

POLICY NAME

Sodium Glucose Co-Transporter (SGLT) 2 Non-

POLICY #

2838P

Criteria

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)

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