

Wegovy (semaglutide) Drug Use Criteria

Created: June 2024

Updated: 2/12/2025

Includes:

Wegovy® (Semaglutide)

GUIDELINE FOR USE:

Initial Request:

1. Is the request for Wegovy?
 - a. If yes, go to 2
 - b. If no, please see the Glucagon-Like-Peptide-1 Drug Use Criteria.

2. Is the request for a weight management drug AND member has established cardiovascular disease with a history of **ONE OR MORE** of the following (documentation required):
 - previous myocardial infarction (MI)
 - previous stroke
 - 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
 - prior history of revascularization (coronary artery bypass grafting (CABG), percutaneous coronary intervention (PCI), or angioplasty)?
 - a. If yes, go to 3
 - b. If no, deny as not meeting criteria.

3. Does the member have a BMI of 27kg/m² or greater?
 - a. If yes, go to #4. Document current BMI.
 - b. If not, deny as not meeting criteria. Wegovy is FDA approved for secondary cardiovascular prevention in members who are overweight or obese.

4. Has the member previously tried a weight loss treatment plan (e.g., diet and exercise program, nutritional counseling, and/or a calorie restriction diet)?
 - a. If yes, approve 1 fill of the 0.25mg, 1 fill of the 0.5mg, 1 fill of the 1mg, and 1 fill of the 1.7mg. Request updated chart notes evaluating response and what the maintenance dose will be (1.7mg or 2.4mg).
 - b. If no, deny as not meeting criteria. Wegovy is approved in combination with a reduced-calorie diet and increased physical activity.

Renewal Request:

Approved by the Advanced Health Pharmacy and Therapeutics Committee 2/12/2025

1. Has the patient lost or maintained BMI and the member has been adherent to the therapy based on claims history review?
 - a. If yes, go to #2.
 - b. If no, deny as not meeting criteria. Please reassess the importance of diet and exercise and adherence to medication?

2. Is the member continuing with a weight loss treatment plan (e.g., diet and exercise program, nutritional counseling, and/or a calorie restricted diet)?
 - a. If yes, may approve up to 12 months if on maintenance dose (1.7mg or 2.4mg). If on titration dose, approve based on dose.
 - b. If no, deny as not meeting criteria. All medications approved for weight loss are indicated as an adjunct to diet and exercise.

Rationale:

To provide guidance for the use of Wegovy (semaglutide) to ensure coverage for the most appropriate member populations in which evidence supports efficacy and safety for reduction in cardiovascular (CV) outcomes.

FDA Approved Indication:

WEGOVY® is a glucagon-like peptide-1 (GLP-1) receptor agonist indicated in combination with a reduced calorie diet and increased physical activity:

- to reduce the risk 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 (1).
- to reduce excess body weight and maintain weight reduction long term in:
 - Adults and pediatric patients aged 12 years and older with obesity
 - Adults with overweight in the presence of at least one weight-related comorbid condition (1).

References:

1. Wegovy (semaglutide) Prescribing Information. Revised 3/2024