Maryland
DEPARTMENT OF HEALTH

Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

MARYLAND MEDICAL ASSISTANCE PROGRAM
Managed Care Organization Transmittal No. 223
Physician Transmittal No. 171
Hospital Transmittal No. 315
September 13, 2024

TO: Managed Care Organizations
Physicians
Hospitals

FROM: Sandra Kick, Director Sandra E. Kick
Medical Benefits Management

RE: Coverage of Wegovy for Overweight or Obese Adults with Cardiovascular Disease, Effective September 15, 2024

NOTE: Please ensure that the appropriate staff members in your organization are informed of the content of this transmittal.

This transmittal is to inform Medicaid fee-for-service (FFS) providers and HealthChoice managed care organizations (MCOs) about Maryland Medicaid coverage of Wegovy for adults who are overweight or obese and have cardiovascular disease. For this population, Wegovy can be used to reduce the risk of cardiovascular death, heart attack, and stroke.

On March 8, 2024, the U.S. Food and Drug Administration (FDA) approved a new indication for Wegovy for overweight and obese adults with cardiovascular disease. FDA labeling for Wegovy now indicates that, in combination with a reduced calorie diet and increased physical activity, Wegovy can help limit risk for additional major adverse cardiovascular events in adults who are obese or overweight. Wegovy contains semaglutide, a glucagon-like peptide-1 (GLP-1) receptor agonist, and should not be used in combination with other semaglutide-containing products or other GLP-1 receptor agonists.

For more information on Wegovy administration, please see the FDA news release at https://bitly.cx/Fu0bw.

Coverage Criteria

Effective September 15, 2024, Wegovy will be considered for FFS coverage when the patient:

- Is 18 years of age or older;
- Has established and documented atherosclerotic cardiovascular disease (ASCVD);
- Is overweight or obese;
- Does not have type 1 or type 2 diabetes; and
- Is prescribed in accordance with prescribing information.

All of the preauthorization criteria must be met and confirmed with supporting medical documentation. To view the Medicaid FFS criteria in full, visit https://bit.ly/3X3S0jY. MCOs must also cover Wegovy in accordance with the FFS preauthorization criteria.

Wegovy will **not** be covered when the sole indication is for chronic weight management for patients that are either obese (BMI 30) or overweight (BMI 27) with comorbidities.

The Medicaid FFS program will reimburse Wegovy under HCPCS code J3490 and will be priced per invoice. Billable units are defined as 1 ml. For information about clinical criteria and reimbursement by HealthChoice MCOs, please contact the MCOs directly.

For Fee-For-Service questions about this transmittal, please contact Professional Services at mdh.professionalservicespolicy@maryland.gov; for HealthChoice related questions, please contact mdh.healthchoiceprovider@maryland.gov.

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Wegovy (semaglutide)

Wegovy is a glucagon-like peptide-1 (GLP-1) receptor agonist indicated 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 and who are either obese or overweight.

Limitations of Use:

- Co-administration with other semaglutide-containing products or with any other GLP-1 receptor agonist is not recommended and excluded from coverage..

I. Criteria for Initial Approval

Wegovy will be considered for coverage when all of the criteria below are met, confirmed with supporting medical documentation.

- Patient is 18 years of age or older.
- Patient has established and documented atherosclerotic cardiovascular disease (ASCVD) and is either obese or overweight.
    - Obesity/Overweight defined as:
        - For patient ≥ 27 kg/m2
            - Documentation of BMI ≥ 27 kg/m 2 within the last 90 days (current height and weight)
    - ASCVD defined as one of more of the following:
        - Prior myocardial infarction;
        - Prior stroke (ischemic or hemorrhagic stroke); OR
        - Symptomatic peripheral arterial disease (PAD) as evidenced by:
            - intermittent claudication with ankle-brachial index (ABI) less than 0.85 (at rest);
            - peripheral arterial revascularization procedure; OR
            - amputation due to atherosclerotic disease.
- Patient does not have type 1 or type 2 diabetes.
- Prescriber attests that medication is prescribed in accordance with prescribing information, including screening for any black box warnings and all contraindications.

II. Criteria for Continuation of Therapy

All of the criteria for initial therapy (in Section I) continue to be met.

III. Dosing/Administration

Wegovy must be administered according to the most current FDA labeling guidelines for dosage and timing.

IV. Length of Authorization For Initial Therapy

Wegovy will be authorized for six months when criteria for initial approval are met. Continuing therapy with Wegovy will be authorized for an additional six months.

V. Billing Code/Information

CPT Code: J3490 Wegovy (semaglutide). Unclassified drugs or biologicals. 1 Billable Unit = 1 ml.

Prior authorization of benefits is not the practice of medicine nor the substitute for the independent medical judgment of a treating medical provider. The materials provided are a component used to assist in making coverage decisions and administering benefits. Prior authorization does not constitute a contract or guarantee regarding member eligibility or payment. Prior authorization criteria are established based on a collaborative effort using input from the current medical literature and based on evidence available at the time.

Approved by MDH Clinical Criteria Committee: 08/07/2024
Last Reviewed Date: 08/07/2024