



Manual Prior

HYPOGLYCEMIC, INCRETIN MIMETICS/ENHANCERS

BYDUREON (exenatide extended-release for injectable suspension)

Prior Authorization Criteria

1. Diagnosis of Type 2 diabetes mellitus; **and**
2. Unless otherwise contraindicated, the patient has not achieved HbgA1C goals using a combination of two or more antidiabetic medications (metformin, sulfonylurea, or thiazolidinedione) at maximum therapeutic doses; **and**
3. Trial of Byetta for at least six months and experienced ineffectiveness or intolerable side effects that are not expected with Bydureon; **and**
4. At least 18 years of age (approved only for adults) ; **and**
5. No concurrent insulin or Byetta therapy.

Initial authorizations will be approved for six months; additional prior authorizations will be considered on an individual basis after review of medical necessity and documented improvement in HbgA1C since the beginning of the initial prior authorization period.

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