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 **date and results of the most recent BMI calculation are stated on the request** showing:
    - The recipient has a documented Body Mass Index (BMI) of ≥ 27 kg/m^2 and < 35 kg/m^2; **OR**
    - The recipient has a documented BMI ≥ 35 kg/m^2, and documentation of evaluation or referral for bariatric surgery is provided with 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, and **ALL** of the following are **stated on the request**:
        - The recipient's current risk stratification of yearly risk for CV death or MI; **AND**
        - The recipient:
            - is currently on high-intensity statin therapy; **OR**
            - has a medical reason for not using high-intensity statin therapy and is currently on moderate intensity statin therapy; **AND**
        - If the recipient's risk stratification indicates very high risk, the recipient is currently taking ezetimibe or has a medical reason for not using ezetimibe; **AND**
        - The recipient's current blood pressure is:
            - <130/<80; **OR**
            - ≥130/≥80 **AND** the recipient is currently taking **TWO or more** of the following: ACE-I, ARB, beta-blocker; **AND**
        - The recipient is currently taking aspirin or has a medical reason for not using aspirin; **OR**
    - Prior stroke (ischemic or hemorrhagic stroke), and **ALL** of the following are **stated on the request**:
        - The recipient's current blood pressure is
            - <130/<80; **OR**
            - ≥130/≥80 and the recipient is currently taking **TWO or more** of the following: diuretic, ACE-I or ARB; **AND**
        - If the recipient's LDL >100 mg/dL, the recipient:
            - is currently on high-intensity statin therapy; **OR**
            - has a medical reason for not using high intensity statin and is currently on moderate intensity statin therapy; **AND**
        - The recipient:
            - is currently on antiplatelet therapy (e.g., aspirin, clopidogrel); **OR**
            - has a medical reason for not using antiplatelet therapy; **AND**

        - If the recipient has comorbid atrial fibrillation, the recipient:
            - is currently on anticoagulation therapy (e.g., warfarin or direct acting oral anticoagulant [DOAC]); **OR**
            - has a medical reason for not using anticoagulation; **OR**
    - Symptomatic peripheral arterial disease, and **ALL** of the following are **stated on the request**:
        - The recipient has PAD 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 is currently on statin therapy; **AND**
        - The recipient's current blood pressure is:
            - <130/<80; **OR**
            - ≥130/≥80 and the recipient is currently taking **TWO or more** antihypertensives with differing mechanisms of action; **AND**
        - The recipient is:
            - currently on antiplatelet therapy (e.g., aspirin, clopidogrel); **OR**
            - has a medical reason for not using antiplatelet therapy; **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

Gerhard-Herman MD, Gornik HL, Barrett C, et al. 2016 AHA/ACC Guideline on the Management of Patients With Lower Extremity Peripheral Artery Disease: A Report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines [published correction appears in J Am Coll Cardiol. 2017 Mar 21;69(11):1521]. J Am Coll Cardiol. 2017;69(11):e71-e126. doi:10.1016/j.jacc.2016.11.007

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

Kleindorfer DO, Towfighi A, Chaturvedi S, et al. 2021 Guideline for the Prevention of Stroke in Patients With Stroke and Transient Ischemic Attack: A Guideline From the American Heart Association/American Stroke Association [published correction appears in Stroke. 2021 Jul;52(7):e483-e484]. Stroke. 2021;52(7):e364-e467. doi:10.1161/STR.0000000000000375

Lim RB, Jones D, Chen W. Bariatric surgery for management of obesity: Indications and preoperative preparation. UpToDate. January 4, 2023. www.uptodate.com. Accessed July 11, 2024.

Virani SS, Newby LK, Arnold SV, et al. 2023 AHA/ACC/ACCP/ASPC/NLA/PCNA Guideline for the Management of Patients With Chronic Coronary Disease: A Report of the American Heart Association/American College of Cardiology Joint Committee on Clinical Practice Guidelines [published correction appears in Circulation. 2023 Sep 26;148(13):e148] [published correction appears in Circulation. 2023 Dec 5;148(23):e186]. Circulation. 2023;148(9):e9-e119. doi:10.1161/CIR.0000000000001168

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

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