

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 \geq 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">Initial draft creation

Orange Text = Important Information | **Teal Text = Auto PA**

© 2024 Prime Therapeutics Management LLC, a Prime Therapeutics LLC company

Inpefa Criteria

Page 2