

**Subject: Tresiba ST, Post PA (Aetna SG ACA, IVL Only) Policy 4773-D UDR 05-2023**

**Drug**

**TRESIBA** (*insulin degludec*)

**Policy:**

**FDA-APPROVED INDICATIONS**

Tresiba is indicated to improve glycemic control in patients 1 year of age and older with diabetes mellitus.

**Limitations of Use**

Not recommended for the treatment of diabetic ketoacidosis.

**INITIAL STEP THERAPY\***

*\*Include Rx and OTC products unless otherwise stated.*

If the patient has filled a prescription for at least a 30-day supply of Basaglar (insulin glargine) or Levemir (insulin detemir) within the past 180 days under a prescription benefit administered by CVS Caremark, then the requested drug will be paid under that prescription benefit. If the patient does not meet the initial step therapy criteria, then the claim will reject with a message indicating that a prior authorization (PA) is required. The prior authorization criteria would then be applied to requests submitted for evaluation to the PA unit.

**COVERAGE CRITERIA**

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

- The patient has experienced an inadequate treatment response to Basaglar (insulin glargine) OR Levemir (insulin detemir)  
**OR**
- The patient has experienced an intolerance to Basaglar (insulin glargine) OR Levemir (insulin detemir)  
**OR**
- The patient has a contraindication that would prohibit a trial of Basaglar (insulin glargine) AND Levemir (insulin detemir)

Duration of Approval (DOA):

- 4773-D: DOA: 12 months

**Place of Service:**

Outpatient

**The above policy is based on the following references:**

1. Tresiba [package insert]. Plainsboro, NJ: Novo Nordisk Inc.; July 2022.

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