Effective Date: 04/01/2022
Last Approval/Version: 11/2024
Next Review Due By: 01/2025
Policy Number: C21858-A

Antidiabetic Agents - IL Medicaid Only

PRODUCTS AFFECTED

SINGLE DRUG PRODUCTS:
ALOGLIPTIN, NESINA (alogliptin), ONGLYZA (saxagliptin), SAXAGLIPTIN, BYDUREON BCISE (exenatide), BYETTA (exenatide), OZEMPIC (semaglutide), RYBELSUS (semaglutide), MOUNJARO (tirzepatide), SYMLINPEN (pramlintide), GLUCOTROL XL (glipizide), GLYNASE (glyburide), METFORMIN 625MG TABLET, RIOMET (metformin), RIOMET ER (metformin), GLUMETZA (metformin), METFORMIN ER MODIFIED RELEASE, METFORMIN ER OSMOTIC, REPAGLINIDE, BAQSIMI (glucagon), GVOKE HYPOPEN (glucagon), GVOKE KIT (glucagon), GLUCAGON EMERGENCY KIT, GLUCAGEN HYPOKIT, CYCLOSET (bromocriptine), ACTOS (pioglitazone), STEGLATRO (ertugliflozin) TRULICITY (dulaglutide), VICTOZA (liraglutide)

COMBINATION DRUG PRODUCTS:
XULTOPHY (insulin degludec/liraglutide), SOLIQUA (insulin glargine/lixisenatide), ALOGLIPTIN/METFORMIN, KAZANO (alogliptin/metformin), JENTADUETO (linagliptin/metformin), JENTADUETO XR (linagliptin/metformin), KOMBIGLYZE XR (metformin/saxagliptin), SAXAGLIPTIN/METFORMIN, JANUMET (metformin/sitagliptin), JANUMET XR (metformin/sitagliptin), ALOGLIPTIN/PIOGLITAZONE, OSENI (alogliptin/pioglitazone), REPAGLINIDE/METFORMIN, INVOKAMET (canagliflozin/metformin), INVOKAMET XR (canagliflozin/metformin), XIGDUO XR (dapagliflozin/metformin), SYNJARDY (empagliflozin/metformin), SYNJARDY XR (empagliflozin/metformin), SEGLUROMET (ertugliflozin/metformin), QTERN (dapagliflozin/saxagliptin), GLYXAMBI (empagliflozin/linagliptin), STEGLUJAN (ertugliflozin/sitagliptin), TRIJARDY XR (empagliflozin/linagliptin/metformin), DUETACT (pioglitazone/glimepiride), PIOGLITAZONE/GLIMEPIRIDE, ACTOPLUS MET (pioglitazone/metformin), PIOGLITAZONE/METFORMIN

COVERAGE POLICY

Coverage for services, procedures, medical devices and drugs are dependent upon benefit eligibility as outlined in the member's specific benefit plan. This Coverage Guideline must be read in its entirety to determine coverage eligibility, if any. This Coverage Guideline provides information related to coverage determinations only and does not imply that a service or treatment is clinically appropriate or inappropriate. The provider and the member are responsible for all decisions regarding the appropriateness of care. Providers should provide Molina Healthcare complete medical rationale when requesting any exceptions to these guidelines.

Documentation Requirements:
Molina Healthcare reserves the right to require that additional documentation be made available as part of its coverage determination; quality improvement; and fraud; waste and abuse prevention processes. Documentation required may include, but is not limited to, patient records, test results and credentials of the provider ordering or performing a drug or service. Molina Healthcare may deny reimbursement or take additional appropriate action if the documentation provided does not support the initial determination that the drugs or services were medically necessary, not investigational or experimental, and otherwise within the scope of benefits afforded to the member, and/or the documentation demonstrates a pattern of billing or other practice that is inappropriate or excessive.

DIAGNOSIS:

Type 1 diabetes mellitus, Type 2 diabetes mellitus, Heart failure

REQUIRED MEDICAL INFORMATION:

A. DIABETES WITH HYPOGLYCEMIA:
   1. Prescriber attests (or the clinical reviewer has found) that the member has a diagnosis of diabetes with hypoglycemia.
      AND
   2. Prescriber attests to (or the clinical reviewer has found) the member is not having any FDA labeled contraindications that haven't been addressed by the prescriber within the documentation submitted for review.
      AND
   3. FOR NON-PREFERRED PRODUCTS: Member has had an inadequate response, intolerance, or contraindication to ALL PREFERRED products within the same class.

B. TYPE 2 DIABETES:
   1. Prescriber attests (or the clinical reviewer has found) that the member has a diagnosis of type 2 diabetes.
      AND
   2. Prescriber attests to (or the clinical reviewer has found) the member is not having any FDA labeled contraindications that haven't been addressed by the prescriber within the documentation submitted for review.
      AND
   3. FOR RYBELSUS (PREFERRED WITH PA): Prescriber attestation that the member has needle phobia and that the member does not need the cardiovascular protection offered by other agents in the class OR the member has had an inadequate response or had an intolerance to ALL preferred GLP-1 agents. [Inadequate response is defined as not achieving expected A1C lowering while adherent to therapy]
      OR
   4. FOR NON-PREFERRED SINGLE DRUG METFORMIN PRODUCTS: Documentation of a trial and inadequate response, serious side effects, or contraindication to all preferred metformin products. [Inadequate response is defined as not achieving expected A1C lowering while adherent to therapy]
      OR
   5. FOR OTHER NON-PREFERRED SINGLE DRUG PRODUCTS: Member has had an inadequate response, intolerance, or contraindication to ALL preferred agents within the same therapeutic class. [Inadequate response is defined as not achieving expected A1C lowering while adherent to therapy]
      OR
   6. FOR NON-PREFERRED COMBINATION PRODUCTS:
      a. Documentation that member has had an inadequate response, serious side effects, or contraindication to ALL preferred combination products in the matching therapeutic classes. [Inadequate response is defined as not achieving expected A1C lowering while adherent to therapy]
         OR
      b. Documented inadequate response, serious side effects, or contraindication to ALL preferred single drug products in the matching therapeutic classes (SGLT2/GLP1/DPP4 CLASS) within the requested combination product. [Inadequate response is defined as not achieving expected A1C lowering while adherent to therapy]

      OR
   7. FOR NON-PREFERRED BRAND NAME PRODUCTS: Documentation that member has tried and failed the generic equivalent, if available, on the preferred drug list.
      OR

8. TRULICITY AND VICTOZA (Smart PA edits in place beginning 8/1/2024):
    a. Prescriber attests (or the clinical reviewer has found) that the member has a diagnosis of type 2 diabetes.
    OR
    b. Documentation of a trial (as verified by the prescriber or member medication fill history) with ANY drug indicated for the management of type 2 diabetes (excluding GLP-1 receptor agonists) in the past 120 days.

C. REDUCE RISK OF HOSPITALIZATION FOR HEART FAILURE (XIDGDUO XR ONLY):
1. (a) Documentation member has a diagnosis of heart failure consistent with individual product FDA label
   OR
   (b) Documentation member has: (i) a diagnosis of type 2 diabetes AND (ii) at high risk for cardiovascular events [(a) established cardiovascular disease OR (b) age >55 years in men/>60 years in women AND ONE of the following: dyslipidemia, hypertension or current tobacco use]
   AND
2. Prescriber attests that member is concurrently receiving guideline-directed medical therapy (Heidenreich 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 2022)
   AND
3. Prescriber attests to (or the clinical reviewer has found that) the member not having any FDA labeled contraindications that haven't been addressed by the prescriber within the documentation submitted for review [Contraindications to Xigduo XR (dapagliflozin and metformin) include: severe renal impairment (eGFR below 30 mL/min/1.73m2), end stage renal disease or dialysis, history of serious hypersensitivity to dapagliflozin or hypersensitivity to metformin, and metabolic acidosis, including diabetic ketoacidosis.]

CONTINUATION OF THERAPY:

A. DIABETES WITH HYPOGLYCEMIA:
Prescriber attests to (or clinical reviewer has found) no evidence of intolerable adverse effects or drug toxicity.

B. TYPE 2 DIABETES:
1. Prescriber attests to (or clinical reviewer has found) adherence to therapy at least 85% of the time OR adherence less than 85% of the time due to the need for surgery or treatment of an infection, causing temporary discontinuation.
   AND
2. Prescriber attests to (or clinical reviewer has found) no evidence of intolerable adverse effects or drug toxicity.
   AND
3. Prescriber attests to (or clinical reviewer has found) positive clinical response as demonstrated by improvement in member's glycemic targets (e.g., hemoglobin A1C or other glycemic measurement).
   OR
4. TRULICITY AND VICTOZA:
    a. Prescriber attests (or the clinical reviewer has found) that the member has a diagnosis of type 2 diabetes.
    OR
    b. Documentation of a trial (as verified by the prescriber or member medication fill history) with ANY drug indicated for the management of type 2 diabetes (excluding GLP-1 receptor agonists) in the past 120 days.

C. REDUCE RISK OF HOSPITALIZATION FOR HEART FAILURE (XIGDUO XR ONLY):
1. Prescriber attests to (or clinical reviewer has found) adherence to therapy at least 85% of the time OR adherence less than 85% of the time due to the need for surgery or treatment of an infection, causing temporary discontinuation.
AND
2. Prescriber attests to (or clinical reviewer has found) no evidence of intolerable adverse effects or drug toxicity.
AND
3. Prescriber attests to (or clinical reviewer has found) positive clinical response as demonstrated by low disease activity and/or improvements in the condition's signs and symptoms.

DURATION OF APPROVAL:
Initial authorization: 12 months, Continuation of Therapy: 12 months

PRESCRIBER REQUIREMENTS:
None.

AGE RESTRICTIONS:
Bydureon/Bydureon BCise/Synjardy: 10 years and older
All Other Agents: 18 years or older

QUANTITY: See Illinois Medicaid Drug Formulary or use maximum quantity per FDA label

PLACE OF ADMINISTRATION:
The recommendation is that oral and injectable medications in this policy will be for pharmacy benefit coverage and patient self-administered.

DRUG INFORMATION

ROUTE OF ADMINISTRATION:
Oral, Subcutaneous

DRUG CLASS:
Biguanides
Incretin Mimetic Agents (GLP-1 Receptor Agonists)
Meglitinide Analogues
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors
Insulin-Incretin Mimetic Combinations
Dipeptidyl Peptidase-4 Inhibitor-Biguanide Combinations
DPP-4 Inhibitor-Thiazolidinedione Combinations
Meglitinide-Biguanide Combinations
Sodium-Glucose Co-Transporter 2 Inhibitor-Biguanide Combinations
SGLT2 Inhibitor - DPP-4 Inhibitor Combinations
SGLT2 Inhibitor - DPP-4 Inhibitor - Biguanide Combinations
Sulfonylurea-Biguanide Combinations
Sulfonylurea-Thiazolidinedione Combinations
Thiazolidinedione-Biguanide Combinations

BACKGROUND AND OTHER CONSIDERATIONS

BACKGROUND:

Per American Diabetes Association (ADA) 2024 guidelines, metformin is the preferred initial pharmacologic agent for the treatment of type 2 diabetes. Once initiated, metformin should be continued as long as it is tolerated and not contraindicated; other agents, including insulin, should be added to metformin. Early combination therapy can be considered in some patients at treatment initiation to extend the time to treatment failure. The early introduction of insulin should be considered if there is evidence of ongoing catabolism (weight loss), if symptoms of hyperglycemia are present, or when A1C levels (>10% [86 mmol/mol]) or blood glucose levels (>300mg/dL [16.7mmol/L]) are very high. A patient-centered approach should be used to guide the choice of pharmacologic agents. Considerations include effect on cardiovascular and renal comorbidities, efficacy, hypoglycemia risk, impact on weight, cost, risk for side effects, and patient preferences. Among patients with type 2 diabetes who have established atherosclerotic cardiovascular disease or indicators of high risk, established kidney disease, or heart failure, a sodium–glucose cotransporter 2 inhibitor or glucagon-like peptide 1 receptor agonist with demonstrated cardiovascular disease benefit is recommended as part of the glucose-lowering regimen independent of A1C and in consideration of patient-specific factors. In patients with type 2 diabetes, a glucagon-like peptide 1 receptor agonist is preferred to insulin when possible. Recommendation for treatment intensification for patients not meeting treatment goals should not be delayed. The medication regimen and medication-taking behavior should be reevaluated at regular intervals (every 3–6 months) and adjusted as needed to incorporate specific factors that impact choice of treatment Clinicians should be aware of the potential for over basalization with insulin therapy. Clinical signals that may prompt evaluation of over basalization include basal dose more than 0.5 IU/kg, high bedtime-morning or post-preprandial glucose differential, hypoglycemia (aware or unaware), and high variability. Indication of over basalization should prompt reevaluation to further individualize therapy.

CONTRAINDICATIONS:

All other uses of listed agents and combinations are considered experimental/investigational and therefore, will follow Molina's Off- Label policy. Contraindications to GLP-1 agonists or combinations include: Hypersensitivity to requested product, or any component of the formulation; history of or family history of medullary thyroid carcinoma (MTC); patients with multiple endocrine neoplasia syndrome type 2 (MEN2). Contraindications to alogliptin, saxagliptin, linagliptin, sitagliptins include: Hypersensitivity (e.g., anaphylaxis, angioedema, exfoliative skin conditions) to the request product or any component of the formulation. Contraindications to SGLT2 inhibitors include severe renal impairment, ESRD or dialysis, history of serious hypersensitivity to drug or components of the formulations.

EXCLUSIONS:

Weight loss is excluded from coverage per Social Security 1927(d)(2)(A)

OTHER SPECIAL CONSIDERATIONS:

- Black box warning for risk of thyroid c-cell tumors: Bydureon BCise (exenatide), Xultophy (insulin degludec and liraglutide), Ozempic (semaglutide), Rybelsus (semaglutide), Mounjaro (tirzepatide)
- Black box warning for lactic acidosis: Synjardy (empagliflozin/metformin, Synjardy XR (empagliflozin/metformin ER), Segluromet (ertugliflozin/metformin), Janumet (sitagliptin/metformin), Janumet XR (sitagliptin/metformin extended- release), Jentadueto (linagliptin/metformin), Jentadueto XR (linagliptin/metformin extended-release), Kazano (alogliptin/metformin), Kombiglyze XR (saxagliptin/metformin extended-release), Invokamet (canagliflozin/metformin), Invokamet XR (canagliflozin/metformin extended-release).
- Black box warning for congestive heart failure: Oseni (alogliptin/pioglitazone).

AVAILABLE DOSAGE FORMS:

Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors, SGLT2/DPP-4 Inhibitor Combinations, SGLT2-Biguanide Combinations, SGLT2/DPP-4 Inhibitor/Biguanide Combinations

Glyxambi TABS 10-5MG
Glyxambi TABS 25-5MG
Invokamet TABS 150-1000MG
Invokamet TABS 150-500MG
Invokamet TABS 50-1000MG
Invokamet TABS 50-500MG
Invokamet XR TB24 150-1000MG
Invokamet XR TB24 150-500MG
Invokamet XR TB24 50-1000MG
Invokamet XR TB24 50-500MG
Invokana TABS 100MG
Invokana TABS 300MG
Qtern TABS 10-5MG
Qtern TABS 5-5MG
Segluromet TABS 2.5-1000MG
Segluromet TABS 2.5-500MG
Segluromet TABS 7.5-1000MG
Segluromet TABS 7.5-500MG
Steglatro TABS 15MG
Steglatro TABS 5MG
Steglujan TABS 15-100MG
Steglujan TABS 5-100MG
Synjardy TABS 12.5-1000MG
Synjardy TABS 12.5-500MG
Synjardy TABS 5-1000MG
Synjardy TABS 5-500MG
Synjardy XR TB24 10-1000MG
Synjardy XR TB24 12.5-1000MG
Synjardy XR TB24 25-1000MG
Synjardy XR TB24 5-1000MG
Trijardy XR TB24 10-5-1000MG
Trijardy XR TB24 12.5-2.5-1000MG
Trijardy XR TB24 25-5-1000MG
Trijardy XR TB24 5-2.5-1000MG
Xigduo XR TB24 10-1000MG
Xigduo XR TB24 10-500MG
Xigduo XR TB24 2.5-1000MG
Xigduo XR TB24 5-1000MG
Xigduo XR TB24 5-500MG

Incretin Mimetic Agents, GLP-1 Receptor Agonists, and GIP and GLP-1 Receptor Agonists, and combinations

Bydureon BCise AUIJ 2MG/0.85ML
Bydureon PEN 2MG
Byetta 10 MCG Pen SOPN 10MCG/0.04ML
Byetta 5 MCG Pen SOPN 5MCG/0.02ML
Mounjaro SOPN 10MG/0.5ML
Mounjaro SOPN 12.5MG/0.5ML
Mounjaro SOPN 15MG/0.5ML
Mounjaro SOPN 2.5MG/0.5ML
Mounjaro SOPN 5MG/0.5ML
Mounjaro SOPN 7.5MG/0.5ML
Ozempic (0.25 or 0.5 MG/DOSE) SOPN 2MG/1.5ML
Ozempic (0.25 or 0.5 MG/DOSE) SOPN 2MG/3ML
Ozempic (1 MG/DOSE) SOPN 2MG/1.5ML
Ozempic (1 MG/DOSE) SOPN 4MG/3ML
Ozempic (2 MG/DOSE) SOPN 8MG/3ML
Rybelsus TABS 14MG
Rybelsus TABS 3MG
Rybelsus TABS 7MG
Soliqua SOPN 100-33UNT-MCG/ML
Trulicity SOPN 0.75MG/0.5ML
Trulicity SOPN 1.5MG/0.5ML
Trulicity SOPN 3MG/0.5ML
Trulicity SOPN 4.5MG/0.5ML
Victoza SOPN 18MG/3ML
Xultophy SOPN 100-3.6UNIT-MG/ML

Dipeptidyl Peptidase-4 Inhibitors (DPP4) and Combinations

Alogliptin Benzoate TABS 12.5MG
Alogliptin Benzoate TABS 25MG
Alogliptin Benzoate TABS 6.25MG
Alogliptin-metFORMIN HCl TABS 12.5-1000MG
Alogliptin-metFORMIN HCl TABS 12.5-500MG
Alogliptin-Pioglitazone TABS 12.5-15MG
Alogliptin-Pioglitazone TABS 12.5-30MG
Alogliptin-Pioglitazone TABS 12.5-45MG
Alogliptin-Pioglitazone TABS 25-15MG
Alogliptin-Pioglitazone TABS 25-30MG
Alogliptin-Pioglitazone TABS 25-45MG
Janumet TABS 50-1000MG
Janumet TABS 50-500MG
Janumet XR TB24 100-1000MG
Janumet XR TB24 50-1000MG
Janumet XR TB24 50-500MG
Jentadueto TABS 2.5-1000MG
Jentadueto TABS 2.5-500MG
Jentadueto TABS 2.5-850MG
Jentadueto XR TB24 2.5-1000MG
Jentadueto XR TB24 5-1000MG
Kazano TABS 12.5-1000MG
Kazano TABS 12.5-500MG
Kombiglyze XR TB24 2.5-1000MG
Kombiglyze XR TB24 5-1000MG
Kombiglyze XR TB24 5-500MG

Nesina TABS 12.5MG
Nesina TABS 25MG
Nesina TABS 6.25MG
Onglyza TABS 2.5MG
Onglyza TABS 5MG
Oseni TABS 12.5-15MG
Oseni TABS 12.5-30MG
Oseni TABS 12.5-45MG
Oseni TABS 25-15MG
Oseni TABS 25-30MG
Oseni TABS 25-45MG

Other Combinations

Actoplus Met TABS 15-500MG
Actoplus Met TABS 15-850MG
Pioglitazone HCl-Glimepiride TABS 30-2MG
Pioglitazone HCl-Glimepiride TABS 30-4MG
Pioglitazone HCl-metFORMIN HCl TABS 15-500MG
Pioglitazone HCl-metFORMIN HCl TABS 15-500MG

REFERENCES

1. Illinois Medicaid Preferred Drug List, effective January 1, 2024
2. Illinois HFS Drugs with Stipulated PA Language per Contract for MCOs 01/01/2024
3. Pharmacologic Approaches to Glycemic Treatment: Standards of Medical Care in Diabetes 2022. Diabetes Care, 45(Supplement 1). https://diabetesjournals.org/care/issue/45/Supplement_1
4. Jardiance (empagliflozin) [prescribing information]. Ridgefield, CT: Boehringer Ingelheim Pharmaceuticals Inc; September 2023.
5. Farxiga (dapagliflozin) [prescribing information]. Wilmington, DE: AstraZeneca Pharmaceuticals LP; January 2024.
6. Steglatro (ertugliflozin) [prescribing information]. Whitehouse Station, NJ: Merck Sharp & Dohme Corp; September 2023.
7. Invokana (canagliflozin) [prescribing information]. Titusville, NJ: Janssen Pharmaceuticals; July 2023.
8. Synjardy XR (empagliflozin/metformin) [prescribing information]. Ridgefield, CT: Boehringer Ingelheim Pharmaceuticals Inc; October 2023.
9. Synjardy (empagliflozin/metformin) [prescribing information]. Ridgefield, CT: Boehringer Ingelheim Pharmaceuticals Inc; October 2023.
10. Segluromet (ertugliflozin/metformin) [prescribing information]. Whitehouse Station, NJ: Merck Sharp & Dohme Corporation; September 2023.
11. Xigduo XR (dapagliflozin and metformin) [prescribing information]. Wilmington, DE: AstraZeneca; September 2023.
12. Glyxambi (empagliflozin/linagliptin) [prescribing information]. Ridgefield, CT: Boehringer Ingelheim Pharmaceuticals, Inc; October 2023.
13. Qtern (dapagliflozin/saxagliptin) [prescribing information]. Wilmington, DE; AstraZeneca Pharmaceuticals; September 2023.
14. Steglujan (ertugliflozin/sitagliptin) [prescribing information]. Whitehouse Station, NJ; Merck Sharp & Dohme Corp: October 2023.
15. Janumet (sitagliptin and metformin) tablets [prescribing information]. Whitehouse Station, NJ: Merck & Co, Inc; July 2022.
16. Janumet XR (sitagliptin and metformin) extended-release tablets [prescribing information]. Whitehouse Station, NJ: Merck & Co Inc; July 2022.
17. Januvia (sitagliptin) [prescribing information] Whitehouse Station, NJ: Merck & Co Inc; July 2023.
18. Jentadueto (linagliptin and metformin) [prescribing information]. Ridgefield, CT: Boehringer Ingelheim Pharmaceuticals, Inc; June 2023.
19. Jentadueto XR (linagliptin and metformin) [prescribing information]. Ridgefield, CT: Boehringer Ingelheim Pharmaceuticals; June 2023.

20. Kazano (alogliptin and metformin) [prescribing information]. Deerfield, IL: Takeda Pharmaceuticals America, Inc; July 2023.
21. Kombiglyze XR (saxagliptin/metformin) [prescribing information]. Wilmington, DE: AstraZeneca Pharmaceuticals LP; October 2019.
22. Nesina (alogliptin) [prescribing information]. Lexington, MA: Takeda Pharmaceuticals America Inc; July 2023.
23. Onglyza (saxagliptin) [prescribing information]. Wilmington, DE: AstraZeneca Pharmaceuticals; October 2019.
24. Oseni (alogliptin and pioglitazone) [prescribing information]. Deerfield, IL: Takeda Pharmaceuticals America, Inc; March 2022.
25. Tradjenta (linagliptin) [prescribing information]. Ridgefield, CT: Boehringer Ingelheim Pharmaceuticals, Inc; June 2023.
26. Bydureon (exenatide) [prescribing information]. Wilmington, DE: AstraZeneca Pharmaceuticals; May 2023.
27. Bydureon Bcise [package insert]. Wilmington, DE: AstraZeneca Pharmaceuticals LP; May 2023.
28. Byetta (exenatide) [prescribing information]. Wilmington, DE: AstraZeneca Pharmaceuticals LP; December 2022.
29. Ozempic (semaglutide) [prescribing information]. Plainsboro, NJ: Novo Nordisk Inc; September 2023.
30. Soliqua (insulin glargine/lixisenatide) [prescribing information]. Bridgewater, NJ: Sanofi-Aventis USLLC; June 2022.
31. Xultophy (insulin degludec and liraglutide) [prescribing information]. Plainsboro, NJ: NovoNordisk; July 2023.
32. Mounjaro (tirzepatide) [prescribing information]. Indianapolis, IN: Eli Lilly and Company; July 2023.
33. Pharmacologic Approaches to Glycemic Treatment: Standards of Medical Care in Diabetes37. (Diabetes Care 2018; 41: S73-S85).
34. Rybelsus (semaglutide) [prescribing information]. Plainsboro, NJ: Novo Nordisk Inc; January 2023.
35. Trulicity (dulaglutide) [prescribing information]. Indianapolis, IN: Eli Lilly and Company; December 2022.
36. Victoza (liraglutide) [prescribing information]. Plainsboro, NJ: Novo Nordisk Inc; July 2023.
37. Berg DD, Wiviott SD, Scirica BM, Gurmu Y, Mosenzon O, Murphy SA, Bhatt DL, Leiter LA, McGuire DK, Wilding JPH, Johanson P, Johansson PA, Langkilde AM, Raz I, Braunwald E, Sabatine MS. Heart Failure Risk Stratification and Efficacy of Sodium-Glucose Cotransporter-2 Inhibitors in Patients With Type 2 Diabetes Mellitus. Circulation. 2019 Nov 5;140(19):1569- 1577. Doi:10.1161/CIRCULATIONAHA.119.042685. Epub 2019 Aug 31.
38. Pharmacologic Approaches to Glycemic Treatment: Standards of Care in Diabetes – 2023. Diabetes Care 2023; 46 (Suppl. 1): S140-S157. https://doi.org/10.2337/dc23-S009
39. Trijardy XR (empagliflozin, linagliptin, and metformin hydrochloride extended-release tablets) [prescribing information]. Ridgefield, CT: Boehringer Ingelheim Pharmaceuticals Inc.; October 2023.
40. Invokamet (canagliflozin/metformin) [prescribing information]. Titusville, NJ: Janssen Pharmaceuticals, Inc.; July 2023.
41. Invokamet XR (canagliflozin/metformin extended-release) [prescribing information]. Titusville, NJ: Janssen Pharmaceuticals, Inc.; July 2023.
42. Zituvio (sitagliptin) tablets, for oral use [prescribing information]. Pennington, NJ: Zydus Pharmaceuticals (USA) Inc.; November 2023.
43. Comprehensive Medical Evaluation and Assessment of Comorbidities: Standards of Care in Diabetes – 2024. Diabetes Care 2024; 47 (Suppl. 1): S52-S76. https://doi.org/10.2337/dc24-S004
44. Glycemic Goals and Hypoglycemia: Standards of Care in Diabetes – 2024. Diabetes Care 2024; 47 (Suppl. 1): S111-S125. https://doi.org/10.2337/dc24-S006

SUMMARY OF REVIEW/REVISIONS	DATE
Products Affected	11/2024
Off-Cycle updates: Added criteria for Trulicity and Victoza Required Medical Information References	07/2024
Annual updates: Products Affected Required Medical Information	01/2024

Drug Information Background and Other Considerations Available Dosage Forms References	
Annual updates: Removal of drugs due to stipulated language.	07/2023
New criteria creation	04/2022