

bromocriptine mesylate tablet (CYCLOSET)

Diagnosis Considered for Coverage:

- Diabetes mellitus- type 2

Coverage Criteria:

For diagnosis listed above:

- Dose does not exceed 4.8 mg per day, **and**
- Inadequate response or intolerable side effects to metformin and one other first-line drug for diabetes (e.g., DPP4, GLP1, SGLT2, SU, TZD agent) OR contraindication to all first-line drugs (e.g., metformin, DPP4, GLP1, SGLT2, SU, TZD agents).

Coverage Duration: one year

Effective Date: 11/02/2023