Medicaid Services Manual
Transmittal Letter

April 19, 2024

To: Custodians of Medicaid Services Manual

From: Casey Angres
Chief of Division Compliance

Subject: Medicaid Services Manual Changes
Chapter 1200 – Prescribed Drugs

Background And Explanation

Revisions to Medicaid Services Manual (MSM) Chapter 1200 – Prescribed Drugs are being proposed to add Wegovy exception criteria due to new indication for use approved by the FDA to Appendix A, Section KK.

Throughout the chapter, grammar, punctuation and capitalization changes were made, duplications removed, acronyms used and standardized, and language reworded for clarity. Renumbering and re-arranging of sections was necessary.

These changes are effective May 29, 2024.

Material Transmitted	Material Superseded
MTL OL Chapter 1200 – Prescribed Drugs	MTL 11/23 Chapter 1200 – Prescribed Drugs

Manual Section	Section Title	Background and Explanation of Policy Changes, Clarifications and Updates
Appendix A Section KK	**Incretin Mimetics**	Addition of Wegovy exception criteria due to new indication for use approved by the FDA in Appendix A, Section KK to Incretin Mimetics.

KK. Incretin Mimetics

Therapeutic Class: Incretin Mimetics
Last Reviewed by the DUR Board: January 18, 2024
Previously reviewed by the DUR Board: January 26, 2017

Incretin Mimetics are subject to prior authorization and quantity limitations based on the Application of Standards in Section 1927 of the SSA and/or approved by the DUR Board. Refer to the Nevada Medicaid and Check Up Pharmacy Manual for specific quantity limits.

1. Approval will be given if all criteria are met and documented:

   a. Initial Requests:

      1. Medication being prescribed for one of the following:

         a. Adjunct to diet and exercise to improve glycemic control in patients with type 2 diabetes mellitus (T2DM); or

         b. Reduce the risk of major adverse cardiovascular events (cardiovascular death, non-fatal myocardial infarction, or non-fatal stroke) in patients with type 2 diabetes and established cardiovascular disease; and

      2. Documentation of A1C lab result within past 180 days; and

      3. Patient does not have history of pancreatitis; and

      4. Patient does not have type 1 diabetes mellitus; and

      5. Medication is not being prescribed for weight loss in absence of T2DM indication; and

      6. Medication prescribed at FDA-approved dose for T2DM indication; and

      7. Patient is appropriate age per FDA label.

   b. Renewal Requests:

      a. Patient continues to meet above criteria; and

      b. Documentation of positive response from therapy.

2. Prior Authorization Guidelines

   a. Prior authorization approval will be for one year.

   b. Prior Authorization forms are available at: https://nevadamedicaid.magellanrx.com/provider/forms.

3. Exception criteria:

a. Wegovy (semaglutide)

1. Approval will be given if the following criteria are met and documented:

a. Medication is being prescribed for risk reduction 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.

b. Patient must be 18 years of age or older; and

c. Documentation that patient has a body mass index (BMI) ≥27 kg/m^2; and

d. Have established cardiovascular (CV) disease as evidenced by at least one of the following:

1. prior myocardial infarction;

2. prior ischemic or hemorrhagic stroke;

3. symptomatic peripheral arterial disease (PAD), as evidenced by intermittent claudication with ankle-brachial index (ABI) less than 0.85 (at rest), or peripheral arterial revascularization procedure, or amputation due to atherosclerotic disease.

e. Wegovy must be prescribed by, or in consultation with, a cardiologist or vascular specialist; and

f. Patient must not have type 1 or type 2 diabetes. Patients with type 1 or type 2 diabetes must have appropriate diabetic care with an alternative therapy as this indication is specific to non-diabetic patients; and

g. Patient must not have any contraindications for use of Wegovy; and

h. Patient must not be utilizing another GLP-1 therapy; and

i. Documentation that patient has received individualized healthy lifestyle counseling; and

j. Provider attestation that in addition to Wegovy the provider will maintain standard of care treatment for the patient's established cardiovascular disease; and

2. Prior Authorization Guidelines:

a. Initial prior authorization approval will be for six months.

b. Recertification approval will be for six months and requires achievement of 2.4mg once weekly maintenance dose shown to reduce the risk of major cardiovascular events following titration according to package labeling or prescriber must provide reasoning why the 2.4mg once weekly maintenance dose is not appropriate.