



**Sodium-Glucose Cotransporter 2 (SGLT2) Inhibitors**

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

**Effective Date:** 12/2017

**Reviewed Date:** 07/2018, 5/2019, 9/2020, 2/2021, 6/2021, 11/2021

<p><b>Required Medical Information:</b></p>	<ul style="list-style-type: none"> <li>• Patient is 18 years of age or older; and</li> <li>• Patient has not achieved adequate glucose control using an adequate/maximized dose and appropriate duration of metformin (2 grams/day); OR</li> <li>• The request is for Farxiga and is being used for the treatment of heart failure (NYHA class II-IV) with reduced ejection fraction of 40 percent or less or being used in patients with chronic kidney disease (CKD) who are at risk of progression and will be used in conjunction with standard disease therapy; OR</li> <li>• The request is for Jardiance and is being used for the treatment of heart failure (NYHA class II-IV) with reduced ejection fraction of 40 percent or less</li> </ul>
<p><b>Quantity Limit:</b></p>	<p>1 tablet per day for Farxiga, Invokana, Jardiance, Steglatro 2 tablets per day for Invokamet, Invokamet XR</p>
<p><b>Coverage Duration:</b></p>	<p>12 months</p>
<p><b>Coding Logic for Step Therapy:</b></p>	<p>A formulary SGLT2 (Farxiga, Invokana, Invokamet, Invokamet XR, Jardiance, Steglatro) will pay if there is at least one paid claim of a 30 day supply of formulary metformin or formulary SGLT2 within the last 365 days</p>