Forxiga (Dapagliflozin) — PBS Eligibility

SGLT-2 inhibitor; T2DM, heart failure & CKD

PBS AUTHORITY

One 10 mg once-daily dose covers four separate PBS indications — type 2 diabetes, heart failure (reduced or preserved EF), and chronic kidney disease. CKD eligibility was broadened in February 2026 to cover earlier- and later-stage disease — the exact eGFR/albuminuria bands are detailed and don't reduce to one cut-off; confirm the current wording at pbs.gov.au before applying.

ELIGIBILITY — FOUR PATHWAYS

✓ **Type 2 diabetes**	T2DM confirmed (not T1DM, LADA or gestational). Commonly added to metformin unless contraindicated; some patients may qualify without an HbA1c threshold — confirm current wording at pbs.gov.au.
✓ **Heart failure**	PBS-listed as adjunct to standard heart-failure therapy across the ejection-fraction spectrum, irrespective of diabetes status — not as monotherapy.
✓ **Chronic kidney disease**	Eligibility is based on eGFR and albuminuria bands, broadened in Feb 2026 to cover earlier- and later-stage CKD; funded with or without diabetes. The exact bands are detailed — confirm directly at pbs.gov.au rather than relying on a simplified summary.
✓ **ACEi/ARB stabilisation**	Generally expected to be stabilised on an ACE inhibitor or ARB (unless contraindicated) for the CKD and proteinuric pathways.

BY INDICATION

Indication	Funded irrespective of	Key note
Type 2 diabetes	—	Combine with metformin, SU, DPP-4i or insulin; not with a GLP-1 RA for the diabetes indication
Heart failure	Diabetes status	Adjunct to standard HF therapy; covers reduced and preserved EF
CKD	Diabetes status	eGFR/albuminuria-based; excludes polycystic kidney disease

VERIFY AT PBS

10 mg once daily is the only dose used across all indications (a 5 mg option exists for severe hepatic impairment). Expect a small, reversible eGFR dip in the first few weeks — don't stop for this alone. Exact eGFR/UACR bands, HbA1c thresholds and item codes are not reproduced here — confirm at pbs.gov.au.

■ SAFETY

- Sick-day rules: stop temporarily during acute illness with vomiting/diarrhoea/dehydration, major surgery, prolonged fasting, or severe infection — euglycaemic DKA risk; check ketones if unwell despite normal glucose
- Genital thrush is common — counsel and treat; rare but serious: Fournier's gangrene — urgent review for perineal pain
- Volume depletion, especially in older patients on diuretics — review BP and hydration
- Hypoglycaemia risk only if combined with a sulfonylurea or insulin

◆ CHECK / EXCLUDE

- Confirm current eGFR/UACR bands for the CKD indication at pbs.gov.au — broadened Feb 2026 and multi-tiered, not a single cut-off
- Exclude: polycystic kidney disease, recent immunosuppression, dialysis/transplant (stop before), pregnancy/breastfeeding
- Don't combine with another SGLT-2 inhibitor
- Confirm ACEi/ARB stabilisation where required for the indication

For health-professional use. Eligibility summarised from public PBS reporting — confirm exact eGFR/UACR bands and item codes at pbs.gov.au. Covers dapagliflozin (Forxiga) across T2DM, HFrEF, HFpEF and CKD — not a complete dose-and-criteria matrix.