

NYRx Clinical Criteria Update: Rybelsus® 3 mg

August 26, 2025

Background

NYRx, the Medicaid Pharmacy Program, covers medically necessary FDA-approved drugs when used for Medicaid-covered or compendia-supported indications. Rybelsus® is a non-preferred Glucagon-Like Peptide-1 (GLP-1) Agonist and subject to clinical criteria as part of the Preferred Drug Program. This notice is to inform pharmacy providers and prescribers of updates to criteria for **Rybelsus 3 mg** to align with FDA labeling.

What's Changing

Rybelsus 3mg will be subject to the following clinical criteria:

- Prescriptions will be limited to a duration of 30 days, with no refills.
- Use for glycemic control will not be covered.

System updates will be made to ensure alignment of coverage and criteria. Any claims that do not meet criteria may be impacted and reject at the pharmacy.

What Pharmacy Providers and Prescribers Need to Do

Pharmacy providers should be aware of these clinical criteria changes, monitor for rejected claims, and coordinate with prescribers to update prescriptions as necessary. Prescribers should consider preferred products, which can be found in the NYRx [Preferred Drug Quick List](#). Preferred products should be prescribed whenever clinically appropriate. For further information about clinical criteria, refer to the [NYRx Preferred Drug List \(PDL\)](#).

Resources

- [NYRx Drug Class Coverage Overview: Glucagon-Like Peptide-1 Agonists](#)
- [NYRx Education & Outreach Website](#)

Contact Information

The NYRx Education & Outreach Call Center is available by phone at 1-833-967-7310 or by email at NYRxEO@primetherapeutics.com from 8:00 AM to 5:00 PM ET, Monday through Friday, excluding holidays. Visit the [NYRx Education & Outreach website](#) for more information.