## **Cigna National Formulary Coverage Policy**



# Step Therapy Diabetes – Sodium Glucose Co-Transporter-2 and Dipeptidyl Peptidase-4 Inhibitors

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# Product Identifier(s)

Effective 1/1/23 to 2/6/23: 107317

Effective 2/7/23: 50727

#### INSTRUCTIONS FOR USE

The following Coverage Policy applies to health benefit plans administered by Cigna Companies. Certain Cigna Companies and/or lines of business only provide utilization review services to clients and do not make coverage determinations. References to standard benefit plan language and coverage determinations do not apply to those clients. Coverage Policies are intended to provide guidance in interpreting certain standard benefit plans administered by Cigna Companies. Please note, the terms of a customer's particular benefit plan document [Group Service Agreement, Evidence of Coverage, Certificate of Coverage, Summary Plan Description (SPD) or similar plan document] may differ significantly from the standard benefit plans upon which these Coverage Policies are based. For example, a customer's benefit plan document may contain a specific exclusion related to a topic addressed in a Coverage Policy. In the event of a conflict, a customer's benefit plan document always supersedes the information in the Coverage Policies. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration of 1) the terms of the applicable benefit plan document in effect on the date of service; 2) any applicable laws/regulations; 3) any relevant collateral source materials including Coverage Policies and; 4) the specific facts of the particular situation. Coverage Policies relate exclusively to the administration of health benefit plans. Coverage Policies are not recommendations for treatment and should never be used as treatment guidelines. In certain markets, delegated vendor guidelines may be used to support medical necessity and other coverage determinations.

# **National Formulary Medical Necessity**

#### **Drugs Affected**

- Glyxambi<sup>®</sup> (empagliflozin and linagliptin tablets)
- Qtern® (dapagliflozin and saxagliptin tablets)
- Steglujan™ (ertugliflozin and sitagliptin tablets)
- Trijardy™ XR (empagliflozin, linagliptin, and metformin extended-release tablets)

This program has been developed to encourage the use of a Step 1 Product prior to the use of a Step 2 Product. If the Step Therapy rule is not met for a Step 2 Product at the point of service, coverage will be determined by the Step Therapy criteria below. All approvals are provided for 1 year in duration.

Step 1: generic metformin, generic metformin extended-release (generic to Glucophage XR only)

Step 2: Glyxambi, Qtern, Steglujan, Trijardy XR

#### Cigna covers Step 2 agents as medically necessary when the following criteria are met:

- 1. If the individual has tried one Step 1 Product, approve a Step 2 Product. Note: A trial of one of the following metformin-containing products also satisfies the requirement: Glucophage, Glucophage XR, Glumetza, Fortamet, Riomet, metformin oral solution, Riomet ER, metformin extended-release (generics to Fortamet and Glumetza), metformin/glyburide, metformin/glipizide, Actoplus Met, pioglitazone/metformin, Actoplus Met XR, Janumet, Janumet XR, repaglinide/metformin, Kombiglyze XR, Jentadueto, Jentadueto XR, Kazano, aloglitpin/metformin, Synjardy, Synjardy XR, Xigduo XR, Invokamet, Invokamet XR, Segluromet.
- 2. If the individual has tried a DPP-4 inhibitor (e.g., Januvia, Nesina, alogliptin, Onglyza, Tradjenta), DPP-4 inhibitor-containing product (e.g., Oseni, alogliptin/pioglitazone), or an SGLT-2 inhibitor (e.g., Farxiga, Invokana, Jardiance, Steglatro), other than Glyxambi, Qtern, Steglujan, or Trijardy XR, approve a Step 2 Product.
- **3.** If the individual has a contraindication to metformin, according to the prescriber, approve Glyxambi, Qtern, or Steglujan.
  - <u>Note</u>: Examples of contraindications to metformin include acute or chronic metabolic acidosis, including diabetic ketoacidosis.

## **Conditions Not Covered**

Any other exception is considered not medically necessary.

# **Background**

#### Overview

Glyxambi, Qtern, Steglujan, and Trijardy XR are sodium glucose co-transporter-2 inhibitor (SGLT-2) and dipeptidyl peptidase-4 (DPP-4) inhibitor combination products indicated as an adjunct to diet and exercise to improve glycemic control in adults with **type 2 diabetes mellitus**; Trijardy XR also contains metformin.<sup>1-4</sup> Various single-entity SGLT-2 inhibitors and DPP-4 inhibitors are available. In addition to their indications for type 2 diabetes, Jardiance<sup>®</sup> (empagliflozin tablets), Invokana<sup>®</sup> (canagliflozin tablets), and Farxiga<sup>®</sup> (dapagliflozin tablets) possess indications related to cardiovascular, renal, and/or heart failure benefits. Efficacy of the SGLT-2 inhibitor combination products has not been established in these settings. Refer to Table 1 for a summary of the available products containing SGLT-2 and/or DPP-4 inhibitors.

Table 1. SGLT-2 and DPP-4 inhibitor-containing combination products.

	SGLT-2 Component				DPP-4 Inhibitor Component				Metformin
	CANA	DAPA	EMPA	ERTU	ALO	LINA	SAXA	SITA	
DPP-4 inhibitor and n	netformin								
Janumet								Χ	Χ
Janumet XR								Χ	Χ
Jentadueto						X			Χ
Jentadueto XR						Χ			X
Kazano, authorized					Х				X
generic									
Kombiglyze XR							X		X
DPP-4 inhibitor and o	ther								
Oseni (alogliptin/					Х				
pioglitazone,									
authorized generic)									
SGLT-2 inhibitor and	metformi	n							
Invokamet	Χ								Χ
Invokamet XR	X								X
Segluromet				X					Χ
Synjardy			X						X

Synjardy XR			Х						X
Xigduo XR		X							X
SGLT-2 inhibitor and DPP-4 inhibitor									
Glyxambi			X			X			
Qtern		Χ					Х		
Steglujan				Х				Χ	
Trijardy XR			Х			Χ			X

SGLT-2 – Sodium glucose co-transporter-2; DPP-4 – Dipeptidyl peptidase-4; CANA – canagliflozin; DAPA – dapagliflozin; EMPA – empagliflozin; ERTU – ertugliflozin; ALO – alogliptin; LINA – linagliptin; SAXA – saxagliptin; SITA – sitagliptin; XR – extended-release.

#### Guidelines

The American Diabetes Association Standards of Care (2022) recommend metformin as initial therapy for most patients with type 2 diabetes, unless contraindications to metformin are present.<sup>5</sup> Very high circulating levels of metformin have been associated with lactic acidosis. However, the occurrence of this complication is now known to be very rare. In patients with contraindications or intolerance to metformin, initial therapy should be based on patient factors. Metformin is contraindicated in patients with severe renal impairment (estimated glomerular filtration rate [eGFR] < 30 mL/min/1.73 m²) and in patients with acute or chronic metabolic acidosis, including diabetic ketoacidosis, with or without coma.<sup>7</sup> DPP-4 inhibitors and SGLT-2 inhibitors are among the classes of medications recommended as add-on therapy after metformin (or as initial therapy if metformin cannot be used).<sup>5</sup> Because type 2 diabetes is often a progressive disease, combination therapy may be needed for many patients over time to achieve glycemic targets. Other guidelines have similar recommendations.<sup>6</sup>

# References

- 1. Glyxambi<sup>®</sup> tablets [prescribing information]. Ridgefield, CT: Boehringer Ingelheim; March 2022.
- 2. Qtern® tablets [prescribing information]. Wilmington, DE: AstraZeneca; March 2022.
- 3. Steglujan® tablets [prescribing information]. Whitehouse Station, NJ: Merck; September 2021.
- 4. Trijardy® XR tablets [prescribing information]. Ridgefield, CT: Boehringer Ingelheim; June 2021.
- 5. American Diabetes Association. Standards of medical care in diabetes 2022. *Diabetes Care*. 2022;45(Suppl 1):S1-S258.
- 6. Garber AJ, Handelsman Y, Grunberger G, et al. Consensus statement by the American Association of Clinical Endocrinologists and American College of Endocrinology on the comprehensive type 2 diabetes management algorithm 2020 executive summary. *Endocr Pract.* 2020 Jan;26(1):107-139.
- 7. Metformin tablets [prescribing information]. Raleigh, NC: Indicus Pharma; June 2020.

# **Revision History**

Type of Revision	Summary of Changes	Approval Date
Annual Revision	Step 1 Products: The Step 1 Products were revised such that only metformin and metformin extended-release (generic to Glucophage XR only) are listed in Step 1. A Note was added that the following metformin-containing products also satisfy the requirement for a Step 1 trial (previously, these products were also listed in Step 1): Glucophage, Glucophage XR, Glumetza, Fortamet, Riomet, metformin oral solution, Riomet ER, metformin extended-release (generics to Fortamet and Glumetza), metformin/glyburide, metformin/glipizide, Actoplus Met, pioglitazone/metformin, Actoplus Met XR, Janumet, Janumet XR, repaglinide/metformin, Kombiglyze XR, Jentadueto, Jentadueto XR, Kazano, aloglitpin/metformin, Synjardy, Synjardy XR, Xigduo XR, Invokamet, Invokamet XR, Segluromet. Of note, Glucovance was removed from this list (obsolete).	05/11/2022

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