

# Wegovy Criteria

Revised: 11/01/2024

## WEGOVY (SEMAGLUTIDE) INDICATION FOR MACE ONLY

<b>Length of Authorization:</b> Initial – 6 months
Renewal – 1 year

## CHILDREN – CRITERIA TO APPROVE

N/A

## ADULTS – CRITERIA TO APPROVE (ALL OF THE BELOW MUST BE MET)

- Diagnosis is for reduction in risk of major adverse cardiovascular events (MACE) with established cardiovascular disease.
- Individual is 45 years of age or older.
- Documentation is provided that the individual has established cardiovascular disease evidenced by at least **one** of the following:
  - Previous myocardial infarction diagnosed by a cardiologist
  - Previous stroke (ischemic or hemorrhagic stroke) diagnosed by a neurologist
  - Symptomatic peripheral arterial disease (as evidenced by intermittent claudication with ankle-brachial index < 0.85 (at rest), peripheral arterial revascularization procedure, or amputation due to atherosclerotic disease) diagnosed by a cardiologist or a vascular surgeon.
- Documentation is provided that individual has a HbA1c less than 6.5% (48 mmol/mol) at initiation of therapy
- Documentation is provided that individual has a BMI greater than or equal to 27 kg/m<sup>2</sup> at initiation of therapy
- Individual will be utilizing Wegovy in combination with **all** the following agents for prevention of cardiovascular disease unless not tolerated or not clinically warranted:
  - Antiplatelet or anticoagulant therapy (including but not limited to aspirin, clopidogrel, apixaban (Eliquis), rivaroxaban (Xarelto), or other anticoagulants)
  - High-intensity statin (atorvastatin 40 mg or higher or rosuvastatin 20 mg or higher)
  - Blood pressure lowering therapy (including but not limited to angiotensin-converting enzyme (ACE) inhibitor, angiotensin receptor blocker (ARB), calcium channel blocker (CCB), thiazide diuretics)
  - For individuals with a history of myocardial infarction (beta blockers)
- Medication is being prescribed by or in consultation with a cardiologist, neurologist, or vascular surgeon.
- Wegovy is being used in combination with healthy lifestyle counseling.
- Wegovy is being used in combination with a reduced calorie diet and increased physical activity.

## ADULTS – RENEWAL CRITERIA

Above criteria must still be met.

## EXCLUSION CRITERIA

- Requests for Wegovy (semaglutide) for cardiovascular risk reduction for adults may **not** be approved for any of the following:
  - At initiation of therapy, individual has type 2 diabetes
  - Individual has type 1 diabetes
  - After initial titration, individual is unable to tolerate the 1.7 mg maintenance dosage
  - Individual has a personal or family history of Medullary Thyroid Carcinoma (MTC)
  - Individual has been diagnosed with Multiple Endocrine Neoplasia syndrome type 2 (MEN 2)
  - Individual is using in combination with another semaglutide agent or any other GLP-1 agonist
  - Individual has a history of suicide attempts or has active suicidal ideation

## REVISION HISTORY

Date	Issues/Updates
06/26/2024	<ul style="list-style-type: none"><li data-bbox="349 233 634 262">• Initial draft creation</li></ul>
11/01/2024	<ul style="list-style-type: none"><li data-bbox="349 275 1442 340">• Revised to remove weight loss medications are excluded from coverage; effective 11/01/2024</li></ul>

**Orange Text = Important Information** | **Teal Text = Auto PA**

© 2024 Prime Therapeutics Management LLC, a Prime Therapeutics LLC company

**Wegovy Criteria**

**Page 3**