

PROCEDURE

Initial Authorization Criteria:

Must meet all of the criteria listed under the respective header:

1. Automatic coverage:

- Must have a documented pharmacy claim history of prior therapy with Trulicity or Victoza

2. Members without a documented claims history:

- Must have documentation indicating that the member has failed Trulicity or Victoza

Limitations:

Length of Authorization (if above criteria met)	
Initial Authorization	Up to duration of member's membership with plan
Reauthorization	N/A

If the established criteria are not met, the request is referred to a Medical Director for review.

REFERENCES

1. Bydureon [prescribing information]. West Chester, OH: Amylin Ohio LLC; October 2014.
2. Byetta [prescribing information]. San Diego, CA: Amylin Pharmaceuticals; October 2009.
3. Tanzeum [prescribing information]. Wilmington, DE: GlaxoSmithKline LLC; June 2014.
4. Trulicity [prescribing information]. Indianapolis, IN: Eli Lilly and Company; September 2014.
5. Victoza [prescribing information]. Princeton, NJ: Novo Nordisk A/S; January 2010.
6. Buse J, Rosenstock J, Sesti G, et al. Liraglutinide once a day versus exenatide twice a day for type 2 diabetes: a 26-week randomized, parallel-group, multinational, open-label trial (LEAD-6). *Lancet* 2009; 374 (9683): 39-47
7. Adlyxin [prescribing information]. Bridgewater, NJ: Sanofi-Aventis U.S. LLC; Jul 2016.

RECORD RETENTION

Records Retention for Evolent Health documents, regardless of medium, are provided within the Evolent Health records retention policy and as indicated in CORP.028.E Records Retention Policy and Procedure.



Non-preferred GLP-1 Receptor Agonist Step

POLICY NUMBER: RX.PA.237.E

REVISION DATE: 10/16

PAGE NUMBER: 3 of 3

REVIEW HISTORY

DESCRIPTION OF REVIEW / REVISION	DATE APPROVED
<i>Annual review</i>	<i>02/17, 02/18</i>
<i>Addition of Adlyxin</i>	<i>10/16</i>

