

UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

Program Number	2025 P 1445-3
Program	Prior Authorization/Non-Formulary
Medication	Wegovy® (semaglutide) - Cardiovascular Risk Reduction and MASH Only
P&T Approval Date	4/2024, 5/2025, 11/2025
Effective Date	2/1/2026

1. Background:

Wegovy is a glucagon-like peptide-1 (GLP-1) receptor agonist 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.

Wegovy is also indicated to reduce excess body weight and maintain weight reduction long term in adults and pediatric patients aged 12 years and older with obesity, and in adults with overweight in the presence of at least one weight-related comorbid condition. Wegovy is also indicated 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.

Medications for the purpose of weight loss are typically a benefit exclusion. The program allows for coverage of Wegovy for the cardiovascular risk reduction indication and MASH indication.

2. Coverage Criteria^a:

<p>A. <u>Cardiovascular Risk Reduction</u></p> <p>1. Initial Authorization</p> <p>a. Wegovy will be approved based on all the following criteria:</p> <p>(1) Treatment is being requested to reduce the risk of major adverse cardiovascular events</p> <p style="text-align: center;">-AND-</p> <p>(2) Patient is 45 years of age or older</p> <p style="text-align: center;">-AND-</p> <p>(3) Submission of medical records documenting all the following:</p> <p>(a) BMI \geq 27 kg/m²</p> <p>(b) Established cardiovascular disease as evidenced by one of the following:</p>

- i. Prior myocardial infarction (MI)
- ii. Prior ischemic or hemorrhagic stroke
- iii. Symptomatic peripheral arterial disease (PAD) evidenced by **one** of the following:
 - Intermittent claudication with ankle-brachial index (ABI) less than 0.85 (at rest)
 - Peripheral arterial revascularization procedure
 - Amputation due to atherosclerotic disease

-AND-

- (4) Used in combination with a reduced calorie diet and increased physical activity

-AND-

- (5) **One** of the following:

- (a) For patients with history of MI:

- i. Patient is on therapy from each of the following classes unless there is a contraindication or intolerance:
 - cholesterol lowering medication (e.g., statin, PCSK9i)
 - beta blocker (i.e., carvedilol, metoprolol, or bisoprolol)
 - angiotensin-converting enzyme inhibitor (ACE-I), angiotensin II receptor blocker (ARB) or angiotensin II receptor blocker neprilysin inhibitor (ARNI)
 - antiplatelet (e.g., aspirin, clopidogrel)

-OR

- (b) For patients with history of ischemic or hemorrhagic stroke:

- i. Patient is on therapy from each of the following classes unless there is a contraindication or intolerance:
 - cholesterol lowering medication (e.g., statin, PCSK9)
 - angiotensin-converting enzyme inhibitor (ACE-I), angiotensin II receptor blocker (ARB) or angiotensin II receptor blocker neprilysin inhibitor (ARNI)
 - antiplatelet (e.g., aspirin, clopidogrel)

-OR-

- (c) For patients with history of symptomatic PAD:

- i. Patient is on therapy from each of the following classes unless there is a contraindication or intolerance:
 - cholesterol lowering medication (e.g., statin, PCSK9)
 - angiotensin-converting enzyme inhibitor (ACE-I), angiotensin II receptor blocker (ARB) or angiotensin II receptor blocker neprilysin inhibitor (ARNI)
 - antiplatelet (e.g., aspirin, clopidogrel)

-AND-

(6) Patient does **not** have either of the following:

- (a) Diagnosis of diabetes or HgA1c \geq 6.5%
- (b) New York Heart Association class IV heart failure

Authorization will be issued for 12 months.

2. **Reauthorization**

a. Wegovy will be approved based on all of the following criteria:

- (1) BMI \geq 27 kg/m²

-AND-

- (2) Used in combination with a reduced calorie diet and increased physical activity

-AND-

(3) Patient does **not** have either of the following:

- (a) Diagnosis of diabetes or HgA1c \geq 6.5%
- (b) New York Heart Association class IV heart failure

Authorization will be issued for 12 months.

B. MASH

1. **Initial Authorization**

a. Wegovy will be approved based on all of the following criteria:

- (1) Wegovy is being requested for the treatment of metabolic dysfunction-associated steatohepatitis (MASH) [formerly known as nonalcoholic steatohepatitis (NASH)]

-AND-

(2) Submission of medical records documenting that disease is fibrosis stage F2 or F3 as confirmed by one of the following:

- (a) Liver stiffness measurement (LSM) by vibration-controlled transient elastography (VCTE) (e.g., FibroScan)
- (b) LSM by magnetic resonance elastography (MRE)
- (c) Liver biopsy within the past 12 months

-AND-

(3) Used in combination with a reduced calorie diet and increased physical activity

-AND-

(4) Provider attests Wegovy will not be initiated at the same time as Rezdiffra (resmetirom) for treatment of the same indication

-AND-

(5) Prescribed by or in consultation with **one** of the following:

- (a) Gastroenterologist
- (b) Hepatologist

Authorization will be issued for 12 months.

2. Reauthorization

a. Wegovy will be approved based on all of the following criteria:

(1) Documentation of positive clinical response to Wegovy therapy (e.g., improvement in or stabilization of fibrosis)

-AND-

(2) Patient has not progressed to cirrhosis

-AND-

(3) Used in combination with a reduced calorie diet and increased physical activity

-AND-

(4) Prescribed by or in consultation with **one** of the following:

- (a) Gastroenterologist
- (b) Hepatologist

Authorization will be issued for 12 months.

^a State mandates may apply. Any federal regulatory requirements and the member specific benefit plan coverage may also impact coverage criteria. Other policies and utilization management programs may apply.

3. Additional Clinical Rules:

- Supply limits may be in place.

4. References:

1. Wegovy [package insert]. Plainsboro, NJ: Novo Nordisk; August 2025.
2. Smith SC Jr, Benjamin EJ, Bonow RO, Braun LT, Creager MA, Franklin BA, Gibbons RJ, Grundy SM, Hiratzka LF, Jones DW, Lloyd-Jones DM, Minissian M, Mosca L, Peterson ED, Sacco RL, Spertus J, Stein JH, Taubert KA. AHA/ACCF secondary prevention and risk reduction therapy for patients with coronary and other atherosclerotic vascular disease: 2011 update: a guideline from the American Heart Association and American College of Cardiology Foundation. *Circulation*. 2011;124:2458–2473.
3. American Heart Association/American Stroke Association Practice Guidelines. Secondary Prevention of Ischemic Stroke: Updated Guidelines from AHA/ASA. 2022. *American Family Physicians*. 2022; 105(1).
4. Dawn O. Kleindorfer, Amytis Towfighi, Seemant Chaturvedi, Kevin M. Cockcroft, Jose Gutierrez, Debbie Lombardi-Hill, Hooman Kamel, Walter N. Kernan, Steven J. Kittner, Enrique C. Leira, Olive Lennon, James F. Meschia, Thanh N. Nguyen, Peter M. Pollak, Pasquale Santangeli, Anjail Z. Sharrief, Sidney C. Smith Jr, Tanya N. Turan and Linda S. Williams. 2021 Guideline for the prevention of stroke in patients with stroke and transient ischemic attack : a guideline from the American Heart Association/American Stroke Association. *Stroke*. 2021 ;52 :e364-e467.
5. Pablo Alonso-Coello , MD , PhD; Sergi Bellmunt, MD; Catherine McGorrian, MBCh, BAO; Sonia S. Anand, MD, PhD; Randolph Guzman, MD, RVT; Michael H. Criqui, MD, MPH; Elie A. Akl, MD, MPH, PhD; Per Olav Vandvik, MD, PhD; Maarten G. Lansberg, MD, PhD; Gordon H. Guyatt, MD, FCCP; and Frederick A. Spencer, MD. Antithrombotic therapy in peripheral artery disease: antithrombotic therapy and prevention of thrombosis, 9th ed: American College of Chest Physicians evidence-based clinical practice guidelines. *Chest*. 2012;141(2 Suppl):e669S.
6. Rinella ME, Neuschwander-Tetri BA, Siddiqui MS, et al. AASLD Practice Guidance on the clinical assessment and management of nonalcoholic fatty liver disease. *Hepatology*. 2023;77(5):1797-1835. doi:10.1097/HEP.0000000000000323

Program	Non-Formulary – Wegovy - Cardiovascular Risk Reduction and MASH Only
Change Control	
Date	Change
4/2024	New program.
5/2025	Annual review. Updated references.
11/2025	Added coverage for MASH. Updated references.