Sodium-Glucose Co-transporter-2 (SGLT2) Inhibitor Step Therapy

<table>
<thead>
<tr>
<th>Medication</th>
<th>Quantity Limit</th>
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</thead>
<tbody>
<tr>
<td>Invokana (canagliflozin)</td>
<td>30 tablets per 30 days</td>
</tr>
<tr>
<td>Farxiga (dapagliflozin)</td>
<td>30 tablets per 30 days</td>
</tr>
</tbody>
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**OVERRIDE(S)**

Prior Authorization of Benefits

**APPROVAL DURATION**

1 Year

**APPROVAL CRITERIA**

Requests for a SGLT2 inhibitor may be approved when the following criteria are met:

I. Individual has not achieved goal HBA1C with the following combination:
   a. Metformin at the maximally tolerated dose: **AND**
   b. One of the following:
      1. One preferred DPP-4 inhibitor (Januvia, Tradjenta, Janumet, Janumet XR, Juvisync, or Jentadueto); **OR**
      2. One GLP-1 agonist (for example, Victoza, Byetta, or Bydureon)

A SGLT2 inhibitor **may not** be approved for either of the following:

I. Individual is requesting Invokana (canagliflozin) with an eGFR less than 45 mL/min/1.73 m²; **OR**

II. Individual is requesting Farxiga (dapagliflozin) with an eGFR less than 60 mL/min/1.73 m².