AvMed

PHARMACY PRIOR AUTHORIZATION/STEP-EDIT REQUEST*

Directions: **The prescribing physician must sign and clearly print name (preprinted stamps not valid) on this request**. All other information may be filled in by office staff; **fax to 1-305-671-0200**. No additional phone calls will be necessary if all information (including phone and fax #s) on this form is correct. **If the information provided is not complete, correct, or legible, the authorization process can be delayed.**

Group Specific Benefit

Drug Requested: Wegovy® (semaglutide) **for cardiovascular event risk reduction**

MEMBER & PRESCRIBER INFORMATION: Authorization may be delayed if incomplete.

Member Name: _____

Member AvMed #: _____ **Date of Birth:** _____

Prescriber Name: _____

Prescriber Signature: _____ **Date:** _____

Office Contact Name: _____

Phone Number: _____ **Fax Number:** _____

NPI #: _____

DRUG INFORMATION: Authorization may be delayed if incomplete.

Drug Name/Form/Strength: _____

Dosing Schedule: _____ **Length of Therapy**: _____

Diagnosis: _____ **ICD Code, if applicable:** _____

Weight (if applicable): _____ **Date weight obtained:** _____

CLINICAL CRITERIA: Check below all that apply. All criteria must be met for approval. To support each line checked, all documentation, including lab results, diagnostics, and/or chart notes, must be provided or request may be denied.

Initial Authorization: 12 months

- ❑ Prescribed by or in consultation with a provider specializing in cardiology, neurology, or vascular disease
- ❑ Member is 18 years of age or older
- ❑ Member has established cardiovascular disease (**CVD**) defined by at least **ONE** of the following **(verified by chart notes)**
  - ❑ Previous myocardial infarction (MI)
  - ❑ Previous stroke
  - ❑ Symptomatic peripheral arterial disease (defined by ankle-brachial index <0.85, amputation due to atherosclerosis, or peripheral arterial revascularization)

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- ❑ Member must meet **ALL** the following **(submit documentation)**:
  - ❑ Member is currently a non-smoker or if a smoker, is being treated with nicotine replacement therapy
  - ❑ Member is partaking in a heart healthy diet
  - ❑ Member is engaging in physical activity (at their level of ability)
  - ❑ Member will continue to participate in the above lifestyle modifications while on Wegovy® therapy
- ❑ Requested medication is being added on to a background guideline-directed therapy regimen of other CVD medication(s) according to the prescriber unless there is a contraindication or intolerance **(contraindication or intolerance must be documented in chart notes; background therapy will be verified by pharmacy paid claims)**

  NOTE: Examples of medications recommended in guideline-directed therapy for patients with CVD can include aspirin, antiplatelet agents (e.g., clopidogrel), anticoagulants, statins, beta-blockers, angiotensin-converting enzyme inhibitors, and/or angiotensin receptor blockers
- ❑ Provider attests the member has been evaluated for other comorbidities that increase the risk of CV disease and indicate if the member has comorbid dyslipidemia, heart failure (HF), chronic kidney disease (CKD), or type 2 diabetes mellitus (T2DM) **AND** must meet at least **ONE** of the following if applicable **(select all that apply, current therapy will be validated by chart notes and/or pharmacy paid claims)**:
  - ❑ For members with comorbid dyslipidemia: Member must be currently taking a maximally tolerated statin (if unable to tolerate a statin, must be currently taking either a PCSK9 inhibitor [e.g., evolocumab] or bempedoic acid) and provider must submit clinical rationale for why current lipid-lowering therapy is **NOT** producing sufficient risk reduction for the member to require addition of semaglutide (Wegovy®) to the treatment regimen **(submit documentation)**
  - ❑ For members with comorbid HF or CKD: Member must be currently taking an SGLT2 inhibitor approved for CV risk reduction (e.g., dapagliflozin or empagliflozin) and provider must submit clinical rationale for why an SGLT2 is **NOT** producing sufficient risk reduction for the member to require addition of semaglutide (Wegovy®) to the treatment regimen **(submit documentation)**
  - ❑ For members with comorbid T2DM: Provider must submit clinical rationale for use of semaglutide (Wegovy®) instead of an SGLT2 inhibitor that includes why an SGLT2 inhibitor is **NOT** producing sufficient risk reduction and why semaglutide (Wegovy®) would be expected to produce better risk reduction than an SGLT2 inhibitor, and must provide clinical rationale for use of semaglutide (Wegovy®) instead of semaglutide (Ozempic®) that includes why semaglutide (Ozempic®) is not producing sufficient risk reduction and why semaglutide (Wegovy®) would be expected to produce better risk reduction given that they are the same chemical entity **(submit documentation)**
- ❑ Member does **NOT** have any of the following:
  - New York Heart Association Class IV heart failure symptoms
  - End stage renal disease
  - Dialysis
  - History of pancreatitis
- ❑ Member will **NOT** use concurrent therapy with another GLP-1 receptor agonist prescribed for another indication (e.g., Mounjaro®, Ozempic®, Trulicity®, Rybelsus®)
- ❑ Provider attests Wegovy® is being used for cardiovascular event risk reduction **NOTE**: Wegovy® for chronic weight management in members **WITHOUT** pre-existing cardiovascular disease may be requested on the form titled "Weight Management Drugs" which is a group-specific benefit

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- ❑ Member is overweight or has obesity as confirmed by body mass index (BMI) ≥ 27

  Provider, please document the member's current baseline (pre-treatment) measurements:

  Date: _____ BMI: _____ Height: _____ Weight: _____ (verified by chart notes)

- ❑ Provider attests the member will be appropriately titrated to a maintenance dose of 2.4 mg weekly, or 1.7 mg weekly if the member is unable to tolerate 2.4 mg weekly

Reauthorization: 12 months. Check below all that apply. All criteria must be met for approval. To support each line checked, all documentation, including lab results, diagnostics, and/or chart notes, must be provided or request may be denied.

- ❑ Member has established cardiovascular disease **(verified by chart notes)**, and this renewal request is for Wegovy® for cardiovascular event risk reduction
- ❑ Member must continue to meet **ALL** the following **(submit documentation)**:
  - ❑ Member is currently a non-smoker or if a smoker, is being treated with nicotine replacement therapy
  - ❑ Member is partaking in a heart healthy diet
  - ❑ Member is engaging in physical activity (at their level of ability)
  - ❑ Member will continue to participate in the above lifestyle modifications while on Wegovy therapy
- ❑ Provider attests member has **NOT** developed any of the following:
  - New York Heart Association Class IV heart failure symptoms
  - End stage renal disease
  - Dialysis
  - History of pancreatitis
  - Diabetes mellitus

  NOTE: For patients with type 2 diabetes, consider GLP-1 receptor agonists that are FDA approved to reduce the risk of major adverse cardiovascular events in adults with type 2 diabetes mellitus and established cardiovascular disease
- ❑ Member is compliant with Wegovy® therapy as evidenced by a threshold of 80 percent days covered (PDC) since last approval **(verified by pharmacy paid claims)**
- ❑ Member is compliant with background medical therapy for cardiovascular diseases, as outlined in the initial criteria **(verified by pharmacy paid claims)**
- ❑ Member is being treated with a maintenance dose of either 1.7 mg weekly or 2.4 mg weekly **(verified by pharmacy paid claims)**

Not all drugs may be covered under every Plan

If a drug is non-formulary on a Plan, documentation of medical necessity will be required.

****Use of samples to initiate therapy does not meet step edit/ preauthorization criteria.****

****Previous therapies will be verified through pharmacy paid claims or submitted chart notes.****