

Sodium-Glucose Cotransporter-2 Inhibitors (SGLT-2 Inhibitors) Drug Use Criteria

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FORMULARY STATUS

Status	Product	Use in this DUC
Preferred—primary	Generic dapagliflozin	Primary promoted product for T2DM, CKD, heart failure, and applicable cardiovascular-risk indications.
Preferred—limited distribution	Brenzavvy (bexagliflozin)	Alternative for glycemic control in adults with T2DM only; limited distribution may affect access.
Nonpreferred	All other single-agent or combination SGLT-2/SGLT-1/2 products	PA required. Use indication-matched evidence and the pathway below; do not require Brenzavvy failure.

INITIAL AUTHORIZATION CRITERIA

Use the numbered yes/no pathway. Authorization may be granted for up to 12 months unless otherwise specified.

1. Is the request for an FDA-approved use of the requested product?
 - a. If yes, and the indication is to reduce cardiovascular or cardiorenal risk in members with T2DM AND established ASCVD/established cardiovascular disease or multiple cardiovascular risk factors: Go to 2
 - b. If yes, and the indication is glycemic control of T2DM without CKD, heart failure, or an applicable cardiovascular-risk indication, Go to 3
 - c. If no: Deny as not meeting criteria.
2. For a nonpreferred product requested for CKD, heart failure, or cardiovascular/cardiorenal risk reduction, is there a clinically appropriate reason generic dapagliflozin cannot be used?
 - Acceptable reasons include contraindication, clinically significant adverse effect or intolerance, inability to obtain the product, or another documented patient-specific clinical rationale.
 - Do not require a 90-day therapeutic-failure trial when delay would be clinically inappropriate, and do not require Brenzavvy failure.

- a. **If yes:** Approve for up to 12 months if the requested product has evidence and an FDA-approved indication appropriate to the member's condition.
 - b. **If no:** Deny as not meeting criteria; generic dapagliflozin is the preferred indication-matched product.
3. **Has the member had an inadequate response, contraindication, or intolerance to metformin, or is initial/add-on SGLT-2 therapy appropriate based on individualized treatment goals and patient-specific factors?**
 - a. **If yes:** Go to 4
 - b. **If no:** Deny as not meeting criteria; optimize metformin and lifestyle therapy as clinically appropriate.
4. **For a nonpreferred product requested solely for T2DM glycemic control, has the member had an inadequate response after an adequate trial, contraindication, or clinically significant intolerance to generic dapagliflozin?**
 - a. **If yes:** Approve for up to 12 months if the requested product is otherwise appropriate and consistent with labeling
 - b. **If no:** Deny as not meeting criteria; generic dapagliflozin is the primary preferred product.
 - Brenzavvy failure is not required because of limited distribution.

RENEWAL CRITERIA

1. **Does a review of medication fill history support adherence to prescribed therapy since previous approval?**
 - a. **If yes:** Go to 2.
 - b. **If no:** Deny as not meeting criteria.
2. **Is there documented continued clinical benefit or a reasonable expectation of ongoing risk reduction?**
 - Examples include improved or maintained glycemic control; stable kidney function or albuminuria; reduced CKD progression risk; improved or stable heart-failure symptoms; or reduced risk of heart-failure hospitalization or cardiovascular death.
 - Do not require improvement in A1C for CKD or heart-failure indications.
 - a. **If yes:** Approve for up to 12 months.
 - b. **If no:** Deny as not meeting criteria.

CLINICAL NOTES AND SAFETY

- SGLT-2 inhibitors are not recommended for glycemic treatment of type 1 diabetes. Evaluate for ketoacidosis regardless of blood glucose when symptoms or risk factors are present.
- Assess renal function and volume status before initiation and as clinically indicated. Correct volume depletion before starting therapy.

- Temporarily withhold dapagliflozin or Brenzavvy for at least 3 days before major surgery or procedures associated with prolonged fasting when possible; resume when clinically stable and oral intake has resumed.
- Consider risks of genital mycotic infection, urinary infection, volume depletion, acute kidney injury, and hypoglycemia when used with insulin or an insulin secretagogue. Apply product-specific warnings and contraindications.

RATIONALE

Generic dapagliflozin is the primary preferred SGLT-2 inhibitor because it has FDA-approved and trial-supported uses across T2DM, CKD, and the full range of heart-failure ejection fractions. Brenzavvy is a preferred alternative for adult T2DM glycemic control but has limited distribution and does not have FDA-approved CKD, heart-failure, or cardiovascular-risk-reduction indications. The pathway therefore uses metformin sequencing only for T2DM-only glycemic requests, while allowing indication-matched dapagliflozin without inappropriate therapeutic failures for CKD, heart failure, or applicable cardiovascular-risk reduction. Nonpreferred products require an indication-appropriate reason that the primary preferred product cannot be used.

FDA-APPROVED INDICATION SUMMARY

Product	Principal covered indications	Key renal-use point
Dapagliflozin	T2DM glycemic control; CKD at risk of progression; heart failure; reduction of heart-failure hospitalization risk in T2DM with established CVD or multiple CV risk factors.	Cardiorenal initiation generally not recommended below eGFR 25; glycemic use not recommended below eGFR 45.
Brenzavvy (bexagliflozin)	Adult T2DM glycemic control only.	Not recommended below eGFR 30.
Other SGLT-2/SGLT-1/2 products	Varies by product; confirm current labeling and evidence for the requested indication.	Apply current product-specific labeling.

REFERENCES

1. American Diabetes Association Professional Practice Committee. Standards of Care in Diabetes—2026. Diabetes Care. 2026;49(Suppl 1). Sections 9, 10, and 11.
2. Kidney Disease: Improving Global Outcomes (KDIGO) CKD Work Group. KDIGO 2024 Clinical Practice Guideline for the Evaluation and Management of Chronic Kidney Disease. Kidney Int. 2024;105(Suppl 4S):S117–S314.
3. Dapagliflozin tablets [prescribing information]. U.S. National Library of Medicine, DailyMed. Revised June 2026.
4. Brenzavvy (bexagliflozin) tablets [prescribing information]. U.S. National Library of Medicine, DailyMed. Revised June 2026.
5. Heerspink HJL, et al. Dapagliflozin in Patients with Chronic Kidney Disease. N Engl J Med. 2020;383:1436–1446.
6. McMurray JJV, et al. Dapagliflozin in Patients with Heart Failure and Reduced Ejection Fraction. N Engl J Med. 2019;381:1995–2008.
7. Solomon SD, et al. Dapagliflozin in Heart Failure with Mildly Reduced or Preserved Ejection Fraction. N Engl J Med. 2022;387:1089–1098.
8. Wiviott SD, et al. Dapagliflozin and Cardiovascular Outcomes in Type 2 Diabetes. N Engl J Med. 2019;380:347–357.