



AETNA BETTER HEALTH®  
Coverage Policy/Guideline

Name: Antidiabetic Agents Step Therapy Criteria Segluromet – Steglatro Page: 1 of 2

Effective Date: 12/15/2025

Last Review Date: 12/10/2025

Applies to:  New Jersey

### Intent:

The intent of this policy/guideline is to provide information to the prescribing practitioner outlining the coverage criteria for Segluromet and Steglatro under the patient's prescription drug benefit.

### Description:

#### **Segluromet**

##### **FDA-approved Indications**

Segluromet is indicated as an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes mellitus.

Limitations of Use:

Not recommended for use to improve glycemic control in patients with type 1 diabetes mellitus

#### **Steglatro**

##### **FDA-approved Indications**

Steglatro is indicated as an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes mellitus.

Limitations of Use:

Not recommended for use to improve glycemic control in patients with type 1 diabetes mellitus.

### Applicable Drug List:

#### **Formulary with Step Therapy:**

Segluromet

Steglatro

### Policy/Guideline:

#### **Coverage Criteria**

Authorization may be granted for a diagnosis of type 2 diabetes mellitus when the patient has NOT been receiving a stable maintenance dose of the requested drug for at least 3 months when ONE of the following criteria are met:

- The patient experienced an inadequate treatment response, intolerance, or has a contraindication to metformin.
- The patient requires combination therapy AND has an A1C of 7.5 percent or greater.

#### **Continuation of Therapy**

Authorization may be granted for a diagnosis of type 2 diabetes mellitus when the patient has been receiving a stable maintenance dose of the requested drug for at least 3 months when the following criteria are met:

- The patient has demonstrated a reduction in A1C since starting this therapy.



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### Approval Duration and Quantity Restrictions:

**Initial and Renewal Approval:** 12 months

**Quantity Level Limit:** Reference Formulary for drug specific quantity level limits

### References:

1. Segluromet [package insert]. Rahway, NJ: Merck Sharpe & Dohme LLC.; December 2024.
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3. Lexicomp Online, AHFS DI (Adult and Pediatric) Online. Waltham, MA: UpToDate, Inc.; 2025. <https://online.lexi.com>. Accessed March 2025.
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5. Blonde L, Umpierrez GE, Reddy SS et. al. American Association of Clinical Endocrinology Clinical Practice Guideline: Developing a Diabetes Mellitus Comprehensive Care Plan – 2022 Update. *Endocrine Practice* 28 (2022) 923-1049.
6. Davies MJ, Aroda VR, Collins BS, et. al. Management of Hyperglycemia in Type 2 Diabetes, 2022. A Consensus Report by the American Diabetes Association (ADA) and the European Association for the Study of Diabetes (EASD). *Diabetes Care*. 2022;45(11):2753-2786.
7. American Diabetes Association Professional Practice Committee. American Diabetes Association, Standards of Care in Diabetes – 2025. *Diabetes Care*. 2025;48(Suppl. 1):S1-S352.
8. Samson SL, Vellanki P, Blonde L et. al. American Association of Clinical Endocrinology Consensus Statement: Comprehensive Type 2 Diabetes Management Algorithm – 2023 Update. *Endocrine Practice* 2023;29(5):P305-340.