AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name:	Jardiance		Page:	1 of 2
Effective Date:	4/19/2024		Last Review Date:	4/1/2024
Applies to:	☐Illinois ☒New Jersey ☒Pennsylvania Kids	☒Florida Kids ☒Maryland ☐Virginia	☐Michigan ☐Kentucky PRMD	

Intent:

The intent of this policy/guideline is to provide information to the prescribing practitioner outlining the coverage criteria for Jardiance (empagliflozin) under the patient's prescription drug benefit.

Description:

FDA-APPROVED INDICATIONS
Jardiance
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.

Limitation of Use
Jardiance is not recommended for use to improve glycemic control in patients with type 1 diabetes mellitus. It may increase the risk of diabetic ketoacidosis in these patients.
Jardiance is not recommended for use to improve glycemic control in patients with type 2 diabetes mellitus with an eGFR less than 30 mL/min/1.73m^2. Jardiance is likely to be ineffective in this setting based upon its mechanism of action.
Jardiance 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 intravenous immunosuppressive therapy or greater than 45 mg of prednisone or equivalent for kidney disease. Jardiance is not expected to be effective in these populations.

Applicable Drug List:

Jardiance

Policy/Guideline:

The requested drug will be covered with prior authorization when the following criteria are met:

- The requested drug is being prescribed for an adult patient **AND**
    - The patient has a diagnosis of heart failure

    OR
    - The patient has chronic kidney disease at risk of progression

OR

- The patient has a diagnosis of type 2 diabetes mellitus **AND**
  - The patient has established cardiovascular disease

OR

- The requested drug is being prescribed for an adult or pediatric patient aged 10 years or older **AND**
  - The patient has a diagnosis of type 2 diabetes mellitus **AND**
    - The patient has NOT been receiving a stable maintenance dose of the requested drug for at least 3 months **AND**
      - The patient has an estimated glomerular filtration rate (eGFR) greater than or equal to 30 ml/min/1.73m2 **AND**
      - The patient is unable to take Steglatro due to a trial and inadequate treatment response or intolerance, or a contraindication.

    OR

    - The patient has been receiving a stable maintenance dose of the requested drug for at least 3 months **AND**
      - The patient has demonstrated a reduction in A1C since starting this therapy

        AND
  - The patient has an estimated glomerular filtration rate (eGFR) greater than or equal to 30 ml/min/1.73m2

Approval Duration and Quantity Restrictions:

Approval:

- Heart Failure: 12 months
- Chronic Kidney Disease at Risk of Progression: 12 months
- Type 2 Diabetes Mellitus and Established Cardiovascular Disease: 12 months
- Type 2 Diabetes Mellitus: Initial Therapy 4 months; Continuation of Therapy 12 months

References:

1. Jardiance [package insert]. Ridgefield, CT: Boehringer Ingelheim Pharmaceuticals, Inc.; September 2023.
2. Lexicomp Online, AHFS DI (Adult and Pediatric) Online. Waltham, MA: UpToDate, Inc.; 2023. https://online.lexi.com. Accessed April 4, 2023.
3. Micromedex (electronic version). Merative, Ann Arbor, Michigan, USA. Available at: https://www.micromedexsolutions.com/ (cited: 04/04/2023).
4. El Sayed NA, Aleppo G, Aroda VR et. al. American Diabetes Association, Standards of Care in Diabetes – 2023. Diabetes Care 2023;46(Suppl. 1):S1-S291.
5. Heidenreich PA, Bozkurt B, Aguilar D et. al. 2022 AHA/ACC/HFSA Guideline for the Management of Heart Failure: A Report of the American College of Cardiology/American Heart Association Joint Committee on Clinical Practice Guidelines. *J Am Coll Cardiol.* 2022;79:e263-e421.