



Missouri Pharmacy Program – Preferred Drug List



GLP-1 Receptor Agonists

Effective 07/05/2007

Revised 10/06/2011

Preferred Agents

- Byetta[®]

Non-Preferred Agents

- Victoza[®]

<u>Approval Criteria</u>	<u>Denial Criteria</u>
Documented or inferred diabetes mellitus diagnosis	Therapy will be denied if no approval criteria are met
Oral hypoglycemic agent (at least 1 prescription)	Lack of adequate trial on required preferred agents
Failure to achieve desired therapeutic outcomes with trial on 1 or more preferred agents	Diagnosis of ESRD (End Stage Renal Disease)
Documented trial period for preferred agents	Diagnosis of severe renal impairment (creatinine clearance <30 ml/min)
Documented ADE/ADR to preferred agents	
Documented compliance on current therapy regimen.	Drug Prior Authorization Hotline: (800) 392-8030