

MedImpact

CUSTOM
PRIOR AUTHORIZATION GUIDELINES

LIXISENATIDE

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
LIXISENATIDE	ADLYXIN			GPI-10 (2717005600)	

GUIDELINES FOR USE

CRITERIA

1. Does the patient have a documented diagnosis of Type 2 Diabetes Mellitus?

If yes, **approve the requested drug for 12 months by GPID or GPI-14.**

If no, do not approve.

DENIAL TEXT: See the denial text at the end of the guideline.

DENIAL TEXT:

Our guideline named **LIXISENATIDE (Adlyxin)** requires that you have a documented diagnosis of Type 2 Diabetes Mellitus.

Your doctor told us **[INSERT PT SPECIFIC INFO PROVIDED]**. We do not have information showing you **[INSERT UNMET CRITERIA]**. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

RATIONALE

For further information, please refer to the Prescribing Information and/or Drug Monograph for Adlyxin.

Created: 03/23

Effective: 07/01/23