



Division: Pharmacy Policy	Subject: Prior Authorization Criteria
Original Development Date: Original Effective Date: Revision Date:	December 8, 2021

## **BYDUREON BCISE® (exenatide extended-release)**

**LENGTH OF AUTHORIZATION:** Up to 6 months

**INITIAL REVIEW CRITERIA:**

- Patient must be  $\geq 10$  years of age.
- Patient must have a diagnosis of type 2 diabetes mellitus.
- Patient must have a minimum three-month trial with metformin and a preferred glucagon-like peptide-1 agonist.
- Patient must have a Hemoglobin A<sub>1C</sub>  $\geq 7\%$  (within last 6 months).

**CONTINUATION OF THERAPY:**

- Patient met initial review criteria.
- Documentation of improved clinical response.
- Dosing is appropriate as per labeling or is supported by compendia.

**DOSING AND ADMINISTRATION:**

- Refer to product labeling at <https://www.accessdata.fda.gov/scripts/cder/daf/>
- Available as: 2 mg of extended release exenatide in a 0.85 mL single-dose autoinjector.