Louisiana Medicaid
Semaglutide (Wegovy®)

The *Louisiana Uniform Prescription Drug Prior Authorization Form* should be utilized to request clinical authorization for Wegovy®. For initiation of therapy requests, the *Semaglutide (Wegovy®) Treatment Agreement for Louisiana Medicaid Recipients* must be completed as instructed, and submitted with the request form.

Additional Point-of-Sale edits may apply.

By submitting the authorization request, the prescriber attests to the conditions available HERE.

Approval Criteria for Initiation of Therapy

- The recipient is 45 years of age or older on the date of the request; **AND**
- The recipient has a documented Body Mass Index (BMI) of 27 kg/m^2 or greater (**date and results of the most recent BMI calculation are stated on the request**); **AND**
- The recipient has established cardiovascular disease based on **at least ONE** of the following that is **stated on the request**:
    - Prior myocardial infarction; **OR**
    - Prior stroke (ischemic or hemorrhagic stroke); **OR**
    - Peripheral arterial disease, as evidenced by one of the following, which is **stated on the request**:
        - Intermittent claudication with ankle-brachial index (ABI) less than 0.85 (at rest); **OR**
        - History of peripheral arterial revascularization procedure; **OR**
        - Amputation due to atherosclerotic disease; **AND**
- The recipient does not have type 1 or type 2 diabetes; **AND**
- The recipient will not use this medication with other semaglutide products or with any other GLP-1 receptor agonists; **AND**
- The prescriber **states on the request** that semaglutide treatment will be used as adjunct treatment to standard of care therapy, which includes, but is not limited to:
    - Optimized pharmacotherapy for established cardiovascular disease; **AND**
    - Individualized healthy lifestyle counseling; **AND**
    - Behavioral modification including a reduced calorie diet and increased physical activity.

Duration of approval for initiation of therapy: 6 months

Approval Criteria for Continuation of Therapy

- **ONE** of the following is true:
    - The recipient is currently receiving this medication, as evidenced by paid pharmacy claims; **OR**
    - Documentation provided with the request indicates that the recipient met the initial approval criteria and has received this medication for at least 30 days; **AND**
- **ONE** of the following is true and is **stated on the request**:
    - The recipient lost ≥ 5 percent of baseline body weight **OR** has continued to maintain their initial 5 percent weight loss (Documentation of the recipient's baseline weight prior to

initiation of therapy and the recipient's current weight, including the date the weights were taken must be submitted); **OR**
    - The recipient **DID NOT** reach or maintain the weight loss goal of at least 5 percent and clinical justification for continuation of current therapy is provided; **AND**
- The prescriber **states on the request** that semaglutide treatment will be used as adjunct treatment to standard of care therapy, which includes, but is not limited to:
    - Optimized pharmacotherapy for established cardiovascular disease; **AND**
    - Individualized healthy lifestyle counseling; **AND**
    - Behavioral modification including a reduced calorie diet and increased physical activity; **AND**
- The request is for a maintenance dose of 1.7mg or 2.4mg once weekly (if appropriate based on recipient's current titration schedule).

Duration of approval for continuation / maintenance of therapy: 3-6 months

- **For weight loss ≥ 5%, approve for an additional 6 months.**
- **For weight loss < 5%, approve for 3 months if clinical justification is provided as to why this weight loss goal was not reached.**

If previous duration of approval was for 3 months:

- **For weight loss ≥ 5%, approve for an additional 6 months.**
- **For weight loss < 5%, do not approve.**

Note: If the recipient is unable to tolerate a 1.7mg weekly maintenance dose, the medication should be discontinued.

References

ClinicalTrials.gov. Semaglutide Effects on Heart Disease and Stroke in Patients With Overweight or Obesity (SELECT). https://www.clinicaltrials.gov/study/NCT03574597

Jensen MD, et al. 2013 AHA/ACC/TOS guideline for the management of overweight and obesity in adults: a report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines and The Obesity Society. Circulation. 2013; 129:S102–S138

Wegovy (semaglutide) [package insert]. Plainsboro, NJ: Novo Nordisk Inc.; March 2024. https://www.novo-pi.com/wegovy.pdf

Revision / Date	Implementation Date
Policy created / April 2024	July 2024