

Criteria Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

Ertugliflozin/ Sitagliptin phosphate (Steglujan)

Notes:

- QL: Yes
- * Intolerance excludes adverse drug reactions that are expected, mild in nature, resolve with continued treatment, and do not require medication discontinuation
- ^ Sulfonylurea is contraindicated if high risk for severe hypoglycemia. Risk factors for severe hypoglycemia include history of severe hypoglycemia, alcoholism, erratic timing of meals, and autonomic failure (causing impaired awareness of hypoglycemia and defective glucose counter-regulation). Severe hypoglycemia is defined as hypoglycemia that leads to seizures or loss of consciousness or that requires help from others.
- # For patients aged 18-64, recommend goal A1c of < 7.0% unless significant co-morbidities (history of dementia, blindness, lower extremity amputation, CKD 4/5, ESRD, cardiomyopathy/HF, or ASCVD). For patients aged 65 or older, consider goal A1c of < 8.0%

Initiation (new start) criteria Non-formulary **Ertugliflozin/ Sitagliptin phosphate (Steglujan)** will be covered on the prescription drug benefit when the following criteria are met:

- Diagnosis of diabetes mellitus type 2
- Documented allergic reaction to an inactive ingredient in sitagliptin base (Zituvio) not present in sitagliptin phosphate (Januvia)
- Documented allergy/intolerance* to preferred SGLT-2 inhibitor empagliflozin
- On maximally tolerated metformin dose or intolerance or contraindication to metformin (includes metformin XR)
- On pioglitazone for at least 3 months or intolerance or contraindication to pioglitazone
- On an SGLT2 inhibitor or meets coverage criteria for an SGLT2 inhibitor
- Most recent HbA1c is less than 1% above patient's designated goal# unless on insulin at a total daily dose of ≥ 0.5 units/kg/day
- Not currently using a GLP-1 receptor agonist (medications containing semaglutide, liraglutide, exenatide, lixisenatide, dulaglutide)
- Meets 1 of the following:
 - On maximum dose sulfonylurea or intolerance* or contraindication to sulfonylureas^
 - On insulin at a total daily dose of ≥ 0.5 units/kg/day

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Kaiser Foundation Health Plan of the Northwest

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Criteria for new members entering Kaiser Permanente already taking the medication who have not been reviewed previously: Non-formulary **Ertugliflozin/ Sitagliptin phosphate (Steglujan)** will be covered on the prescription drug benefit when the following criteria are met:

- Diagnosis of diabetes mellitus type 2
- Documented allergic reaction to an inactive ingredient in sitagliptin base (Zituvio) not present in sitagliptin phosphate (Januvia)
- Documented allergy/intolerance* to preferred SGLT-2 inhibitor empagliflozin
- On maximally tolerated metformin dose or intolerance or contraindication to metformin (includes metformin XR)
- On pioglitazone for at least 3 months or intolerance or contraindication to pioglitazone
- Most recent HbA1c is less than 9% unless on insulin at a total daily dose of ≥ 0.5 units/kg/day
- Not currently using a GLP-1 receptor agonist (medications containing semaglutide, liraglutide, exenatide, lixisenatide, dulaglutide)
- Meets 1 of the following:
 - On maximum dose sulfonylurea or intolerance* or contraindication to sulfonylureas^
 - On insulin at a total daily dose of ≥ 0.5 units/kg/day

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