



Division: Pharmacy Policy	Subject: Prior Authorization Criteria
Original Development Date: Original Effective Date: Revision Date:	March 2, 2010 June 15, 2012, March 11, 2015, December 22, 2016, July 2, 2019, September 8, 2022

Victoza® (liraglutide injection)

LENGTH OF AUTHORIZATION: UP TO SIX MONTHS

REVIEW CRITERIA:

- Patient must be ≥ 10 years old.
- Must have a diagnosis of type 2 diabetes mellitus.
- Must have a minimum three month trial with metformin and a preferred glucagon-like peptide-1 agonist.
- Hemoglobin A1C $\geq 7\%$ (within last 6 months).

CONTINUATION OF THERAPY

- Patient met initial review criteria; **AND**
- Documentation of improved clinical response (e.g., decrease in Hemoglobin A1C); **AND**
- Patient has not experienced any treatment-restricting adverse effects; **AND**
- Dosing is appropriate as per labeling or is supported by compendia.

DOSING AND ADMINISTRATION:

- Refer to product labeling at <https://www.accessdata.fda.gov/scripts/cder/daf/>
- Available as 6 mg/mL solution in pre-filled pen.