



Drug Name: Byetta, Bydureon, Trulicity, Victoza

Date: Original: 12-2017 Revised: 7/2018

Drug Name:	Byetta, Bydureon, Trulicity, Victoza
Age Restrictions:	At least 18 years old
Required Medical Information:	<ul style="list-style-type: none"> • If the patient has filled a prescription for at least a 30 day supply of metformin AND a 30 day supply of a sulfonylurea product AND a 30 day supply of an insulin product within the past 365 days OR a 30 day supply of a GLP-1 agonist within the past 365 days under a prescription benefit administered by the PBM then the requested drug will be paid under that prescription benefit (the GLP-1 section is only for grandfathering and not part of Coverage Determination Criteria). If the patient does not meet the initial step therapy criteria, then the claim will reject with a message indicating that a coverage determination is required. <p style="text-align: center;">Coverage Determination Criteria</p> <ul style="list-style-type: none"> • Patient is 18 years of age or older; and • Patient has not achieved adequate glucose control using an adequate/maximized dose and appropriate duration of metformin (2 grams/day), a sulfonylurea product; and • Patient has failed an adequate dose and duration of insulin therapy.
Coverage duration:	Initial: 12 months