Prior Authorization Approval Criteria
 Farxiga (dapagliflozen)

Generic name: Dapagliflozen
Brand name: Farxiga
Medication class: Anti-diabetic agent: sodium-glucose co-transporter 2 (SGLT2) inhibitor
FDA-approved uses: Indicated as an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes mellitus
Available dosage forms: Tablets: 5mg and 10mg
Usual dose: 5mg once daily to start up to 10mg once daily in normal renal function. If eGFR is less than 60ml/min/1.73m², Farxiga should not be started.
Approximate monthly cost: $411.00/month for both strengths (based on AWP 2015)
Duration of therapy: indefinite

Criteria for use (bullet points below are all inclusive unless otherwise noted):

- The indicated diagnosis (including any applicable labs and/or tests) and medication usage must be supported by documentation from the patient’s medical records
- Must be 18 years of age or older.
- Must be clinically diagnosed with type 2 diabetes.
- Must have tried and failed or had an inadequate response to metformin.
- Must have tried and failed or had an inadequate response to at least one other antidiabetic medication.
- eGFR should be greater than 60ml/min/1.73m².

Criteria for continuation of therapy:

- Patient responding to treatment
- Patient tolerating treatment
- eGFR must be greater than 60ml/min/1.73m²

Caution:

- Hypotension (especially if on a medication that lowers blood pressure, including diuretics)
- Genital Mycotic infections (especially if patients have a history of mycotic infections)
- Increased LDL-C
- Impairment in renal function
- Bladder Cancer

Monitoring:

- Monitor renal function during therapy
- Signs and symptoms of hypotension
- LDL-C

The criteria listed above applies to Fallon Health Plan and its subsidiaries.
Contraindication:
- History of serious hypersensitivity reaction to Farxiga
- Severe renal impairment, ESRD, or on dialysis

Not approved if:
- Does not meet above criteria
- Has any contraindications to treatment
- Member has type 1 diabetes
- Member has diabetic ketoacidosis

Special considerations:
- Increases cholesterol.
- Increased UTI’s and yeast infections.
- In studies, patients saw a statistically significant reduction in body weight.

Approval Duration:
- Initial 1 year
- Renewal 1 year

Fallon Health Pharmacy and Therapeutics Committee approval: _______________________
Date: _______________________

Adopted: 06/11/14
Revised: 03/11/15
Effective: 5/11/15