 <p>JOHNS HOPKINS MEDICINE JOHNS HOPKINS HEALTHCARE</p>	Johns Hopkins HealthCare LLC Pharmacy Public Pharmacy Management Drug Policies	<i>Policy Number</i>	MEDS093
		<i>Effective Date</i>	07/15/2015
		<i>Review Date</i>	07/15/2015
	<i>Subject</i> Glyxambi	<i>Revision Date</i>	12/07/2021
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This document applies to the following Participating Organizations:

Priority Partners

Keywords: Glyxambi

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I. POLICY

- A. Glyxambi (empagliflozin-linagliptin) will require prior authorization to ensure appropriate use. The process for initiating a prior authorization request can be found in policy PHARM 20. Glyxambi will require prior authorization for outpatient prescription drug benefit coverage to ensure this medication is used only when clinically appropriate.
1. PPMCO members are subject to the Priority Partners formulary, available at www.ppmco.org.
 2. USFHP members are subject to prior authorization criteria, step-edits and days-supply limits outlined in the Tricare Policy Manual. Tricare Policy supersedes JHHC Medical/Pharmacy Policies. Tricare limits may be accessed at: http://pec.ha.osd.mil/formulary_search.php?submenuheader=1

II. POLICY CRITERIA


- A. Glyxambi may be approved for patients meeting the following:
1. Patient is 18 years of age or older
 2. Documentation has been submitted showing Glyxambi will be used as adjunct therapy for type 2 diabetes
 3. Documentation has been submitted showing one of the following:
 - a. Patient has had trial and inadequate response to a formulary dipeptidyl peptidase-4 (DPP-4) inhibitor
 - b. Patient has had trial and inadequate response to a formulary sodium-glucose co-transporter (SGLT-2) inhibitor

III. AUTHORIZATION PERIOD/LIMITATIONS

- A. Patients may be approved for the term of enrollment

IV. EXCLUSIONS

- A. Glyxambi will not be approved for the following:
1. Patients with any of the following:
 - a. Severe renal impairment, end-stage renal disease, or undergoing dialysis treatment
 - b. History of hypersensitivity reaction to Glyxambi or any of its components
 - c. Type 1 diabetes
 - d. History of reoccurring genitourinary infections
 - e. Acute pancreatitis
 2. Any indications or uses that are not FDA-approved, or guideline-supported

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- B. The use of physician samples, or manufacturer product discounts, does not guarantee coverage under the provisions of the medical and/or pharmacy benefit. All pertinent criteria must be met in order to be eligible for benefit coverage.

V. REFERENCES

1. Glyxambi [prescribing information]. Ridgefield, CT: Boehringer Ingelheim Pharmaceuticals, Inc.; June 2021.

VI. APPROVALS

Signature on file at JHHC

DATE OF REVISION	SUMMARY OF CHANGE
03/17/2016	Clarified criteria and exclusions
07/27/2017	Updated Exclusions section regarding physician samples
12/07/2021	Updated layout

Review Dates: 07/15/2015

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