

PRIOR AUTHORIZATION CRITERIA

BRAND NAME
(generic)

RYBELSUS
(semaglutide)

Status: Client Requested Criteria

Type: Initial Prior Authorization with Quantity Limit

Ref # C27208-C

CRITERIA FOR APPROVAL

- | | | | |
|---|---|-----|----|
| 1 | Does the patient have a diagnosis of type 2 diabetes mellitus?
[Note: If yes, then prescriber must submit chart notes or other documentation supporting the diagnosis. Documentation of pre-diabetes does not qualify as support for the type 2 diabetes mellitus requirement.]
[If no, then no further questions.] | Yes | No |
| 2 | Has the patient been receiving a stable maintenance dose of a GLP-1 (glucagon-like peptide 1) Agonist for at least 3 months?
[Note: Examples of GLP-1 Agonists are Adlyxin, Bydureon, Byetta, Ozempic, Rybelsus, Trulicity, Victoza.]
[If no, then skip to question 4.] | Yes | No |
| 3 | Has the patient demonstrated a reduction in A1C since starting GLP-1 (glucagon-like peptide 1) Agonist therapy?
[No further questions.] | Yes | No |
| 4 | Has the patient experienced an inadequate treatment response, intolerance, or does the patient have a contraindication to metformin?
[If yes, then no further questions.] | Yes | No |
| 5 | Does the patient require combination therapy AND have an A1C of 7.5 percent or greater? | Yes | No |

*The duration of 25 days is used for a 30-day fill period and 75 days is used for an 90-day fill period to allow time for refill processing.

REFERENCES

N/A

DOCUMENT HISTORY

Created: JBK 01/2024

Revised: JBK 08/2024

Reviewed: AN 04/2024, 09/2024