Prior Authorization Criteria

Kentucky Medicaid

WEGOVY (SEMAGLUTIDE)

Approval Duration: 6 months for initial and renewal

Age Limit: ≥ 45 years of age

Quantity Limit: 4 pens per 28 days

1. INITIAL APPROVAL CRITERIA

- Being prescribed to lower the risk of death from cardiovascular causes, myocardial infarction, or stroke; **AND**
- Patient has documentation (e.g., progress note) within the past year of pre-existing cardiovascular disease as defined by at least one of the following:
    - Previous myocardial infarction (MI); **OR**
    - Previous stroke (ischemic or hemorrhagic); **OR**
    - Symptomatic peripheral arterial disease:
        - Amputation due to atherosclerotic disease;
        - History of peripheral arterial revascularization procedure;
        - Intermittent claudication with ankle-brachial index (ABI) less than 0.85 (at rest); **AND**
- Patient has documentation (e.g., progress note) AND claims history showing optimization on specified lipid-lowering therapy (e.g., moderate to high intensity statin, PCSK9) **AND** at least one of the following:
    - Beta-blocker; **OR**
    - RAS inhibitor such as an angiotensin-converting enzyme inhibitor (ACE-I)/angiotensin II receptor blocker (ARB)/angiotensin II receptor blocker neprilysin inhibitor (ARNI); **OR**
    - Antiplatelet (e.g., aspirin, clopidogrel); **OR**
    - Prescriber has provided medical justification as to why the patient cannot use lipid-lowering therapies AND beta-blockers, RAS inhibitors, or antiplatelet therapies (provider must include dates of trial, if applicable); **AND**
- Patient has a body-mass index (BMI) of 27 kg/m^2 or greater; **AND**
- Will be used in combination with a reduced calorie diet and increased physical activity; **AND**
- Patient does not have any of the following:
    - A history of diabetes;
    - Current A1c of 6.5% or higher;

- New York Heart Association (NYHA) class IV heart failure;
- End-stage kidney disease or dialysis;
- Plans to undergo coronary, carotid, or peripheral revascularization;
- No personal or family history of medullary thyroid carcinoma (MTC) or Multiple Endocrine Neoplasia syndrome type 2 (MEN 2);
- Female who is pregnant, breast-feeding or intends to become pregnant or is of child-bearing potential and not using a highly effective contraceptive method; **AND**

- The requested dose does not exceed the maximum FDA-approved dose; **AND**
- Not used in combination with another GLP-1 receptor agonist.

2. RENEWAL CRITERIA

- Patient has not experienced any serious adverse effects, including development of pancreatitis; **AND**
- Patient does not have any of the following:
  - A history of diabetes;
  - Current A1c of 6.5% or higher;
  - New York Heart Association (NYHA) class IV heart failure;
  - End-stage kidney disease or dialysis;
  - Plans to undergo coronary, carotid, or peripheral revascularization;
  - No personal or family history of medullary thyroid carcinoma (MTC) or Multiple Endocrine Neoplasia syndrome type 2 (MEN 2);
  - Female who is pregnant, breast-feeding or intends to become pregnant or is of child-bearing potential and not using a highly effective contraceptive method; **AND**
- Patient continues to use in combination with a reduced calorie diet and increased physical activity; **AND**
  - Patient has documented of a total of 5% of pre-treatment weight loss and maintains the 5% weight loss; **OR**
  - Provider documentation assessing lifestyle and diet interventions if weight loss goal has not been met; **AND**
- Patient continues to use in concomitant therapy with cardiovascular disease therapy management; **AND**

- The requested dose does not exceed the maximum FDA-approved dose; **AND**
- Not used in combination with another GLP-1 receptor agonist.