Provider Communications

Massachusetts

WellSense HEALTH PLAN

Date:	October 31, 2024
To:	All WellSense Providers
From:	WellSense Health Plan
Subject:	**GLP-1 weight management medication changes for 2025**
Product:	☐ MassHealth ☒ MA Clarity plans ☐ Senior Care Options

GLP-1 weight management medication changes for 2025

Effective Jan. 1, 2025, WellSense will be making changes to the management of GLP-1 weight management medications.

Summary of changes

- Effective Jan. 1, 2025, Zepbound will be our preferred GLP-1 for the treatment of chronic weight management for all MA Clarity plans members 18 years of age and older.
- Wegovy and Saxenda will no longer be covered for members 18 years of age and older for the treatment of chronic weight management.
- All adult MA Clarity members receiving Wegovy or Saxenda for the treatment of chronic weight management will be required to switch to Zepbound.
- All prior authorizations (new and continuation of therapy) received for Wegovy and Saxenda through the end of this year will be only authorized until Dec. 31, 2024. These members will need a new prior authorization for Zepbound. Consider starting patients new to therapy on Zepbound now.
- Wegovy and Saxenda coverage will still be covered for adolescent members ≥12 to <18 years of age. We won't require new prior authorizations.

- WellSense will continue to cover Wegovy to reduce the risk of major adverse cardiovascular disease in patients who are obese or overweight. A new prior authorization will be required if using Wegovy for this indication.
- To assist with this transition, for all members with a current prior authorization for Wegovy or Saxenda that extends beyond December 31, 2024, we'll enter a Zepbound prior authorization to allow payment at the pharmacy and will match the end date of the current Wegovy/Saxenda prior authorization. Prescribers will only need to issue a new prescription for Zepbound for these members.

Starting Jan. 1, 2025, our clinical prior authorization criteria for new Zepbound starts will require patients to meet all 4 specific criteria below:

1. Patient is ≥18 years of age.
2. Patient has engaged in a trial of behavioral modification and dietary restriction for at least 3 months.
3. Patient meets one of the following (a or b):
    a) Documentation of baseline BMI ≥32 kg/m^2 OR
    b) Patient meets both of the following (i AND ii):
        i. Documentation of baseline BMI ≥27 to < 32 kg/m^2;
        ii. At baseline patient had, or currently has at least TWO of the following weight related comorbidities (documentation required):
            - Hypertension
            - Type 2 diabetes
            - Dyslipidemia
            - Obstructive sleep apnea
            - Cardiovascular disease
            - Knee arthritis
            - Asthma
            - Chronic obstructive pulmonary disease
            - Metabolic dysfunction associated with steatotic liver disease/nonalcoholic fatty liver disease.
            - Polycystic ovarian disease

- Coronary artery disease

4. The medication will be used concomitantly with behavioral modification and a reduced-calorie diet.

A notification identifying the members impacted by this change will be sent to individual providers.

Impacted members are also receiving a notification of these changes. We encourage providers to engage with members before the change goes into effect on Jan. 1, 2025.

Dose conversions from ADA guidelines for diabetes. Therefore, doesn't include obesity dosing.

Agent	Comparative Doses (mg)								
Liraglutide once daily	0.6	1.2	1.8 – 3						
Semaglutide once weekly		0.25	0.5	1	2 – 2.4				
Tirzepatide once weekly			2.5		5	7.5	10	12.5	15

Whitley HP, Trujillo JM, Neumiller JJ. Special Report: Potential Strategies for Addressing GLP-1 and Dual GLP-1/GIP Receptor Agonist Shortage. Clin Diabetes 2023;41(3):467–473.