

**FARXIGA (dapagliflozin),  
XIGDUO XR (dapagliflozin/metformin)**

**Diagnosis Considered for Coverage:**

- Diabetes Mellitus – Type 2 (DM-2)

**Coverage Criteria:**

**For diagnosis listed above:**

- Dose not to exceed FDA label maximum, **and**
- Inadequate response or intolerable side effects, or contraindication to metformin.

**Coverage Duration:** Length of benefit

Effective: 2/06/2019GF

Posted: 2/15/2019