Pharmacy Drug Policy & Procedure

Policy Name:	Sodium Glucose Co-Transporter (SGLT) 2 Non-Diabetes Indications	Policy #:	2838P

Purpose of the Policy

The purpose of this policy is to define the criteria for coverage of Farxiga (dapagliflozin) for the treatment of heart failure and chronic kidney disease.

Statement of the Policy

Health Alliance Medical Plans will approve the use of Farxiga under the Pharmacy benefit if the following criteria are met.

Criteria

1. Coverage Criteria for Heart Failure (Farxiga, Jardiance)

1.1 Diagnosis of heart failure

1.2 Age 18 years or older

1.3 Documented use of at least three guideline recommended therapies including:

- ACE/ARB (such as lisinopril or losartan) or Entresto
- Beta-Blocker (such as atenolol or metoprolol)
- Aldosterone Antagonist (such as spironolactone)
- Hydralazine and nitrate
- Diuretic, if applicable (such as furosemide, bumetanide

2. Coverage Criteria for Chronic Kidney Disease (CKD) (Farxiga, Jardiance)

2.1 Diagnosis of chronic kidney disease with one of the following: eGFR of 25-75 mL/min/1.73 m2 OR stage 2, 3, or 4 CKD

2.2 Age 18 or older

2.3 Documented concurrent use of ACE or ARB

2.4 Exclusion:

- History of type 1 diabetes, polycystic kidney disease, lupus nephritis, or antineutrophil cytoplasmic antibody– associated vasculitis

3. Approval Period

3.1 Approval: 12 months

CPT Codes

HCPCS Codes

References

1. Heidenreich PA, Bozkurt B, Aguilar D, et al. 2022 AHA/ACC/HFSA guideline for the management of heart failure: a report of the American College of Cardiology/American Heart Association Joint Committee on clinical practice guidelines. Circulation. 2022;145(18):e895-e1032.
2. Kidney Disease: Improving Global Outcomes (KDIGO) CKD Work Group. KDIGO 2024 Clinical Practice Guideline for the Evaluation and Management of Chronic Kidney Disease. Kidney Int. 2024 Apr;105(4S):S117-S314.

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DISCLAIMER

This Medical Policy has been developed as a guide for determining medical necessity. The process of medical necessity review also entails review of the most recent literature and physician review. Medical Policy is not intended to dictate to providers how to practice medicine. Providers are expected to exercise their medical judgment in providing the most appropriate care. Health Alliance encourages input from providers when developing and implementing medical policies. Benefit determinations are based on applicable contract language in the member's Policy/ Subscription Certificate/ Summary Plan Description. This Medical Policy does not guarantee coverage. There may be a delay between the revision of this policy and the posting on the web. Please contact the Health Alliance Customer Service Department at 1-800-851-3379 for verification of coverage.