

# PRIOR AUTHORIZATION CRITERIA

**BRAND NAME**  
(generic)

**BYDUREON BCISE**  
(exenatide extended-release)

**Status:** Client Requested Criteria

**Type:** Initial Prior Authorization with Quantity Limit

**Ref #** C27212-C

## CRITERIA FOR APPROVAL

- |   |   |     |    |
|---|---|-----|----|
| 1 | Does the patient have a diagnosis of type 2 diabetes mellitus?<br>[Note: If yes, then prescriber must submit chart notes or other documentation supporting the diagnosis. Documentation of pre-diabetes does not qualify as support for the type 2 diabetes mellitus requirement.]<br>[If no, then no further questions.] | Yes | No |
| 2 | Has the patient been receiving a stable maintenance dose of a GLP-1 (glucagon-like peptide 1) Agonist for at least 3 months?<br>[Note: Examples of GLP-1 Agonists are Adlyxin, Bydureon, Byetta, Ozempic, Rybelsus, Trulicity, Victoza.]<br>[If no, then skip to question 4.]   | Yes | No |
| 3 | Has the patient demonstrated a reduction in A1C since starting GLP-1 (glucagon-like peptide 1) Agonist therapy?<br>[No further questions.]  | Yes | No |
| 4 | Has the patient experienced an inadequate treatment response, intolerance, or does the patient have a contraindication to metformin?<br>[If yes, then no further questions.]  | Yes | No |
| 5 | Does the patient require combination therapy AND have an A1C of 7.5 percent or greater?   | Yes | No |

\*The duration of 21 days is used for a 28-day fill period and 63 days is used for an 84-day fill period to allow time for refill processing.

## REFERENCES

N/A

## DOCUMENT HISTORY

Created: JBK 01/2024

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Reviewed: AN 04/2024, 09/2024