



Victoza (Liraglutide) Clinical Edit Criteria

Drug/Drug Class:

Victoza (Liraglutide) Solution for Injection

Superior HealthPlan follows the guidance of the Texas Vendor Drug Program (VDP) for all clinical edit criteria. Superior has adjusted the clinical criteria to ease the prior authorization process regarding this clinical edit. The clinical edit step requiring a history of an HbA1c test in the last 180 days has been removed.

The original clinical edit can be referenced at the Texas Vendor Drug Program website located at <https://www.txvendordrug.com/formulary/prior-authorization/mco-clinical-pa>.

Clinical Edit Information Included in this Document:

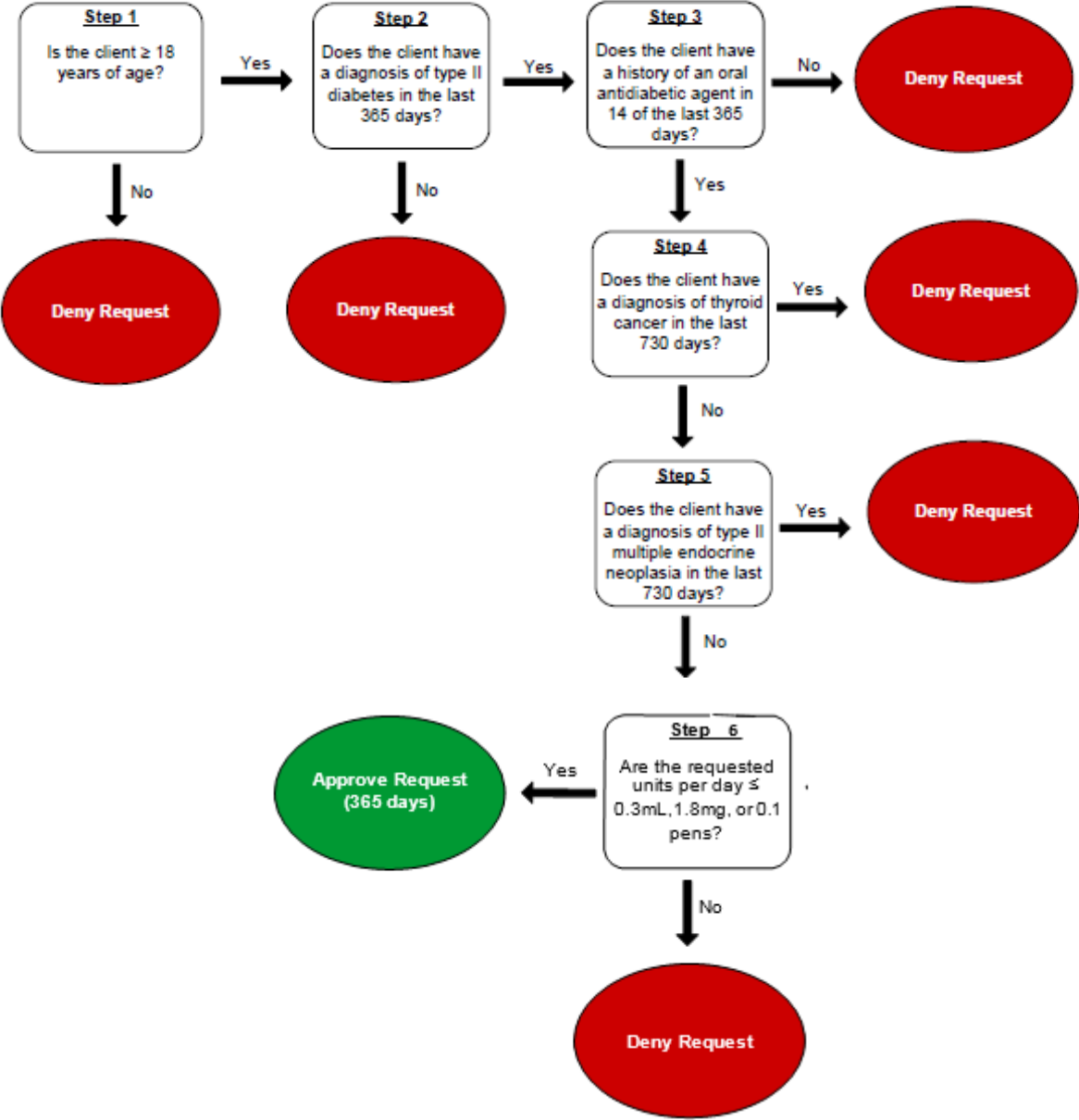
- **Drugs included in the edit:** a list of medications included in this clinical edit logic.
- **Logic diagram:** a visual depiction of the clinical edit criteria logic per drug strength.
- **Diagnosis codes or drugs in step logic:** a list of diagnosis codes or drug information and additional step logic, claims and lookback period information.
- **Clinical Edit References:** clinical edit references as provided by the Texas Vendor Drug Program.
- **Publication history:** to track when the eased criteria was put into production and any updates since this time.

Please note: All tables are provided by original Texas Vendor Drug Program Victoza (Liraglutide) Edit.

Drugs Requiring Prior Authorization:

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

Superior HealthPlan Clinical Edit Logic Diagram- Victoza (Liraglutide):



Diagnosis Codes and Drugs Used in Victoza (Liraglutide) Step Logic:

Step 2 (diagnosis of type II diabetes) Required diagnosis: 1 Look back timeframe: 365 days	
ICD-9 Code	Description
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

Step 2 (diagnosis of type II diabetes)**Required diagnosis: 1****Look back timeframe: 365 days**

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
ICD-10 Code	Description
E1100	TYPE 2 DIABETES MELLITUS WITH HYPEROSMOLARITY WITHOUT NONKETOTIC HYPERGLYCEMIC-HYPEROSMOLAR COMA (NKHHC)
E1101	TYPE 2 DIABETES MELLITUS WITH HYPEROSMOLARITY WITH COMA
E1121	TYPE 2 DIABETES MELLITUS WITH DIABETIC NEPHROPATHY
E1122	TYPE 2 DIABETES MELLITUS WITH DIABETIC CHRONIC KIDNEY DISEASE
E1129	TYPE 2 DIABETES MELLITUS WITH OTHER DIABETIC KIDNEY COMPLICATION
E11311	TYPE 2 DIABETES MELLITUS WITH UNSPECIFIED DIABETIC RETINOPATHY WITH MACULAR EDEMA
E11319	TYPE 2 DIABETES MELLITUS WITH UNSPECIFIED DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA
E11321	TYPE 2 DIABETES MELLITUS WITH MILD NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA
E11329	TYPE 2 DIABETES MELLITUS WITH MILD NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA
E11331	TYPE 2 DIABETES MELLITUS WITH MODERATE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA
E11339	TYPE 2 DIABETES MELLITUS WITH MODERATE NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA
E11341	TYPE 2 DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA
E11349	TYPE 2 DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA
E11351	TYPE 2 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA
E11359	TYPE 2 DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA
E1136	TYPE 2 DIABETES MELLITUS WITH DIABETIC CATARACT
E1139	TYPE 2 DIABETES MELLITUS WITH OTHER DIABETIC OPHTHALMIC COMPLICATION
E1140	TYPE 2 DIABETES MELLITUS WITH DIABETIC NEUROPATHY, UNSPECIFIED
E1141	TYPE 2 DIABETES MELLITUS WITH DIABETIC MONONEUROPATHY
E1142	TYPE 2 DIABETES MELLITUS WITH DIABETIC POLYNEUROPATHY
E1143	TYPE 2 DIABETES MELLITUS WITH DIABETIC AUTONOMIC (POLY)NEUROPATHY
E1144	TYPE 2 DIABETES MELLITUS WITH DIABETIC AMYOTROPHY

Step 2 (diagnosis of type II diabetes)**Required diagnosis: 1****Look back timeframe: 365 days**

E1149	TYPE 2 DIABETES MELLITUS WITH OTHER DIABETIC NEUROLOGICAL COMPLICATION
E1151	TYPE 2 DIABETES MELLITUS WITH DIABETIC PERIPHERAL ANGIOPATHY WITHOUT GANGRENE
E1152	TYPE 2 DIABETES MELLITUS WITH DIABETIC PERIPHERAL ANGIOPATHY WITH GANGRENE
E1159	TYPE 2 DIABETES MELLITUS WITH OTHER CIRCULATORY COMPLICATIONS
E11610	TYPE 2 DIABETES MELLITUS WITH DIABETIC NEUROPATHIC ARTHROPATHY
E11618	TYPE 2 DIABETES MELLITUS WITH OTHER DIABETIC ARTHROPATHY
E11620	TYPE 2 DIABETES MELLITUS WITH DIABETIC DERMATITIS
E11621	TYPE 2 DIABETES MELLITUS WITH FOOT ULCER
E11622	TYPE 2 DIABETES MELLITUS WITH OTHER SKIN ULCER
E11628	TYPE 2 DIABETES MELLITUS WITH OTHER SKIN COMPLICATIONS
E11630	TYPE 2 DIABETES MELLITUS WITH PERIODONTAL DISEASE
E11638	TYPE 2 DIABETES MELLITUS WITH OTHER ORAL COMPLICATIONS
E11641	TYPE 2 DIABETES MELLITUS WITH HYPOGLYCEMIA WITH COMA
E11649	TYPE 2 DIABETES MELLITUS WITH HYPOGLYCEMIA WITHOUT COMA
E1165	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA
E1169	TYPE 2 DIABETES MELLITUS WITH OTHER SPECIFIED COMPLICATION
E118	TYPE 2 DIABETES MELLITUS WITH UNSPECIFIED COMPLICATIONS
E119	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS
E1300	OTHER SPECIFIED DIABETES MELLITUS WITH HYPEROSMOLARITY WITHOUT NONKETOTIC HYPERGLYCEMIC-HYPEROSMOLAR COMA (NKHHC)
E1301	OTHER SPECIFIED DIABETES MELLITUS WITH HYPEROSMOLARITY WITH COMA
E1310	OTHER SPECIFIED DIABETES MELLITUS WITH KETOACIDOSIS WITHOUT COMA
E1311	OTHER SPECIFIED DIABETES MELLITUS WITH KETOACIDOSIS WITH COMA
E1321	OTHER SPECIFIED DIABETES MELLITUS WITH DIABETIC NEPHROPATHY
E1322	OTHER SPECIFIED DIABETES MELLITUS WITH DIABETIC CHRONIC KIDNEY DISEASE
E1329	OTHER SPECIFIED DIABETES MELLITUS WITH OTHER DIABETIC KIDNEY COMPLICATION
E13311	OTHER SPECIFIED DIABETES MELLITUS WITH UNSPECIFIED DIABETIC RETINOPATHY WITH MACULAR EDEMA
E13319	OTHER SPECIFIED DIABETES MELLITUS WITH UNSPECIFIED DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA

Step 2 (diagnosis of type II diabetes)**Required diagnosis: 1****Look back timeframe: 365 days**

E13321	OTHER SPECIFIED DIABETES MELLITUS WITH MILD NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA
E13329	OTHER SPECIFIED DIABETES MELLITUS WITH MILD NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA
E13331	OTHER SPECIFIED DIABETES MELLITUS WITH MODERATE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA
E13339	OTHER SPECIFIED DIABETES MELLITUS WITH MODERATE NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA
E13341	OTHER SPECIFIED DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA
E13349	OTHER SPECIFIED DIABETES MELLITUS WITH SEVERE NONPROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA
E13351	OTHER SPECIFIED DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITH MACULAR EDEMA
E13359	OTHER SPECIFIED DIABETES MELLITUS WITH PROLIFERATIVE DIABETIC RETINOPATHY WITHOUT MACULAR EDEMA
E1336	OTHER SPECIFIED DIABETES MELLITUS WITH DIABETIC CATARACT
E1339	OTHER SPECIFIED DIABETES MELLITUS WITH OTHER DIABETIC OPHTHALMIC COMPLICATION
E1340	OTHER SPECIFIED DIABETES MELLITUS WITH DIABETIC NEUROPATHY, UNSPECIFIED
E1341	OTHER SPECIFIED DIABETES MELLITUS WITH DIABETIC MONONEUROPATHY
E1342	OTHER SPECIFIED DIABETES MELLITUS WITH DIABETIC POLYNEUROPATHY
E1343	OTHER SPECIFIED DIABETES MELLITUS WITH DIABETIC AUTONOMIC (POLY)NEUROPATHY
E1344	OTHER SPECIFIED DIABETES MELLITUS WITH DIABETIC AMYOTROPHY
E1349	OTHER SPECIFIED DIABETES MELLITUS WITH OTHER DIABETIC NEUROLOGICAL COMPLICATION
E1351	OTHER SPECIFIED DIABETES MELLITUS WITH DIABETIC PERIPHERAL ANGIOPATHY WITHOUT GANGRENE
E1352	OTHER SPECIFIED DIABETES MELLITUS WITH DIABETIC PERIPHERAL ANGIOPATHY WITH GANGRENE
E1359	OTHER SPECIFIED DIABETES MELLITUS WITH OTHER CIRCULATORY COMPLICATIONS
E13610	OTHER SPECIFIED DIABETES MELLITUS WITH DIABETIC NEUROPATHIC ARTHROPATHY
E13618	OTHER SPECIFIED DIABETES MELLITUS WITH OTHER DIABETIC ARTHROPATHY
E13620	OTHER SPECIFIED DIABETES MELLITUS WITH DIABETIC DERMATITIS
E13621	OTHER SPECIFIED DIABETES MELLITUS WITH FOOT ULCER
E13622	OTHER SPECIFIED DIABETES MELLITUS WITH OTHER SKIN ULCER

Step 2 (diagnosis of type II diabetes)	
Required diagnosis: 1	
Look back timeframe: 365 days	
E13628	OTHER SPECIFIED DIABETES MELLITUS WITH OTHER SKIN COMPLICATIONS
E13630	OTHER SPECIFIED DIABETES MELLITUS WITH PERIODONTAL DISEASE
E13638	OTHER SPECIFIED DIABETES MELLITUS WITH OTHER ORAL COMPLICATIONS
E13641	OTHER SPECIFIED DIABETES MELLITUS WITH HYPOGLYCEMIA WITH COMA
E13649	OTHER SPECIFIED DIABETES MELLITUS WITH HYPOGLYCEMIA WITHOUT COMA
E1365	OTHER SPECIFIED DIABETES MELLITUS WITH HYPERGLYCEMIA
E1369	OTHER SPECIFIED DIABETES MELLITUS WITH OTHER SPECIFIED COMPLICATION
E138	OTHER SPECIFIED DIABETES MELLITUS WITH UNSPECIFIED COMPLICATIONS
E139	OTHER SPECIFIED DIABETES MELLITUS WITHOUT COMPLICATIONS

Step 3 (history of oral anti-diabetic agent)	
Number of claims: 1	
Look back timeframe: 365 days	
Description	GCN
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

Step 3 (history of oral anti-diabetic agent)

Number of claims: 1

Look back timeframe: 365 days

Description	GCN
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
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

Step 3 (history of oral anti-diabetic agent)

Number of claims: 1

Look back timeframe: 365 days

Description	GCN
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
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

Step 3 (history of oral anti-diabetic agent)

Number of claims: 1

Look back timeframe: 365 days

Description	GCN
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
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

Step 4 (diagnosis of thyroid cancer)

Required diagnosis: 1

Look back timeframe: 730 days

ICD-9 Code	Description
193	MALIGN NEOPL THYROID
ICD-10 Code	Description
C73	MALIGNANT NEOPLASM OF THYROID GLAND

Step 5 (diagnosis of type II multiple endocrine neoplasia)

Required diagnosis: 1

Look back timeframe: 730 days

ICD-9 Code	Description
25802	MULTIPLE ENDOCRINE NEOPLASIA [MEN] TYPE IIA
ICD-10 Code	Description
E3122	MULTIPLE ENDOCRINE NEOPLASIA [MEN] TYPE IIA

Step requiring history of an HbA1c test removed

Clinical Edit References:

1. VictozaTM [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>.
3. 2015 ICD-9-CM Diagnosis Codes. 2015. Available at www.icd9data.com. Accessed on April 3, 2015.
4. 2015 ICD-10-CM Diagnosis Codes. 2015. Available at www.icd10data.com. Accessed on April 3, 2015.

Publication History:

Publication Date	Notes
06/27/13	Clinical edit added
07/01/07	The clinical edit step requiring a history of a HbA1c test in the last 180 days has been removed, which eases PA requirement. Reference tables, diagnosis codes, references and publication table per UMCM Chapter 3 requirements. All tables are cross referenced to VDP criteria.