

Criteria-Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

canagliflozin (Invokana)

Initiation (new start) criteria: Non-formulary **canagliflozin (Invokana)** will be covered on the prescription drug benefit when the following criteria are met:

For patients with a diagnosis of Type 2 Diabetes Mellitus:

- Intolerance* to preferred SGLT-2 inhibitor empagliflozin (Jardiance)
- Recent HbA1c less than 10%
- On maximally tolerated metformin dose (dose appropriate per renal function) or allergy or intolerance* to metformin (includes both metformin IR and XR)
- No history of diabetes-related lower limb amputation or diabetic foot ulceration
- Diagnosis of one or more of the following conditions:
 1. Atherosclerotic Cardiovascular Disease (ASCVD)**
 2. Chronic Kidney Disease:
 - GFR between 30 and 59 mL/min OR urine albumin/creatinine ratio over 300 mg/g
 - And on maximally tolerated dose or has an allergy or intolerance* to ACE/ARB
 3. Heart Failure

For patients without a diagnosis of Type 2 Diabetes Mellitus:

- Diagnosis of heart failure with ejection fraction less than 40%
- Intolerance* to preferred SGLT-2 inhibitors empagliflozin (Jardiance) AND dapagliflozin (Farxiga)
- Prescribed by or in consultation with cardiology

* Intolerance excludes adverse drug reactions that are expected, mild in nature, resolve with continued treatment, and do not require medication discontinuation

** ASCVD refers to the following conditions:

- Coronary heart disease (CHD, CAD), such as myocardial infarction, angina, and coronary artery stenosis > 50%.
- Cerebrovascular disease, such as transient ischemic attack, ischemic stroke, and carotid artery stenosis > 50%.
- Peripheral artery disease, such as claudication.
- Aortic atherosclerotic disease, such as abdominal aortic aneurysm and descending thoracic aneurysm. (Patients with only incidental aortic atherosclerosis are not included)

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Criteria for members already taking the medication who have not been reviewed previously (e.g., new members): Non-formulary **canagliflozin (Invokana)** will be covered on the prescription drug benefit for when the following criteria are met:

For patients with a diagnosis of Type 2 Diabetes Mellitus:

- Intolerance* to preferred SGLT-2 inhibitor empagliflozin (Jardiance)
- On maximally tolerated metformin dose (dose appropriate per renal function) or allergy or intolerance* to metformin (includes both metformin IR and XR)
- No history of diabetes-related lower limb amputation or diabetic foot ulceration
- Diagnosis of one or more of the following conditions:
 1. Atherosclerotic Cardiovascular Disease (ASCVD)**
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