Wegovy® (semaglutide) – Supplemental Indications

BENEFIT APPLICATION

Benefit determinations are based on the applicable contract language in effect at the time the services were rendered. Exclusions, limitations or exceptions may apply. Benefits may vary based on contract, and individual member benefits must be verified. Wellmark determines medical necessity only if the benefit exists and no contract exclusions are applicable. This medical policy may not apply to FEP. Benefits are determined by the Federal Employee Program.

DESCRIPTION

The intent of the policy is to provide coverage consistent with product labeling, FDA guidance, standards of medical practice, evidence-based drug information, and/or published guidelines. The indications below including FDA-approved indications and compendial uses are considered covered benefits provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

FDA-Approved Indications
Wegovy (semaglutide injection)
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
- To reduce excess body weight and maintain weight reduction long term in adults and pediatric patients aged 12 years and older with obesity and adults with overweight in the presence of at least one weight-related comorbid condition
- For the treatment of noncirrhotic metabolic dysfunction-associated steatohepatitis (MASH), formerly known as nonalcoholic steatohepatitis (NASH), with moderate to advanced liver fibrosis (consistent with stages F2 to F3 fibrosis) in adults.

The indication for MASH is approved under accelerated approval based on improvement of MASH and fibrosis. Continued approval for this indication may be contingent upon the verification and description of clinical benefit in a confirmatory trial.

Wegovy (semaglutide tablet)
Indicated in combination with a reduced calorie diet and increased physical activity:

1. 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
2. To reduce excess body weight and maintain weight reduction long term in adults with obesity, or in adults with overweight in the presence of at least one weight-related comorbid condition

Limitations of Use

Coadministration with other semaglutide-containing products or with any other GLP-1 receptor agonist is not recommended.

POLICY

Required Documentation

Submission of the following information is necessary to initiate the prior authorization review:

1. Cardiovascular Risk Reduction
    a. Chart notes, medical record documentation or claims history supporting existing cardiovascular disease as defined by prior myocardial infarction, previous stroke, or symptomatic peripheral artery disease
    b. Laboratory results, chart notes, or medical record documentation of the patient's current (within 90 days) body mass index
    c. Chart notes, medical record documentation or claims history supporting concomitant treatment with guideline-directed medical therapies (i.e., antiplatelet, lipid-lowering, antihypertensive)

2. Metabolic Dysfunction-Associated Steatohepatitis
    a. Chart notes or medical records documenting clinical findings supporting the diagnosis of metabolic dysfunction-associated steatohepatitis (MASH). Note: one record is sufficient (e.g., Liver biopsy, FAST, MAST, MEFIB)
    b. For continuation of therapy requests: medical records (e.g., chart notes, laboratory tests) demonstrating positive clinical response from baseline

Prescriber Specialties (Initial Requests Only)

The requested medication must be prescribed by or in consultation with one of the following:

1. Cardiovascular Risk Reduction
    a. Cardiologist
    b. Endocrinologist
    c. Lipid specialist
    d. Cardiometabolic specialist
    e. Primary care physician in consultation with any of the above specialists

2. Metabolic Dysfunction-Associated Steatohepatitis
    a. Gastroenterologist
    b. Hepatologist
    c. Cardiometabolic specialist
    d. Primary care physician in consultation with any of the above specialists

Criteria for Initial Approval

Wegovy (injection) or Wegovy (tablet) for major adverse cardiovascular event reduction for established cardiovascular disease (CVD) and either obesity or overweight

Member must meet ALL of the following criteria:

1. Established cardiovascular disease as demonstrated by a history of one of the following:
    A. Prior myocardial infarction
    B. Prior stroke
    C. Symptomatic peripheral arterial disease as evidenced by one of the following:
        i. Intermittent claudication with ankle-brachial index <0.85 at rest
        ii. Peripheral arterial revascularization procedure
        iii. Amputation due to atherosclerotic cardiovascular disease (ASCVD)
2. Body Mass Index (BMI) greater than or equal to 27 kg/m^2
3. The member does NOT have any of the following:
    A. Diagnosis of diabetes mellitus (Hgb A1c of 6.5% or higher)
    B. Pancreatitis ≤180 days prior to request
4. The member is receiving standard of care treatment of CVD including a drug from each of the following therapeutic classes:
    A. Antiplatelet (e.g., aspirin, P2Y12 receptor blockers)
    B. Lipid-lowering (e.g., statin, ezetimibe, PCSK9 inhibitors)
    C. Antihypertensive (e.g., beta-blocker, angiotensin converting enzyme [ACE] inhibitors OR angiotensin receptor blockers [ARB])

    OR

    Member has an inadequate response, intolerance, documented contraindication, or medically justifiable reason to preclude use of all medications in any or all of the above therapeutic classes
5. The member will continue the above therapies for secondary prevention of cardiovascular disease in combination with the requested medication
6. The member is currently on and will continue to be on a weight loss regimen of a reduced calorie diet, increased physical activity
7. The member will NOT be using the requested medication in combination with another targeted weight loss agent

Approval will be for **6 months**

Wegovy (injection) for metabolic dysfunction-associated steatohepatitis (MASH)

Member must meet ALL the following criteria are met:

1. Member is 18 years of age or older
2. Member has a diagnosis of metabolic dysfunction-associated steatohepatitis (MASH) with moderate to advanced liver fibrosis (consistent with stages F2 to F3 fibrosis) confirmed by ONE of the following:
    A. Liver biopsy
    B. FAST [(FibroScan-aspartate aminotransferase (AST)]
    C. MAST [derived from magnetic resonance imaging–proton density fat fraction, magnetic resonance elastography (MRE), and AST]
    D. MEFIB [MRE combined with fibrosis-4 index (FIB-4)]
3. Member does not have evidence of the following:
    A. Cirrhosis
    B. Hepatic decompensation
    C. Hepatocellular carcinoma (HCC)
4. Member will not be using the requested medication in combination with another glucagon-like peptide-1 (GLP-1) receptor agonist
5. The requested medication will be used in conjunction with healthy lifestyle modifications (e.g., dietary or caloric restriction, exercise, behavioral support, community-based program).

Approval will be for **12 months**

Continuation of Therapy

Wegovy (injection) or Wegovy (tablet) for major adverse cardiovascular event reduction for established cardiovascular disease and either obesity or overweight

Member must meet ALL of the following criteria:

1. Established cardiovascular disease as demonstrated by a history of one of the following:
    A. Prior myocardial infarction
    B. Prior stroke
    C. Symptomatic peripheral arterial disease as evidenced by one of the following:
        i. Intermittent claudication with ankle-brachial index <0.85 at rest
        ii. Peripheral arterial revascularization procedure
        iii. Amputation due to atherosclerotic cardiovascular disease (ASCVD)
2. Body Mass Index (BMI) greater than or equal to 27 kg/m^2
3. Member is adherent to therapy as evidence by claims records demonstrating ≥80% fill rate
4. Member has not developed type 2 diabetes mellitus
5. Member remains on standard of care therapies for cardiovascular disease including a drug from each of the following therapeutic classes:
    A. Antiplatelet (e.g., aspirin, P2Y12 receptor blockers)
    B. Lipid-lowering (e.g., statin, ezetimibe, PCSK9 inhibitors)
    C. Antihypertensive (e.g., beta-blocker, angiotensin converting enzyme [ACE] inhibitors OR angiotensin receptor blockers [ARB])

    OR

    Member has an inadequate response, intolerance, documented contraindication, or medically justifiable reason to preclude use of all medications in any or all of the above therapeutic classes
6. Member is not experiencing unacceptable side effects or toxicities (i.e., pancreatitis)
7. The requested medication will not be used in combination with another targeted weight loss agent

Approval will be for **12 months**

Wegovy (injection) for metabolic dysfunction-associated steatohepatitis (MASH)

Member must meet ALL the following criteria:

1. Member has achieved or maintained a positive clinical response to the requested drug (e.g., improvement in liver function such as reduction in alanine aminotransferase [ALT], reduction of liver fat content by imaging such as magnetic resonance imaging-protein density fat fraction [MRI-PDFF] or FibroScan controlled attenuation parameter [CAP])
2. Member has not had the following:
    A. Progression to cirrhosis
    B. Hepatic decompensation
    C. Hepatocellular carcinoma (HCC)
3. Member will not be using the requested medication in combination with another glucagon-like peptide-1 (GLP-1) receptor agonist
4. The requested medication will be used in conjunction with healthy lifestyle modifications (e.g., dietary or caloric restriction, exercise, behavioral support, community-based program)

Approval will be for **12 months**

Other

Wegovy (semaglutide) is considered **not medically necessary** for members who do not meet the criteria set forth above.

Note: Members with comorbid type 2 diabetes mellitus should refer to the Antidiabetic GLP-1 Receptor Agonists and GIP-GLP-1 Receptor Agonists drug policy for coverage considerations.

Members currently receiving the requested medication as samples or via the manufacturer's patient assistance program will be required to meet the criteria for initial approval. This ensures that members are treated equally regardless of their provider's ability to access medication samples.

Dosing and Administration

Approvals may be subject to dosing limits in accordance with FDA-approved labeling, accepted compendia, and/or evidence-based practice guidelines.

Quantity Limits Apply

Medication	Standard Limit	FDA Recommended Dosing
Wegovy (semaglutide) 0.25 mg/0.5 mL auto-injector	4 pens/auto-injectors per 28 days	Initial dosage of 0.25 mg subcutaneously once weekly for 4 weeks and increase using the following schedule: • Increase to 0.5 mg subcutaneously once weekly for 4 weeks. • Increase to 1 mg subcutaneously once weekly for 4 weeks. • Increase to 1.7 mg subcutaneously once weekly for 4 weeks. • Increase to 2.4 mg subcutaneously once weekly. Maintenance dose of 2.4 mg subcutaneously once weekly; if not tolerated, may use the alternative maintenance dose of 1.7 mg subcutaneously once weekly
Wegovy (semaglutide) 0.5 mg/0.5 mL auto-injector		
Wegovy (semaglutide) 1 mg/0.5 mL auto-injector		
Wegovy (semaglutide) 1.7 mg/0.75 mL auto-injector		
Wegovy (semaglutide) 2.4 mg/0.75 mL auto-injector		
Wegovy (semaglutide) 1.5 mg tablet	30 tablets per 30 days	Initial dosage of 1.5 mg daily for 30 days and increase using the following schedule: • Increase to 4 mg daily for 30 days • Increase to 9 mg daily for 30 days • Increase to 25 mg daily Maintenance dose of 25 mg once daily; if not tolerated, may consider switching to 1.7 mg subcutaneously once weekly
Wegovy (semaglutide) 4 mg tablet		
Wegovy (semaglutide) 9 mg tablet		
Wegovy (semaglutide) 25 mg tablet		

Appendices

Appendix A: New York Heart Association (NYHA) Functional Classification

Class	Patient Symptoms
I	No limitation of physical activity. Ordinary physical activity does not cause undue fatigue, palpitation, dyspnea (shortness of breath).
II	Slight limitation of physical activity. Comfortable at rest. Ordinary physical activity results in fatigue, palpitation, dyspnea (shortness of breath).
III	Marked limitation of physical activity. Comfortable at rest. Less than ordinary activity causes fatigue, palpitation, or dyspnea.
IV	Unable to carry on any physical activity without discomfort. Symptoms of heart failure at rest. If any physical activity is undertaken, discomfort increases.

PROCEDURES AND BILLING CODES

To report provider services, use appropriate CPT* codes, Alpha Numeric (HCPCS level 2) codes, Revenue codes, and/or ICD diagnostic codes.

REFERENCES

Wegovy [package insert]. Plainsboro, NJ: Novo Nordisk, Inc.; March 2026.

Lincoff AM, Brown-Frandsen K, Colhoun HM, et al., Semaglutide and Cardiovascular Outcomes in Obesity Without Diabetes. *N Engl J Med* 2023;389(24):2221-32. doi: 10.1056/NEJMoa2307563.

Sanyal AJ, Newsome PJ, Kliers I, et al., Phase 3 Trial of Semaglutide in Metabolic Dysfunction-Associated Steatohepatitis. *N Engl J Med* 2025;392:2089-2099. Doi: 10.1056/NEJMoa2413258

POLICY HISTORY

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