



Missouri Pharmacy Program – Preferred Drug List



GLP-1 Receptor Agonists

Effective 07/05/2007

Revised 10/04/2018

Preferred Agents

Available with Clinical Edits

- Bydureon®
- Byetta®
- Victoza®

Non-Preferred Agents

- Adlyxin
- **Bydureon® Bcise Auto Injector**
- **Ozempic® Pen-injector**
- Tanzeum®
- Trulicity®

Approval Criteria

- Documented or inferred diabetes mellitus diagnosis
 - Oral hypoglycemic 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
- Documented compliance on current therapy regimen

Denial Criteria

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