

**Pharmacy and Therapeutics Committee Meeting**

**Special Session**

**October 18, 2023**

**Members Present:**

Lisa Price-Stevens, M.D.  
Tim Jennings, Pharm.D.  
Gill Abernathy, M.S., R.Ph.  
Carol Forster, M.D.  
Olugbenga Obasanjo, M.D.  
Alexis Aplasca, M.D.  
Rachel M. Selby-Penczak, M.D.  
Ira Bloomfield, M.D.

**DMAS Staff:**

Cheryl J. Roberts, J.D., Medicaid Director  
MaryAnn McNeil, R.Ph., Pharmacy Manager  
JoeMichael T. Fusco, Pharm.D., MCO Pharmacy Compliance Manager  
John Morgan, M.D. Chief Clinical Innovation Officer  
Rachel Cain, Pharm.D., Clinical Pharmacist  
Usha Koduru, Counsel to the Board, Office of the Attorney General  
Jeff Lunardi, Chief Deputy Director

**Absent:**

Ananda Basu, M.D.  
Megan Sarashinsky, Pharm.D.  
Angela Venuto-Ashton, M.D.  
Sarah Melton, Pharm.D.

**Staff: Magellan Rx Management**

Debbie Moody, Pharm.BS, R.Ph., Director Clinical Account Services  
Nancy Eldin, Pharm.D., Pharmacist Account Executive  
David D'Amico, Pharm.D., Pharmacist Account Executive  
Jeni Hodzic, CPhT, Senior Account Management Specialist

**A quorum was present**

**Guests:**

9 representatives from pharmaceutical companies, providers, advocates, associations, etc.

**Welcome and Comments from Lisa Price-Stevens, M.D., Chief Medical Officer and Chairman:**

Dr. Lisa Price Stevens called the meeting to order and welcomed the members of the Committee and thanked them for their participation in this Special Session P&T Meeting. Dr. Price-Stevens made a motion to make a change to the Agenda to move the oral presentation to the top of the Agenda. The motion was seconded, and the committee voted unanimously to approve the change to the Agenda. Dr. Price-Stevens called the speaker, Dr. Sue Wolver from VCU Medical.

**Speaker:**

Sue Wolver, MD VCU Medical, founder VCU Medical Weight Loss Clinic.

While prior Anti-obesity medications could only achieve a 5 to 10% weight loss, glucagon-like peptide 1 agonists can achieve weight losses of 15 to 20%.

Requiring patients to be evaluated by a registered dietitian is nearly impossible given their scarcity in Virginia as well as difficulties getting these services paid for.

We consider obesity medicines to be lifelong medications.

**Introductions:**

Dr Price-Stevens asked the committee members for a brief introduction before starting on the Service Authorization Forms.

**Service Authorization Forms:**

Dr. Price Stevens went over the two Service authorization forms and pointed out the changes that will be reviewed. Dr Price-Stevens asked the members to take notes and hold questions until the committee has reviewed both forms.

The following changes were proposed:

- Maintain 27 and 30 BMI for Wegovy® and Saxenda®
- Strike the requirement of having an assessment by a registered dietitian and that we will include more details on what is expected for a nutritional assessment.
- Maintain the no medical contraindication to the use of reversible lipase inhibitor for Xenical.
- Reword statement to following: If applicable, a 30-day trial and failure or intolerance to a non-GLP-1 weight-loss drug with a description or reason for failure or intolerance. (Saxenda® and Wegovy®)
- Clarify requirements for renewal versus initial requests.
- Add a disclaimer regarding shortage of medications that the time frame will be adjusted based on when the drug was available to the patient.

Dr. Price-Stevens made a motion for the above-mentioned changes to the fax form, the motion was seconded, and the committee voted with six in favor and one opposed. The changes were approved.

Dr. Price-Stevens made a motion to adjourn the meeting was made and seconded. After a unanimous vote, Dr. Price-Stevens adjourned the meeting.



If the following information is not complete, correct, or legible, the SA process can be delayed.

Please use one form per member.

MEMBER INFORMATION

Last Name:

Grid for last name input

First Name:

Grid for first name input

Medicaid ID Number:

Grid for Medicaid ID number input

Date of Birth:

Grid for date of birth input (MM-DD-YYYY)

Gender:  Male  Female

Weight in Kilograms: \_\_\_\_\_

PRESCRIBER INFORMATION

Last Name:

Grid for last name input

First Name:

Grid for first name input

NPI Number:

Grid for NPI number input

Phone Number:

Grid for phone number input (XXX-XXX-XXXX)

Fax Number:

Grid for fax number input (XXX-XXX-XXXX)

DRUG INFORMATION

**\*\*For initial requests please continue below, for renewal request please proceed to page 4 of this form.**

All weight-loss medications will require a SA, which include, but are not limited to, the following: Covered only for members 16 years of age or older unless otherwise specified

- Adipex-P®/Suprenza™ (phentermine)
Alli®/Xenical® (orlistat)
Bontril®/Bontril PDM® (phendimetrazine)
Didrex®/Regimex® (benzphetamine)
Imcivree® (setmelanotide) \*ages 6 and older
Radtue® (diethylpropion)
Saxenda® (liraglutide) \*ages 12 and older
Wegovy® (semaglutide) \*ages 12 and older

Drug Name: \_\_\_\_\_ Drug Form: \_\_\_\_\_
Drug Strength: \_\_\_\_\_ Dosing Frequency: \_\_\_\_\_
Length of Therapy: \_\_\_\_\_ Quantity: \_\_\_\_\_
Day Supply: \_\_\_\_\_

(Form continued on next page.)

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## **DIAGNOSIS AND MEDICAL INFORMATION**

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If the physician does not have the necessary information, the request will be denied and the fax form requesting additional information will be sent to the prescriber.

Coverage for these medications will be limited to the following:

**1. Absence of medical contraindications:**

- No contraindications to use; **AND**
- No malabsorption syndromes, cholestasis, pregnancy, and/or lactation; **AND**
- No history of an eating disorder (e.g., anorexia, bulimia)

**2. Additional qualifying criteria to include (excluding Imcivree®) the following:**

- Participation in nutritional counseling; **AND**
- Participation in physical activity program, unless medically contraindicated; **AND**
- Commitment to continue the above weight-loss treatment plan.

**3. Additional criteria for Imcivree® ONLY:**

- Prescribed by or in consultation with an endocrinologist or geneticist; **AND**
- Member has proopiomelanocortin (POMC), proprotein convertase subtilisin/kexin type 1 (PCSK1), or leptin receptor (LEPR) deficiency, as confirmed by a genetic test; **AND**
- Member's genetic variants are interpreted as pathogenic, likely pathogenic, or of uncertain significance (VUS); **OR**
- Member has Bardet-Biedl syndrome (BBS)

**4. The provider attests that the patient's obesity is disabling and life threatening (i.e., puts the patient at risk for high-morbidity conditions):**

- Yes     No

**5. BMI meeting the following criteria (for Initial Request only):**

• **Adipex-P®/Suprenza™, Bontril®/Bontril PDM®, Didrex®/Regimex®, Alli®/Xenical®, Radtue®:**

- BMI  $\geq$  27 with two or more of the following risk factors: coronary heart disease, dyslipidemia, hypertension, sleep apnea, type 2 diabetes; **OR**
- BMI  $\geq$  30, if no applicable risk factors

*(Form continued on next page.)*

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- **Wegovy<sup>®</sup>, Saxenda<sup>®</sup>:**
  - BMI  $\geq 27$  with two or more of the following risk factors: coronary heart disease, dyslipidemia, hypertension, sleep apnea, type 2 diabetes; **OR**
  - BMI  $\geq 30$ , if no applicable risk factors; **AND** Have tried and failed one of the non-GLP1 weight-loss medications 6 months prior to request. For patients 12–18 years of age, a BMI that is  $\geq 140\%$  of the 95th percentile by age and sex
  - For patients 12–18 years of age, an initial BMI that is  $\geq 120\%$  of the 95th percentile by age and sex with two or more of the following risk factors: coronary heart disease, dyslipidemia, hypertension, sleep apnea, type 2 diabetes.
- **Imcivree<sup>®</sup>:**
  - BMI  $\geq 30$  or  $\geq 95$ th percentile on pediatric growth chart

6. The written documentation must include the following:

- Current medical status and weight loss plan. An individualized weight loss program should include a specific reduced calorie meal plan, recommended routine physical activity, and behavioral intervention including lifestyle modification as needed to improve adherence and outcomes.
- Current accurate height and weight measurements
- No medical contraindications to use a reversible lipase inhibitor (**Xenical<sup>®</sup>**)
- If applicable, a 30-day trial and failure or intolerance to a non-GLP-1 weight-loss drug with a description or reason for failure or intolerance. (**Saxenda<sup>®</sup> and Wegovy<sup>®</sup>**)
- Member not concurrently on Victoza<sup>®</sup> or Ozempic<sup>®</sup> or other GLP-1 inhibitors (**Saxenda<sup>®</sup> and Wegovy<sup>®</sup>**)

*(Form continued on next page.)*

Member's Last Name:

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Member's First Name:

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**Length of Authorization:**

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**Initial Request: Varies (drug specific)**

- Benzphetamine, diethylpropion, phendimetrazine, phentermine – 3 months
- Wegovy® – 6 months
- Alli®/Xenical® – 6 months
- Saxenda® and Imcivree® – 4 months

**Renewal Request: See additional requirements below (drug specific)**

- **Benzphetamine, diethylpropion, phendimetrazine, phentermine** – If the member achieves at least a 10 pound (lb.) weight loss during the initial 3 months of therapy, an additional 3-month SA may be granted. Maximum length of continuous drug therapy is 6 months (waiting period of 6 months before next request).
- **Alli®/Xenical®** – If the member achieves at least a 10 lb. weight loss, an additional 6-month SA may be granted. Maximum length of continuous drug therapy is 24 months (waiting period of 6 months before next request).
- **Saxenda®** – If the member achieves a weight loss of at least 4% of baseline weight, an additional 6-month SA may be granted as long as weight reduction continues.
- **Imcivree®** – If the member has experienced ≥ 5% reduction in body weight (or ≥ 5% of baseline BMI in those with continued growth potential), an additional 1 year SA may be granted.
- **Wegovy®** – If the member achieves a weight loss of at least 5% of baseline weight, an additional 6 month SA may be granted.
- Members lacking a weight loss response may still be considered for renewal with two or more of the following weight related risk factors: coronary heart disease, dyslipidemia, hypertension, sleep apnea, type 2 diabetes.
- **At this time, authorization requests over one year are subject to initial criteria including all documentation.**
- **In the event of an FDA recognized shortage, approved members will be eligible for the full allotment of approved drug once the shortage is resolved.**

*(Form continued on next page.)*

Member's Last Name:

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Member's First Name:

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7. **Assessment:**

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8. **Other Diagnoses/Risk Factors:**

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9. **Current BMI (Adult) or % of 95th percentile weight (12–18y.o.):** \_\_\_\_\_

10. **Pre-treatment BMI (Adult) or % of 95th percentile weight (12–18y.o.):** \_\_\_\_\_

11. **Summarize details of previous weight-loss treatment plans to include diet and exercise plans, in addition to submitting a copy of the plan consistent with Question 6:**

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\_\_\_\_\_  
**Prescriber Signature (Required)**

\_\_\_\_\_  
**Date**

By signature, the physician confirms the above information is accurate and verifiable by member records.

**Please include ALL requested information; Incomplete forms will delay the SA process.**

Submission of documentation does NOT guarantee coverage by the Department of Medical Assistance Services.

The completed form may be: **FAXED TO 800-932-6651**, phoned to 800-932-6648, or mailed to:

Magellan Medicaid Administration / ATTN: MAP  
11013 W. Broad Street  
Glen Allen, VA 23060