

Policy Name:	Wegovy (semaglutide)	Policy#:	3248P
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Purpose of the Policy

The purpose of this policy is to define coverage criteria for coverage of Wegovy (semaglutide) for the risk reduction of major adverse cardiovascular events (cardiovascular death, nonfatal heart attack, nonfatal stroke) in adults with established cardiovascular disease and either obesity or overweight.

Statement of the Policy

Health Alliance Medical Plans will approve the use of Wegovy (semaglutide) under the pharmacy benefit if the following criteria are met.

Wegovy will not be covered for weight loss or in patients without established heart disease and either obesity or overweight. Weight loss medications are excluded from coverage for majority of plans and is not considered a covered benefit.

Criteria

1. Coverage Criteria

- 1.1 Treatment is being requested to reduce the risk of major adverse cardiovascular (heart) events (cardiovascular (heart related) death, non-fatal heart attack, or non-fatal stroke)
- 1.2 Age 45 years or older
- 1.3 Documentation patient has obesity as confirmed by a body mass index ≥ 27
- 1.4 Documentation patient has established cardiovascular (heart) disease as evidenced by one of the following:
 - Prior heart attack
 - Prior stroke (ischemic or hemorrhagic stroke)
 - Peripheral arterial disease (such as intermittent claudication with ankle-brachial index < 0.85 at rest, peripheral arterial revascularization procedure, or amputation due to atherosclerotic heart disease)
- 1.5 Wegovy will be used as an adjunct to lifestyle modification (dietary restriction, exercise, etc)
 - For State of Illinois members: participation in Virta Health or equivalent Health Alliance supported lifestyle management program if member is excluded from Virta Health is required
- 1.6 Prescribed by or in consultation with a cardiologist (heart doctor)
- 1.7 Patient is receiving standard of care treatment for heart disease as appropriate/indicated including an antiplatelet agent (such as clopidogrel), lipid-lowering drug (such as atorvastatin), antihypertensive (such as lisinopril)

2. Exclusion Criteria

- 2.1 Request for coverage is solely for weight loss
- 2.2 History of type 1 or type 2 diabetes
- 2.3 New York Heart Association Class IV (4) heart failure
- 2.4 Wegovy will not be covered in combination with any other GLP-1 agonists (such as Ozempic)

3. Managed Dose Limit

3.1 Wegovy 0.25mg, 0.5mg, 1mg: 2mL per 28 days

3.2 Wegovy 1.7mg, 2.4mg: 3mL per 28 days

4. Approval Period

4.1 Initial authorization: 12 months

4.2 Reauthorization: 12 months with documentation of clinical benefit from therapy

CPT Codes	

HCPCS Codes	

References

1. Wegovy (semaglutide) [prescribing information]. Plainsboro, NJ: Novo Nordisk Inc; March 2024.
2. Lincoff AM, Brown-Frandsen K, Colhoun HM, et al; SELECT Trial Investigators. Semaglutide and cardiovascular outcomes in obesity without diabetes. N Engl J Med. 2023;389(24):2221-2232.
3. Grunvald E, Shah R, Hernaez R, et al. AGA clinical practice guideline on pharmacological interventions for adults with obesity. Gastroenterology. 2022;163(5):1198-1225.

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DISCLAIMER

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