4 (Dipeptidyl Peptidase 4) Inhibitor Combination Products

For Patients With “Step Therapy” (generic before brand) ONLY:

Based on review of available data, the Company may consider SGLT-2 inhibitor and DPP-4 inhibitor combination products, including but not limited to Glyxambi^{®‡} (empagliflozin/linagliptin), Qtern^{®‡} (dapagliflozin/saxagliptin), and Steglujan^{™‡} (ertugliflozin/sitagliptin) to be **eligible for coverage** when the below patient selection criteria are met:

Patient Selection Criteria

Coverage eligibility will be considered for Glyxambi (empagliflozin/linagliptin), Qtern (dapagliflozin/saxagliptin), and Steglujan (ertugliflozin/sitagliptin) when the below patient selection criteria are met:

- There is clinical evidence or patient history that suggests metformin products will be ineffective or cause an adverse reaction to the patient; OR
- Patient has tried a metformin or metformin-containing combination product (brand or generic); OR
- Patient is initiating dual therapy with metformin OR patient has one of the following conditions:
 - o Hepatic impairment; or
 - o Alcohol dependence; or
 - o Cardiomyopathy, heart failure, unstable, angina, or a myocardial infarction; or
 - o A condition that could potentially increase the risk of hypoperfusion, hypoxemia, or dehydration; or
 - o Chronic metabolic acidosis.

When Services Are Considered Not Medically Necessary

Based on review of available data, the Company considers the use of SGLT-2 inhibitor and DPP-4 inhibitor combination products when patient selection criteria are not met or for usage not included in the above patient selection criteria to be **not medically necessary**.**

For Patients With “Prior Authorization” ONLY:

Based on review of available data, the Company may consider Qtern (dapagliflozin/saxagliptin) or Steglujan (ertugliflozin/sitagliptin) to be **eligible for coverage** when the below patient selection criterion is met:

Patient Selection Criteria

Coverage eligibility will be considered for Qtern (dapagliflozin/saxagliptin) or Steglujan (ertugliflozin/sitagliptin) when the following criterion is met:

- There is clinical evidence or patient history that suggests the use of Glyxambi (empagliflozin/linagliptin) will be ineffective or cause an adverse reaction to the patient.

When Services Are Considered Not Medically Necessary

Based on review of available data, the Company considers the use of Qtern (dapagliflozin/saxagliptin) or Steglujan (ertugliflozin/sitagliptin) when there is an absence of clinical evidence or patient history that suggests the use of Glyxambi (empagliflozin/linagliptin) will be ineffective or cause an adverse reaction to the patient to be **not medically necessary**.**

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For Patients With BOTH “Prior Authorization” AND “Step Therapy”:

Based on review of available data, the Company may consider SGLT-2 inhibitor and DPP-4 inhibitor combination products, including but not limited to Glyxambi (empagliflozin/linagliptin), Qtern (dapagliflozin/saxagliptin), and Steglujan (ertugliflozin/sitagliptin) to be **eligible for coverage** when the below patient selection criteria are met:

Patient Selection Criteria

Coverage eligibility will be considered for Glyxambi (empagliflozin/linagliptin), Qtern (dapagliflozin/saxagliptin), and Steglujan (ertugliflozin/sitagliptin) when the below patient selection criteria are met:

- There is clinical evidence or patient history that suggests metformin products will be ineffective or cause an adverse reaction to the patient; OR
- Patient has tried a metformin or metformin-containing combination product (brand or generic); OR
- Patient is initiating dual therapy with metformin OR patient has one of the following conditions:
 - o Hepatic impairment; or
 - o Alcohol dependence; or
 - o Cardiomyopathy, heart failure, unstable, angina, or a myocardial infarction; or
 - o A condition that could potentially increase the risk of hypoperfusion, hypoxemia, or dehydration; or
 - o Chronic metabolic acidosis: AND
- If the requested drug is Qtern (dapagliflozin/saxagliptin) or Steglujan (ertugliflozin/sitagliptin): There is clinical evidence or patient history that suggests the use of Glyxambi (empagliflozin/linagliptin) will be ineffective or cause an adverse reaction to the patient.

When Services Are Considered Not Medically Necessary

Based on review of available data, the Company considers the use of SGLT-2 inhibitor and DPP-4 Inhibitor combination products when patient selection criteria are not met or for usage not included in the above patient selection criteria to be **not medically necessary**.**

Background/Overview

SGLT-2 inhibitors are indicated as an adjunct to diet and exercise to improve glycemic control in patients with type 2 diabetes mellitus. SGLT-2, expressed in the proximal renal tubules, is responsible for the majority of the reabsorption of filtered glucose from the tubular lumen. The inhibition of SGLT-2 reduces reabsorption of filtered glucose and lowers the renal threshold for glucose, and thereby increases urinary glucose excretion.

Rationale/Source

In regards to step therapy, the patient selection criteria presented in this policy takes into consideration clinical evidence or patient history that suggests metformin products will be ineffective or cause an adverse reaction to the patient. This policy also takes into consideration other situations in which using metformin as a first-line treatment is not appropriate. Based on a review of the data, in the absence of the above

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mentioned caveats, there is no advantage of using SGLT-2 inhibitors or SGLT-2 inhibitor combination products over the available brand or generic metformin products. For patients with prior authorization, based on a review of the available data and in the absence of any of the caveats mentioned, there is no advantage of using Qtern (dapagliflozin/saxagliptin) or Steglujan (ertugliflozin/sitagliptin) over Glyxambi (empagliflozin/linagliptin).

References

1. Invokana [package insert]. Janssen Pharmaceuticals, Inc. Titusville, NJ.
2. Farxiga [package insert], Bristol Myers Squibb. Princeton, NJ.
3. Xigduo XR tablets [prescribing information]. Wilmington, DE: AstraZeneca Pharmaceuticals LP; October 2014.
4. Invokamet tablets [prescribing information]. Titusville, NJ: Janssen; August 2014.
5. Jardiance tablets [prescribing information]. Ridgefield, CT and Indianapolis, IN: Boehringer Ingelheim Pharmaceuticals, Inc and Eli Lilly and Company; August 2014.
6. SGLT-2 Step Therapy Policy. Express Scripts. Updated 06/2105.
7. Synjardy [package insert]. Boehringer Ingelheim, Eli Lilly and Company. Ridgefield, Connecticut and Indianapolis, Indiana. Updated 7/2016.
8. Steglatro [package insert]. Merck. Whitehouse Station, New Jersey. Updated 12/2017.
9. Segluromet [package insert]. Merck. Whitehouse Station, New Jersey. Updated 12/2017.
10. Steglujan [package insert]. Merck. Whitehouse Station, New Jersey. Updated 12/2017.
11. Qtern [package insert]. Astra Zeneca. Wilmington, Delaware. Updated February 2017.

Policy History

Original Effective Date:	08/21/2013
Current Effective Date:	07/11/2018
08/07/2013	Medical Policy Committee review
08/21/2013	Medical Policy Implementation Committee approval. New Pharmacy step-therapy policy.
08/07/2014	Medical Policy Committee review
08/20/2014	Medical Policy Implementation Committee approval. Added new drugs (Farxiga) and empagliflozin (Jardiance) to the description of the included products that may be eligible for coverage.
08/06/2015	Medical Policy Committee review
08/19/2015	Medical Policy Implementation Committee approval. Added new drugs (canagliflozin/metformin (Invokamet), and dapagliflozin/metformin extended release (Xigduo XR) to the description of the included products that may be eligible for coverage.
08/04/2016	Medical Policy Committee review
08/17/2016	Medical Policy Implementation Committee approval. Added a new brand, Synjardy, to the policy.
10/06/2016	Medical Policy Committee review
10/19/2016	Medical Policy Implementation Committee approval. Chose preferred products in this class (Invokana, Invokamet, Invokamet XR, Jardiance, Synjardy).
08/03/2017	Medical Policy Committee review
08/23/2017	Medical Policy Implementation Committee approval. Removed the PA and PA/step sections to revert this back to a step only policy.
07/05/2018	Medical Policy Committee review
07/11/2018	Medical Policy Implementation Committee approval. Added Steglujan, Steglatro, Segluromet, and Qtern to the policy.
Next Scheduled Review Date:	07/2019

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**Medically Necessary (or "Medical Necessity") - Health care services, treatment, procedures, equipment, drugs, devices, items or supplies that a Provider, exercising prudent clinical judgment, would provide to a patient for the purpose of preventing, evaluating, diagnosing or treating an illness, injury, disease or its symptoms, and that are:

- A. In accordance with nationally accepted standards of medical practice;
- B. Clinically appropriate, in terms of type, frequency, extent, level of care, site and duration, and considered effective for the patient's illness, injury or disease; and
- C. Not primarily for the personal comfort or convenience of the patient, physician or other health care provider, and not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient's illness, injury or disease.

For these purposes, "nationally accepted standards of medical practice" means standards that are based on credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community, Physician Specialty Society recommendations and the views of Physicians practicing in relevant clinical areas and any other relevant factors.

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NOTICE: Medical Policies are scientific based opinions, provided solely for coverage and informational purposes. Medical Policies should not be construed to suggest that the Company recommends, advocates, requires, encourages, or discourages any particular treatment, procedure, or service, or any particular course of treatment, procedure, or service.

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