

Gateway Health
Prior Authorization Criteria
Victoza (liraglutide)

All requests for Victoza (liraglutide) require a prior authorization and will be screened for medical necessity and appropriateness using the criteria listed below.

Victoza (liraglutide) Prior Authorization Criteria:

- Coverage is provided for a diagnosis of type 2 diabetes mellitus
- Coverage is provided for treatment if the member has tried and failed a minimum of a 4 week trial or had an intolerance to one of the following:
 - Glucophage (Metformin)
 - Glucophage XR (Metformin ER)
 - Glucovance (metformin/glyburide)
 - Metaglip (metformin/glipizide)
 - Avandamet (metformin/rosiglitazone)
 - Actoplus Met (pioglitazone/metformin)
 - Amaryl (glimepiride)
 - Duetact (glimepiride/pioglitazone)
 - DiaBeta, Glynase, Micronase (glyburide)
 - Glucotrol, Glucotrol XL (glipizide)
 - Januvia (sitagliptin)
 - Janumet/Janumet XR (sitagliptin/metformin)
 - Jardiance (empagliflozin)
 - Glyxambi (empagliflozin/linagliptin)
 - Synjardy (empagliflozin/linagliptin)
 - Alogliptin
 - Alogliptin/pioglitazone
 - Alogliptin/metformin

- When criteria are met, coverage is provided for a 12 month duration.

When criteria are not met, the request will be forwarded to a Medical Director for review. The physician reviewer must override criteria, when, in their professional judgment, the requested medication is medically necessary