This Coverage Policy applies to Individual Health Insurance Marketplace benefit plans only.

**Glucagon-like Peptide-1 (GLP-1) Agonists**

*Byetta® (exenatide) injection*

*Bydureon® (exenatide extended-release) injection*

*Victoza® (liraglutide) injection*

**COVERAGE POLICY**

GLP-1 Agonists are covered for members who meet the following criteria:

A. Patients with Type 2 Diabetes Mellitus (NIDDM), **and**

B. A1C level is greater than 6.5%; **and**

C. Have failed to obtain adequate glycemic control on:
   i. Maximum tolerated dose of metformin, unless the patient is not a candidate for metformin therapy; **and**
   ii. A second antidiabetic agent (either a sulfonylurea, a thiazolidinedione (TZD), a DPP4-inhibitor or basal insulin)

**AUTHORIZATION PERIOD AND LIMITATIONS**

**Initial Approval:** 3 years

**Quantity Limits:**

1 (one) prefilled pen/month for Byetta

1 (one) kit/month for Bydureon (4 trays with 2mg powder, diluent, and supplies for suspension injection)

2 (two) prefilled pens/month for 1.2mg Victoza (1 box of 2 pens)

3 (three) prefilled pens/month for 1.8mg Victoza (1 box of 3 pens)

**NON-COVERAGE**

GLP-1 Agonists are **NOT** covered for members with the following criteria:

A. Use not approved by the FDA; **and**

B. The use is unapproved and not supported by the literature or evidence as an accepted off-label use. (see Off-Label Use Policy for determining ‘accepted use’)

C. Diagnosis of metabolic syndrome or any other pre-diabetic diagnosis

D. Diagnosis of Type 1 Diabetes

E. Treatment of diabetic ketoacidosis

F. Pediatric patients

G. Patients with severe gastrointestinal diseases, including gastroparesis.

H. Patients with multiple endocrine neoplasia syndrome type 2 (MEN2)

I. History of family history of medullary thyroid carcinoma (MTC)

J. Patients with a history of pancreatitis

K. Concurrent use with alpha-glucosidase inhibitors (Precose, Glyset) or DPP-4 inhibitors (Januvia, Onglyza, Tradjenta)
REFERENCES


10. Victoza Prescribing Information, Novo Nordisk, Inc. April 2013


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