

Criteria-Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

exenatide ER (Bydureon BCise)

Notes:

- Quantity Limits: Yes
- * Intolerance excludes adverse drug reactions that are expected, mild in nature, resolve with continued treatment and do not require medication discontinuation

Initiation (new start) criteria: Non-formulary **exenatide ER (Bydureon or Bydureon BCise)** will be covered on the prescription drug benefit for when the following criteria are met:

- Diagnosis of Type 2 Diabetes Mellitus
- Intolerance* to preferred GLP-1 agonists liraglutide (Victoza) AND injectable semaglutide (Ozempic)
- No personal or family history of medullary thyroid carcinoma (MTC) or Multiple Endocrine Neoplasia syndrome type 2 (MEN 2)
- On maximally tolerated metformin dose or intolerance* or contraindication to metformin (includes both metformin IR and XR)
- And meets one of the following criteria:
 1. Inadequate glycemic response on both basal and bolus insulin despite high dose requirements (total daily insulin dose of 1.5 units per kilogram of body weight or more OR greater than 200 units)
 2. Pediatric patient age 10 to 19 years

Criteria for members already taking the medication who have not been reviewed previously (e.g., new members): Non-formulary **exenatide ER (Bydureon or Bydureon BCise)** will be covered on the prescription drug benefit for when the following criteria are met:

- Diagnosis of Type 2 Diabetes Mellitus
- Intolerance* to preferred GLP-1 agonists liraglutide (Victoza) AND injectable semaglutide (Ozempic)
- No personal or family history of medullary thyroid carcinoma (MTC) or Multiple Endocrine Neoplasia syndrome type 2 (MEN 2)
- On maximally tolerated metformin dose or intolerance* or contraindication to metformin (includes both metformin IR and XR)
- And meets one of the following criteria:
 1. Inadequate glycemic response on both basal and bolus insulin despite high dose requirements (total daily insulin dose of 1.5 units per kilogram of body weight or more OR greater than 200 units)

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Revised: 06/08/23
Effective: 08/03/23

All plans offered and underwritten by
Kaiser Foundation Health Plan of the Northwest

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