

POLICY NAME	Sodium Glucose Co-Transporter (SGLT) 2 Non-	POLICY #	2838P
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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