DRUG QUANTITY MANAGEMENT POLICY – PER DAYS

POLICY: Diabetes – Exenatide Products Drug Quantity Management Policy – Per Days
- Bydureon BCise® (exenatide extended-release subcutaneous injection – AstraZeneca)
- Byetta® (exenatide subcutaneous injection – AstraZeneca)

REVIEW DATE: 07/17/2024

INSTRUCTIONS FOR USE

THE FOLLOWING COVERAGE POLICY APPLIES TO HEALTH BENEFIT PLANS ADMINISTERED BY CIGNA COMPANIES. CERTAIN CIGNA COMPANIES AND/OR LINES OF BUSINESS ONLY PROVIDE UTILIZATION REVIEW SERVICES TO CLIENTS AND DO NOT MAKE COVERAGE DETERMINATIONS. REFERENCES TO STANDARD BENEFIT PLAN LANGUAGE AND COVERAGE DETERMINATIONS DO NOT APPLY TO THOSE CLIENTS. COVERAGE POLICIES ARE INTENDED TO PROVIDE GUIDANCE IN INTERPRETING CERTAIN STANDARD BENEFIT PLANS ADMINISTERED BY CIGNA COMPANIES. PLEASE NOTE, THE TERMS OF A CUSTOMER'S PARTICULAR BENEFIT PLAN DOCUMENT [GROUP SERVICE AGREEMENT, EVIDENCE OF COVERAGE, CERTIFICATE OF COVERAGE, SUMMARY PLAN DESCRIPTION (SPD) OR SIMILAR PLAN DOCUMENT] MAY DIFFER SIGNIFICANTLY FROM THE STANDARD BENEFIT PLANS UPON WHICH THESE COVERAGE POLICIES ARE BASED. FOR EXAMPLE, A CUSTOMER'S BENEFIT PLAN DOCUMENT MAY CONTAIN A SPECIFIC EXCLUSION RELATED TO A TOPIC ADDRESSED IN A COVERAGE POLICY. IN THE EVENT OF A CONFLICT, A CUSTOMER'S BENEFIT PLAN DOCUMENT ALWAYS SUPERSEDES THE INFORMATION IN THE COVERAGE POLICIES. IN THE ABSENCE OF A CONTROLLING FEDERAL OR STATE COVERAGE MANDATE, BENEFITS ARE ULTIMATELY DETERMINED BY THE TERMS OF THE APPLICABLE BENEFIT PLAN DOCUMENT. COVERAGE DETERMINATIONS IN EACH SPECIFIC INSTANCE REQUIRE CONSIDERATION OF 1) THE TERMS OF THE APPLICABLE BENEFIT PLAN DOCUMENT IN EFFECT ON THE DATE OF SERVICE; 2) ANY APPLICABLE LAWS/REGULATIONS; 3) ANY RELEVANT COLLATERAL SOURCE MATERIALS INCLUDING COVERAGE POLICIES AND; 4) THE SPECIFIC FACTS OF THE PARTICULAR SITUATION. EACH COVERAGE REQUEST SHOULD BE REVIEWED ON ITS OWN MERITS. MEDICAL DIRECTORS ARE EXPECTED TO EXERCISE CLINICAL JUDGMENT AND HAVE DISCRETION IN MAKING INDIVIDUAL COVERAGE DETERMINATIONS. COVERAGE POLICIES RELATE EXCLUSIVELY TO THE ADMINISTRATION OF HEALTH BENEFIT PLANS. COVERAGE POLICIES ARE NOT RECOMMENDATIONS FOR TREATMENT AND SHOULD NEVER BE USED AS TREATMENT GUIDELINES. IN CERTAIN MARKETS, DELEGATED VENDOR GUIDELINES MAY BE USED TO SUPPORT MEDICAL NECESSITY AND OTHER COVERAGE DETERMINATIONS.

CIGNA NATIONAL FORMULARY COVERAGE:

OVERVIEW

Byetta and Bydureon BCise are glucagon-like peptide-1 (GLP-1) agonists.[1,2]

Byetta is indicated as an adjunct to diet and exercise to improve glycemic control in **adults with type 2 diabetes mellitus**.[1]

Bydureon BCise is indicated as an adjunct to diet and exercise to improve glycemic control in adults and pediatric patients **≥ 10 years of age with type 2 diabetes mellitus**.[2]

Dosing

The recommended dose of Byetta is 5 mcg administered subcutaneous (SC) twice daily (BID) within 60 minutes prior to the morning and evening meals (or the two main meals of the day, approximately ≥ 6 hours apart). The dose of Byetta may be increased to 10 mcg BID after 1 month of therapy if needed, based on clinical

response. If a dose is missed, resume the treatment regimen as prescribed with the next scheduled dose.

The recommended dose of Bydureon BCise is 2 mg SC once weekly (QW) [every 7 days].[2] The dose may be administered with or without meals, at any time of day. Patients switching from another extended-release exenatide product should discontinue that product and then initiate Bydureon BCise at the next regularly scheduled dose. Patients switching from immediate-release exenatide may experience transient blood glucose elevations (approximately 2 to 4 weeks). A patient may change the day of weekly administration, as long as the previous dose was administered ≥ 3 days before the new administration day. If a dose is missed, it can be administered as soon as it is noticed if the next schedule dose is due at least 3 days later. If the next regularly scheduled dose is due 1 or 2 days later, skip the missed dose and resume Bydureon BCise with the next regularly scheduled dose.

Availability

Byetta is supplied as a 250 mcg/mL solution in single-patient-use prefilled pens in the following sizes:[1]

- 5 mcg/0.02 mL per dose (60 doses per pen [1.2 mL total])
- 10 mcg/ 0.04 mL per dose (60 doses per pen [2.4 mL total])

Bydureon BCise is supplied as a 2 mg/0.85 mL prefilled, single-dose auto-injector.[2]

POLICY STATEMENT

This Drug Quantity Management program has been developed to promote the safe, effective, and economic use of the exenatide products. Two quantity limits (Limit A and Limit B) are in place for the exenatide products and are outlined below. If the Drug Quantity Management rules are not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for the duration noted below.

Diabetes – Exenatide Products Drug Quantity Management Policy – Per Days product(s) is(are) covered as medically necessary when the following criteria is(are) met. Any other exception is considered not medically necessary.

Drug Quantity Limit A

Product	Strength and Form	Retail Maximum Quantity	Home Delivery Maximum Quantity
Byetta® (exenatide SC injection)	5 mcg/0.02 mL per dose prefilled pens (1.2 mL total)	1.2 mL (1 pen) per 30 days	3.6 mL (3 pens) per 90 days
	10 mcg/0.04 mL per dose prefilled pens (2.4 mL total)	2.4 mL (1 pen) per 30 days	7.2 mL (3 pens) per 90 days

Bydureon BCise® (exenatide extended-release SC injection)	2 mg/0.85 mL prefilled auto-injector	3.4 mL (4 pens) per 28 days	10.2 mL (12 pens) per 84 days

SC – Subcutaneous.

CRITERIA A

Byetta 5 mcg per dose pens and 10 mcg per dose pens
No overrides recommended.

Bydureon BCise 2 mg pens
No overrides recommended.

Drug Quantity Limit B

Product	Strength and Form	Retail and Home Delivery Maximum Quantity Per 21 Days
Byetta® (exenatide SC injection)	5 mcg/0.02 mL per dose prefilled pens (1.2 mL total)	**ONE claim collectively for ONE GLP-1 agonist or GLP-1/GIP agonist may be approved every 21 days**.[q]
	10 mcg/0.04 mL per dose prefilled pens (2.4 mL total)	
Bydureon BCise® (exenatide extended-release SC injection)	2 mg/0.85 mL prefilled auto-injector	

SC – Subcutaneous; GLP-1 – Glucagon-like peptide-1; GIP – Glucose-dependent insulinotropic peptide
[q] Refer to Appendix A for a list of the drugs included in this limit.

CRITERIA B

Note: The criteria below apply only to Quantity Limit B.

Byetta 5 mcg per dose pens

1. If the patient is switching from the 10 mcg per dose Byetta to the 5 mcg per dose Byetta, approve a one-time override for 1.2 mL (1 pen) at retail or 3.6 mL (3 pens) at home delivery.

2. If the patient is switching from another GLP-1 agonist or GLP-1/GIP agonist to Byetta, approve a one-time override for 1.2 mL (1 pen) at retail or 3.6 mL (3 pens) at home delivery.
   Note: Other GLP-1 agonists and GLP-1/GIP agonists include Adlyxin® (lixisenatide SC injection), Bydureon BCise® (exenatide extended-release SC injection), Mounjaro® (tirzepatide SC injection), Ozempic® (semaglutide SC injection), Rybelsus® (semaglutide tablets), Trulicity® (dulaglutide SC injection), liraglutide SC injection (Victoza®, generic), Saxenda® (liraglutide SC injection), Wegovy® (semaglutide SC injection), Zepbound® (tirzepatide SC injection).

Byetta 10 mcg per dose pens

1. If the patient is switching from 5 mcg per dose Byetta to the 10 mcg per dose Byetta, approve a one-time override for 2.4 mL (1 pen) at retail or 7.2 mL (3 pens) at home delivery.

2. If the patient is switching from another GLP-1 agonist or GLP-1/GIP agonist to Byetta, approve a one-time override for 2.4 mL (1 pen) at retail or 7.2 mL (3 pens) at home delivery.
Note: Other GLP-1 agonists and GLP-1/GIP agonists include Adlyxin® (lixisenatide SC injection), Bydureon BCise® (exenatide extended-release SC injection), Mounjaro® (tirzepatide SC injection), Ozempic® (semaglutide SC injection), Rybelsus® (semaglutide tablets), Trulicity® (dulaglutide SC injection), liraglutide SC injection (Victoza®, generic), Saxenda® (liraglutide SC injection), Wegovy® (semaglutide SC injection), Zepbound® (tirzepatide SC injection).

Bydureon BCise 2 mg pens

1. If the patient is switching from another GLP-1 agonist or GLP-1/GIP agonist to Bydureon BCise, approve a one-time override for 3.4 mL (4 pens) at retail or 10.2 mL (12 pens) at home delivery.
Note: Other GLP-1 agonists and GLP-1/GIP agonists include Adlyxin® (lixisenatide SC injection), Byetta® (exenatide SC injection), Mounjaro® (tirzepatide SC injection), Ozempic® (semaglutide SC injection), Rybelsus® (semaglutide tablets), Trulicity® (dulaglutide SC injection), liraglutide SC injection (Victoza®, generic), Saxenda® (liraglutide SC injection), Wegovy® (semaglutide SC injection), Zepbound® (tirzepatide SC injection).

REFERENCES

1. Byetta® subcutaneous injection [prescribing information]. Wilmington, DE: AstraZeneca; December 2022.
2. Bydureon BCise® subcutaneous injection [prescribing information]. Wilmington, DE: AstraZeneca; March 2024.

HISTORY

Type of Revision	Summary of Changes	Review Date
New Policy	New policy created to add additional quantity limits to approve ONE claim collectively for ONE glucagon-like peptide-1 (GLP-1) agonist or GLP-1/glucose-dependent insulinotropic polypeptide (GIP) agonist every 21 days at retail or home delivery. New clinical overrides apply to these limits. Existing "Per Days" quantity limits were not changed and no overrides apply. **Bydureon 2 mg/0.65 mL pen:** The quantity limits for the Bydureon 2 mg/0.65 mL pen were removed from the policy (obsolete).	07/17/2024

APPENDIX A

Table 1. GLP-1 Agonists and GLP-1/GIP Agonists.

Brand (Generic Name)	Dosage Form
Adlyxin® (lixisenatide SC injection)	10-20 mcg Starter Pack (discontinued) 20 mcg Maintenance Pack (discontinued)
Bydureon® (exenatide extended-release SC injection)	2 mg/0.65 mL pen
Bydureon BCise® (exenatide extended-release SC injection)	2 mg/0.85 mL prefilled auto-injector
Byetta® (exenatide SC injection)	5 mcg/0.02 mL dose pen (1.2 mL) 10 mcg/0.04 mL dose pen (2.4 mL)
Mounjaro® (tirzepatide SC injection)	2.5 mg/0.5 mL pen 5 mg/0.5 mL pen 7.5 mg/0.5 mL pen 10 mg/0.5 mg pen 12.5 mg/0.5 mL pen 15 mg/0.5 mL pen
Ozempic® (semaglutide SC injection)	0.25 mg and 0.5 mg dose pen (2 mg/1.5 mL) [discontinued] 0.25 mg and 0.5 mg dose pen (2 mg/3 mL) 1 mg dose pen (2 mg/1.5 mL) [discontinued] 1 mg dose pen (4 mg/3 mL) 2 mg dose pen (8 mg/3 mL)
Rybelsus® (semaglutide tablets)	3 mg tablet 7 mg tablet 14 mg tablet
Saxenda® (liraglutide SC injection)	18 mg/3 mL pen
Trulicity® (dulaglutide SC injection)	0.75 mg/0.5 mL pen 1.5 mg/0.5 mL pen 3 mg/0.5 mL pen 4.5 mg/0.5 mL pen
Victoza® (liraglutide SC injection, generic)	18 mg/3 mL pen (2-pack) 18 mg/3 mL pen (3-pack)
Wegovy® (semaglutide SC injection)	0.25 mg/0.5 mL pen 0.5 mg/0.5 mL pen 1 mg/0.5 mL pen 1.7 mg/0.75 mL pen 2.4 mg/0.75 mL pen
Zepbound® (tirzepatide SC injection)	2.5 mg/0.5 mL pen 5 mg/0.5 mL pen 7.5 mg/0.5 mL pen 10 mg/0.5 mL pen 12.5 mg/0.5 mL pen 15 mg/0.5 mL pen

GLP – Glucagon-like peptide-1; GIP – Glucose-dependent insulinotropic polypeptide; SC – Subcutaneous.