

**BYETTA® SWITCH TO NON-PREFERRED MAILING**  
**Mailed April 2015**

**BACKGROUND**

At the February 10, 2015 meeting of the DOM Pharmacy and Therapeutics (P & T) Committee, a recommendation was passed that effective April 1, 2015, Byetta® would become switch to a non-preferred drug on the MS Preferred Drug List or PDL. Prescriptions for beneficiaries newly prescribed Byetta® would require prior authorization beginning April 1, 2015 and beneficiaries currently on Byetta® therapy would have a six month grace period, or until September 30, 2015, for refills to continue to be approved.

**MAILING**

MS-DUR identified all providers with beneficiaries having filled prescriptions for Byetta® during the previous three months. These 60 providers were mailed the attached letter.

DATE

MD\_NAME,  
MD\_ADDRESS  
MD\_ADDRESS, MS MD\_ZIP

Dear Dr. MD\_NAME,

In accordance with February 10, 2015 Pharmacy and Therapeutics (P & T) Committee recommendations and effective April 1, 2015, **Byetta® becomes a non-preferred drug** on the MS Preferred Drug List or PDL. Prescriptions for beneficiaries newly prescribed Byetta® will require prior authorization beginning April 1, 2015. For those beneficiaries currently on Byetta® therapy, DOM will allow a six month grace period, or until September 30, 2015, for refills to continue to be approved. The grace period allows prescribers time to work with patients and select a preferred incretin mimetic/enhancer product. Please note that effective October 1, 2015, prescription refills for Byetta® will be rejected as a non-preferred product and will require prior authorization.

#### WHAT WE ASK OF YOU?

You have been identified as having Medicaid patients on Byetta® therapy in the last six months. We ask that over the next few months, contact your patients using Byetta®, and consider therapy with one of the preferred incretin mimetic/enhancer products. DOM PDL's preferred incretin mimetic/enhancer products include:

Bydureon® (exenatide extended)

Janumet® (sitagliptin/metformin)

Januvia® (sitagliptin)

Kombiglyze XR (saxagliptin/metformin)

Onglyza (saxagliptin)

By systematically changing patient therapy during the grace period, patient therapy disruption due to rejection of a non-preferred product can be avoided. For your easy reference, included with this letter is a list of your patients identified as filling a prescription for Byetta® during the last six months. To further assist, we are including labels for patient's charts in the hopes that someone in your office can attach these labels to charts as a reminder to switch their medication during the six month grace period.

*Remember: Every time a prescription is written for a non-preferred PDL drug or filled with a non-preferred drug, MS Medicaid and the State of MS lose money.*

Sincerely,

Benjamin F. Banahan, III, Ph.D.  
Project Director  
MS-DUR

Judith P. Clark, R.Ph , B.S. Pharmacy  
Director, Office of Pharmacy  
Division of Medicaid