Criteria Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

Exenatide (Byetta)

Notes:
* Exenatide is a mildly effective hypoglycemic. It has not shown benefit in type 2 diabetes patients with existing cardiovascular disease.

Initiation (new start) criteria: Non-formulary exenatide (Byetta) will be covered on the prescription drug benefit when the following criteria are met:

- Diagnosis of type 2 diabetes, and
- Intolerance* to preferred GLP-1 inhibitor liraglutide (Victoza) and semaglutide (Ozempic) which are also CBC, and
- Patient has a recent HbA1c under 9, and
- No personal or family history of medullary thyroid carcinoma (MTC) or Multiple Endocrine Neoplasia syndrome type 2 (MEN 2), and
- On maximally tolerated metformin dose (1500-2500mg) for at least 3 months (or allergy or intolerance* to metformin), and
- Taking an SGLT2-I (empagliflozin or canagliflozin) or failure/contraindication to taking an SGLT2-I*, and
- On maximally tolerated dose or patient has an allergy or intolerance* to statin, and
- On maximally tolerated dose or patient has an allergy or intolerance* to ACE/ARB

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