

Rybelsusⁱ	<p>Rybelsus will be covered with prior authorization when the following criteria are met:</p> <ul style="list-style-type: none"> • Member has a diagnosis of type 2 diabetes mellitus • Provider attests that medication will be administered as adjunct to diet and exercise • Member meets one of the following: <ul style="list-style-type: none"> ○ Documentation of trial and failure with formulary glucagon-like peptide-1 (GLP-1) Agonists, such as Trulicity and Victoza for at least 3 month, with a reduction in hemoglobin A1c since starting therapy ○ There was inadequate response, intolerance, or contraindication to metformin ○ Member requires combination therapy due to a hemoglobin A1c of 7.5 or greater 	<p>Approval Duration: One year</p> <p>Review of claims history can document GLP-1 previous use</p>
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ⁱ Rybelsus References:

1. Rybelsus [package insert]. Plainsboro, NJ: Novo Nordisk Inc.; <https://www.novo-pi.com/rybelsus.pdf> April 2021.
2. Lexicomp Online, AHFS DI (Adult and Pediatric) Online, Hudson, Ohio: UpToDate, Inc.; 2021; Accessed July 1, 2021.
3. Micromedex (electronic version). IBM Watson Health, Greenwood Village, Colorado, USA. Available at: <http://www.micromedexsolutions.com> Accessed July 1, 2021.
4. American Diabetes Association (ADA) Standards of Medical Care in Diabetes—2021. Dia Care. 2021; 44(Supplement 1); S1-S232.
5. Garber AJ, et al. Consensus Statement by the American Association of Clinical Endocrinologists and American College of Endocrinology on the Comprehensive Type 2 Diabetes Management Algorithm 2020 Executive Summary, Endocr Pract. January 2020; 26 (No 1); 107-139.