Cigna National Formulary Coverage Policy

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

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Product Identifier(s)

| 44472 |

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:
- Farxiga® (dapagliflozin tablets)
- Invokana® (canagliflozin tablets)
- Jardiance® (empagliflozin tablets)
- Invokamet® (canagliflozin and metformin hydrochloride tablets)
- Invokamet® XR (canagliflozin and metformin hydrochloride extended-release tablets)
- Segluromet™ (ertugliflozin and metformin tablets)
- Steglatro™ (ertugliflozin tablets)
- Synjardy® (empagliflozin/metformin hydrochloride tablets)
- Synjardy® XR (empagliflozin/metformin extended-release tablets)
- Xigduo® XR (dapagliflozin/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: metformin, metformin-extended release, Fortamet, Glucophage, Glucophage XR, Glumetza, Riomet, metformin oral solution, Riomet ER, Glucovance, glyburide/metformin, glipizide/metformin, Actoplus
Met, pioglitazone/metformin, Actoplus Met XR, repaglinide/metformin, Kazano, alogliptin/metformin, Jentadueto, Jentadueto XR, Kombiglyze XR, Janumet, Janumet XR

**Step 2:** Farxiga, Invokana, Invokamet, Invokamet XR, Jardiance, Segluromet, Steglatro, Synjardy, Synjardy XR, Xigduo 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.
2. If the individual has tried one Step 2 Product, approve the requested Step 2 Product.
3. If the individual will be initiating dual therapy with metformin AND a single-entity Step 2 sodium glucose co-transporter-2 (SGLT-2) inhibitor (Farxiga, Invokana, Jardiance, or Steglatro), approve a single-entity Step 2 SGLT-2 inhibitor.
4. If the individual has a contraindication to metformin, according to the prescriber, approve a single-entity Step 2 SGLT-2 inhibitor.
   Note: Examples of contraindications to metformin include acute or chronic metabolic acidosis, including diabetic ketoacidosis.
5. If the individual has heart failure with reduced ejection fraction, approve Farxiga or Jardiance.
6. If the individual has chronic kidney disease, approve Farxiga.
7. No other exceptions are recommended.

**Conditions Not Covered**

Any other exception is considered not medically necessary.

**Background**

**Overview**

Farxiga, Invokana, Jardiance, and Steglatro are sodium glucose co-transporter-2 (SGLT-2) inhibitors indicated as an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes.\(^{1,4}\) The SGLT-2 inhibitors also possess the following additional indications in patients with diabetes:

- **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 and diabetic nephropathy with albuminuria.
- **Farxiga:** To reduce the risk of hospitalization for heart failure in adults with type 2 diabetes mellitus and established CV disease or multiple CV risk factors.

In addition to indications in diabetes, Farxiga is indicated for the following indications in patients with and without diabetes:

- **Heart failure**, to reduce the risk of CV death and hospitalization for heart failure (HHF) in adults with heart failure with reduced ejection fraction (New York Heart Association [NYHA] class II through IV).
- **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.
In addition to indications in diabetes, Jardiance is indicated to reduce the risk of CV death plus HHF in adults with heart failure with reduced ejection fraction.

Guidelines

Diabetes

The American Diabetes Association Standards of Care (2021) recommend metformin as initial therapy for most patients with type 2 diabetes, unless contraindications to metformin are present. 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. 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). SGLT-2 inhibitors or glucagon-like peptide-1 receptor agonists with demonstrated CV benefit are also recommended as part of the initial glucose-lowering regimen for patients with established atherosclerotic CV disease (ASCVD) or indicators of high ASCVD risk, heart failure, or chronic kidney disease. Because type 2 diabetes is a progressive disease in many patients, combination therapy may be needed for many patients over time to achieve glycemic targets. Other guidelines have similar recommendations.

Heart Failure

The American College of Cardiology Expert Consensus Decision Pathway for Optimization of Heart Failure Treatment was updated in 2021. Farxiga and Jardiance are both addressed with respect to heart failure outcomes data. SGLT-2 inhibitors (Jardiance or Farxiga) are recommended as add-on therapy for patients with NYHA class II through IV symptoms meeting eGFR criteria (class I recommendation). No preference is made between Jardiance and Farxiga. It is noted that for Farxiga, an eGFR ≥ 30 mL/min/1.73 m² is required before initiation. An eGFR ≥ 20 mL/min/1.73 m² is required for Jardiance prior to initiation.

References

3. Jardiance® tablets [prescribing information]. Ridgefield, CT and Indianapolis, IN: Boehringer Ingelheim/Lilly; August 2021.

Revision History

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<th>Type of Revision</th>
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| Annual Revision  | Automation: The wording was clarified to note that Step 2 Products are included in the automation.  
Avandamet: Avandamet was removed from Step 1 (obsolete).  
Criteria: Exception criteria were clarified to note that if a patient has tried any Step 2 Product, the request for any other Step 2 Product will be approved. The phrase “single-entity sodium glucose co-transporter-2 inhibitor” was clarified to mean Farxiga, Invokana, Jardiance, or Steglatro. An exception was added to approve Farxiga in a patient with chronic kidney disease, based on updated FDA labeling. | 06/23/2021 |
| Selected Revision | Criteria: In the exception criterion regarding a patient with heart failure with reduced ejection fraction, Jardiance was added to the list of approvable medications. | 09/01/2021 |

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