



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

Date: 12/2017

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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) <ul style="list-style-type: none"> ○ And the patient has failed to achieve adequate glucose control with a sulfonylurea OR pioglitazone
Coverage Duration:	<ul style="list-style-type: none"> • 1 year