



Missouri Pharmacy Program – Preferred Drug List



GLP-1 Receptor Agonists
Effective 07/05/2007
Revised 10/07/2010

Preferred Agents
Available with Clinical Edits

- Byetta[®]

Non-Preferred Agents

- Victoza[®]

Approval Criteria	Denial Criteria
Documented or inferred diabetes mellitus diagnosis <ul style="list-style-type: none"> • Oral hypoglycemic agent (at least 1 prescription) 	Therapy will be denied if no approval criteria are met
Failure to achieve desired therapeutic outcomes with trial on 1 or more preferred agents	Diagnosis of ESRD (End Stage Renal Disease)
Documented trial period for preferred agents	Diagnosis of severe renal impairment <ul style="list-style-type: none"> • (creatinine clearance <30 ml/min)
Documented ADE/ADR to preferred agents	Lack of adequate trial on required preferred agent
Documented compliance on current therapy regimen	Drug Prior Authorization Hotline: (800) 392-8030