UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

Program Number	2026 P 2247-20
Program	Prior Authorization/Medical Necessity – Custom Oxford SoNY and SoCT - SGLT2 Inhibitors
Medication	Brenzavvy® (bexagliflozin)
P&T Approval Date	10/2016, 10/2017, 4/2018, 8/2018, 12/2018, 2/2019, 3/2020, 5/2020, 7/2020, 7/2021, 10/2021, 2/2022, 4/2022, 8/2022, 9/2022, 3/2023, 7/2023, 7/2024, 7/2025, 6/2026
Effective Date	Oxford only: 9/1/2026

1. Background:

Brenzavvy (bexagliflozin*), is a sodium-glucose co-transporter 2 (SGLT2) inhibitor indicated as an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes mellitus.

2. Coverage Criteria[a]:

1. **Brenzavvy** will be approved based on the following criteria:

   a. History of suboptimal response (after a three-month trial[b]), contraindication or intolerance to metformin (generic Glucophage, Glucophage XR)

   -AND-

   b. History of therapeutic failure (after a three-month trial[b]), contraindication or intolerance to Jardiance

Authorization will be issued for 12 months.

[a] State mandates may apply. Any federal regulatory requirements and the member specific benefit plan coverage may also impact coverage criteria. Other policies and utilization management programs may apply.
[b] For Connecticut business, only a 30 day trial will be required.

* Bexaglifloxin (Brenzavvy authorized generic) is typically excluded from coverage. Tried/failed criteria may be in place. Please refer to plan specifics to determine coverage status.

3. Additional Clinical Rules:

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class
- Supply limits may be in place.
- Prior Authorization – Medical Necessity may be in place

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4. References:

1. Brenzavvy [package insert]. Framingham, MA: TheracosBio, LLC; November 2025.
2. American Diabetes Association Professional Practice Committee. (2026). Standards of care in diabetes—2026. Diabetes Care, 49(Supplement 1), S1–S355.

Program	Prior Authorization/Medical Necessity –SGLT2 Inhibitors
Change Control	
Date	Change
10/2016	New. Replaces Diabetes Medications program P1025 originally P&T approved 11/2012.
10/2017	Added Synjardy/Synjardy XR as step 1 agent for Xigduo XR. Updated references.
4/2018	Added Qtern, Segluromet, Steglatro and Steglujan as step 2 agents. Updated references.
8/2018	Modified the step criteria for Glyxambi to only require metformin, a sulfonylurea or a thiazolidinedione.
12/2018	Removed the sulfonylurea and thiazolidinedione requirement. Updated references.
2/2019	Modified the Qtern and Steglujan step.
3/2020	Annual review. Updated the background section and references.
5/2020	Invokana removed from the automated lookback. Added step requirement for Invokana, Invokamet, Invokamet XR. Updated references.
7/2020	Added step requirements for heart failure indication.
7/2021	Annual review. Updated background. Modified criteria for SGLT-2 inhibitors for heart failure. Updated failure language to remove reference to trial. Program type changed from Prior Authorization/Notification (P 1200-9) to Prior Authorization/Medical Necessity (P 2247-10).
10/2021	Added step requirement for chronic kidney disease. Updated failure to suboptimal response for heart failure section A and for metformin sections. Updated state mandate language for CT and KY. Updated references.
2/2022	Added Jardiance into the criteria for chronic kidney disease. Updated references.
4/2022	Jardiance label updated for heart failure with or without a reduced ejection fraction. Added section to allow for Jardiance for heart failure with preserved ejection fraction.
8/2022	Combined reduced and preserved heart failure sections and removed the step component. Farxiga will still require a step through Jardiance. Updated references.
10/2022	Removed Jardiance from targeted medications.
3/2023	Added Brenzavvy to criteria. Updated references.
7/2023	Added Inpefa. Removed Diabetes Medications from program title. Updated references.

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7/2024	Annual review. Updated excluded products – removed Brenzavvy, added Bexagliflozin. Updated regulatory requirement. Updated references.
7/2025	Annual review. Updated master rationale and added Brenzavvy authorized generic (bexagliflozin) for clarity.
6/2026	Removed all medications from program except Brenazavvy.

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