

# DAPAGLIFLOZIN



**Included Products: FARXIGA (DAPAGLIFLOZIN), XIGDUO XR (DAPAGLIFLOZIN/METFORMIN), QTERN (DAPAGLIFLOZIN/SAXAGLIPTIN), DAPAGLIFLOZIN**

Created: 09/12/2024    Revised: 09/12/2024    Reviewed: 09/12/2024    Updated: 10/01/2024

*Steglatro is coded with step-therapy and has separate criteria. Claims will pay automatically if there are claims for metformin AND pioglitazone (or a sulfonyleurea)*

Chronic Kidney Disease			
Criteria		If yes	If no
1.	Does the member have documented stage 2-4 CKD, eGFR of 25-75mL/min/1.73m <sup>2</sup> , or urine albumin to creatinine ratio (uACR) $\geq$ 30 mg/g?	Continue to #2	Do not approve
2.	Is the member taking maximum tolerated doses of an ACE inhibitor or ARB, or has a documented contraindication to both?	Continue to #3	CCO to contact provider to evaluate.
3.	Approve for life		

Diabetes			
Criteria		If yes	If no
1.	Has the member failed, been intolerant to, or have a contraindication to metformin?	Continue to #2	Do not approve
2.	Does the member have established ASCVD?	Continue to #6	Continue to #3
3.	Does the member have a hemoglobin A1C% of at least 7%?	Continue to #4	Do not approve
4.	Has the member tried and failed pioglitazone*? *Sulfonyleureas accepted but not required by step-criteria	Continue to #5	Do not approve
5.	Has Steglatro been tried and failed?	Continue to #6	Do not approve.
6.	Approve for life		

Heart Failure		
Criteria	If yes	If no

<b>1.</b>	Is the request from a cardiologist?	Continue to #2	Do not approve
<b>2.</b>	Is the request for an adult with NYHA Class II to IV heart failure	Continue to #3	Do not approve
<b>3.</b>	Approve for life		