

Sodium-Glucose Cotransporter 2 (SGLT2) Inhibitors

Drug Name: dapagliflozin, dapagliflozin/metformin, Steglatro

Effective Date: 12/2017

Reviewed Date: 07/2018, 5/2019, 9/2020, 2/2021, 6/2021, 11/2021, 5/2022, 4/2023, 3/2024,

5/2024

Required Medical Information:	 The request is for dapagliflozin, Steglatro, or dapagliflozin/metformin for the treatment of diabetes; AND Patient is 18 years of age or older; AND Patient has not achieved adequate glucose control using an adequate/maximized dose and appropriate duration of metformin (2 grams/day); OR The request is for dapagliflozin and is being used for the treatment of heart failure (NYHA class II-IV) or being used in patients with chronic kidney disease (CKD) who are at risk of
Quantity Limit:	 progression and will be used in conjunction with standard disease therapy 1 tablet per day for dapagliflozin, dapagliflozin/metformin 10-1000mg, Steglatro 2 tablets per day for dapagliflozin/metformin 5-1000mg
Coverage Duration:	12 months
Coding Logic for Step Therapy:	• Formulary dapagliflozin, dapagliflozin/metformin and Steglatro will pay if there is at least one paid claim of a 30-day supply of formulary metformin or SGLT2 within the last 365 days

Investigational use: Neighborhood does not provide coverage for drugs when used for investigational purposes. All therapies are considered investigational when used at a dose or for a condition other than those that are recognized as medically accepted indications as defined in any one of the following standard reference compendia: American Hospital Formulary Service Drug information (AHFS-DI), Thomson Micromedex DrugDex, Clinical Pharmacology, Wolters Kluwer Lexi-Drugs, or Peer-reviewed published medical literature indicating that sufficient evidence exists to support use.