

STEP THERAPY POLICY

Policy:

Diabetes – Sodium Glucose Co-Transporter-2 Inhibitors Step Therapy Policy

- Brenzavvy[™] (bexagliflozin tablets TheracosBio)
- Farxiga[®] (dapagliflozin tablets Bristol-Myers Squibb, authorized generic)
- Invokana® (canagliflozin tablets Janssen)
- Invokamet[®] (canagliflozin and metformin hydrochloride tablets Janssen)
- Invokamet® XR (canagliflozin and metformin hydrochloride extended-release tablets Janssen)
- Jardiance[®] (empagliflozin tablets Boehringer Ingelheim/Lilly)
- Segluromet® (ertugliflozin and metformin tablets Merck)
- Steglatro[®] (ertugliflozin tablets Merck)
- Synjardy® (empagliflozin/metformin hydrochloride tablets Boehringer Ingleheim/ Lilly)
- Synjardy[®] XR (empagliflozin/metformin extended-release tablets Boehringer Ingleheim/Lilly)
- Xigduo[®] XR (dapagliflozin/metformin extended-release tablets Bristol-Meyers Squibb, authorized generic)

REVIEW DATE: 05/03/2023; selected revision 09/27/2023 and 02/21/2024

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. EACH COVERAGE REQUEST SHOULD BE REVIEWED ON ITS OWN MERITS. MEDICAL DIRECTORS ARE EXPECTED TO EXERCISE CLINICAL JUDGMENT AND HAVE DISCRETION IN MAKING INDIVIDUAL COVERAGE DETERMINATIONS. 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.

CIGNA NATIONAL FORMULARY COVERAGE:

OVERVIEW

Brenzavvy, dapagliflozin, Invokana, Jardiance, and Steglatro are sodium glucose cotransporter-2 (SGLT-2) inhibitors indicated as an adjunct to diet and exercise to

Page 1 of 6 - Cigna National Formulary Coverage - Policy: Diabetes - Sodium Glucose Co-Transporter-2 Inhibitors Step Therapy Policy

improve glycemic control in adults with **type 2 diabetes**. ¹⁻⁴ Jardiance is also indicated in pediatric patients \geq 10 years of age with type 2 diabetes as an adjunct to diet and exercise to improve glycemic control. ³

The SGLT-2 inhibitors also possess the following additional indications in patients <u>with</u> <u>diabetes</u>:

- Jardiance: To reduce the risk of cardiovascular (CV) death in adults with type 2 diabetes mellitus and established CV disease.
- Invokana: 1) To reduce the risk of major adverse CV events in adults with type 2 diabetes mellitus and established CV disease; AND 2) To reduce the risk of end-stage kidney disease, doubling of serum creatinine, CV death, and hospitalization for heart failure in adults with type 2 diabetes mellitus and diabetic nephropathy with albuminuria.
- Dapagliflozin: To reduce the risk of hospitalization for heart failure (HHF) in adults with type 2 diabetes mellitus and established CV disease or multiple CV risk factors.

In addition to indications in diabetes, dapagliflozin and Jardiance are indicated for the following indications in patients with and without diabetes: 1,3

- **Heart failure**, to reduce the risk of CV death, HHF, and urgent heart failure visits in adults with heart failure (included both reduced and preserved ejection fraction).
- Chronic kidney disease, to reduce the risk of sustained estimated glomerular filtration rate (eGFR) decline, end-stage kidney disease, CV death, and hospitalization for heart failure in adults with chronic kidney disease at risk of progression.

Guidelines

Diabetes

The American Diabetes Association Standards of Care (2023) note that first-line therapy for type 2 diabetes depends on comorbidities, patient-centered treatment factors, and management needs; it generally includes metformin and comprehensive lifestyle modification.⁵ Other medications (glucagon-like peptide-1 receptor agonists, SGLT-2 inhibitors), with or without metformin based on glycemic needs, are appropriate initial therapy for individuals with type 2 diabetes with or at high risk of atherosclerotic CV disease, heart failure, and/or chronic kidney disease. It is noted that an agent with proven benefit should be utilized; with "proven benefit" referring to a label indication.

Heart Failure

The American College of Cardiology (ACC) Expert Consensus Decision Pathway for Optimization of Heart Failure Treatment was updated in 2022.⁶ In patients with symptomatic chronic heart failure with reduced ejection fraction, SGLT-2 inhibitors (dapagliflozin or Jardiance) are recommended to reduce hospitalization for heart failure and CV mortality, irrespective of the presence of type 2 diabetes (class 1 recommendation, level of evidence A). In patients with heart failure with preserved ejection fraction, SGLT-2 inhibitors (Jardiance) can be beneficial in decreasing heart

failure hospitalizations and CV mortality, irrespective of the presence of type 2 diabetes (class 2a recommendation, level of evidence B-R).

The ACC Expert Consensus Decision Pathway on Management of Heart Failure with Preserved Ejection Fraction (2023) recommends that all individuals with heart failure with preserved ejection fraction be started on an SGLT-2 inhibitor unless contraindicated. SGLT-2 inhibitors are noted to have demonstrated significant CV benefits in individuals without type 2 diabetes, particularly in individuals with HF. In such patients, SGLT-2 inhibitors have significantly reduced the risk of hospitalization for HF and CV death across all ejection fraction subgroups. Clinical trials with Jardiance and dapagliflozin are mentioned. For both agents, a significant decrease in HHF was observed.

Kidney Disease

In patients with diabetes and CKD, the Kidney Diseases – Improving Global Outcomes (KDIGO) guidelines for diabetes management in CKD (2022) recommend first-line pharmacotherapy with metformin and an SGLT-2 inhibitor with documented kidney or CV benefit (Invokana, dapagliflozin, and Jardiance).⁷

POLICY STATEMENT

This program has been developed to encourage the use of a Step 1 Product prior to the use of a Step 2 Product, and the use of a Step 2 Product prior to the use of a Step 3 Product. If the Step Therapy rule is not met for a Step 2 or Step 3 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:** Farxiga, Jardiance, Segluromet, Steglatro, Synjardy, Synjardy XR, Xigduo XR
- **Step 3:** Brenzavvy, Invokana, Invokamet, Invokamet XR, dapagliflozin (authorized generic to Farxiga), dapagliflozin/metformin extended-release (authorized generic to Xigduo XR)

Diabetes – Sodium Glucose Co-Transporter-2 Inhibitors product(s) is(are) covered as medically necessary when the following step therapy criteria is(are) met. Any other exception is considered not medically necessary.

CRITERIA

Step 2 Products

1. If the patient has tried one Step 1 Product, approve a Step 2 Product.

6 Pages - Cigna National Formulary Coverage - Policy: Diabetes - Sodium Glucose Co-Transporter-2 Inhibitors Step Therapy Policy

Note: A trial of one of the following metformin-containing products also satisfies the requirement: Fortamet ER, Glucophage (obsolete), Glucophage XR (obsolete), Glumetza ER, Riomet, metformin oral solution, Riomet ER, metformin extended-release (generics to Fortamet ER and Glumetza ER), glyburide/metformin, glipizide/metformin, Actoplus Met, pioglitazone/metformin, Actoplus Met XR (obsolete), repaglinide/metformin (obsolete), Kazano, alogliptin/metformin, Jentadueto, Jentadueto XR, Kombiglyze XR, saxagliptin/metformin extended-release, Janumet, Janumet XR.

- **2.** If the patient has tried one Step 2 Product, approve the requested Step 2 Product.
- **3.** If the patient has tried one Step 3 Product, approve the requested Step 2 Product.
- **4.** If the patient will be initiating dual therapy with metformin AND Farxiga, Jardiance, or Steglatro, approve Farxiga, Jardiance, or Steglatro.
- 5. If the patient has a contraindication to metformin, according to the prescriber, approve Farxiga, Jardiance, or Steglatro.
 Note: Examples of contraindications to metformin include acute or chronic metabolic acidosis, including diabetic ketoacidosis.
- **6.** If the patient has heart failure with reduced ejection fraction, approve Farxiga or Jardiance.
- **7.** If the patient has heart failure with preserved ejection fraction, approve Farxiga or Jardiance.
- **8.** If the patient has chronic kidney disease, approve Farxiga or Jardiance.
- **9.** If the patient has atherosclerotic cardiovascular disease or, according to the prescriber, the patient has at least two risk factors for cardiovascular disease, approve Farxiga or Jardiance.

Step 3 Products

If the patient has tried one Step 2 Product, approve a Step 3 Product.
 Note: A trial of a Step 1 Product is required prior to a Step 2 Product, unless exception criteria are met.

REFERENCES

- 1. Farxiga® tablets [prescribing information]. Wilmington, DE: AstraZeneca; May 2023.
- 2. Invokana® tablets [prescribing information]. Titusville, NJ: Janssen; October 2022.
- 3. Jardiance® tablets [prescribing information]. Ridgefield, CT and Indianapolis, IN: Boehringer Ingelheim/Lilly; September 2023.

6 Pages - Cigna National Formulary Coverage - Policy: Diabetes - Sodium Glucose Co-Transporter-2 Inhibitors Step Therapy Policy

- 4. Steglatro® tablets [prescribing information]. Whitehouse Station, NJ: Merck; October 2022.
- 5. American Diabetes Association. Standards of medical care in diabetes 2023. *Diabetes Care*. 2023;46(Suppl 1):S1-S291.
- 6. Heidenreich PA, Bozkurt B, Aguilar D, et al. 2022 AHA/ACC/HFSA guideline for the management of heart failure: a report of the American College of Cardiology/American Heart Association Joint Committee on Clinical Practice Guidelines. *Circulation*. 2022;145(8):e153-e639.
- 7. Boer IH, Khunti K, Sadusky T, et al. Diabetes management in chronic kidney disease: a consensus report by the American Diabetes Association (ADA) and Kidney Disease: Improving Global Outcomes (KDIGO). *Kidney International*. 2022;102:974-989.
- 8. The EMPA-KIDNEY Collaborative group. Empagliflozin in patients with Chronic Kidney Disease. *N Engl J Med.* 2023; 388:117-127.
- 9. Solomon SD, McMurray JJV, Claggett B, et al.; DELIVER Trial Committees and Investigators. Dapagliflozin in Heart Failure with Mildly Reduced or Preserved Ejection Fraction. *N Engl J Med*. 2022;387(12):1089-109.
- 10. Kittleson MM, Panjrath GS, Amancherla K, et al. 2023 ACC expert consensus decision pathway on management of heart failure with preserved ejection fraction. *JACC*. 2023;81(18):1835-1878.
- 11. Brenzavvy[™] tablets [prescribing information]. Marlborough, MA: TheracosBio; January 2023.

HISTORY

Type of Revision	Summary of Changes	Review
Early Annual	Step 1 Products: The Step 1 Products were revised such that only	Date 05/11/2022
Revision	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):	
	Fortamet, Glucophage, Glucophage XR, Glumetza, Riomet, metformin oral solution, Riomet ER, metformin extended-release	
	(generics to Fortamet and Glumetza), glyburide/metformin, glipizide/metformin, Actoplus Met, pioglitazone/metformin, Actoplus	
	Met XR, repaglinide/metformin, Kazano, alogliptin/metformin, Jentadueto, Jentadueto XR, Kombiglyze XR, Janumet, Janumet XR.	
	Of note, Glucovance was removed from this list (obsolete).	
Selected Revision	Criteria: An exception was added that if the patient has atherosclerotic cardiovascular disease or, according to the prescriber, the patient has at least two risk factors for cardiovascular disease, approve Farxiga or Jardiance.	08/31/2022
Annual	Automation: The following products were removed from the	05/03/2023
Revision	automation (obsolete): Glucophage, Glucophage XR, repaglinide/metformin, Actoplus Met XR. Glumetza and Fortamet were clarified to be Glumetza ER and Fortamet ER.	03, 03, 2023
	Criteria Step 2 Products: For patients requesting a Step 2 product, the note was updated to reflect that Glucophage, Glucophage XR, repaglinide/metformin, and Actoplus Met XR are obsolete (these still count towards a trial of a Step 1 product). Additionally Glumetza and Fortamet were clarified to be Glumetza ER and Fortamet ER.	
	For patients requesting a Step 2 product with heart failure with preserved ejection fraction, Farxiga was added to the agent approved. Previously only Jardiance was approved. For patients requesting a Step 2 product with chronic kidney disease, Jardiance was added to the agent approved. Previously, only Farxiga was approved.	
DEU Revision	Updated indication in the overview for Farxiga to include expanded heart failure indication.	05/09/2023
Selected Revision	Automation: Saxagliptin/metformin extended-release (generic to Kombiglyze XR) was added to the list of metformin-containing products.	09/27/2023
	Step 3 Products: Benzavvy was added to Step 3.	
Selected	Step 3 Products: dapagliflozin (authorized generic to Farxiga) and	02/21/2024
Revision	dapagliflozin/metformin extended-release (authorized generic to Xigduo XR) were added to Step 3.	

"Cigna Companies" refers to operating subsidiaries of The Cigna Group. All products and services are provided exclusively by or through such operating subsidiaries, including Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, Evernorth Behavioral Health, Inc., Cigna Health Management, Inc., and HMO or service company subsidiaries of The Cigna Group. © 2024 The Cigna Group.