GLP-1 Receptor Agonists

Effective 10/07/2010
Revised 10/03/2019

**Preferred Agents**
- Bydureon®
- Byetta®
- Victoza®

**Non-Preferred Agents**
- Adlyxin™
- Bydureon® Bcise™ Auto Injector
- Ozempic®
- Trulicity®

**Approval Criteria**

- Participant aged 10 years or older for Victoza, aged 18 years and older for all other agents
- History of therapy with metformin agent (at least 1 prescription)
- Failure to achieve desired therapeutic outcomes with trial on 2 or more preferred agents
  - Documented trial period for preferred agents
  - Documented ADE/ADR to preferred agents

**Denial Criteria**

- Therapy will be denied if no approval criteria are met
- Lack of adequate trial on required preferred agent
- Diagnosis of End Stage Renal Disease (ESRD) or severe renal impairment (creatinine clearance <30 ml/min) for exenatide agents
- Drug Prior Authorization Hotline: (800) 392-8030