



Drug Coverage Policy

Effective Date09/01/2026

Coverage Policy Number.....IP0815

Policy Title.....Wegovy Tablet

Weight Loss – Glucagon-Like Peptide-1 Agonists – Wegovy Tablet

- Wegovy® (semaglutide tablets – Novo Nordisk)

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.

Overview

Wegovy tablet is a glucagon-like peptide-1 (GLP-1) receptor agonist indicated in combination with a reduced-calorie diet and increased physical activity to¹:

- **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.
- **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.

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

Dosing

In the prescribing information for Wegovy tablet, a recommended dose escalation schedule of 90 days is outlined (the 25 mg dose would be reached at the start of Day 91).¹ If a patient does not tolerate a dose during dose escalation, consider delaying dose escalation. For CV risk reduction and weight reduction, the maintenance dose of Wegovy tablet is 25 mg orally once daily (QD). If the patient does not tolerate the 25 mg QD maintenance dosage, consider switching to Wegovy subcutaneous (SC) injection 1.7 mg once weekly (QW). If additional weight reduction is needed in patients with type 2 diabetes mellitus treated with Wegovy 25 mg tablet, consider switching to Wegovy 1.7 mg SC injection QW and follow the recommended dosage escalation for Wegovy SC injection.

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 BMI ≥ 27 kg/m² 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).

Guidelines

Wegovy tablet has not been addressed in guidelines.

The American Academy of Clinical Endocrinology (AACE) 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.³ 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/m²), Class I obesity (BMI ≥ 30.0 to ≤ 34.9 kg/m²), Class II obesity (BMI ≥ 35.0 to ≤ 39.9 kg/m²), or Class III obesity (BMI ≥ 40 kg/m²). 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 $\geq 5\%$ weight loss, longer-term efficacy will not likely be sufficient; a change in therapeutic approach is recommended. Individuals with weight reduction $\geq 5\%$ should continue with their current treatment. Patients who achieve $\geq 15\%$ 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.⁴ 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 $\geq 5\%$ from baseline may achieve some clinically meaningful health benefits, while a sustained weight reduction of $\geq 10\%$ is recommended to manage many obesity-related diseases or complications. In some cases, $\geq 15\%$ 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 $\geq 5\%$ after 3 months) should continue medication long term.

Coverage Policy

POLICY STATEMENT

Prior Authorization is required for benefit coverage of Wegovy tablet. 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.

Wegovy tablet is considered medically necessary when ONE of the following is met (1 or 2):

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/m²; 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/m²; 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 tablet, Wegovy injection, or Wegovy HD injection.

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 tablet and/or Wegovy injection, 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/m²; 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/m²; 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 $\geq 5\%$ 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. 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/m²; 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.

Conditions Not Covered

Wegovy tablet for any other use is considered not medically necessary, 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 tablet with another GLP-1 receptor agonist is not recommended.¹

References

1. Wegovy® tablet and subcutaneous injection [prescribing information]. Plainsboro, NJ: Novo Nordisk; March 2026.
2. Lincoff AM, Brown-Frandsen K, Colhoun HM, et al; for the SELECT Trial Investigators. Semaglutide and cardiovascular outcomes in obesity without diabetes. *N Engl J Med*. 2023;389(24):2221-2232.
3. Nadolsky K, Garvey WT, Agarwal M, et al. American Association of Clinical Endocrinology consensus statement: algorithm for the evaluation and treatment of adults with obesity/adiposity-based chronic disease — 2025 Update. *Endocrine Practice*. 2025;31:1351–1394.
4. American Diabetes Association Professional Practice Committee for Obesity. Pharmacologic treatment of obesity in adults: Standards of care in overweight and obesity. *DOCM Care*. 13 Jan 2026 [Online ahead of print].

Revision Details

Summary of Changes	Review Date	Effective Date
New Policy.	07/09/2026	09/01/2026

The policy effective date is in force until updated or retired.

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