



AETNA BETTER HEALTH®  
Coverage Policy/Guideline

Name: Dapagliflozin

Page:

1 of 5

Effective Date: 10/6/2025

Last Review Date: 9/2025

Applies to:	<input type="checkbox"/> Illinois	<input type="checkbox"/> Florida	<input checked="" type="checkbox"/> Maryland
	<input checked="" type="checkbox"/> New Jersey	<input checked="" type="checkbox"/> Florida Kids	<input type="checkbox"/> Michigan
	<input checked="" type="checkbox"/> Pennsylvania Kids	<input type="checkbox"/> Virginia	

**Intent:**

The intent of this policy/guideline is to provide information to the prescribing practitioner outlining the coverage criteria for dapagliflozin with or without metformin under the patient's prescription drug benefit.

**Description:**

FDA-approved Indications

Dapagliflozin

Dapagliflozin is indicated:

- To reduce the risk 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.
- To reduce the risk of cardiovascular death, hospitalization for heart failure, and urgent heart failure visits in adults with heart failure.
- To reduce the risk of hospitalization for heart failure in adults with type 2 diabetes mellitus and either established cardiovascular disease or multiple cardiovascular risk factors.
- 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.

**Limitations of Use**

- Dapagliflozin is not recommended for use to improve glycemic control in patients with type 1 diabetes mellitus.
- Dapagliflozin is not recommended for use to improve glycemic control in adults with type 2 diabetes mellitus with an eGFR less than 45 mL/min/1.73 m<sup>2</sup>. Dapagliflozin is likely to be ineffective in this setting based upon its mechanism of action.
- Dapagliflozin is not recommended for the treatment of chronic kidney disease in patients with polycystic kidney disease or patients requiring or with a recent history of immunosuppressive therapy for kidney disease. Dapagliflozin is not expected to be effective in these populations.



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Page:

2 of 5

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### Dapagliflozin-metformin ER

Dapagliflozin-metformin ER is a combination of dapagliflozin and metformin hydrochloride (HCl) extended-release, indicated 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.

Dapagliflozin, when used as a component of Dapagliflozin-metformin ER, is indicated in adults with type 2 diabetes to reduce the risk of:

- Sustained eGFR decline, end-stage kidney disease, cardiovascular death, and hospitalization for heart failure in patients with chronic kidney disease at risk of progression.
- Cardiovascular death, hospitalization for heart failure, and urgent heart failure visit in patients with heart failure.
- Hospitalization for heart failure in adults with type 2 diabetes mellitus and either established cardiovascular disease (CVD) or multiple cardiovascular (CV) risk factors.

### **Limitation of Use**

- Dapagliflozin-metformin ER is not recommended for use to improve glycemic control in patients with type 1 diabetes mellitus.
- Because of the metformin component, the use of dapagliflozin-metformin ER is limited to adults with type 2 diabetes for all indications.
- Dapagliflozin-metformin ER is not recommended for the treatment of chronic kidney disease in patients with polycystic kidney disease or patients requiring or with a recent history of immunosuppressive therapy for kidney disease. Dapagliflozin-metformin ER is not expected to be effective in these populations.

### **Applicable Drug List:**

Dapagliflozin tablet

Dapagliflozin-metformin ER 5-1000mg tablet

Dapagliflozin-metformin ER 10-1000mg tablet



AETNA BETTER HEALTH®  
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Page:

3 of 5

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## Policy/Guideline:

### Coverage Criteria

#### Chronic Kidney Disease

Authorization may be granted when the patient has a diagnosis of chronic kidney disease at risk of progression when the following criteria is met:

- The request is for dapagliflozin

#### Heart Failure

Authorization may be granted for a diagnosis of heart failure when the following criteria is met:

- The request is for dapagliflozin

#### Type 2 Diabetes Mellitus

Authorization may be granted for a diagnosis of type 2 diabetes mellitus when the patient has NOT been receiving a stable maintenance dose of the requested drug for at least 3 months when ONE of the following criteria are met:

- The patient experienced an inadequate treatment response, intolerance, or has a contraindication to metformin.
- The patient requires combination therapy AND has an A1C of 7.5 percent or greater.
- The patient has established cardiovascular disease and the following criteria is met:
  - The request is for dapagliflozin
- The patient has multiple cardiovascular risk factors, and the following criteria is met:
  - The request is for dapagliflozin.
- The patient has a diagnosis of heart failure, and the following criteria is met:
  - The request is for dapagliflozin
- The patient has a diagnosis of chronic kidney disease at risk of progression and the following criteria is met:
  - The request is for dapagliflozin



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Page: 4 of 5

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## Continuation of Therapy

### Chronic Kidney Disease

All patients (including new patients) requesting authorization for continuation of therapy must meet ALL initial authorization criteria.

### Heart Failure

All patients (including new patients) requesting authorization for continuation of therapy must meet ALL initial authorization criteria.

### Type 2 Diabetes Mellitus

Authorization may be granted for a diagnosis of type 2 diabetes mellitus when the patient has been receiving a stable maintenance dose of the requested drug for at least 3 months when ONE of the following criteria are met:

- The patient has demonstrated a reduction in A1C since starting this therapy.
- The patient has established cardiovascular disease and the following criteria is met:
  - The request is for dapagliflozin
- The patient has multiple cardiovascular risk factors, and the following criteria is met:
  - The request is for dapagliflozin.
- The patient has a diagnosis of heart failure, and the following criteria is met:
  - The request is for dapagliflozin
- The patient has a diagnosis of chronic kidney disease at risk of progression and the following criteria is met:
  - The request is for dapagliflozin

## Approval Duration and Quantity Restrictions:

**Approval:** 12 months

### **Quantity Level Limit:**

- Dapagliflozin: 1 tablet per day
- Dapagliflozin-metformin ER 5-1000mg: 2 tablets per day
- Dapagliflozin-metformin ER 10-1000mg: 1 tablet per day



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Page:

5 of 5

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