



**Drug Name:** Farxiga, Invokana, Invokamet, Invokamet XR, Jardiance

**Date:** 12/2017

**Revised Date:** 07-2018

| <b>Drug Name: Farxiga, Invokana, Invokamet, Invokamet XR, Jardiance</b> |  |
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| <b>Required Medical Information:</b>                                    | <ul style="list-style-type: none"> <li>• <b>If patient's most recent Hgb A1c is less than 10%:</b> <ul style="list-style-type: none"> <li>○ Patient is diagnosed with Type 2 Diabetes Mellitus (T2DM); and</li> <li>○ Patient has failed a recent trial with an adequate or maximized dose and appropriate duration of metformin (at least 2 grams/day); and</li> <li>○ Patient has failed at least one other generic antihyperglycemic medication (e.g. sulfonylurea product).</li> </ul> </li> <li>• <b>If patient's most recent Hgb A1c is equal to or greater than 10%:</b> <ul style="list-style-type: none"> <li>○ Patient has failed an adequate dose and duration of basal insulin therapy.</li> </ul> </li> </ul> |
| <b>Renewal Criteria:</b>  | <ul style="list-style-type: none"> <li>• A1c in the past 30 days showing clinical improvement</li> </ul>   |
| <b>Coverage Duration:</b>   | <ul style="list-style-type: none"> <li>• <b>Initial:</b> 4 months</li> <li>• <b>Continuation of therapy:</b> <ul style="list-style-type: none"> <li>• A1c improvement <math>\geq</math> 0.5% then approve for 3 years</li> <li>• A1c improvement between 0.2%-0.5% then approve 4 months</li> <li>• Need to have improvement of at least 0.2% to be approved upon continuation</li> </ul> </li> </ul>  |