



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

Date: 12/2017

Revised Date: 07-2018, 5/19

Drug Name: Farxiga, Invokana, Invokamet, Invokamet XR, Jardiance, Steglatro	
Required Medical Information:	<ul style="list-style-type: none">• Patient is 18 years of age or older; and• 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• 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) and a sulfonylurea OR pioglitazone
Coverage Duration:	<ul style="list-style-type: none">• 1 year