BlueCross BlueShield
Federal Employee Program

INPEFA
(sotagliflozin)

Pre - PA Allowance

None

Prior-Approval Requirements

Age 18 years of age or older

Diagnoses

Patient must have **ONE** of the following:

1. Heart failure
2. Type 2 diabetes mellitus, chronic kidney disease, **AND** other cardiovascular risk factors

AND ALL of the following:

a. Patient has an eGFR ≥ 25 mL/min/1.73m²
b. **NO** dual therapy with other SGLT2 inhibitors (see Appendix 1)

Prior - Approval Limits

Duration 12 months

Prior – Approval *Renewal* Requirements

Age 18 years of age or older

Diagnoses

Patient must have **ONE** of the following:

1. Heart failure
2. Type 2 diabetes mellitus, chronic kidney disease, **AND** other cardiovascular risk factors

AND ALL of the following:

a. Condition has improved or stabilized on the therapy
b. **NO** dual therapy with other SGLT2 inhibitors (see Appendix 1)

Prior - Approval *Renewal* Limits

Same as above

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Appendix 1 - List of SGLT2 Inhibitors

Generic Name	Brand Name
canagliflozin	Invokana
canagliflozin/metformin	Invokamet/Invokamet XR
dapagliflozin	Farxiga
dapagliflozin/metformin	Xigduo XR
dapagliflozin/saxagliptin	Qtern
empagliflozin	Jardiance
empagliflozin/linagliptin	Glyxambi
empagliflozin/linagliptin/metformin	Trijardy XR
empagliflozin/metformin	Synjardy/Synjardy XR
ertugliflozin	Steglatro
ertugliflozin/metformin	Segluromet
ertugliflozin/sitagliptin	Steglujan
sotagliflozin	Inpefa