



Missouri Pharmacy Program – Preferred Drug List



Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors

Effective 02/12/2014

Revised 10/04/2018

Preferred Agents

Available with Clinical Edits

- Farxiga®
- Invokana®
- **Jardiance®**

Non-Preferred Agents

Available with Clinical Edits

Approval Criteria

- Diagnosis of Diabetes Mellitus Type 2 (ICD-10 E11) and
- Trial and failure of Metformin
- Failure to achieve desired therapeutic outcomes with trial on 2 preferred agent
 - Documented trial period for preferred agent
 - Documented ADE/ADR to preferred agent
- Documented compliance on current therapy regimen

Denial Criteria

- Patients with severe renal impairment
- Patients with end stage renal disease
- Patients with severe hepatic impairment
- Dosage exceeds 300 mg/day
- Lack of adequate trial on required preferred agent
- Therapy will be denied if no approval criteria are met
- Drug Prior Authorization Hotline: (800) 392-8030