

Texas Prior Authorization Program Clinical Criteria

Drug/Drug Class

SGLT2 Inhibitor Agents

This criteria was recommended for review by an MCO to ensure appropriate and safe utilization

SGLT2 Inhibitors - Single Entity Agents

- **Drugs requiring prior authorization:** the list of drugs requiring prior authorization for this clinical criteria
- **Prior authorization criteria logic:** a description of how the prior authorization request will be evaluated against the clinical criteria rules
- **Logic diagram:** a visual depiction of the clinical criteria logic
- **Supporting tables:** a collection of information associated with the steps within the criteria (diagnosis codes, procedure codes, and therapy codes); provided when applicable
- **References:** clinical publications and sources relevant to this clinical criteria

Note: Click the hyperlink to navigate directly to that section.

SGLT2 Inhibitors - Combination Agents

- **Drugs requiring prior authorization:** the list of drugs requiring prior authorization for this clinical criteria
- **Prior authorization criteria logic:** a description of how the prior authorization request will be evaluated against the clinical criteria rules
- **Logic diagram:** a visual depiction of the clinical criteria logic
- **Supporting tables:** a collection of information associated with the steps within the criteria (diagnosis codes, procedure codes, and therapy codes); provided when applicable
- **References:** clinical publications and sources relevant to this clinical criteria

Note: Click the hyperlink to navigate directly to that section.

Revision Notes

- Added approval diagnosis of heart failure and chronic kidney disease for Farxiga to criteria logic
- Updated the contraindication for clients with a history of dialysis for Farxiga in criteria logic



SGLT2 Inhibitors Single Entity Agents Drugs Requiring Prior Authorization

The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit TxVendorDrug.com/formulary/formulary-search.

| Drugs Requiring Prior Authorization | |
|-------------------------------------|-------|
| Label Name | GCN |
| FARXIGA 10 MG TABLET | 34394 |
| FARXIGA 5 MG TABLET | 35698 |
| INVOKANA 100 MG TABLET | 34439 |
| INVOKANA 300 MG TABLET | 34441 |
| JARDIANCE 10 MG TABLET | 36716 |
| JARDIANCE 25 MG TABLET | 36723 |
| STEGLATRO 15 MG TABLET | 44259 |
| STEGLATRO 5 MG TABLET | 44248 |



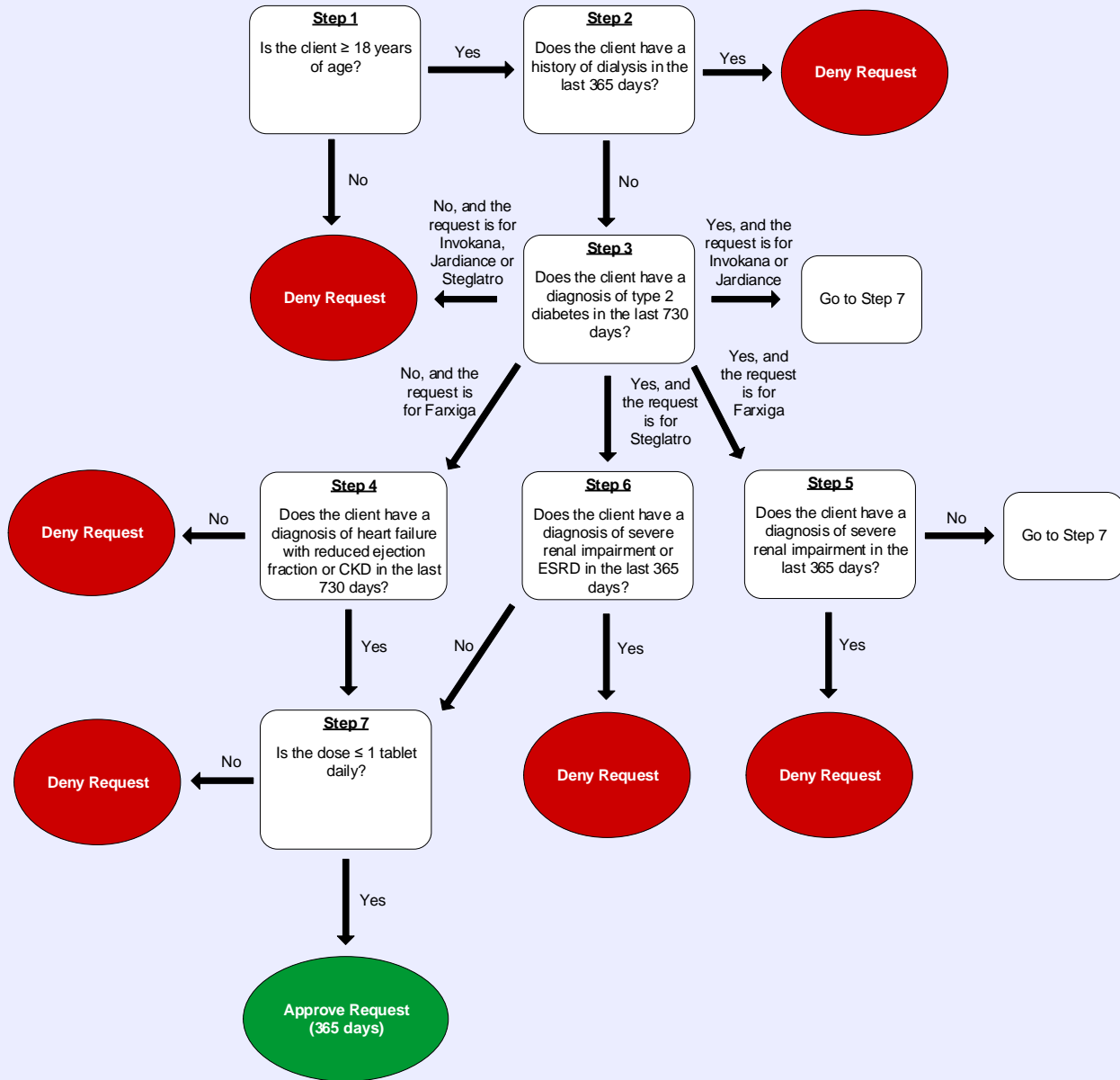
SGLT2 Inhibitors Single Entity Agents Clinical Criteria Logic

1. Is the client greater than or equal to (\geq) 18 years of age?
 Yes (Go to #2)
 No (Deny)
2. Does the client have a history of **dialysis** in the last 365 days?
 Yes (Deny)
 No (Go to #3)
3. Does the client have a **diagnosis of type 2 diabetes** in the last 730 days?
 Yes (And the request is for Invokana or Jardiance, go to #7)
 Yes (And the request is for Steglatro, go to #6)
 Yes (And the request is for Farxiga, go to #5)
 No (And the request is for Farxiga, go to #4)
 No (And the request is for Invokana, Jardiance or Steglatro, deny)
4. Does the client have a **diagnosis of heart failure** with reduced ejection fraction (NYHA class II-IV) or **chronic kidney disease** in the last 730 days?
 Yes (Go to #7)
 No (Deny)
5. Does the client have a **diagnosis of severe renal impairment (eGFR less than 45 mL/minute/1.73m²)** in the last 365 days?
 Yes (Deny)
 No (Go to #7)
6. Does the client have a **diagnosis of severe renal impairment (eGFR less than 30 mL/minute/1.73m²) or end stage renal disease (ESRD)** in the last 365 days?
 Yes (Deny)
 No (Go to #7)
7. Is the daily dose less than or equal to (\leq) 1 tablet daily?
 Yes (Approve – 365 days)
 No (Deny)



SGLT2 Inhibitor Agents

Clinical Criteria Logic Diagram





SGLT2 Inhibitor Agents

Clinical Criteria Supporting Tables

| Step 2 (history of dialysis) Required diagnosis: 1 Look back timeframe: 365 days | |
|---|--|
| ICD-10 Code | Description |
| V56 | ENCOUNTER FOR DIALYSIS AND DIALYSIS CATHETER CARE |
| V560 | RENAL DIALYSIS ENCOUNTER |
| V561 | FT/ADJ XTRCORP DIAL CATH |
| V562 | FIT/ADJ PERIT DIAL CATH |
| V563 | ENCOUNTER FOR ADEQUACY TESTING FOR DIALYSIS |
| V5631 | HEMODIALYSIS TESTING |
| V5632 | PERITONEAL DIALYSIS TEST |
| V568 | DIALYSIS ENCOUNTER, NEC |
| Z4901 | ENCOUNTER FOR FITTING AND ADJUSTMENT OF EXTRACORPOREAL DIALYSIS CATHETER |
| Z4902 | ENCOUNTER FOR FITTING AND ADJUSTMENT OF PERITONEAL DIALYSIS CATHETER |
| Z4931 | ENCOUNTER FOR ADEQUACY TESTING FOR HEMODIALYSIS |
| Z4932 | ENCOUNTER FOR ADEQUACY TESTING FOR PERITONEAL DIALYSIS |

| Step 3 (diagnosis of type II diabetes) Required diagnosis: 1 Look back timeframe: 730 days | |
|---|--|
| ICD-10 Code | Description |
| E1100 | TYPE 2 DIABETES MELLITUS WITH HYPEROSMOLARITY WITHOUT NONKETOTIC HYPERGLYCEMIC-HYPEROSMOLAR COMA (NKHHC) |
| E1101 | TYPE 2 DIABETES MELLITUS WITH HYPEROSMOLARITY WITH COMA |
| E1121 | TYPE 2 DIABETES MELLITUS WITH DIABETIC NEPHROPATHY |
| E1122 | TYPE 2 DIABETES MELLITUS WITH DIABETIC CHRONIC KIDNEY DISEASE |
| E1129 | TYPE 2 DIABETES MELLITUS WITH OTHER DIABETIC KIDNEY COMPLICATION |
| E11311 | TYPE 2 DIABETES MELLITUS WITH UNSPECIFIED DIABETIC RETINOPATHY WITH MACULAR EDEMA |
| E11319 | TYPE 2 DIABETES MELLITUS WITH UNSPECIFIED DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA |

| Step 3 (diagnosis of type II diabetes) | |
|---|--|
| Required diagnosis: 1 | |
| Look back timeframe: 730 days | |
| E11321 | TYPE 2 DIABETES MELLITUS WITH MILD NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA |
| E11329 | TYPE 2 DIABETES MELLITUS WITH MILD NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA |
| E11331 | TYPE 2 DIABETES MELLITUS WITH MODERATE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA |
| E11339 | TYPE 2 DIABETES MELLITUS WITH MODERATE NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA |
| E11341 | TYPE 2 DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA |
| E11349 | TYPE 2 DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA |
| E11351 | TYPE 2 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA |
| E11359 | TYPE 2 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA |
| E1136 | TYPE 2 DIABETES MELLITUS WITH DIABETIC CATARACT |
| E1139 | TYPE 2 DIABETES MELLITUS WITH OTHER DIABETIC OPHTHALMIC COMPLICATION |
| E1140 | TYPE 2 DIABETES MELLITUS WITH DIABETIC NEUROPATHY, UNSPECIFIED |
| E1141 | TYPE 2 DIABETES MELLITUS WITH DIABETIC MONONEUROPATHY |
| E1142 | TYPE 2 DIABETES MELLITUS WITH DIABETIC POLYNEUROPATHY |
| E1143 | TYPE 2 DIABETES MELLITUS WITH DIABETIC AUTONOMIC (POLY)NEUROPATHY |
| E1144 | TYPE 2 DIABETES MELLITUS WITH DIABETIC AMYOTROPHY |
| E1149 | TYPE 2 DIABETES MELLITUS WITH OTHER DIABETIC NEUROLOGICAL COMPLICATION |
| E1151 | TYPE 2 DIABETES MELLITUS WITH DIABETIC PERIPHERAL ANGIOPATHY WITHOUT GANGRENE |
| E1152 | TYPE 2 DIABETES MELLITUS WITH DIABETIC PERIPHERAL ANGIOPATHY WITH GANGRENE |
| E1159 | TYPE 2 DIABETES MELLITUS WITH OTHER CIRCULATORY COMPLICATIONS |
| E11610 | TYPE 2 DIABETES MELLITUS WITH DIABETIC NEUROPATHIC ARTHROPATHY |
| E11618 | TYPE 2 DIABETES MELLITUS WITH OTHER DIABETIC ARTHROPATHY |
| E11620 | TYPE 2 DIABETES MELLITUS WITH DIABETIC DERMATITIS |
| E11621 | TYPE 2 DIABETES MELLITUS WITH FOOT ULCER |
| E11622 | TYPE 2 DIABETES MELLITUS WITH OTHER SKIN ULCER |
| E11628 | TYPE 2 DIABETES MELLITUS WITH OTHER SKIN COMPLICATIONS |
| E11630 | TYPE 2 DIABETES MELLITUS WITH PERIODONTAL DISEASE |
| E11638 | TYPE 2 DIABETES MELLITUS WITH OTHER ORAL COMPLICATIONS |

| Step 3 (diagnosis of type II diabetes) | |
|---|--|
| Required diagnosis: 1 | |
| Look back timeframe: 730 days | |
| E11641 | TYPE 2 DIABETES MELLITUS WITH HYPOGLYCEMIA WITH COMA |
| E11649 | TYPE 2 DIABETES MELLITUS WITH HYPOGLYCEMIA WITHOUT COMA |
| E1165 | TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA |
| E1169 | TYPE 2 DIABETES MELLITUS WITH OTHER SPECIFIED COMPLICATION |
| E118 | TYPE 2 DIABETES MELLITUS WITH UNSPECIFIED COMPLICATIONS |
| E119 | TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS |

| Step 4 (diagnosis of heart failure or chronic kidney disease) | |
|--|--|
| Required diagnosis: 1 | |
| Look back timeframe: 730 days | |
| ICD-10 Code | Description |
| I501 | LEFT VENTRICULAR FAILURE |
| I5020 | UNSPECIFIED SYSTOLIC (CONGESTIVE) HEART FAILURE |
| I5021 | ACUTE SYSTOLIC (CONGESTIVE) HEART FAILURE |
| I5022 | CHRONIC SYSTOLIC (CONGESTIVE) HEART FAILURE |
| I5023 | ACUTE ON CHRONIC SYSTOLIC (CONGESTIVE) HEART FAILURE |
| I5030 | UNSPECIFIED DIASTOLIC (CONGESTIVE) HEART FAILURE |
| I5031 | ACUTE DIASTOLIC (CONGESTIVE) HEART FAILURE |
| I5032 | CHRONIC DIASTOLIC (CONGESTIVE) HEART FAILURE |
| I5033 | ACUTE ON CHRONIC DIASTOLIC (CONGESTIVE) HEART FAILURE |
| I5040 | UNSPECIFIED COMBINED SYSTOLIC (CONGESTIVE) AND DIASTOLIC (CONGESTIVE) HEART FAILURE |
| I5041 | ACUTE COMBINED SYSTOLIC (CONGESTIVE) AND DIASTOLIC (CONGESTIVE) HEART FAILURE |
| I5042 | CHRONIC COMBINED SYSTOLIC (CONGESTIVE) AND DIASTOLIC (CONGESTIVE) HEART FAILURE |
| I5043 | ACUTE ON CHRONIC COMBINED SYSTOLIC (CONGESTIVE) AND DIASTOLIC (CONGESTIVE) HEART FAILURE |
| I50810 | RIGHT HEART FAILURE UNSPECIFIED |
| I50811 | ACUTE RIGHT HEART FAILURE |
| I50812 | CHRONIC RIGHT HEART FAILURE |
| I50813 | ACUTE ON CHRONIC RIGHT HEART FAILURE |
| I50814 | RIGHT HEART FAILURE DUE TO LEFT HEART FAILURE |
| I5082 | BIVENTRICULAR HEART FAILURE |
| I5083 | HIGH OUTPUT HEART FAILURE |
| I5084 | END STAGE HEART FAILURE |
| I5089 | OTHER HEART FAILURE |
| I509 | HEART FAILURE, UNSPECIFIED |

| Step 4 (diagnosis of heart failure or chronic kidney disease) | |
|--|---|
| Required diagnosis: 1 | |
| Look back timeframe: 730 days | |
| N181 | CHRONIC KIDNEY DISEASE, STAGE 1 |
| N182 | CHRONIC KIDNEY DISEASE, STAGE 2 (MILD) |
| N1830 | CHRONIC KIDNEY DISEASE, STAGE 3 UNSPECIFIED |
| N1831 | CHRONIC KIDNEY DISEASE, STAGE 3A |
| N1832 | CHRONIC KIDNEY DISEASE, STAGE 3B |
| N184 | CHRONIC KIDNEY DISEASE, STAGE 4 (SEVERE) |
| N185 | CHRONIC KIDNEY DISEASE, STAGE 5 |
| N186 | END STAGE RENAL DISEASE |
| N189 | CHRONIC KIDNEY DISEASE, UNSPECIFIED |

| Step 5/6 (diagnosis of severe renal impairment or ESRD) | |
|--|--|
| Required diagnosis: 1 | |
| Look back timeframe: 365 days | |
| ICD-10 Code | Description |
| N184 | CHRONIC KIDNEY DISEASE, STAGE 4 (SEVERE) |
| N185 | CHRONIC KIDNEY DISEASE, STAGE 5 |
| N186 | END STAGE RENAL DISEASE |



SGLT2 Inhibitors Combination Agents

Drugs Requiring Prior Authorization

The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit TxVendorDrug.com/formulary/formulary-search.

| Drugs Requiring Prior Authorization | |
|--|------------|
| Label Name | GCN |
| INVOKAMET 150-1000 MG TABLET | 36859 |
| INVOKAMET 150-500 MG TABLET | 36953 |
| INVOKAMET 50-1000 MG TABLET | 36857 |
| INVOKAMET 50-500 MG TABLET | 36954 |
| INVOKAMET XR 150-1000 MG TABLET | 42315 |
| INVOKAMET XR 150-500 MG TABLET | 42314 |
| INVOKAMET XR 50-1000 MG TABLET | 42313 |
| INVOKAMET XR 50-500 MG TABLET | 42312 |
| SEGLUROMET 2.5-1000 MG TABLET | 44285 |
| SEGLUROMET 2.5-500 MG TABLET | 44284 |
| SEGLUROMET 7.5-1000 MG TABLET | 44287 |
| SEGLUROMET 7.5-500 MG TABLET | 44286 |
| SYNJARDY 12.5-1000 MG TAB | 38932 |
| SYNJARDY 12.5-500 MG TAB | 39378 |
| SYNJARDY 5-1000 MG TAB | 38929 |
| SYNJARDY XR 10-1000 MG TAB | 42788 |
| SYNJARDY XR 12.5-1000 MG TAB | 42787 |
| SYNJARDY XR 25-1000 MG TAB | 42789 |
| SYNJARDY XR 5-1000 MG TAB | 42786 |
| XIGDUO XR 10-1000 MG TAB | 37344 |
| XIGDUO XR 10-500 MG TAB | 37342 |
| XIGDUO XR 5-100 0MG TAB | 37343 |
| XIGDUO XR 5-500 MG TAB | 37339 |

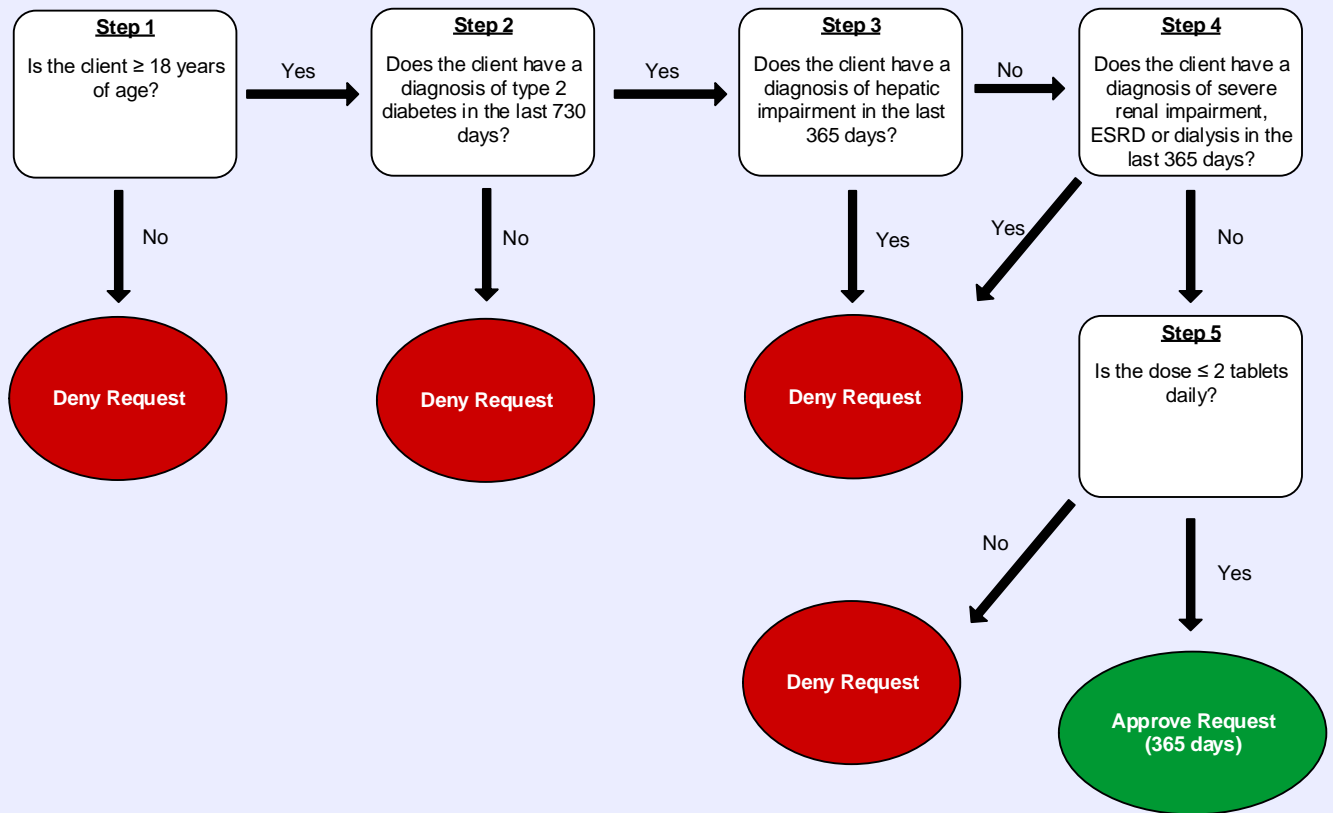


SGLT2 Inhibitors Combination Agents Clinical Criteria Logic

1. Is the client greater than or equal to (\geq) 18 years of age?
 Yes (Go to #2)
 No (Deny)
2. Does the client have a **diagnosis of type 2 diabetes** in the last 730 days?
 Yes (Go to #3)
 No (Deny)
3. Does the client have a **diagnosis of hepatic impairment** in the last 365 days?
 Yes (Deny)
 No (Go to #4)
4. Does the client have a **diagnosis of severe renal impairment (eGFR less than 30 mL/minute/1.73m²), end stage renal disease (ESRD) or dialysis** in the last 365 days?
 Yes (Deny)
 No (Go to #5)
5. Is the daily dose less than or equal to (\leq) 2 tablets daily?
 Yes (Approve – 365 days)
 No (Deny)



SGLT2 Inhibitors Combination Agents Clinical Criteria Logic Diagram





SGLT2 Inhibitor Combination Agents

Clinical Criteria Supporting Tables

Step 2 (diagnosis of type 2 diabetes)

Required quantity: 1

Look back timeframe: 730 days

For the list of type 2 diabetes diagnosis codes that pertain to this step, see the **Type 2 Diabetes Diagnoses** table in the previous "Supporting Tables" section.

Note: Click the hyperlink to navigate directly to the table.

Step 3 (diagnosis of hepatic impairment)

Required diagnosis: 1

Look back timeframe: 365 days

| ICD-10 Code | Description |
|-------------|--|
| B160 | ACUTE HEPATITIS B WITH DELTA-AGENT WITH HEPATIC COMA |
| B161 | ACUTE HEPATITIS B WITH DELTA-AGENT WITHOUT HEPATIC COMA |
| B162 | ACUTE HEPATITIS B WITHOUT DELTA-AGENT WITH HEPATIC COMA |
| B169 | ACUTE HEPATITIS B WITHOUT DELTA-AGENT AND WITHOUT HEPATIC COMA |
| B170 | ACUTE DELTA-(SUPER) INFECTION OF HEPATITIS B CARRIER |
| B1710 | ACUTE HEPATITIS C WITHOUT HEPATIC COMA |
| B1711 | ACUTE HEPATITIS C WITH HEPATIC COMA |
| B172 | ACUTE HEPATITIS E |
| B178 | OTHER SPECIFIED ACUTE VIRAL HEPATITIS |
| B179 | ACUTE VIRAL HEPATITIS, UNSPECIFIED |
| B180 | CHRONIC VIRAL HEPATITIS B WITH DELTA-AGENT |
| B181 | CHRONIC VIRAL HEPATITIS B WITHOUT DELTA-AGENT |
| B182 | CHRONIC VIRAL HEPATITIS C |
| B188 | OTHER CHRONIC VIRAL HEPATITIS |
| B189 | CHRONIC VIRAL HEPATITIS, UNSPECIFIED |
| B190 | UNSPECIFIED VIRAL HEPATITIS WITH HEPATIC COMA |
| B1910 | UNSPECIFIED VIRAL HEPATITIS B WITHOUT HEPATIC COMA |
| B1911 | UNSPECIFIED VIRAL HEPATITIS B WITH HEPATIC COMA |
| B1920 | UNSPECIFIED VIRAL HEPATITIS C WITHOUT HEPATIC COMA |
| B1921 | UNSPECIFIED VIRAL HEPATITIS C WITH HEPATIC COMA |

| Step 3 (diagnosis of hepatic impairment) | |
|---|---|
| Required diagnosis: 1 | |
| Look back timeframe: 365 days | |
| B199 | UNSPECIFIED VIRAL HEPATITIS WITHOUT HEPATIC COMA |
| K700 | ALCOHOLIC FATTY LIVER |
| K7010 | ALCOHOLIC HEPATITIS WITHOUT ASCITES |
| K7011 | ALCOHOLIC HEPATITIS WITH ASCITES |
| K702 | ALCOHOLIC FIBROSIS AND SCLEROSIS OF LIVER |
| K7030 | ALCOHOLIC CIRRHOSIS OF LIVER WITHOUT ASCITES |
| K7031 | ALCOHOLIC CIRRHOSIS OF LIVER WITH ASCITES |
| K7040 | ALCOHOLIC HEPATIC FAILURE WITHOUT COMA |
| K7041 | ALCOHOLIC HEPATIC FAILURE WITH COMA |
| K709 | ALCOHOLIC LIVER DISEASE, UNSPECIFIED |
| K710 | TOXIC LIVER DISEASE WITH CHOLESTASIS |
| K7110 | TOXIC LIVER DISEASE WITH HEPATIC NECROSIS WITHOUT COMA |
| K7111 | TOXIC LIVER DISEASE WITH HEPATIC NECROSIS WITH COMA |
| K712 | TOXIC LIVER DISEASE WITH ACUTE HEPATITIS |
| K713 | TOXIC LIVER DISEASE WITH CHRONIC PERSISTENT HEPATITIS |
| K714 | TOXIC LIVER DISEASE WITH CHRONIC LOBULAR HEPATITIS |
| K7150 | TOXIC LIVER DISEASE WITH CHRONIC ACTIVE HEPATITIS WITHOUT ASCITES |
| K7151 | TOXIC LIVER DISEASE WITH CHRONIC ACTIVE HEPATITIS WITH ASCITES |
| K716 | TOXIC LIVER DISEASE WITH HEPATITIS, NOT ELSEWHERE CLASSIFIED |
| K717 | TOXIC LIVER DISEASE WITH FIBROSIS AND CIRRHOSIS OF LIVER |
| K718 | TOXIC LIVER DISEASE WITH OTHER DISORDERS OF LIVER |
| K719 | TOXIC LIVER DISEASE, UNSPECIFIED |
| K7200 | ACUTE AND SUBACUTE HEPATIC FAILURE WITHOUT COMA |
| K7201 | ACUTE AND SUBACUTE HEPATIC FAILURE WITH COMA |
| K7210 | CHRONIC HEPATIC FAILURE WITHOUT COMA |
| K7211 | CHRONIC HEPATIC FAILURE WITH COMA |
| K7290 | HEPATIC FAILURE, UNSPECIFIED WITHOUT COMA |
| K7291 | HEPATIC FAILURE, UNSPECIFIED WITH COMA |
| K730 | CHRONIC PERSISTENT HEPATITIS, NOT ELSEWHERE CLASSIFIED |
| K731 | CHRONIC LOBULAR HEPATITIS, NOT ELSEWHERE CLASSIFIED |
| K732 | CHRONIC ACTIVE HEPATITIS, NOT ELSEWHERE CLASSIFIED |
| K738 | OTHER CHRONIC HEPATITIS, NOT ELSEWHERE CLASSIFIED |
| K739 | CHRONIC HEPATITIS, UNSPECIFIED |
| K740 | HEPATIC FIBROSIS |
| K741 | HEPATIC SCLEROSIS |

| Step 3 (diagnosis of hepatic impairment) | |
|---|---|
| Required diagnosis: 1 | |
| Look back timeframe: 365 days | |
| K742 | HEPATIC FIBROSIS WITH HEPATIC SCLEROSIS |
| K743 | PRIMARY BILIARY CIRRHOSIS |
| K744 | SECONDARY BILIARY CIRRHOSIS |
| K745 | BILIARY CIRRHOSIS, UNSPECIFIED |
| K7460 | UNSPECIFIED CIRRHOSIS OF LIVER |
| K7469 | OTHER CIRRHOSIS OF LIVER |
| K750 | ABSCESS OF LIVER |
| K751 | PHLEBITIS OF PORTAL VEIN |
| K752 | NONSPECIFIC REACTIVE HEPATITIS |
| K753 | GRANULOMATOUS HEPATITIS, NOT ELSEWHERE CLASSIFIED |
| K754 | AUTOIMMUNE HEPATITIS |
| K7581 | NONALCOHOLIC STEATOHEPATITIS (NASH) |
| K7589 | OTHER SPECIFIED INFLAMMATORY LIVER DISEASES |
| K759 | INFLAMMATORY LIVER DISEASE, UNSPECIFIED |
| K761 | CHRONIC PASSIVE CONGESTION OF LIVER |
| K763 | INFARCTION OF LIVER |
| K7689 | OTHER SPECIFIED DISEASES OF LIVER |
| K769 | LIVER DISEASE, UNSPECIFIED |
| K77 | LIVER DISORDERS IN DISEASES CLASSIFIED ELSEWHERE |

Step 4 (diagnosis of severe renal impairment, ESRD or dialysis)

Required diagnosis: 1

Look back timeframe: 730 days

For the list of severe renal impairment, ESRD or dialysis diagnosis codes that pertain to this step, see the [SRI/ESRD/Dialysis Diagnoses](#) table in the previous "Supporting Tables" section.

Note: Click the hyperlink to navigate directly to the table.



SGLT2 Inhibitor Agents

Clinical Criteria References

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Publication History

The Publication History records the publication iterations and revisions to this document. Notes for the *most current revision* are also provided in the **Revision Notes** on the first page of this document.

| Publication Date | Notes |
|------------------|---|
| 07/27/2018 | <ul style="list-style-type: none"> Initial publication and presentation of the SGLT2i combination agents to the DUR Board |
| 03/29/2019 | <ul style="list-style-type: none"> Updated to include formulary statement (The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit TxVendorDrug.com/formulary/formulary-search.) on each 'Drug Requiring PA' table |
| 04/26/2019 | <ul style="list-style-type: none"> Initial presentation of the SGLT2i single entity agents to the DUR Board |
| 05/01/2019 | <ul style="list-style-type: none"> Addition of single entity agents to the criteria as approved by the DUR Board on April 26, 2019 |
| 03/25/2021 | <ul style="list-style-type: none"> Added approval diagnosis of heart failure for Farxiga to criteria logic |
| 06/18/2021 | <ul style="list-style-type: none"> Added approval diagnosis of chronic kidney disease for Farxiga to criteria logic Updated the contraindication for clients with a history of dialysis for Farxiga in criteria logic |