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

Required Medical Information:	• Patient is 18 years of age or older; and • Patient has not achieved adequate glucose control using an adequate/maximized dose and appropriate duration of metformin (2 grams/day); OR • The request is for Farxiga and is being used for the treatment heart failure (NYHA class II-IV) with reduced ejection fraction of 40 percent or less.
Quantity Limit:	1 tablet a day for Farxiga, Invokana, Jardiance, Steglatro 1 tablet twice daily for Invokamet 2 tablets a day for Invokamet XR
Coverage Duration:	12 months
Coding Logic for Step Therapy:	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