DRUG QUANTITY MANAGEMENT POLICY – PER DAYS

POLICY: Diabetes – Liraglutide Drug Quantity Management Policy – Per Days
- Victoza® (liraglutide subcutaneous injection – Novo Nordisk, authorized generic)

REVIEW DATE: 10/30/2024

INSTRUCTIONS FOR USE

THE FOLLOWING COVERAGE POLICY APPLIES TO HEALTH BENEFIT PLANS ADMINISTERED BY CIGNA COMPANIES. CERTAIN CIGNA COMPANIES AND/OR LINES OF BUSINESS ONLY PROVIDE UTILIZATION REVIEW SERVICES TO CLIENTS AND DO NOT MAKE COVERAGE DETERMINATIONS. REFERENCES TO STANDARD BENEFIT PLAN LANGUAGE AND COVERAGE DETERMINATIONS DO NOT APPLY TO THOSE CLIENTS. COVERAGE POLICIES ARE INTENDED TO PROVIDE GUIDANCE IN INTERPRETING CERTAIN STANDARD BENEFIT PLANS ADMINISTERED BY CIGNA COMPANIES. PLEASE NOTE, THE TERMS OF A CUSTOMER'S PARTICULAR BENEFIT PLAN DOCUMENT [GROUP SERVICE AGREEMENT, EVIDENCE OF COVERAGE, CERTIFICATE OF COVERAGE, SUMMARY PLAN DESCRIPTION (SPD) OR SIMILAR PLAN DOCUMENT] MAY DIFFER SIGNIFICANTLY FROM THE STANDARD BENEFIT PLANS UPON WHICH THESE COVERAGE POLICIES ARE BASED. FOR EXAMPLE, A CUSTOMER'S BENEFIT PLAN DOCUMENT MAY CONTAIN A SPECIFIC EXCLUSION RELATED TO A TOPIC ADDRESSED IN A COVERAGE POLICY. IN THE EVENT OF A CONFLICT, A CUSTOMER'S BENEFIT PLAN DOCUMENT ALWAYS SUPERSEDES THE INFORMATION IN THE COVERAGE POLICIES. IN THE ABSENCE OF A CONTROLLING FEDERAL OR STATE COVERAGE MANDATE, BENEFITS ARE ULTIMATELY DETERMINED BY THE TERMS OF THE APPLICABLE BENEFIT PLAN DOCUMENT. COVERAGE DETERMINATIONS IN EACH SPECIFIC INSTANCE REQUIRE CONSIDERATION OF 1) THE TERMS OF THE APPLICABLE BENEFIT PLAN DOCUMENT IN EFFECT ON THE DATE OF SERVICE; 2) ANY APPLICABLE LAWS/REGULATIONS; 3) ANY RELEVANT COLLATERAL SOURCE MATERIALS INCLUDING COVERAGE POLICIES AND; 4) THE SPECIFIC FACTS OF THE PARTICULAR SITUATION. EACH COVERAGE REQUEST SHOULD BE REVIEWED ON ITS OWN MERITS. MEDICAL DIRECTORS ARE EXPECTED TO EXERCISE CLINICAL JUDGMENT AND HAVE DISCRETION IN MAKING INDIVIDUAL COVERAGE DETERMINATIONS. COVERAGE POLICIES RELATE EXCLUSIVELY TO THE ADMINISTRATION OF HEALTH BENEFIT PLANS. COVERAGE POLICIES ARE NOT RECOMMENDATIONS FOR TREATMENT AND SHOULD NEVER BE USED AS TREATMENT GUIDELINES. IN CERTAIN MARKETS, DELEGATED VENDOR GUIDELINES MAY BE USED TO SUPPORT MEDICAL NECESSITY AND OTHER COVERAGE DETERMINATIONS.

CIGNA NATIONAL FORMULARY COVERAGE:

OVERVIEW

Liraglutide subcutaneous (SC) injection (Victoza, authorized generic), a glucagon-like peptide 1 (GLP-1) agonist, is indicated:[1]
- As an adjunct to diet and exercise to improve glycemic control in adults and pediatric **patients ≥ 10 years of age 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.

Dosing

Adult Dosing

The recommended initial dose of liraglutide is 0.6 mg administered subcutaneous (SC) once daily (QD) for 1 week.[1] The 0.6 mg QD dose is not effective for glycemic control in adults; it is intended to be used to reduce gastrointestinal symptoms during initial titration. Following 1 week of dosing at 0.6 mg QD, the dose should be increased to 1.2 mg SC QD. After at least 1 week of treatment with 1.2 mg SC QD, the dose may be increased to the maximum recommended dose of 1.8 mg SC QD if additional glycemic control is required.

Pediatric Dosing
In pediatric patients ≥ 10 years of age, the recommended initial dose of liraglutide is 0.6 mg SC QD.[1] After 1 week at the current dose, the dose may be increased in 0.6 mg increments if additional glycemic control is required. The maximum recommended dose is 1.8 mg SC QD.

If the patient misses a dose of liraglutide, they should resume the QD dosing regimen as prescribed with the next scheduled dose.[1] If more than 3 days have passed since the last dose of liraglutide, it should be reinitiated at the 0.6 mg QD dose to mitigate any gastrointestinal symptoms associated with treatment reinitiation. Then, liraglutide should be titrated at the discretion of the healthcare provider.

Availability
Liraglutide (Victoza, authorized generic) is supplied as an 18 mg/3 mL (6 mg/mL) prefilled pen that delivers doses of 0.6 mg, 1.2 mg, or 1.8 mg.[1] The pens are supplied in packages containing 2 or 3 pens each.

POLICY STATEMENT
This Drug Quantity Management program has been developed to promote the safe, effective, and economic use of the liraglutide subcutaneous (SC) injection (Victoza, authorized generic). There are no overrides to the Per Days quantity limits outlined below.

Drug Quantity Limits

Product	Strength and Form	Retail Maximum Quantity Per 30 Days	Home Delivery Maximum Quantity Per 90 Days
Victoza® (liraglutide SC injection, authorized generic)	18 mg/3 mL pen (2-pack)	6 mL (2 pens)	18 mL (6 pens)
	18 mg/3 mL pen (3-pack)	9 mL (3 pens)	27 mL (9 pens)

SC – Subcutaneous.

Diabetes – Liraglutide Drug Quantity Management Policy – Per Days **product(s) is(are) covered as medically necessary when the following criteria is(are) met. Any other exception is considered not medically necessary.**

CRITERIA
Liraglutide subcutaneous injection (Victoza, authorized generic) 18 mg/3 mL pen (2-pack and 3-pack)
No overrides recommended.

REFERENCES

1. Victoza® subcutaneous injection [prescribing information]. Plainsboro, NJ: Novo Nordisk; July 2023.

HISTORY

Type of Revision	Summary of Changes	Review Date
New Policy	New policy created to add additional quantity limits to approve ONE claim collectively for ONE glucagon-like peptide-1 (GLP-1) agonist or GLP-1/glucose-dependent insulinotropic polypeptide (GIP) agonist every 21 days at retail or home delivery. New clinical overrides apply to these limits. Existing "Per Days" quantity limits were not changed and no overrides apply.	07/17/2024
Early Annual Revision	The name of the policy was changed to "Diabetes – Liraglutide Drug Quantity Management Policy – Per Days" (the previous name was "Diabetes – Victoza Drug Quantity Management Policy – Per Days"). The quantity limit of ONE claim of ONE glucagon-like peptide-1 (GLP-1) agonist or GLP-1/glucose-dependent insulinotropic polypeptide (GIP) agonist to be dispensed every 21 days at retail or home delivery was removed from this policy (refer to the "Diabetes – Glucagon-Like Peptide-1 Agonists Drug Quantity Management Policy – Claim Per Days" document for additional information).	10/30/2024

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