Effective Date: 06/01/2024
Reviewed: 5/2024, 9/2024 Scope: Medicaid

Jardiance (empagliflozin)

POLICY

I. INDICATIONS

Jardiance is indicated:

- To reduce the risk of cardiovascular death and hospitalization for heart failure in adults with heart failure.
- To reduce the risk of sustained decline in eGFR, end-stage kidney disease, cardiovascular death, and hospitalization in adults with chronic kidney disease at risk of progression.
- To reduce the risk of cardiovascular death in adults with type 2 diabetes mellitus and established cardiovascular disease.
- As an adjunct to diet and exercise to improve glycemic control in adults and pediatric patients aged 10 years and older with type 2 diabetes mellitus.

II. CRITERIA FOR APPROVAL

An authorization of 12 months may be granted when one of the following is met:

- The drug is being used for the treatment of heart failure (NYHA class II-IV); OR
- The drug is being used as an adjunct to diet and exercise to improve glycemic control in patients 10 years of age or older with type 2 diabetes mellitus and the patient has not achieved adequate glucose control using an adequate/maximized dose and appropriate duration of metformin (2 grams/day) AND dapagliflozin; OR
- The patient has chronic kidney disease at risk of progression and has experienced an inadequate outcome, intolerance or contraindication with dapagliflozin

III. CONTINUATION OF THERAPY

Jardiance will continue to pay after the initial approval if there is at least one paid claim of at least a 30-day supply within the last 365 days for Jardiance. *(to be effective 6/1/2025)*

IV. QUANTITY LIMIT

Jardiance 10mg and 25mg tablets have a quantity limit of 1 tablet per day.

V. REFERENCES

1. Jardiance [prescribing information]. Ridgefield, CT: Boehringer Ingelheim Pharmaceuticals, Inc.; September 2023.