FORWARDHEALTH ANTI-OBESITY DRUG COVERAGE TOOLKIT

Pharmacy Society of Wisconsin

TABLE OF CONTENTS

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Disclaimer

INTRODUCTION

Access to safe, effective weight management therapies is an important component of improving health outcomes and addressing chronic conditions linked to obesity. This toolkit was developed as a practical resource to support providers, pharmacists, and patients in navigating the process for coverage of anti-obesity medications through ForwardHealth (Wisconsin Medicaid).

ForwardHealth covers anti-obesity medications for patients in Wisconsin Medicaid and SeniorCare Levels 1 and 2A.

ForwardHealth has established specific criteria and procedures for prescribing and obtaining approval for these medications. While these requirements ensure appropriate use, they can also present challenges for busy clinicians and care teams. This toolkit is designed to simplify the process by breaking down the key steps and clarifying prior authorization criteria.

Whether you are a prescriber, pharmacist, nurse, or part of a care management team, this toolkit is intended to serve as a user-friendly companion to the official ForwardHealth guidance.

This toolkit is designed to outline the process when utilizing these medications for weight management alone, using Form F-00163.

Glossary

ABI: ankle-brachial index

ASCVD: atherosclerotic cardiovascular disease

BMI: body mass index

CAD: coronary artery disease

CVA: cerebrovascular accident

D/C: discontinue

DAPO: Drug Authorization and Policy Override Center

HLD: hyperlipidemia

HTN: hypertension

MACE: major adverse cardiovascular event

MASH: metabolic dysfunction-associated steatohepatitis

MI: myocardial infarction

OSA: obstructive sleep apnea

PA: prior authorization

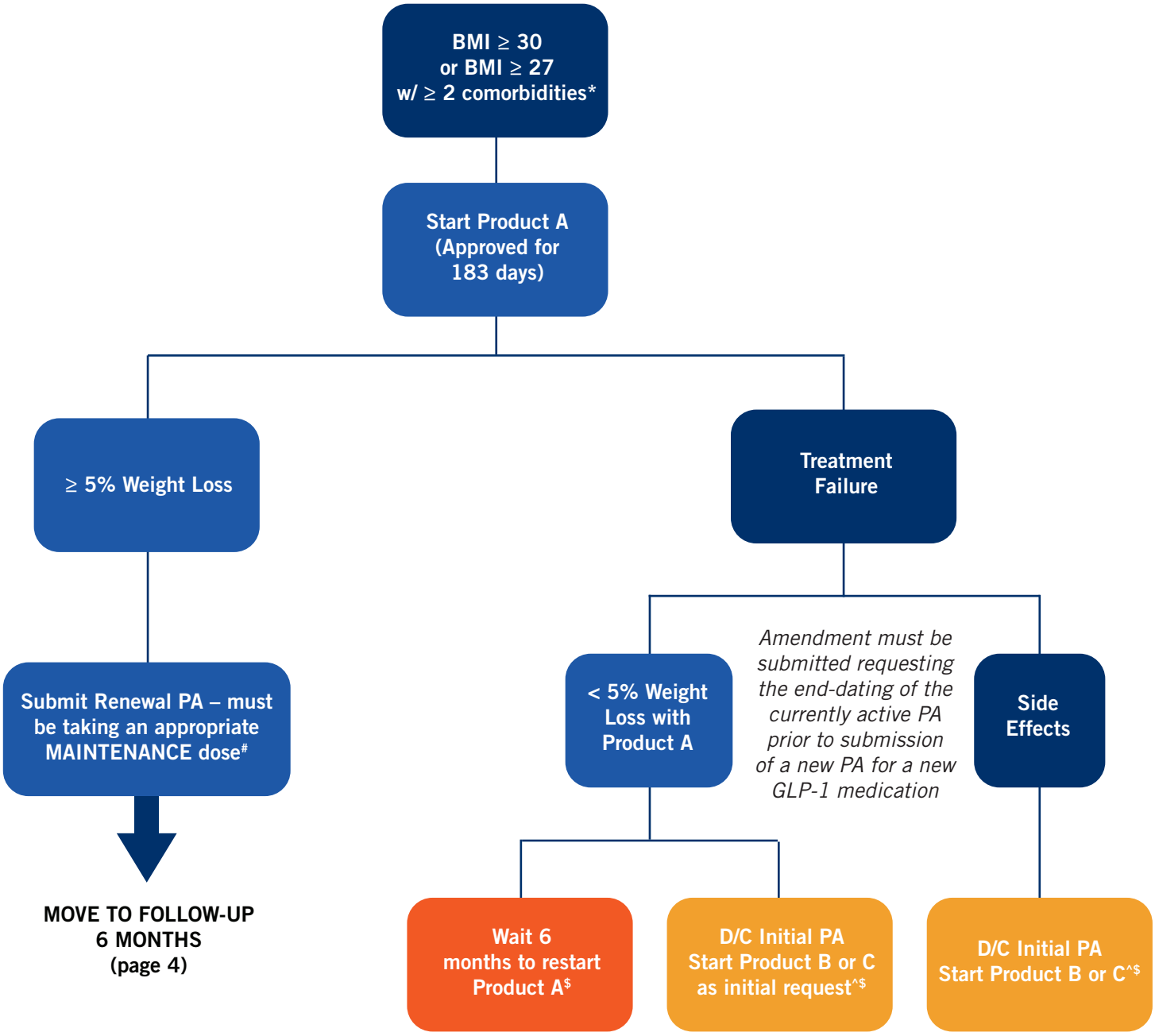
PAD: peripheral arterial disease

PAP: positive airway pressure

T2DM: type 2 diabetes mellitus

SCREENING - INITIAL 6 MONTHS

ForwardHealth Topic #7837



**Comorbidities: CAD, HLD, HTN, T2DM, OSA*
#Maintenance Doses: Saxenda–3 mg, Wegovy–1.7 or 2.4 mg, Zepbound–5, 10 or 15 mg
$Patient must meet initial PA criteria for coverage
^Changing Product A to Product B or C uses (1) lifetime attempt of Product A

SCREENING - FOLLOW-UP 6 MONTHS RENEWAL

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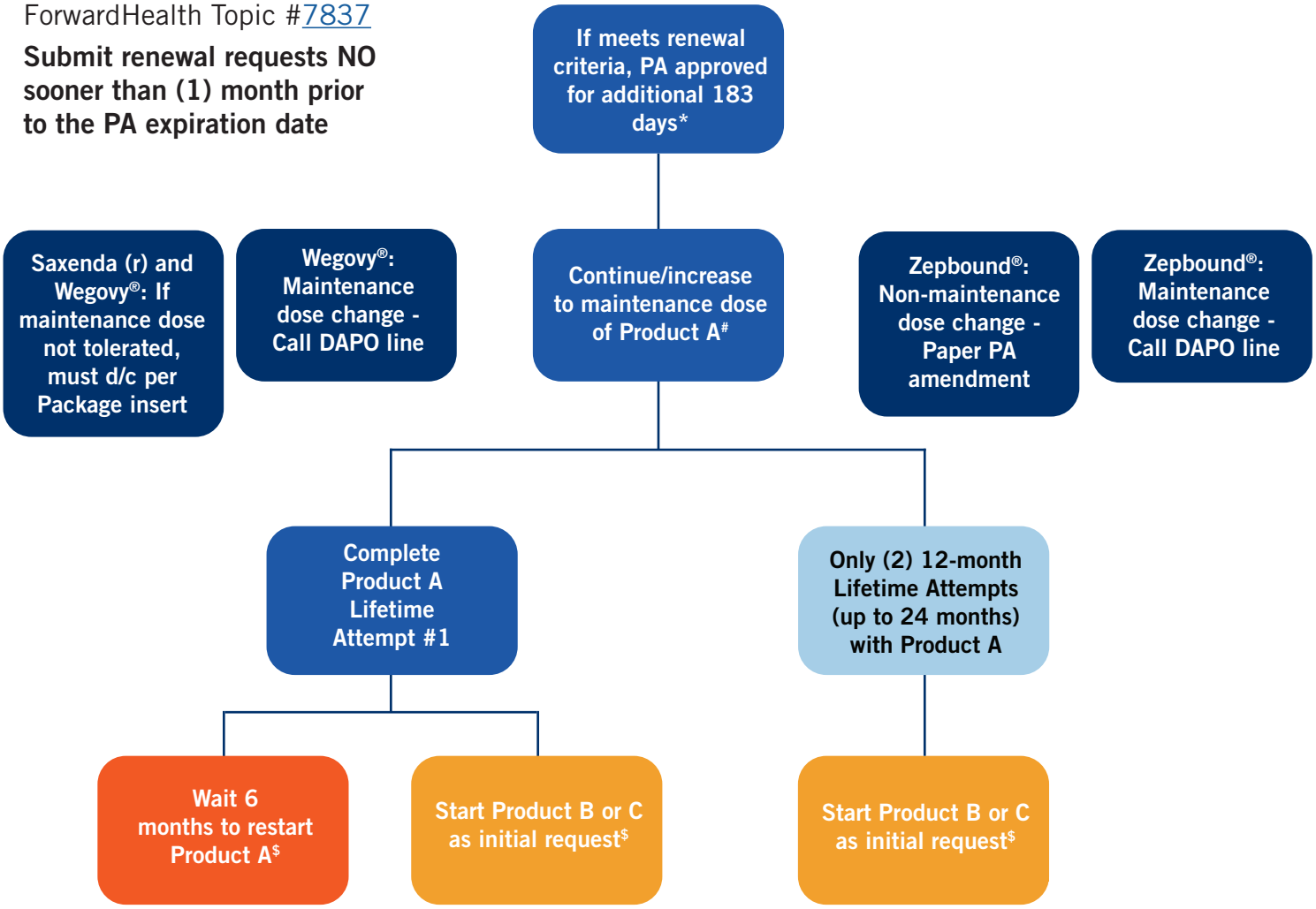
Submit renewal requests NO sooner than (1) month prior to the PA expiration date



**Patient must be on a maintenance dose: Saxenda–3 mg, Wegovy–1.7 or 2.4 mg, or Zepbound–5, 10 or 15 mg. Titration doses will be reviewed on a case-by-case basis, and clinical rationale must be provided.*
#Please review Lifetime Examples (page 5) for more information on dose changes.
$Patient must meet initial PA criteria for coverage.

LIFETIME EXAMPLES

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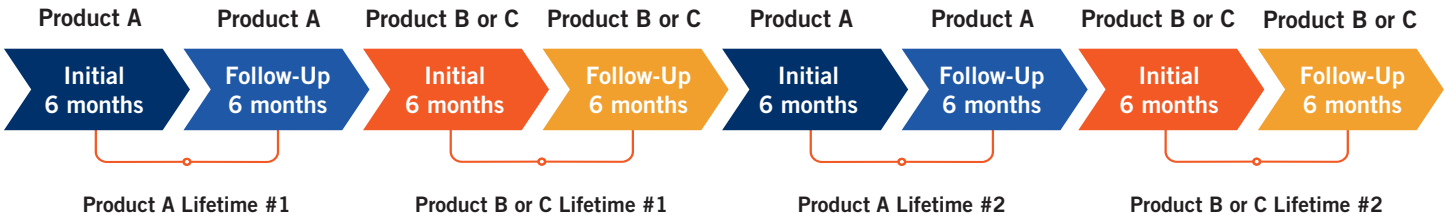
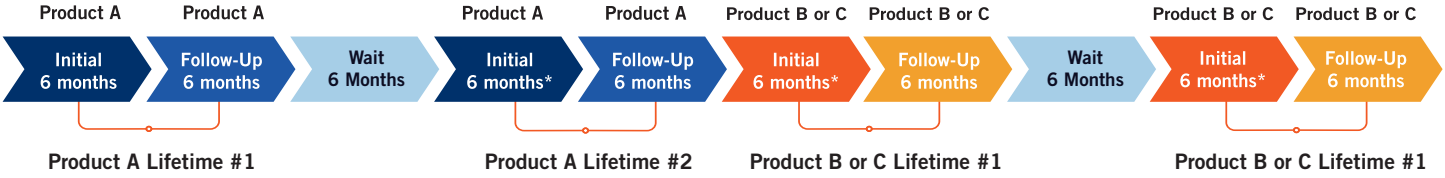
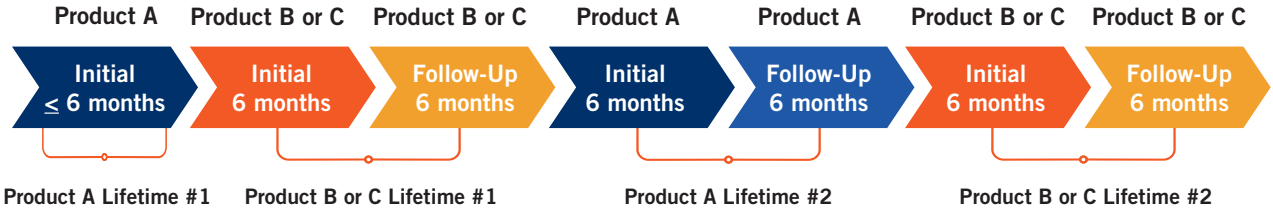
Continuous Therapy



Intermittent Therapy



Treatment Failure



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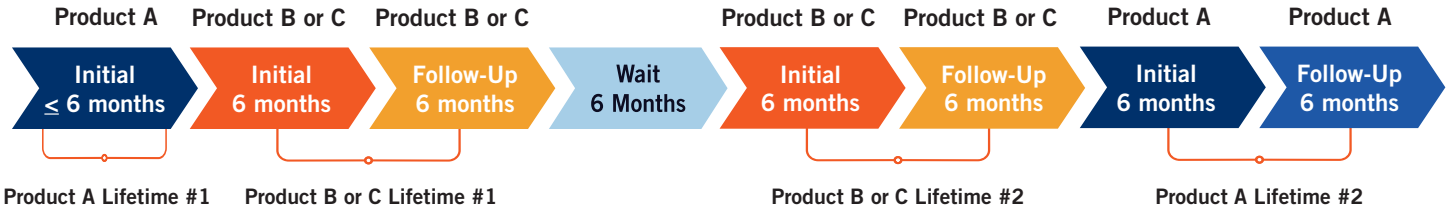
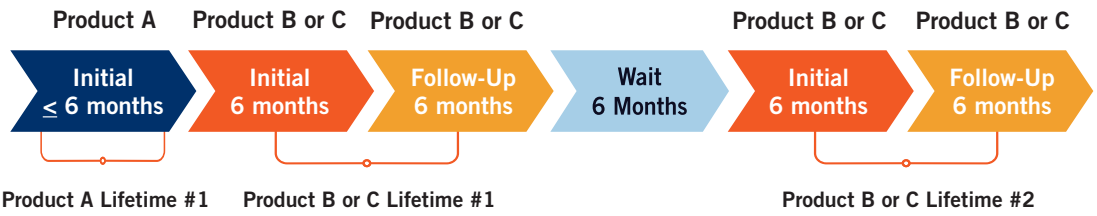


Treatment Failure



**Patient must meet initial PA criteria for coverage with each product lifetime.*

SPECIAL INDICATIONS: MACE, MASH & OSA

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Screening	Initial Renewal Request	Subsequent Renewal Requests
Semaglutide (Wegovy®) BMI ≥ 27 w/ MACE* *Prior MI, CVA, or PAD as evidenced by one of the following: • Intermittent claudication with an ABI ≤ 0.9 • Peripheral arterial revascularization procedure • Amputation due to ASCVD	**Needed for PA Renewal:** • Current BMI • Maintenance dose of 1.7 or 2.4 mg • Current treatment plan includes documented reduced-calorie diet and physical activity plan *Initial renewal request may be approved for up to 183 days*	**Needed for PA Renewal:** • Current BMI • Maintenance dose of 1.7 or 2.4 mg • Current treatment plan includes documented reduced-calorie diet and physical activity plan *Subsequent renewal requests may be approved for up to 365 days*
Semaglutide (Wegovy®) Any BMI w/ MASH[&] AND Has not had significant alcohol consumption within previous year AND Prescribed by a liver specialist physician (i.e. gastroenterologist or hepatologist) [&]Noncirrhotic NASH with moderate-to-advanced liver fibrosis (consistent with stages F2 to F3) by a biopsy or noninvasive tests (such as FibroScan or magnetic resonance enterography + MRI-proton density fat fraction)	**Needed for PA Renewal:** • Documentation to support adequate treatment response (as documented in laboratory tests) • Maintenance dose of 1.7 or 2.4 mg *Initial renewal request may be approved for up to 183 days*	**Needed for PA Renewal:** • Documentation to support adequate treatment response (as documented in laboratory tests and a biopsy or noninvasive test) • Resolution of steatohepatitis without worsening of fibrosis or at least one stage improvement in fibrosis without worsening steatohepatitis • Maintenance dose of 1.7 or 2.4 mg *Subsequent renewal requests may be approved for up to 365 days*
Tirzepatide (Zepbound®) BMI ≥ 30 w/ moderate-to-severe OSA[#] AND Has attempted PAP treatment and will continue to use (if tolerated) [#]Evidenced by results of one of the following: • Overnight polysomnogram (PSG) sleep study documenting an apnea-hyponea index (AHI) or respiratory disturbance index (RDI) ≥ 15 events/hr • Home sleep apnea test documenting a respiratory event index (REI) ≥ 15 events/hr	**Needed for PA Renewal:** • Documentation to support adequate treatment response (reduction in OSA symptoms) • Maintenance dose of 10 or 15 mg • Current treatment plan includes documented, reduced-calorie diet, and physical activity plan *Initial renewal request may be approved for up to 183 days*	**Needed for PA Renewal:** • Documentation to support adequate treatment response (reduction in AHI, RDI, or REO compared to their baseline prior to initiation) • Maintenance dose of 10 or 15 mg • Current treatment plan includes documented, reduced-calorie diet, and physical activity plan *Subsequent renewal requests may be approved for up to 365 days*

- When completing a PA for Wegovy® for MACE & MASH or Zepbound® for moderate-to-severe OSA, clinical documentation needs to be included in Section VI of Form F-11049.
- There is no lifetime coverage limit when Wegovy® is being used for MACE & MASH and Zepbound® is being used for moderate-to-severe OSA, however PAs will need to be renewed based on initial coverage requirements.
- Although BMI needs to be included in all renewal PAs, there are no specific BMI requirements for renewal. Only the initial PA requires a specific BMI for coverage.
- If a maintenance dose of Wegovy® (1.7 mg or 2.4 mg) or Zepbound® (10 mg or 15 mg) is not achieved during the first 6 months of therapy, the provider can submit a PA explaining the circumstances on why the patient was unable to reach a maintenance dose and request an exception to allow the patient more time to reach a maintenance dose.

ADDITIONAL INFORMATION

1. PA requests for anti-obesity drugs will **NOT** be renewed if a member's BMI is < 24
   - This does NOT apply when the anti-obesity drug is being used for a special indication (i.e. MACE, MASH, or OSA)
2. ALL OF THE FOLLOWING MUST BE TRUE for a PA to be approved:
   - Not pregnant or nursing
   - Does not have a history of an eating disorder (for example: anorexia, bulimia, or binge eating disorder)
   - The prescriber has evaluated and determined that the member does not have any medical or medication contraindications to treatment with the anti-obesity drug being requested.
   - The member has participated in a documented weight loss treatment plan (for example: nutritional counseling, exercise regimen, or calorie-restricted diet) in the past six months and will continue to follow the treatment plan while taking an anti-obesity drug.
3. ForwardHealth will make a decision regarding a provider's PA request within **20 working days** from the receipt of all the necessary information.
4. Patients are **NOT** required to confirm their pharmacy has their weight loss GLP-1 in-stock before a prior authorization can be submitted.
5. If the member has an active approved PA and additional doses (including non-maintenance doses) are requested, ForwardHealth requests the provider submit an amendment request for additional doses (with clinical rationale) on the approved PA. Amendments for **NON-**maintenance doses must be submitted by portal, fax, or mail.
6. Multiple doses can be included on the same PA form (Form F-00163) and will be approved for the duration of that PA. When the second 6-month PA is completed, only maintenance doses should be included on it as all non-maintenance doses will still require a separate amendment for approval.