

CUSTOM PRIOR AUTHORIZATION GUIDELINES

LIRAGLUTIDE

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
LIRAGLUTIDE	VICTOZA			GPI-10	
				(2717005000)	

GUIDELINES FOR USE

CRITERIA

1. Does the patient have a documented diagnosis of Type 2 Diabetes Mellitus?

If yes, approve the requested drug for 12 months by GPID or GPI-14.

If no, do not approve.

DENIAL TEXT: See the denial text at the end of the guideline.

DENIAL TEXT:

Our guideline named **LIRAGLUTIDE** (Victoza) requires that you have a documented diagnosis of Type 2 Diabetes Mellitus.

Your doctor told us [INSERT PT SPECIFIC INFO PROVIDED]. We do not have information showing you [INSERT UNMET CRITERIA]. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

RATIONALE

For further information, please refer to the Prescribing Information and/or Drug Monograph for Victoza.

Created: 03/23 Effective: 07/01/23

Copyright © 2023 MedImpact Healthcare Systems, Inc. All rights reserved. This document is proprietary to MedImpact. MedImpact maintains the sole and exclusive ownership, right, title, and interest in and to this document.

Revised: 3/30/2023 Page 1 of 1