

## Sodium-Glucose Cotransporter-2 Inhibitors (SGLT-2 Inhibitors)

### **Goal(s):**

- Promote cost-effective and safe step-therapy for management of type 2 diabetes mellitus (T2DM).

### **Length of Authorization:**

- Up to 12 months

### **Requires PA:**

- All non-preferred SGLT-2 inhibitors require a PA

### **Covered Alternatives:**

- Current PMPDP preferred drug list per OAR 410-121-0030 at [www.orpdl.org](http://www.orpdl.org)
- Searchable site for Oregon FFS Drug Class listed at [www.orpdl.org/drugs/](http://www.orpdl.org/drugs/)

Approval Criteria		
1. What is the diagnosis being treated?	Record ICD10 code	
2. Will the prescriber consider switching to a preferred product?  Message: <ul style="list-style-type: none"> <li>Preferred products do not require a PA.</li> </ul> Preferred products are evidence-based reviewed for comparative effectiveness and safety by the Oregon Pharmacy & Therapeutics Committee	<b>Yes:</b> Inform prescriber of covered alternatives in class.	<b>No:</b> Go to #3
3. Does the patient have type 2 diabetes?	<b>Yes:</b> Approve for up to 12 months	<b>No:</b> Go to #4
4. Does the patient have heart failure and is requesting an SGLT-2 inhibitor with demonstrated cardiovascular benefit (e.g., dapagliflozin, empagliflozin, or sotagliflozin)?	<b>Yes:</b> Approve for up to 12 months	<b>No:</b> Go to #5
5. Does the patient have chronic kidney disease and is requesting an SGLT-2 inhibitor with demonstrated renal and cardiovascular benefits (e.g., dapagliflozin)?	<b>Yes:</b> Approve for up to 12 months	<b>No: No:</b> Pass to RPh. Deny; medical appropriateness

P&T Review: 10/23 (KS), 10/22 (KS), 8/21 (KS), 8/20 (KS), 6/20, 7/18, 9/17; 9/16; 3/16; 9/15; 1/15; 9/14; 9/13  
 Implementation: 11/1/23; 1/1/23; 9/1/20; 8/15/18; 10/13/16; 2/3/15; 1/1/14