



**Drug Name:** Farxiga, Invokana, Invokamet, Invokamet XR, Jardiance, Steglatro

**Effective Date:** 12/2017

**Reviewed Date:** 07/2018, 5/2019, 9/2020

Drug Name: Farxiga, Invokana, Invokamet, Invokamet XR, Jardiance, Steglatro	
Required Medical Information:	<ul style="list-style-type: none"><li>• Patient is 18 years of age or older; and</li><li>• Patient has ASCVD or CKD and has not achieved adequate glucose control using an adequate/maximized dose and appropriate duration of metformin (2 grams/day) OR</li><li>• Patient does NOT have ASCVD or CKD and has not achieved adequate glucose control using an adequate/maximized dose and appropriate duration of metformin (2grams/day)<ul style="list-style-type: none"><li>○ And the patient has failed to achieve adequate glucose control with a sulfonylurea OR pioglitazone</li></ul></li></ul>
Coverage Duration:	<ul style="list-style-type: none"><li>• 1 year</li></ul>