

To: Jai Medical Systems Network Providers
From: MC-Rx
Date: September 9, 2024
Subject: Formulary Update

Effective 9/15/2024, Wegovy will be added to the formulary with a prior authorization requirement. The required criteria for Wegovy is listed below, and limited only for use to reduce the risk of Major Adverse Cardiovascular Events (cardiovascular death, non-fatal myocardial infarction, or non-fatal stroke), in combination with a reduced calorie diet and increased physical activity, for adults with established cardiovascular disease (defined in the criteria as previous history of MI, stroke, or Symptomatic PAD) who are not diabetic and are either obese or overweight will be approved. Requests for use outside of the criteria below will remain excluded under the exclusion of weight loss medications in alignment with the Maryland Medicaid HealthChoice Program.

Prior Authorization Criteria:

PA Description	Wegovy Injection
Covered Uses	Only the following FDA approved indication (other uses remain excluded with other weight loss medications): To reduce the risk of (MACE) Major Adverse Cardiovascular Events (cardiovascular death, non-fatal myocardial infarction, or non-fatal stroke), in combination with a reduced calorie diet and increased physical activity, for adults with established cardiovascular disease who are either obese or overweight
Exclusion Criteria	(a) Use for weight loss NOT in the setting of ASCVD and obesity/overweight; or (b) Use for patients with type 1 or type 2 diabetes (other GLP-1 products on formulary for treatment of diabetes; or (c) Co-administration with any other GLP-1 receptor agonist products. (d) Use that is not in accordance with prescribing information
Required Medical Information	(a) Member age is 18 or older; AND (b) Member does NOT have type 1 or type 2 diabetes; AND (c) Member is overweight/obese with a recent BMI (based on height and weight within the past 90 days) greater than or equal to 27kg/m ² ; AND (d) Member has established and documented atherosclerotic cardiovascular disease (ASCVD) as evidenced by one of the following: <ol style="list-style-type: none"> 1. Prior myocardial infarction; OR 2. Prior stroke (ischemic or hemorrhagic stroke); OR 3. Symptomatic peripheral arterial disease (PAD) as evidenced by: <ol style="list-style-type: none"> a. Intermittent claudication with ankle-brachial index (ABI) less than 0.85 (at rest); OR b. Peripheral arterial revascularization procedure; OR c. Amputation due to atherosclerotic disease; AND (e) The medication is prescribed in accordance with prescribing information, including screening for any black box warning and all contraindications; AND

PA Description	Wegovy Injection
	(f) Member will not be taking medication in combination with other semaglutide-containing products or with any other GLP-1 receptor agonist.
Age Restriction	(a) Age 18 or older
Coverage Duration	(a) 6 months for initial approval and subsequent renewals
Other Criteria	(a) Refer to package insert information for black box warning and contraindications.

Providers can contact MC-Rx's Prior-Authorization Department at 800-555-8513 for assistance with PA requests or questions regarding clinical guidelines. Our PA Department is available Monday through Friday from 8:30 am-5:30 pm EST. For assistance with PA requests during non-business hours please contact our 24-hour customer service department at 800-213-5640.