

## Wegovy (semaglutide)

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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  $\geq 27$  kg/m<sup>2</sup>
      - Documentation of BMI  $\geq 27$  kg/m<sup>2</sup> within the last 90 days (current height and weight)
    - ASCVD defined as one or 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**