Criteria Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

Canagliflozin (Invokana)

Notes:
● Canagliflozin is a mildly effective hypoglycemic with diuretic properties. It has shown benefit in type 2 diabetes patients with existing chronic kidney disease (glomerular filtration rate 30-45 mL/min).

Initiation (new start) criteria: Non-formulary canagliflozin (Invokana) will be covered on the prescription drug benefit when the following criteria are met:
- Diagnosis of type 2 diabetes, and
- Patient has a recent HbA1c under 8.5, and
- On maximally tolerated metformin dose (1500-2500mg) for at least 3 months (or allergy or intolerance* to metformin), and
- No history of or at risk for diabetes-related amputation (neuropathy (loss of protective sensation), foot deformity, vascular disease, and history of previous foot ulceration), and
- Chronic Kidney Disease
  a. GFR between 30 and 44 mL/min
  b. And on maximally tolerated dose or patient has an allergy or intolerance* to statin
  c. And on maximally tolerated dose or patient has an allergy or intolerance* to ACE/ARB

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