

Subject: GLP-1 Agonist Victoza ST, Post PA (Aetna SG ACA, IVL Only) Policy 3964-D UDR 05-2024

Drug

GLUCAGON-LIKE PEPTIDE 1 (GLP-1) RECEPTOR AGONIST

VICTOZA (*liraglutide*)

Policy:

FDA APPROVED INDICATIONS

Victoza is indicated:

- as an adjunct to diet and exercise to improve glycemic control in patients 10 years and older with type 2 diabetes mellitus.
- to reduce the risk of major adverse cardiovascular events (cardiovascular death, non-fatal myocardial infarction, or non-fatal stroke) in adults with type 2 diabetes mellitus and established cardiovascular disease.

Limitations of Use:

- Victoza should not be used in patients with type 1 diabetes mellitus.
- Victoza contains liraglutide and should not be coadministered with other liraglutide-containing products.

Compendial Uses

Advanced chronic kidney disease (CKD) in adults with type 2 diabetes mellitus⁶

INITIAL STEP THERAPY*

**Include Rx and OTC products unless otherwise stated.*

If the patient has filled a prescription for at least a 30-day supply of metformin AND a 30-day supply of Trulicity within the past 180 days under a prescription benefit administered by CVS Caremark, then the requested drug will be paid under that prescription benefit. If the patient does not meet the initial step therapy criteria, then the claim will reject with a message indicating that a prior authorization (PA) is required. The prior authorization criteria would then be applied to requests submitted for evaluation to the PA unit.

COVERAGE CRITERIA

Type 2 Diabetes Mellitus

Authorization may be granted for a diagnosis of type 2 diabetes mellitus when the following criteria is met:

- The patient has NOT been receiving a stable maintenance dose of the requested drug for at least 3 months and ALL of the following criteria are met:
 - The patient meets ONE of the following:
- The patient has experienced an inadequate treatment response, intolerance, or has a contraindication to metformin
- The patient requires combination therapy AND has an A1C of 7.5 percent or greater
- The patient has a diagnosis of advanced chronic kidney disease (CKD) (estimated glomerular filtration rate [eGFR] less than 30 mL/min/1.73m²)
- The patient has established cardiovascular disease
 - The patient has experienced an inadequate treatment response, intolerance, or has a contraindication to Trulicity

CONTINUATION OF THERAPY

Type 2 Diabetes Mellitus

Authorization may be granted for a diagnosis of type 2 diabetes mellitus when the following criteria is met:

- The patient has been receiving a stable maintenance dose of the requested drug for at least 3 months and ONE of the following criteria are met:
 - The patient has demonstrated a reduction in A1C since starting therapy
 - The patient has a diagnosis of advanced chronic kidney disease (CKD) (estimated glomerular filtration rate [eGFR] less than 30 mL/min/1.73m²)
 - The patient has established cardiovascular disease

DURATION OF APPROVAL (DOA)

- 3964-D: DOA: 12 months

Place of Service:

Outpatient

The above policy is based on the following references:

1. Victoza [package insert]. Plainsboro, NJ: Novo Nordisk Inc.; July 2023.
2. Lexicomp Online, AHFS DI (Adult and Pediatric) Online. Waltham, MA: UpToDate, Inc.; 2024. <https://online.lexi.com>. Accessed March 11, 2024.
3. Micromedex (electronic version). Merative, Ann Arbor, Michigan, USA. Available at: <https://www.micromedexsolutions.com/> (cited: 03/11/2024).
4. Blonde L, Umpierrez GE, Reddy SS et. al. American Association of Clinical Endocrinology Clinical Practice Guideline: Developing a Diabetes Mellitus Comprehensive Care Plan – 2022 Update. *Endocr Pract.* 2022;28(10):923-1049.
5. Davies MJ, Aroda VR, Collins BS, et. al. Management of Hyperglycemia in Type 2 Diabetes, 2022. A Consensus Report by the American Diabetes Association (ADA) and the European Association for the Study of Diabetes (EASD). *Diabetes Care.* 2022;45(11):2753-2786.
6. American Diabetes Association Professional Practice Committee. American Diabetes Association, Standards of Care in Diabetes – *Diabetes Care.* 2024;47(Suppl. 1):S1-S322.
7. Samson SL, Vellank P, Blonde L, et. Al. American Association of Clinical Endocrinology Consensus Statement: Comprehensive Type 2 Diabetes Management Algorithm 2023 Update. *Endocr Pract.* 2023; 29: 305-340.

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