PRIOR AUTHORIZATION POLICY

POLICY: Weight Loss – Glucagon-Like Peptide-1 Agonists – Wegovy Injection Prior Authorization Policy
- Wegovy® (semaglutide subcutaneous injection – Novo Nordisk)
- Wegovy® HD (semaglutide subcutaneous injection – NovoNordisk)

REVIEW DATE: 06/17/2026

INSTRUCTIONS FOR USE

THE FOLLOWING COVERAGE POLICY APPLIES TO HEALTH BENEFIT PLANS ADMINISTERED BY CIGNA COMPANIES. CERTAIN CIGNA COMPANIES AND/OR LINES OF BUSINESS ONLY PROVIDE UTILIZATION REVIEW SERVICES TO CLIENTS AND DO NOT MAKE COVERAGE DETERMINATIONS. REFERENCES TO STANDARD BENEFIT PLAN LANGUAGE AND COVERAGE DETERMINATIONS DO NOT APPLY TO THOSE CLIENTS. COVERAGE POLICIES ARE INTENDED TO PROVIDE GUIDANCE IN INTERPRETING CERTAIN STANDARD BENEFIT PLANS ADMINISTERED BY CIGNA COMPANIES. PLEASE NOTE, THE TERMS OF A CUSTOMER'S PARTICULAR BENEFIT PLAN DOCUMENT [GROUP SERVICE AGREEMENT, EVIDENCE OF COVERAGE, CERTIFICATE OF COVERAGE, SUMMARY PLAN DESCRIPTION (SPD) OR SIMILAR PLAN DOCUMENT] MAY DIFFER SIGNIFICANTLY FROM THE STANDARD BENEFIT PLANS UPON WHICH THESE COVERAGE POLICIES ARE BASED. FOR EXAMPLE, A CUSTOMER'S BENEFIT PLAN DOCUMENT MAY CONTAIN A SPECIFIC EXCLUSION RELATED TO A TOPIC ADDRESSED IN A COVERAGE POLICY. IN THE EVENT OF A CONFLICT, A CUSTOMER'S BENEFIT PLAN DOCUMENT ALWAYS SUPERSEDES THE INFORMATION IN THE COVERAGE POLICIES. IN THE ABSENCE OF A CONTROLLING FEDERAL OR STATE COVERAGE MANDATE, BENEFITS ARE ULTIMATELY DETERMINED BY THE TERMS OF THE APPLICABLE BENEFIT PLAN DOCUMENT. COVERAGE DETERMINATIONS IN EACH SPECIFIC INSTANCE REQUIRE CONSIDERATION OF 1) THE TERMS OF THE APPLICABLE BENEFIT PLAN DOCUMENT IN EFFECT ON THE DATE OF SERVICE; 2) ANY APPLICABLE LAWS/REGULATIONS; 3) ANY RELEVANT COLLATERAL SOURCE MATERIALS INCLUDING COVERAGE POLICIES AND; 4) THE SPECIFIC FACTS OF THE PARTICULAR SITUATION. EACH COVERAGE REQUEST SHOULD BE REVIEWED ON ITS OWN MERITS. MEDICAL DIRECTORS ARE EXPECTED TO EXERCISE CLINICAL JUDGMENT WHERE APPROPRIATE AND HAVE DISCRETION IN MAKING INDIVIDUAL COVERAGE DETERMINATIONS. WHERE COVERAGE FOR CARE OR SERVICES DOES NOT DEPEND ON SPECIFIC CIRCUMSTANCES, REIMBURSEMENT WILL ONLY BE PROVIDED IF A REQUESTED SERVICE(S) IS SUBMITTED IN ACCORDANCE WITH THE RELEVANT CRITERIA OUTLINED IN THE APPLICABLE COVERAGE POLICY, INCLUDING COVERED DIAGNOSIS AND/OR PROCEDURE CODE(S). REIMBURSEMENT IS NOT ALLOWED FOR SERVICES WHEN BILLED FOR CONDITIONS OR DIAGNOSES THAT ARE NOT COVERED UNDER THIS COVERAGE POLICY (SEE "CODING INFORMATION" BELOW). WHEN BILLING, PROVIDERS MUST USE THE MOST APPROPRIATE CODES AS OF THE EFFECTIVE DATE OF THE SUBMISSION. CLAIMS SUBMITTED FOR SERVICES THAT ARE NOT ACCOMPANIED BY COVERED CODE(S) UNDER THE APPLICABLE COVERAGE POLICY WILL BE DENIED AS NOT COVERED. COVERAGE POLICIES RELATE EXCLUSIVELY TO THE ADMINISTRATION OF HEALTH BENEFIT PLANS. COVERAGE POLICIES ARE NOT RECOMMENDATIONS FOR TREATMENT AND SHOULD NEVER BE USED AS TREATMENT GUIDELINES. IN CERTAIN MARKETS, DELEGATED VENDOR GUIDELINES MAY BE USED TO SUPPORT MEDICAL NECESSITY AND OTHER COVERAGE DETERMINATIONS.

CIGNA NATIONAL FORMULARY COVERAGE:

OVERVIEW

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

- To **reduce excess body weight and maintain weight reduction long term** in:
  - Adults with overweight in the presence of at least one weight-related comorbid condition.
  - Adults with obesity.
  - Pediatric patients ≥ 12 years of age with obesity.
- To **reduce the risk of major adverse cardiovascular (CV) events (MACE)** [CV death, non-fatal myocardial infarction {MI}, or non-fatal stroke] in adults with established CV disease and either obesity or overweight.

- For the treatment of **non-cirrhotic metabolic dysfunction-associated steatohepatitis (MASH)**, formerly known as non-alcoholic steatohepatitis (NASH), with moderate to advanced liver fibrosis (consistent with stages F2 to F3 fibrosis) in adults.

Wegovy HD injection is intended for weight reduction in adults who tolerate Wegovy 2.4 mg injection for ≥ 4 weeks and require additional weight reduction.[1]

Concomitant use with another GLP-1 receptor agonist is not recommended.[1]

Dosing

In the prescribing information for Wegovy injection, a recommended dose escalation schedule of 16 weeks is outlined (the 2.4 mg dose would be reached at the start of Week 17).[1] Consider the treatment response and tolerability when selecting the maintenance dose. For weight loss in an adult who tolerates Wegovy 2.4 mg subcutaneously (SC) once weekly (QW) for ≥ 4 weeks and additional weight reduction is clinically indicated, the dose may be increased to a maximum of 7.2 mg SC QW (Wegovy HD).

Clinical Efficacy

Secondary Prevention of MACE

SELECT was a randomized, double-blind, placebo-controlled, event-driven study that assessed Wegovy injection vs. placebo, when added to standard of care, for the secondary prevention of CV events in adults ≥ 45 years of age with body mass index (BMI) ≥ 27 kg/m^2 and established CV disease without diabetes (n = 17,604).[2] Established CV disease was defined as one of the following: prior MI, prior stroke (ischemic or hemorrhagic), and/or symptomatic peripheral arterial disease (as evidenced by intermittent claudication with ankle-brachial index < 0.85, peripheral arterial revascularization procedure, or amputation due to atherosclerotic disease). The primary efficacy endpoint was a composite of death from CV causes, non-fatal MI, or non-fatal stroke.

Results. Patients were followed for a mean of 39.8 months.[2] The trial achieved its primary endpoint, demonstrating a statistically significant and superior reduction in MACE for Wegovy injection vs. placebo. A primary endpoint event occurred in 6.5% vs. 8.0% of patients in the Wegovy injection vs. placebo groups, respectively (hazard ratio 0.80; 95% confidence interval: 0.72, 0.90; P < 0.001).

MASH

The ESSENCE trial (Part 1 n = 800), a two-part, ongoing. Phase III, multicenter, double-blind, parallel-group trial randomized adults with MASH and stage F2 to F3 fibrosis to Wegovy injection or placebo, both in addition to standard of care (optimization of treatment for type 2 diabetes, dyslipidemia, and CV risk management).[3,4] Results from Part 1 have been published. Eligible patients were ≥ 18 years of age with histological presence of steatohepatitis with stage F2 to F3 fibrosis from a baseline liver biopsy. Patients with an average alcohol consumption of ≥ 20 grams/day for women or ≥ 30 grams/day for men or alcohol dependence were excluded. Rezdiffra™ (resmetirom tablets) was not approved at the time the

trial commenced; therefore, no patients were taking Rezdiffra in Part 1 of this trial. Concomitant use of any other GLP-1 or GLP-1/glucose-dependent insulinotropic polypeptide agonist was not allowed. The two primary histologic endpoints were: 1) Resolution of steatohepatitis and no worsening of liver fibrosis; and 2) Improvement in liver fibrosis and no worsening of steatohepatitis. In Part 2 of the trial, the primary endpoint will be cirrhosis-free survival at Week 240 (ongoing). Overall, 56% of patients had type 2 diabetes. The mean BMI was 34.6 kg/m^2. Most patients fulfilled four (27.8%) or five (43.3%) of five metabolic dysfunction-associated metabolic liver disease (MASLD) cardiometabolic criteria (i.e., BMI ≥ 25 kg/m^2 [≥ 23 kg/m^2 Asia] or waist circumference > 94 cm [male] or > 80 cm [female] or ethnicity adjusted equivalent; fasting serum glucose ≥ 100 mg/dL or 2-hour post-prandial glucose ≥ 140 mg/dL or type 2 diabetes or treatment for type 2 diabetes; blood pressure ≥ 130/85 mmHg or specific antihypertensive drug treatment; plasma high-density lipoprotein cholesterol ≤ 40 mg/dL [male] and ≤ 50 mg/dL [female] or lipid-lowering treatment). Most patients had stage F3 fibrosis (68.8%); 31.3% of patients had stage F2 fibrosis.

Results. At the interim analysis (the first 800 patients enrolled in the trial), the between-group differences for both primary endpoints were significant for Wegovy injection vs. placebo.[4] Wegovy injection demonstrated a significant improvement in liver fibrosis with no worsening of steatohepatitis, as well as resolution of steatohepatitis with no worsening of liver fibrosis. Confirmatory secondary endpoints also generally favored Wegovy injection (e.g., resolution of steatohepatitis with improvement in liver fibrosis, weight change). Part 2 of the trial is ongoing and expected to read out in 2029.

Guidelines

Weight Management

Adult

The American Academy of Clinical Endocrinology Consensus Statement: Algorithm for the Evaluation and Treatment of Adults with Obesity/Adiposity-Based Chronic Disease (ABCD) [2025 update] places an emphasis on a complication-centric, person-centered care model.[5] BMI is appropriate to screen for ABCD/obesity and is used to classify individuals into categories of overweight (BMI ≥ 25.0 to ≤ 29.9 kg/m^2), Class I obesity (BMI ≥ 30.0 to ≤ 34.9 kg/m^2), Class II obesity (BMI ≥ 35.0 to ≤ 39.9 kg/m^2), or Class III obesity (BMI ≥ 40 kg/m^2). Pharmacotherapy, in adjunct to lifestyle modification, is indicated to prevent, improve, or reverse obesity-related complications and diseases; not solely to reduce BMI. The choice of pharmacotherapy is based on obesity-related comorbidities. The degree of weight reduction with a given medication can serve as a guide toward improvement of various comorbidities. Response to pharmacologic therapy to therapy should be assessed after 3 months on a therapeutic dose. If treatment has not resulted in ≥ 5% weight loss, longer-term efficacy will not likely be sufficient; a change in therapeutic approach is recommended. Individuals with weight reduction ≥ 5% should continue with their current treatment. Patients who achieve ≥ 15% weight loss will have achieved a response to therapy that predictably prevents or improves a wide range of obesity-related comorbidities.

The American Diabetes Association Professional Practice Committee for Obesity (2026) Standards of Care in Overweight and Obesity prioritize obesity pharmacotherapy that is most likely to achieve and maintain intended treatment goals.[6] The treatment goal should be individualized based on the severity of obesity, obesity-related complications and diseases, and individual needs. A sustained weight reduction of ≥ 5% from baseline may achieve some clinically meaningful health benefits, while a sustained weight reduction of ≥ 10% is recommended to manage many obesity-related diseases or complications. In some cases, ≥ 15% weight reduction may be indicated to achieve greater therapeutic benefit. Medications should be continued after reaching treatment goals to maintain health benefits. When there is an inadequate response to therapy, dose escalation to the maximum dose is recommended. If the maximum dose has been reached and the response is inadequate, switching to an alternative medication, adding intensive lifestyle therapy, combining medications, or referring for metabolic surgery is recommended. Patients who achieve early weight reduction (usually ≥ 5% after 3 months) should continue medication long term.

Pediatric

Guidelines from the American Academy of Pediatrics on evaluation and treatment of children and adolescents with obesity (2023) note that pediatricians and other primary healthcare providers should offer adolescents ≥ 12 years of age with obesity (BMI ≥ 95th percentile) weight loss pharmacotherapy, according to medication indications, risks, and benefits, as an adjunct to health behavior and lifestyle treatment.[7]

MASH

The American Association for the Study of Liver Diseases Practice Guidance on the Clinical Management of non-alcoholic fatty liver disease (2023) was updated in October 2024 to address the approval of Rezdiffra and in November 2025 to address approval of Wegovy for MASH.[8,9] Best practices in the management of MASH include comprehensive lifestyle modification (nutrition, exercise, behavioral modification), and optimal control of comorbid metabolic conditions.[8] MASH can only be definitively diagnosed by histologic exam (biopsy); however, in practice, patient selection is based on evidence of steatosis and fibrosis as determined by non-invasive tests in patients with cardiometabolic risk factors without other causes of steatosis, notably, alcohol consumption of > 20 g/day for women and > 30 g/day for men. Specifically, fibrosis can be estimated using imaging and/or blood-based non-invasive tests with reasonable to high accuracy.[9] There are no FDA-approved non-invasive tests to diagnose MASH with stage F2 to F3 fibrosis or to monitor the response to pharmacotherapy.[8] Although liver biopsy is not typically recommended for fibrosis staging in current clinical practice, histologic exam remains the gold standard to quantify fibrosis if performed previously (historical biopsy obtained reasonably recently, e.g., within 3 years).[8] Since non-invasive tests are more readily available than liver biopsy, it is recommended that more current data (e.g., within 6 to 12 months) be utilized to determine patients who are appropriate candidates for treatment. Three non-invasive tests are supported in the 2025 guidance: vibration-controlled transient elastography (VCTE), magnetic resonance elastography (MRE), and the blood-based biomarker Enhanced Liver Fibrosis™

(ELF) score.[9] For the blood-based ELF score, a cutoff of 9.2 provides optimal sensitivity and specificity for detecting ≥ F2 fibrosis. To guide the selection of appropriate candidates for treatment with MASH therapy, the ELF score range of 9.2 to 10.5 is recommended. In the ESSENCE trial, this range identified approximately 50% of patients with F2 or F3 fibrosis. While the range serves as guidance, in those with values outside of the upper range, exclusion of cirrhosis and portal hypertension should be considered using another non-invasive test such as VCTE or MRE. Wegovy is not indicated in patients with cirrhotic (F4) MASH.

POLICY STATEMENT

Prior Authorization is recommended for prescription benefit coverage of Wegovy injection (Wegovy and Wegovy HD). In the clinical criteria, as appropriate, an asterisk (*) is noted next to the specified gender. In this context, the specified gender is defined as follows: males are defined as individuals with the biological traits of a male, regardless of the individual's gender identity or gender expression; females are defined as individuals with the biological traits of a female, regardless of the individual's gender identity or gender expression. Because of the specialized skills required for evaluation and diagnosis of patients treated with Wegovy injection/Wegovy HD injection for metabolic dysfunction-associated steatohepatitis (MASH)/non-alcoholic steatohepatitis (NASH) as well as the monitoring required for adverse events and long-term efficacy, approval requires Wegovy injection/Wegovy HD injection for MASH/NASH to be prescribed by or in consultation with a physician who specializes in the condition being treated. All approvals are provided for the duration noted below. In cases where the approval is authorized in months, 1 month is equal to 30 days.

Documentation: Documentation is required for use of Wegovy injection/Wegovy HD injection for MASH/NASH as noted in the criteria as **[documentation required]**. Documentation may include, but is not limited to, chart notes, laboratory results, medical test results, claims records, prescription receipts, and/or other information. All documentation must include patient-specific identifying information.

- **Wegovy® (semaglutide subcutaneous injection – Novo Nordisk)**
- **Wegovy® HD (semaglutide subcutaneous injection – NovoNordisk)**

is(are) covered as medically necessary when the following criteria is(are) met for FDA-approved indication(s) or other uses with supportive evidence (if applicable):

FDA-Approved Indications

1. **Weight Loss in an Adult with Overweight or Obesity.** Approve for the duration noted if the patient meets ONE of the following (A or B):

A) Initial Therapy. Approve for 8 months if the patient meets ALL of the following (i, ii, iii, and iv):
- **i.** Patient is ≥ 18 years of age; AND
- **ii.** Patient has engaged in a trial of behavioral modification and dietary restriction for at least 3 months; AND
- **iii.** Patient meets ONE of the following (a or b):
  - **a)** At baseline, patient had a BMI ≥ 30 kg/m^2; OR
    Note: This refers to baseline prior to any glucagon-like peptide-1 (GLP-1) agonist (e.g., liraglutide [Saxenda, generic], Wegovy) or GLP-1/glucose-dependent insulinotropic polypeptide (GIP) receptor agonist (e.g., Zepbound).
  - **b)** Patient meets BOTH of the following [(1) and (2)]:
    - **(1)** At baseline, patient had a BMI ≥ 27 kg/m^2; AND
    - **(2)** At baseline, patient had, or patient currently has, at least ONE of the following weight-related comorbidities: hypertension, type 2 diabetes, dyslipidemia, obstructive sleep apnea, cardiovascular disease, knee osteoarthritis, asthma, chronic obstructive pulmonary disease, metabolic dysfunction-associated steatotic liver disease/non-alcoholic fatty liver disease, polycystic ovarian syndrome, or coronary artery disease; AND

    Note: This refers to baseline prior to any glucagon-like peptide-1 (GLP-1) agonist (e.g., liraglutide [Saxenda, generic], Wegovy) or GLP-1/glucose-dependent insulinotropic polypeptide (GIP) receptor agonist (e.g., Zepbound).
- **iv.** The medication will be used concomitantly with behavioral modification and a reduced-calorie diet; OR

B) Patient is Currently Receiving Wegovy injection, Wegovy HD injection, or Wegovy tablet. Approve for 1 year if the patient meets ALL of the following (i, ii, iii, and iv):
Note: For a patient who has not completed 8 months of initial therapy with Wegovy injection, Wegovy HD injection, and/or Wegovy tablet, refer to Initial Therapy criteria above.
- **i.** Patient is ≥ 18 years of age; AND
- **ii.** Patient meets ONE of the following (a or b):
  - **a)** At baseline, patient had a BMI ≥ 30 kg/m^2; OR
    Note: This refers to baseline prior to any glucagon-like peptide-1 (GLP-1) agonist (e.g., liraglutide [Saxenda, generic], Wegovy) or GLP-1/glucose-dependent insulinotropic polypeptide (GIP) receptor agonist (e.g., Zepbound).
  - **b)** Patient meets BOTH of the following [(1) and (2)]:
    - **(1)** At baseline, patient had a BMI ≥ 27 kg/m^2; AND
    - **(2)** At baseline, patient had, or patient currently has, at least ONE of the following weight-related comorbidities: hypertension, type 2 diabetes, dyslipidemia, obstructive sleep apnea, cardiovascular disease, knee osteoarthritis, asthma, chronic obstructive pulmonary disease, metabolic dysfunction-associated steatotic liver disease/non-alcoholic fatty liver disease, polycystic ovarian syndrome, or coronary artery disease; AND

Note: This refers to baseline prior to any glucagon-like peptide-1 (GLP-1) agonist (e.g., liraglutide [Saxenda, generic], Wegovy) or GLP-1/glucose-dependent insulinotropic polypeptide (GIP) receptor agonist (e.g., Zepbound).

iii. Patient has lost ≥ 5% of baseline body weight; AND
Note: This refers to baseline prior to any glucagon-like peptide-1 (GLP-1) agonist (e.g., liraglutide [Saxenda, generic], Wegovy) or GLP-1/glucose-dependent insulinotropic polypeptide (GIP) receptor agonist (e.g., Zepbound).

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

2. Weight Loss in a Pediatric Patient with Obesity. Approve for the duration noted if the patient meets ONE of the following (A or B):

A) Initial Therapy. Approve for 8 months if the patient meets ALL of the following (i, ii, iii, and iv):

i. Patient is ≥ 12 years of age and < 18 years of age; AND

ii. Patient has engaged in a trial of behavioral modification and dietary restriction for at least 3 months; AND

iii. At baseline, patient had a BMI ≥ 95th percentile for age and sex; AND
Note: This refers to baseline prior to any glucagon-like peptide-1 (GLP-1) agonist (e.g., liraglutide [Saxenda, generic], Wegovy) or GLP-1/glucose-dependent insulinotropic polypeptide (GIP) receptor agonist (e.g., Zepbound).

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

B) Patient is Currently Receiving Wegovy injection, Wegovy HD injection, or Wegovy tablet. Approve for 1 year if the patient meets ALL of the following (i, ii, iii, and iv):
Note: For a patient who has not completed 8 months of initial therapy with Wegovy injection, Wegovy HD injection, and/or Wegovy tablet, refer to Initial Therapy criteria above.

i. Patient is ≥ 12 years of age and < 18 years of age; AND

ii. At baseline, patient had a BMI ≥ 95th percentile for age and sex; AND
Note: This refers to baseline prior to any glucagon-like peptide-1 (GLP-1) agonist (e.g., liraglutide [Saxenda, generic], Wegovy) or GLP-1/glucose-dependent insulinotropic polypeptide (GIP) receptor agonist (e.g., Zepbound).

iii. Patient has had a reduction in BMI of ≥ 1% from baseline; AND
Note: This refers to baseline prior to any glucagon-like peptide-1 (GLP-1) agonist (e.g., liraglutide [Saxenda, generic], Wegovy) or GLP-1/glucose-dependent insulinotropic polypeptide (GIP) receptor agonist (e.g., Zepbound).

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

3. **Major Adverse Cardiovascular Event(s) Risk Reduction in a Patient with Established Cardiovascular Disease with Overweight or Obesity.** Approve for 1 year if the patient meets ALL of the following (A, B, C, D, and E):
   A) Patient is ≥ 18 years of age; AND
   B) At baseline, patient had a BMI ≥ 27 kg/m^2; AND
   Note: This refers to baseline prior to any glucagon-like peptide-1 (GLP-1) agonist (e.g., liraglutide [Saxenda, generic], Wegovy) or GLP-1/glucose-dependent insulinotropic polypeptide (GIP) receptor agonist (e.g., Zepbound).
   C) Patient meets ONE of the following (i, ii, or iii):
      i. Patient has had a prior myocardial infarction; OR
      ii. Patient has had a prior stroke; OR
      Note: This does not include a transient ischemic attack (TIA).
      iii. Patient has a history of symptomatic peripheral arterial disease as evidenced by ONE of the following [a, b, or c]:
         a) Intermittent claudication with ankle-brachial index < 0.85; OR
         b) Peripheral arterial revascularization procedure; OR
         c) Amputation due to atherosclerotic disease; AND
   D) According to the prescriber, the medication will be used in combination with optimized pharmacotherapy for established cardiovascular disease; AND
   E) The medication will be used concomitantly with behavioral modification and a reduced-calorie diet.

4. **Metabolic Dysfunction-Associated Steatohepatitis (MASH)/Non-Alcoholic Steatohepatitis (NASH).** Approve for 1 year if the patient meets the ONE of the following (A or B):
   A) Initial Therapy: Approve if the patient meets ALL of the following (i, ii, iii, iv, v, vi, vi, and vii):
      i. Patient is ≥ 18 years of age; AND
      ii. Patient does not have cirrhosis (F4); AND
      iii. Patient has stage F2 or F3 fibrosis prior to initiating treatment with Rezdiffra, Wegovy injection, Wegovy HD injection, or Wegovy tablet **[documentation required]** identified by ONE of the following (a, b, c, or d):
         a) Liver biopsy performed within the 3 years preceding treatment with Rezdiffra, Wegovy injection, Wegovy HD injection, or Wegovy tablet **[documentation required]**; OR
         b) Vibration-controlled transient elastography (VCTE) performed within the 6 months preceding treatment with Rezdiffra, Wegovy injection, Wegovy HD injection, or Wegovy tablet **[documentation required]**; OR
         c) Magnetic resonance elastography (MRE) performed within the 6 months preceding treatment with Rezdiffra, Wegovy injection, Wegovy HD injection, or Wegovy tablet **[documentation required]**; OR
         d) Enhanced Liver Fibrosis™ (ELF) test performed within the 6 months preceding treatment with Rezdiffra, Wegovy injection, Wegovy HD injection, or Wegovy tablet **[documentation required]** with a score of ≥ 9.2 to ≤ 10.5 **[documentation required]**; AND

iv. According to the prescriber, the patient has ONE or more of the following metabolic risk factors that are managed according to standard of care (a, b, c, d, e):
- **a)** Central obesity;
- **b)** Hypertriglyceridemia;
- **c)** Reduced high-density lipoprotein cholesterol;
- **d)** Hypertension;
- **e)** Elevated fasting plasma glucose indicative of diabetes or pre-diabetes; AND

v. According to the prescriber, patient meets ONE of the following (a or b):
- **a)** Female* patient: Alcohol consumption is < 20 grams/day; OR
  Note: One standard drink (or one alcoholic drink equivalent) contains roughly 14 grams of pure alcohol, which is found in 12 ounces of regular beer, 5 ounces of wine, or 1.5 ounces of distilled spirits.
- **b)** Male* patient: Alcohol consumption < 30 grams/day; AND
  Note: One standard drink (or one alcoholic drink equivalent) contains roughly 14 grams of pure alcohol, which is found in 12 ounces of regular beer, 5 ounces of wine, or 1.5 ounces of distilled spirits.

vi. The medication will be used in combination with appropriate diet and exercise therapy; AND

vii. The medication is prescribed by or in consultation with an endocrinologist, gastroenterologist, or hepatologist; OR

B) Patient is Currently Receiving Wegovy injection, Wegovy HD injection, or Wegovy tablet: Approve if the patient meets ALL of the following (i, ii, iii, iv, v, and vi):
Note: For a patient who has received < 1 year of therapy with Wegovy injection, Wegovy HD injection, and/or Wegovy tablet or who is restarting therapy, refer to Initial Therapy criteria above.

i. Patient has completed ≥ 1 year of therapy with Wegovy injection, Wegovy HD injection, and/or Wegovy tablet AND according to the prescriber, the patient has not had worsening of fibrosis or MASH/NASH; AND
Note: This applies to a patient starting their second (or more) year of therapy with Wegovy injection, Wegovy HD injection, and/or Wegovy tablet (i.e., the patient has already completed 1 year or more of therapy with Wegovy injection and/or tablet).

ii. According to the prescriber, patient does not have cirrhosis (F4); AND

iii. According to the prescriber, metabolic risk factors are managed according to standard of care; AND

iv. According to the prescriber, patient meets ONE of the following (a or b):
- **a)** Female* patient: Alcohol consumption is < 20 grams/day; OR
  Note: One standard drink (or one alcoholic drink equivalent) contains roughly 14 grams of pure alcohol, which is found in 12 ounces of regular beer, 5 ounces of wine, or 1.5 ounces of distilled spirits.
- **b)** Male* patient: Alcohol consumption < 30 grams/day; AND
  Note: One standard drink (or one alcoholic drink equivalent) contains roughly 14 grams of pure alcohol, which is found in 12 ounces of regular beer, 5 ounces of wine, or 1.5 ounces of distilled spirits.

v. The medication will be used in combination with appropriate diet and exercise therapy; AND
vi. The medication is prescribed by or in consultation with an endocrinologist, gastroenterologist, or hepatologist.

*Refer to the Policy Statement

CONDITIONS NOT COVERED

- **Wegovy® (semaglutide subcutaneous injection – Novo Nordisk)**
- **Wegovy® HD (semaglutide subcutaneous injection – NovoNordisk)**

is(are) considered not medically necessary for ANY other use(s) including the following (this list may not be all inclusive; criteria will be updated as new published data are available):

1. **Concomitant Use with Glucagon-Like Peptide-1 (GLP-1) Agonists or GLP-1/ Glucose-Dependent Insulinotropic Polypeptide (GIP) Agonists.** Concomitant use of Wegovy injection or Wegovy HD injection with another GLP-1 receptor agonist is not recommended.[1]

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HISTORY

Type of Revision	Summary of Changes	Review Date

New Policy	The Weight Loss – Glucagon-Like Peptide-1 Agonists PA Policy was retired. A new Policy was created, the new Policy name is: Weight Loss – Glucagon-Like Peptide-1 Agonists – Wegovy Injection PA Policy. No criteria changes.	06/17/2026

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