

SGLT-2 Inhibitors Criteria

Revised: 09/17/2024

FARXIGA (DAPAGLIFLOZIN), INVOKAMET (CANAGLIFLOZIN/METFORMIN), INVOKANA (CANAGLIFLOZIN), JARDIANCE (EMPAGLIFLOZIN), AND XIGDUO XR (DAPAGLIFLOZIN/METFORMIN)

Length of Authorization: 1 year

CHILDREN – CRITERIA TO APPROVE

N/A

ADULTS – CRITERIA TO APPROVE

Type 2 diabetes mellitus:

- Diagnosis of Type 2 diabetes
- Inadequate response (defined as a paid claim of at least a 30-day supply within the previous 90 days), adverse reaction, or contraindication to metformin

Heart failure:

- Diagnosis of symptomatic heart failure (NYHA functional class II-IV)

Chronic kidney disease:

- Diagnosis of chronic kidney disease

ADULTS – RENEWAL CRITERIA

All the following:

- The patient met initial review requirements
- Clinical response to therapy has been submitted (supporting documentation is **required**)

REVISION HISTORY

Date	Issues/Updates
08/01/2024	• Initial draft creation
09/17/2024	• Revised

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

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