

**UnitedHealthcare Pharmacy – Community & State
Clinical Pharmacy Programs**

Program	Prior Authorization
Medication	Invokana (canagliflozin), Farxiga (dapagliflozin), Jardiance (empagliflozin), Invokamet (canagliflozin/metformin), Xigduo XR (dapagliflozin/metformin extended release), Synjardy (empagliflozin/metformin)
P&T Approval Date	10/2016
Effective Date	1/2017

1. Background:

Invokana, Farxiga, and Jardiance are indicated as an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes mellitus.

Invokamet is indicated as an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes mellitus who are not adequately controlled on a regimen containing metformin or canagliflozin or in patients already being treated with canagliflozin and metformin.

Xigduo XR is indicated as an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes mellitus when treatment with both dapagliflozin and metformin is appropriate.

Synjardy is indicated as an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes mellitus who are not adequately controlled on a regimen containing empagliflozin or metformin, or in patients already being treated with both empagliflozin and metformin.

2. Coverage Criteria:

<p>A. <u>Invokana, Invokamet, Jardiance, or Synjardy</u></p> <p>1. The patient has a diagnosis of type 2 diabetes mellitus</p> <p align="center">-AND-</p> <p>2. History of failure, intolerance, or contraindication to metformin at a minimum dose of 1500mg daily for 90 days</p> <p>Authorization will be issued for 12 months.</p>

B. Xigduo XR or Farxiga

1. The patient has a diagnosis of type 2 diabetes mellitus

-AND-

2. History of failure, intolerance, or contraindication to metformin at a minimum dose of 1500mg daily for 90 days

-AND-

3. History of failure, intolerance, or contraindication to one of the following:

- Invokana
- Invokamet

-AND-

4. History of failure, intolerance, or contraindication to one of the following:

- Jardiance
- Synjardy

Authorization will be issued for 12 months.

3. References:

1. Invokana Prescribing Information. Janssen, March 2013.
2. American Diabetes Association. Approaches to glycemic treatment. Sec. 7. Diabetes Care. 2015;38(Suppl. 1):S41–S48.
3. AACE Comprehensive Diabetes Management Algorithm, Endocr Pract. 2013;19 (No. 2)
4. Farxiga Prescribing Information. Bristol-Myers Squibb, January 2014.
5. Invokamet Prescribing Information. Janssen. August 2014.
6. Jardiance Prescribing Information. Boehringer Ingelheim, August 2014.
7. Xigduo XR Prescribing Information. AstraZeneca, October 2014.

Program	Prior Authorization –SGLT-2
Change Control	
Date	Change
December 2014	New policy
December 2015	Added Synjardy to policy Synjardy added to preferred drug trial requirements in the non-preferred criteria section
October 2016	Added authorization durations and updated policy template