



Medicare Part D – 2012

Prior Authorization Group Description

VICTOZA

Covered Uses:

All FDA-approved indications not otherwise excluded from Part D.

Exclusion Criteria:

Required Medical Information:

Diagnosis of type 2 diabetes with HbA1c greater than 6.5%.

Age Restrictions:

Prescriber Restrictions:

Coverage Duration:

Length of benefit.

Other Criteria:

Failure or clinically significant adverse effects on metformin (unless contraindicated).