# Prior Authorization Approval Criteria

## Jardiance (empagliflozin)

| Generic name: | empagliflozin |
| Brand name: | Jardiance |
| Medication class: | Anti-diabetic agent: sodium-glucose co-transporter 2 (SGLT2) inhibitor |
| FDA-approved uses: | Indicated as an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes mellitus |
| Available dosage forms: | Tablets: 10mg and 25mg |
| Usual dose: | 10mg once daily to start, up to 25mg once daily in normal renal function. If eGFR is less than 45ml/min/1.73m², Jardiance should not be started. |
| Approximate monthly cost: | $337.00/month for both strengths (based on AWP 2015) |
| Duration of therapy: | indefinite |

### Criteria for use (bullet points below are all inclusive unless otherwise noted):

- The indicated diagnosis (including any applicable labs and/or tests) and medication usage must be supported by documentation from the patient’s medical records.
- Must be 18 years of age or older.
- Must be clinically diagnosed with type 2 diabetes.
- Must have tried and failed or had an inadequate response to metformin.
- Must have tried and failed or had an inadequate response to at least one other antidiabetic medication.
- eGFR should be greater than 45ml/min/1.73m².

### Criteria for continuation of therapy:

- Patient responding to treatment
- Patient tolerating treatment
- eGFR must be greater than 45ml/min/1.73m²

### Caution:

- Hypotension (especially if on a medication that lowers blood pressure, including diuretics)
- Genital Mycotic infections (especially if patients have a history of mycotic infections)
- Increased LDL-C
- Impairment in renal function
- Urinary tract infections

### Monitoring:

- Monitor renal function during therapy
- Signs and symptoms of hypotension
- LDL-C

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The criteria listed above applies to Fallon Health Plan and its subsidiaries.
Contraindication:
- History of serious hypersensitivity reaction to Jardiance
- Severe renal impairment, ESRD, or on dialysis

Not approved if:
- Does not meet above criteria
- Has any contraindications to treatment
- Member has type 1 diabetes
- Member has diabetic ketoacidosis

Special considerations:
- Increases cholesterol, both LDL and HDL.
- Increased UTI’s and yeast infections.

Approval Duration:
- Initial 1 year
- Renewal 1 year

Fallon Health Pharmacy and Therapeutics Committee approval: ________________________

Date: ______________________

Adopted: 03/11/15
Revised:
Effective: 5/11/15