# Missouri Pharmacy Program – Preferred Drug List

## Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors

**Effective 02/12/2014**  
**Revised 10/03/2019**

### Preferred Agents
- Farxiga®
- Invokana®
- Jardiance®

### Non-Preferred Agents
- Steglatro™

### Approval Criteria
- **For first claim only:**
  - Documented diagnosis of Diabetes Mellitus Type 2 in the past 2 years **AND**
  - Documented trial of metformin in the past year **AND**
- Failure to achieve desired therapeutic outcomes with trial on 2 preferred agent  
  - Documented trial period for preferred agent  
  - Documented ADE/ADR to preferred agent

### Denial Criteria
- Dosage exceeds max dosage per day limits
- **For first claim only:**
  - Documented diagnosis of severe renal impairment or end stage renal disease  
  - Documented diagnosis of severe hepatic impairment
- 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