Criteria Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

Ertugliflozin (Steglatro)

* Ertugliflozin is a mildly effective hypoglycemic with diuretic properties. It has not shown benefit in type 2 diabetes patients with existing cardiovascular disease, heart failure or chronic kidney disease (glomerular filtration rate 45-59 mL/min).

**Initiation (new start) criteria:** Non-formulary ertugliflozin (Steglatro) will be covered on the prescription drug benefit when the following criteria are met:

- Diagnosis of type 2 diabetes, and
- Intolerance* to preferred SGLT-2 inhibitor empagliflozin (Jardiance) or canagliflozin (Invokana) which are also CBC, and
- Patient has a recent HbA1c under 8.5, and
- On maximally tolerated metformin dose (1500-2500mg) for at least 3 months, and
- On maximally tolerated dose or patient has an allergy or intolerance* to statin, and
- On maximally tolerated dose or patient has an allergy or intolerance* to ACE/ARB

* Intolerance excludes adverse drug reactions that are expected, mild in nature, resolve with continued treatment, and do not require medication discontinuation