



**Sodium-Glucose Cotransporter 2 (SGLT2) Inhibitors**

**Drug Name:** dapagliflozin, Invokamet, Invokamet XR, Steglatro

**Effective Date:** 12/2017

**Reviewed Date:** 07/2018, 5/2019, 9/2020, 2/2021, 6/2021, 11/2021, 5/2022, 4/2023, 3/2024

<b>Required Medical Information:</b>	<ul style="list-style-type: none"> <li>• Patient is 18 years of age or older; and</li> <li>• Patient has not achieved adequate glucose control using an adequate/maximized dose and appropriate duration of metformin (2 grams/day); OR</li> <li>• The request is for dapagliflozin and is being used for the treatment of heart failure (NYHA class II-IV) with reduced ejection fraction of 40 percent or less or being used in patients with chronic kidney disease (CKD) who are at risk of progression and will be used in conjunction with standard disease therapy</li> </ul>
<b>Quantity Limit:</b>	1 tablet per day for dapagliflozin, Steglatro 2 tablets per day for Invokamet, Invokamet XR
<b>Coverage Duration:</b>	12 months
<b>Coding Logic for Step Therapy:</b>	A formulary SGLT2 (dapagliflozin, Invokamet, Invokamet XR, Steglatro) will pay if there is at least one paid claim of a 30-day supply of formulary metformin or SGLT2 within the last 365 days

**Investigational use:** Neighborhood does not provide coverage for drugs when used for investigational purposes. All therapies are considered investigational when used at a dose or for a condition other than those that are recognized as medically accepted indications as defined in any one of the following standard reference compendia: American Hospital Formulary Service Drug information (AHFS-DI), Thomson Micromedex DrugDex, Clinical Pharmacology, Wolters Kluwer Lexi-Drugs, or Peer-reviewed published medical literature indicating that sufficient evidence exists to support use.