

**Applies To:**

dapagliflozin (FARXIGA)  
dapagliflozin-metformin (XIGDUO XR)

**Diagnosis Considered for Coverage:**

- Management of Diabetes Mellitus, Type 2 (DM-2)
- Risk reduction of cardiovascular death or hospitalization in adults with type 2 diabetes mellitus and established cardiovascular disease
- Risk reduction of cardiovascular death and hospitalization due to heart failure in adults with heart failure with reduced ejection fraction, HFrEF (*with or without T2DM*)
- Risk reduction of cardiovascular death and hospitalization for heart failure in adults with heart failure (*regardless of ejection fraction*)
- Risk reduction of sustained eGFR decline, end stage kidney disease cardiovascular death and hospitalization for heart failure in adults with chronic kidney disease at risk of progression

**Coverage Criteria:**

1. Patient has type-2 diabetes **and** one of the following:
  - a. Inadequate response or intolerable side effects, or contraindication to metformin or
  - b. Patient has an established cardiovascular disease (CVD) or risk factors for CVD
- OR
2. Patient has chronic kidney disease
- OR
3. **For Farxiga:** Patient has heart failure

**Coverage Duration:** one year

Effective Date: 11/29/2023