

Texas Prior Authorization Program  
Clinical Edit Criteria

---

Drug/Drug Class

## Victoza (Liraglutide) Solution for Injection

### Clinical Edit Information Included in this Document

- **Drugs requiring prior authorization:** the list of drugs requiring prior authorization for this clinical edit
- **Prior authorization criteria logic:** a description of how the prior authorization request will be evaluated against the clinical edit criteria rules
- **Logic diagram:** a visual depiction of the clinical edit criteria logic
- **Supporting tables:** a collection of information associated with the steps within the criteria (diagnosis codes, procedure codes, and therapy codes); provided when applicable
- **References:** clinical publications and sources relevant to this clinical edit

**Note:** Click the hyperlink to navigate directly to that section.

### Revision Notes

Initial publication and posting to website



**Victoza (Liraglutide)  
Solution for Injection**

**Drugs Requiring Prior Authorization**

<b>Drugs Requiring Prior Authorization</b>	
<b>Label Name</b>	<b>GCN</b>
VICTOZA 2-PAK 18MG/3ML PEN	26189
VICTOZA 3-PAK 18MG/3ML PEN	26189



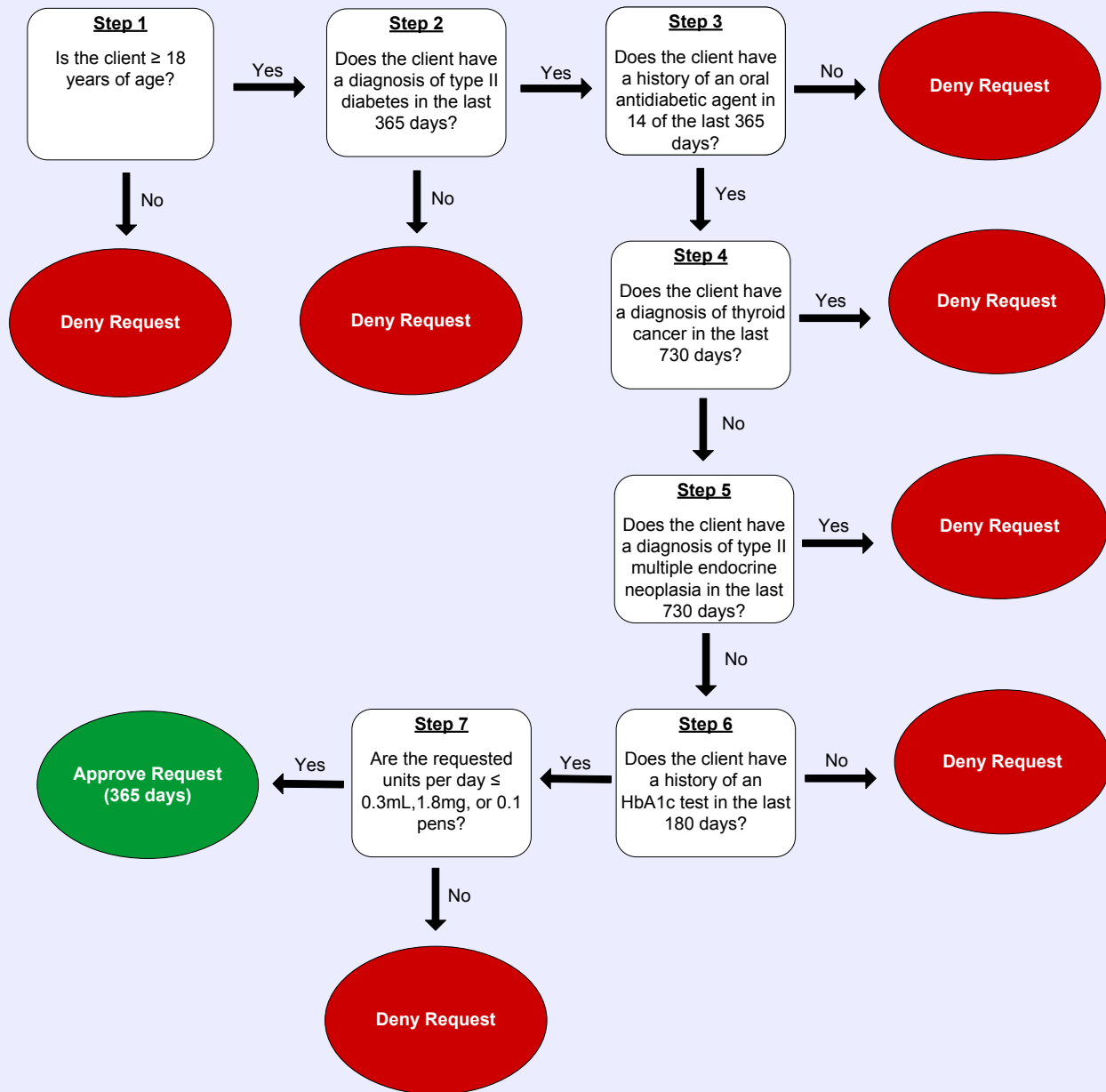
**Victoza (Liraglutide)  
Solution for Injection  
Clinical Edit Criteria Logic**

1. Is the client greater than or equal to ( $\geq$ ) 18 years of age?  
 Yes (Go to #2)  
 No (Deny)
2. Does the client have a diagnosis of type II diabetes in the last 365 days?  
 Yes (Go to #3)  
 No (Deny)
3. Does the client have a history of an oral antidiabetic agent for at least 14 days in the last 365 days?  
 Yes (Go to #4)  
 No (Deny)
4. Does the client have a diagnosis of thyroid cancer in the last 730 days?  
 Yes (Deny)  
 No (Go to #5)
5. Does the client have a diagnosis of type II multiple endocrine neoplasia in the last 730 days?  
 Yes (Deny)  
 No (Go to #6)
6. Does the client have a history of an HbA1c test in the last 180 days?  
 Yes (Go to #7)  
 No (Deny)
7. Are the requested units per day less than or equal to ( $\leq$ ) 0.3mL, 1.8mg, or 0.1 pens?  
 Yes (Approve – 365 days)  
 No (Deny)



# Victoza (Liraglutide) Solution for Injection

## Clinical Edit Criteria Logic Diagram





## Victoza (Liraglutide) Solution for Injection

### Clinical Edit Criteria Supporting Tables

<b>Step 2 (diagnosis of type II diabetes)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 365 days</b>	
<b>ICD-9 Code</b>	<b>Description</b>
25000	DIABETES MELLITUS WITHOUT MENTION OF COMPLICATION, TYPE II OR UNSPECIFIED TYPE, NOT STATED AS UNCONTROLLED
25002	DIABETES MELLITUS WITHOUT MENTION OF COMPLICATION, TYPE II OR UNSPECIFIED TYPE, UNCONTROLLED
25010	DIABETES WITH KETOACIDOSIS, TYPE II OR UNSPECIFIED TYPE, NOT STATED AS UNCONTROLLED
25012	DIABETES WITH KETOACIDOSIS, TYPE II OR UNSPECIFIED TYPE, UNCONTROLLED
25020	DIABETES WITH HYPEROSMOLARITY, TYPE II OR UNSPECIFIED TYPE, NOT STATED AS UNCONTROLLED
25022	DIABETES WITH HYPEROSMOLARITY, TYPE II OR UNSPECIFIED TYPE, UNCONTROLLED
25030	DIABETES WITH OTHER COMA, TYPE II OR UNSPECIFIED TYPE, NOT STATED AS UNCONTROLLED
25032	DIABETES WITH OTHER COMA, TYPE II OR UNSPECIFIED TYPE, UNCONTROLLED
25040	DIABETES WITH RENAL MANIFESTATIONS, TYPE II OR UNSPECIFIED TYPE, NOT STATED AS UNCONTROLLED
25042	DIABETES WITH RENAL MANIFESTATIONS, TYPE II OR UNSPECIFIED TYPE, UNCONTROLLED
25050	DIABETES WITH OPHTHALMIC MANIFESTATIONS, TYPE II OR UNSPECIFIED TYPE, NOT STATED AS UNCONTROLLED
25052	DIABETES WITH OPHTHALMIC MANIFESTATIONS, TYPE II OR UNSPECIFIED TYPE UNCONTROLLED
25060	DIABETES WITH NEUROLOGICAL MANIFESTATIONS, TYPE II OR UNSPECIFIED TYPE, NOT STATED AS UNCONTROLLED
25062	DIABETES WITH NEUROLOGICAL MANIFESTATIONS, TYPE II OR UNSPECIFIED TYPE, UNCONTROLLED
25070	DIABETES WITH PERIPHERAL CIRCULATORY DISORDERS, TYPE II OR UNSPECIFIED TYPE, NOT STATED AS UNCONTROLLED
25072	DIABETES WITH PERIPHERAL CIRCULATORY DISORDERS, TYPE II OR UNSPECIFIED TYPE, UNCONTROLLED
25080	DIABETES WITH OTHER SPECIFIED MANIFESTATIONS, TYPE II OR UNSPECIFIED TYPE, NOT STATED AS UNCONTROLLED
25082	DIABETES WITH OTHER SPECIFIED MANIFESTATIONS, TYPE II OR UNSPECIFIED TYPE UNCONTROLLED

<b>Step 2 (diagnosis of type II diabetes)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 365 days</b>	
<b>ICD-9 Code</b>	<b>Description</b>
25090	DIABETES WITH UNSPECIFIED COMPLICATION, TYPE II OR UNSPECIFIED TYPE, NOT STATED AS UNCONTROLLED
25092	DIABETES WITH UNSPECIFIED COMPLICATION, TYPE II OR UNSPECIFIED TYPE, UNCONTROLLED

<b>Step 3 (history of oral anti-diabetic agent)</b>	
<b>Number of claims: 1</b>	
<b>Look back timeframe: 365 days</b>	
<b>Description</b>	<b>GCN</b>
ACARBOSE 25 MG TABLET	08070
ACARBOSE 50 MG TABLET	02319
ACARBOSE 100 MG TABLET	02318
ACTOPLUS MET 15 MG-500 MG TAB	25444
ACTOPLUS MET 15 MG-850 MG TAB	25445
ACTOPLUS MET XR 15-1,000 MG TB	28620
ACTOPLUS MET XR 30-1,000 MG TB	28622
ACTOS 15 MG TABLET	92991
ACTOS 30 MG TABLET	93001
ACTOS 45 MG TABLET	93011
AMARYL 1 MG TABLET	05830
AMARYL 2 MG TABLET	05832
AMARYL 4 MG TABLET	05833
AVANDAMET 2 MG-500 MG TABLET	91742
AVANDAMET 2 MG-1,000 MG TAB	20313
AVANDAMET 4 MG-500 MG TABLET	91743
AVANDAMET 4 MG-1,000 MG TABLET	20314
AVANDARYL 4 MG-1 MG TABLET	26125
AVANDARYL 4 MG-2 MG TABLET	26126
AVANDARYL 4 MG-4 MG TABLET	26127
AVANDARYL 8 MG-2 MG TABLET	98489
AVANDARYL 8 MG-4 MG TABLET	97648
AVANDIA 2 MG TABLET	93193
AVANDIA 4 MG TABLET	93203
AVANDIA 8 MG TABLET	93363
CHLORPROPAMIDE 100 MG TABLET	05731
CHLORPROPAMIDE 250 MG TABLET	05732

<b>Step 3 (history of oral anti-diabetic agent)</b>	
<b>Number of claims: 1</b>	
<b>Look back timeframe: 365 days</b>	
<b>Description</b>	<b>GCN</b>
DIABETA 1.25 MG TABLET	05710
DIABETA 2.5 MG TABLET	05711
DIABETA 5 MG TABLET	05712
DUETACT 30-2 MG TABLET	97181
DUETACT 30-4 MG TABLET	97180
FORTAMET ER 500 MG TABLET	21832
FORTAMET ER 1,000 MG TABLET	21831
GLIMEPIRIDE 1 MG TABLET	05830
GLIMEPIRIDE 2 MG TABLET	05832
GLIMEPIRIDE 4 MG TABLET	05833
GLIPIZIDE 5 MG TABLET	10840
GLIPIZIDE 10 MG TABLET	10841
GLIPIZIDE ER 2.5 MG TABLET	50638
GLIPIZIDE ER 5 MG TABLET	10844
GLIPIZIDE ER 10 MG TABLET	10843
GLIPIZIDE XL 2.5 MG TABLET	50638
GLIPIZIDE XL 5 MG TABLET	10844
GLIPIZIDE XL 10 MG TABLET	10843
GLIPIZIDE-METFORMIN 2.5-250 MG	18366
GLIPIZIDE-METFORMIN 2.5-500 MG	18367
GLIPIZIDE-METFORMIN 5-500 MG	18368
GLUCOPHAGE 500 MG TABLET	10810
GLUCOPHAGE 850 MG TABLET	10811
GLUCOPHAGE 1,000 MG TABLET	10857
GLUCOPHAGE XR 500 MG TAB	89863
GLUCOPHAGE XR 750 MG TAB	19578
GLUCOTROL 5 MG TABLET	10840
GLUCOTROL 10 MG TABLET	10841
GLUCOTROL XL 2.5 MG TABLET	50638
GLUCOTROL XL 5 MG TABLET	10844
GLUCOTROL XL 10 MG TABLET	10843
GLUCOVANCE 2.5-500 MG TABLET	92889
GLUCOVANCE 5-500 MG TABLET	89879
GLUMETZA ER 500 MG TABLET	97061
GLUMETZA ER 1,000 MG TABLET	97067
GLYBURIDE 1.25 MG TABLET	05710

<b>Step 3 (history of oral anti-diabetic agent)</b>	
<b>Number of claims: 1</b>	
<b>Look back timeframe: 365 days</b>	
<b>Description</b>	<b>GCN</b>
GLYBURIDE 2.5 MG TABLET	05711
GLYBURIDE 5 MG TABLET	05712
GLYBURIDE MICRO 1.5 MG TAB	05713
GLYBURIDE MICRO 3 MG TABLET	05714
GLYBURIDE MICRO 6 MG TABLET	05715
GLYBURIDE-METFORMIN 2.5-500 MG	92889
GLYBURIDE-METFORMIN 5-500 MG	89879
GLYBURID-METFORMIN 1.25-250 MG	89878
GLYNASE 1.5 MG PRESTAB	05713
GLYNASE 3 MG PRESTAB	05714
GLYNASE 6 MG PRESTAB	05715
GLYSET 25 MG TABLET	95252
GLYSET 50 MG TABLET	95253
GLYSET 100 MG TABLET	95254
JANUMET 50-500 MG TABLET	98306
JANUMET 50-1,000 MG TABLET	98307
JANUVIA 25 MG TABLET	97398
JANUVIA 50 MG TABLET	97399
JANUVIA 100 MG TABLET	97400
KOMBIGLYZE XR 2.5-1,000 MG TAB	29225
KOMBIGLYZE XR 5-500 MG TABLET	29118
KOMBIGLYZE XR 5-1,000 MG TAB	29224
METAGLIP 2.5-250 MG TABLET	18366
METFORMIN HCL 500 MG TABLET	10810
METFORMIN HCL 850 MG TABLET	10811
METFORMIN HCL 1,000 MG TABLET	10857
METFORMIN HCL ER 500 MG TABLET	21832
METFORMIN HCL ER 500 MG TABLET	89863
METFORMIN HCL ER 750 MG TABLET	19578
METFORMIN HCL ER 1,000 MG TAB	21831
NATEGLINIDE 60 MG TABLET	12277
NATEGLINIDE 120 MG TABLET	34027
ONGLYZA 2.5 MG TABLET	27393
ONGLYZA 5 MG TABLET	27394
PRANDIMET 1 MG-500 MG TABLET	16084
PRANDIMET 2 MG-500 MG TABLET	16085



<b>Step 3 (history of oral anti-diabetic agent)</b>	
<b>Number of claims: 1</b>	
<b>Look back timeframe: 365 days</b>	
<b>Description</b>	<b>GCN</b>
PRANDIN 0.5 MG TABLET	26311
PRANDIN 1 MG TABLET	26312
PRANDIN 2 MG TABLET	26313
PRECOSE 25 MG TABLET	08070
PRECOSE 50 MG TABLET	02319
PRECOSE 100 MG TABLET	02318
RIOMET 500 MG/5 ML SOLUTION	20808
STARLIX 60 MG TABLET	12277
STARLIX 120 MG TABLET	34027
TOLAZAMIDE 250 MG TABLET	05741
TOLAZAMIDE 500 MG TABLET	05742
TOLBUTAMIDE 500 MG TABLET	05724
TRADJENTA 5 MG TABLET	29890

<b>Step 4 (diagnosis of thyroid cancer)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 730 days</b>	
<b>ICD-9 Code</b>	<b>Description</b>
193	MALIGN NEOPL THYROID

<b>Step 5 (diagnosis of type II multiple endocrine neoplasia)</b>	
<b>Required diagnosis: 1</b>	
<b>Look back timeframe: 730 days</b>	
<b>ICD-9 Code</b>	<b>Description</b>
25802	MULTIPLE ENDOCRINE NEOPLASIA [MEN] TYPE IIA

<b>Step 6 (history of an HbA1c test)</b>	
<b>Number of claims: 1</b>	
<b>Look back timeframe: 180 days</b>	
<b>CPT</b>	<b>Description</b>
83036	GLYCOSYLATED HEMOGLOBIN TEST



## **Victoza (Liraglutide) Solution for Injection**

### **Clinical Edit Criteria References**

1. Victoza™ [package insert]. Princeton, NJ: Novo Nordisk, Inc. Available at <http://www.novo-pi.com/victoza.pdf>. Accessed on August 30, 2011.
2. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc., 2011, updated April 2010. Available at <http://clinicalpharmacology.com/Forms/Monograph/monograph.aspx?cpnum=3496&sec=monindi>.

## Publication History

The Publication History records the publication iterations and revisions to this document. Notes for the *most current revision* are also provided in the **Revision Notes** on the first page of this document.

Publication Date	Notes
07/18/2012	Initial publication and posting to website