

CRITERIA FOR PRIOR AUTHORIZATION

Incretin mimetic agents

PROVIDER GROUP: Pharmacy

MANUAL GUIDELINES: The following drug(s) requires prior authorization:
Liraglutide (Victoza®)

CRITERIA: (must meet all of the following)

- Patient must be at least 18 years old.
- Patient must have a diagnosis of Type 2 Diabetes.
 - Diagnosis of Type 2 Diabetes must be documented by HbA1c > 6.5%
- Pretreatment documented inadequate glycemic control (HbA1c ≥ 6.5%) with therapy of:
 - Maximum tolerated doses of metformin, unless contraindicated
- Patient must not have history or family history of medullary thyroid carcinoma in the past 2 years.
- Patient must not have history of multiple endocrine neoplasia syndrome type 2 in the past 2 years.

RENEWAL CRITERIA: (Must meet one of the following)

- Documented improvement of HbA1c from pretreatment levels.
- Achievement or maintenance of therapeutic goals (HbA1c ≤ 6.5%).

Prior Authorizations will be approved for 6 months.