

## Inpefa Criteria

Revised: 06/26/2024

### INPEFA (SOTAGLIFLOZIN)

**Length of Authorization:** Initial: 6 months  
Renewal: 1 year

#### CHILDREN-CRITERIA TO APPROVE

N/A

#### ADULTS – CRITERIA TO APPROVE

- **All** of the following:
  - Age ≥ 18 years; **AND**
  - Patient has **one** of the following diagnoses:
    - Heart failure and has had trial and failure with Farxiga and Jardiance; **OR**
    - Type 2 diabetes mellitus (T2DM), chronic kidney disease (CKD), other cardiovascular (CV) risk factors (e.g., coronary artery disease, myocardial infarction, cardiomyopathy, valvular heart disease, congenital heart disease, cor pulmonale), **and** has had trial and failure with Farxiga

#### ADULTS – RENEWAL CRITERIA

- **All** of the following:
  - Continue to meet the above criteria.
  - Disease improvement or stabilization as indicated by no occurrence of hospitalization or an urgent visit; **AND**
  - Patient has not experienced any treatment-restricting adverse effects (e.g., acute kidney injury, necrotizing fasciitis of the perineum [Fournier’s gangrene])

## REVISION HISTORY

Date	Issues/Updates
06/26/2024	<ul style="list-style-type: none"><li>Initial draft creation</li></ul>

Orange Text = Emphasis   Blue Text = Hyperlinks   Red Text = New Info   Green Text = Auto PA