STATE OF WEST VIRGINIA
DEPARTMENT OF HUMAN SERVICES
BUREAU FOR MEDICAL SERVICES

Cynthia A. Persily, Ph.D.
Cabinet Secretary

Cynthia Beane
Commissioner

Office of Pharmacy Services
Prior Authorization Criteria
Wegovy®(semaglutide)
Effective 9/25/2024
Prior Authorization Request Form

Wegovy is a glucagon-like peptide-1 (GLP-1) receptor agonist indicated in combination with a reduced calorie diet and increased physical activity to reduce the risk of major adverse cardiovascular events (cardiovascular death, non-fatal myocardial infarction, or non-fatal stroke) in adults with established cardiovascular disease and either obesity or overweight. Wegovy is also indicated to reduce excess body weight and maintain weight reduction long term in adults and pediatric patients aged 12 years and older with obesity, and in adults with overweight in the presence of at least one weight-related comorbid condition.

Limitations of use: Coadministration with other semaglutide-containing products or with any other GLP-1 receptor agonist is not recommended

Agents used for the purpose of weight loss are typically a benefit exclusion. Coverage of Wegovy will only be considered for the secondary prevention of a cardiovascular event.

CRITERIA FOR APPROVAL:

1. Patient is 45 years of age or older; **AND**

2. The patient has a documented Body Mass Index (BMI) of 30 kg/m^2 or greater (date and results of the most recent BMI calculation are stated on the request); **AND**

3. Must be prescribed by, or in consultation with, a M.D./D.O. cardiologist, vascular surgeon, or neurologist; **AND**

4. The patient has had at least **ONE** of the following:

    a) Prior myocardial infarction; **or**
    b) Prior stroke; **or**
    c) Symptomatic peripheral arterial disease (PAD) as demonstrated by one of the following:

        1. Formal vascular laboratory testing showing intermittent claudication with ankle-brachial systolic pressure index (ABI) of ≤ 0.85 at rest; or
        2. Peripheral revascularization procedure; or
        3. Amputation due to atherosclerotic disease; **AND**

350 Capitol Street, Room 251 • Charleston, West Virginia 25301 • 304-558-1700 • 304-558-1542 (fax) • dhhr.wv.gov

5. The medication will be used as an adjunct to treatment and part of therapy which includes, but it not limited to:

    a) Optimized compliant pharmacotherapy for established cardiovascular disease and taking guideline- recommended measures for the secondary prevention of a major adverse cardiovascular event (MACE) which include:

    ● Taking a statin at the maximally tolerated dose, ezetimibe, a PCSK9, or a combination of these medications as recommended and tolerated for patients with dyslipidemia;
    ● Optimizing medications to maintain the appropriate blood pressure goal for patients with hypertension (e.g. an ACE inhibitor or ARB)
    ● Taking a beta blocker for patients with a history of MI
    ● Taking anticoagulant or antiplatelet therapy for patients with coronary artery disease (CAD) or other high-risk diagnoses; **and**

    b) The patient attests to behavioral modification including a reduced calorie diet and increased physical activity (documentation must be supplied with request); **AND**

6. HbA1c level taken within the last 6 months must be provided; **AND**

7. The patient does not have any of the following:

    a) Type 1, type 2 diabetes
    b) HbA1c $\geq$ 6.5%
    c) New York Heart Association class IV heart failure; **AND**

8. The medication will not be used with other GLP-1 agonist agents.

Initial approvals may be authorized for 90 days. Further approvals may be granted for 6-months after all the continuation of therapy criteria has been met.

CONTINUATION OF THERAPY CRITERIA:

1. Patient continues to meet all initial approval criteria; **AND**
2. Demonstrate continued documented compliance; **AND**
3. Renewal PA requests require the patient to be taking an appropriate maintenance dose such as 1.7mg or 2.4 mg per week. If the dose is 1.7mg dose is intolerable, medication should be discontinued.

350 Capitol Street, Room 251 • Charleston, West Virginia 25301 • 304-558-1700 • 304-558-1542 (fax) • dhhr.wv.gov