



Office of Pharmacy Service Prior Authorization Criteria

Invokana® (canagliflozin)

Requests for Invokana will be prior authorized for six (6) months if the following criteria are met:

1. Diagnosis of Type 2 Diabetes
2. Thirty (30) day trial of metformin or metformin combination within the past six (6) months
3. HgBA¹C is less than or equal (\leq) 9%
4. Glomerular filtration rate ≥ 45 ml/min/1.73m²
5. Prior authorizations will be issued at six (6) month intervals if HgBA¹C levels are $\leq 8\%$
(Laboratory work submitted must be current.)

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Titusville, NJ 08560 March 2013

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Drug Utilization Review Board
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