



**Drug Name:** Byetta, Bydureon, Trulicity, Victoza

**Date:** Original: 12-2017 Revised: 7/2018, 2/2019

<b>Drug Name:</b>	<b>Byetta, Bydureon, Trulicity, Victoza</b>
<b>Age Restrictions:</b>	At least 18 years old
<b>Required Medical Information:</b>	<ul style="list-style-type: none"><li>• If the patient has filled a prescription for at least a 30 day supply of metformin 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.</li></ul> <p><b>Coverage Determination Criteria</b></p> <ul style="list-style-type: none"><li>• Patient is 18 years of age or older; and</li><li>• Patient has not achieved adequate glucose control using an adequate/maximized dose and appropriate duration of metformin (2 grams/day)</li><li>•</li></ul>
<b>Coverage duration:</b>	<b>Initial:</b> 12 months