

Pharmacy Policy Bulletin

Title: Liraglutide (Victoza®)

Policy #: Rx.01.51

Application of pharmacy policy is determined by benefits and contracts. Benefits may vary based on product line, group, or contract. Some medications may be subject to precertification, age, gender or quantity restrictions. Individual member benefits must be verified.

This pharmacy policy document describes the status of pharmaceutical information and/or technology at the time the document was developed. Since that time, new information relating to drug efficacy, interactions, contraindications, dosage, administration routes, safety, or FDA approval may have changed. This Pharmacy Policy will be regularly and updated as scientific and medical literature becomes available. This information may include new FDA-approved indications, withdrawals, or other FDA alerts. This type of information is relevant not only when considering whether this policy should be updated, but also when applying it to current requests for coverage.

Members are advised to use participating pharmacies in order to receive the highest level of benefits.

▶ Intent:

Liraglutide (Victoza®) is indicated as an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes mellitus.

The use of Liraglutide (Victoza®) requires prior authorization (i.e. clinical pharmacy and/or Medical Director review).

▶ Description:

Liraglutide (Victoza®) is a glucagon-like peptide-1 (GLP-1) receptor agonist. Liraglutide (Victoza®) increases cyclic AMP leading to insulin release in the presence of elevated glucose concentrations. Liraglutide (Victoza®) also decreases glucagon secretion in a glucose dependent manner.

▶ Policy:

Liraglutide (Victoza®) is approved when **all** of the following inclusion criteria are met:

- Documentation of type 2 diabetes mellitus
- Documentation of a trial and failure of one or contraindication to all of the following:
 - A metformin-containing product
 - A thiazolidinedione
 - A sulfonylurea

▶ Guidelines:

Refer to the specific manufacturer's prescribing information for administration and dosage details and any applicable Black Box warnings.

BENEFIT APPLICATION

Subject to the terms and conditions of the applicable benefit contract, the applicable drug(s) identified in this policy is (are) covered under the pharmacy benefits of the Company's products when the medical necessity criteria listed in this pharmacy policy are met. Any services that are experimental/investigational or cosmetic are benefit contract exclusions for all products of the Company.

▶ References:

Facts and Comparisons Website. [Victoza]. Available at www.factsandcomparisons.com. Accessed February 28, 2012.


Inteleos website. Available at www.inteleos.com. Accessed February 28, 2012.

Medical Management of Hyperglycemia in Type 2 Diabetes: A Consensus Algorithm for the Initiation and Adjustment of Therapy. A consensus statement of the American Diabetes Association and the European Association for the Study of Diabetes. Diabetes Care. 2009; 32: 193-203.

Micromedex website [Victoza]. Available at www.micromedex.com. Accessed February 28, 2012.

Victoza [package insert]. Princeton NJ. Novo Nordisk. 2010.

Applicable Drugs:

 Inclusion of a drug in this table does not imply coverage. Eligibility, benefits, limitations, exclusions, precertification/referral requirements, provider contracts, and Company policies apply.

Brand Name	Generic Name
Victoza®	liraglutide

Cross References:

Policy Version Number:	1.00
P&T Approval Date:	January 12, 2012
Policy Effective Date:	April 01, 2012
Next Required Review Date:	January 12, 2013

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