Reference number(s)
7226-C

Initial Prior Authorization with Quantity Limit
Anorexigenic Agents Non-Weight Dependent Supplemental Indications Only

Products Referenced by this Document

Drugs that are listed in the following table include both brand and generic and all dosage forms and strengths unless otherwise stated. Over-the-counter (OTC) products are not included unless otherwise stated.

Brand Name	Generic Name	Dosage Form
Wegovy	semaglutide	injection

Indications

FDA-approved Indications

Wegovy is indicated in combination with a reduced calorie diet and increased physical activity:

- to reduce the risk of major adverse cardiovascular (CV) events (CV death, non-fatal myocardial infarction, or non-fatal stroke) in adults with established CV disease and either obesity or overweight.
- to reduce excess body weight and maintain weight reduction long term in:
  - Adults and pediatric patients aged 12 years and older with obesity
  - Adults with overweight in the presence of at least one weight-related comorbid condition.

- 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.

  The indication for MASH is approved under accelerated approval based on improvement of MASH and fibrosis. Continued approval for this indication may be contingent upon the verification and description of clinical benefit in a confirmatory trial.

Limitations of Use

- Wegovy contains semaglutide. Coadministration with other semaglutide-containing products or with any other GLP-1 receptor agonist is not recommended.

Coverage Criteria

Noncirrhotic Metabolic Dysfunction-Associated Steatohepatitis

Authorization may be granted when the requested drug is being prescribed 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 an adult when ALL of the following criteria are met:

- The requested drug is being used with a reduced-calorie diet AND increased physical activity.
- The requested drug is being prescribed by, or in consultation with, a gastroenterologist or hepatologist.
- The patient's moderate to advanced liver fibrosis (consistent with stages F2 to F3 fibrosis) at baseline has been confirmed by ONE of the following: non-invasive liver disease assessment (e.g., ultrasound-based elastography, magnetic resonance elastography [MRE]) OR historical liver biopsy. [ACTION REQUIRED: Documentation is required for approval.]

Continuation of Therapy

Noncirrhotic Metabolic Dysfunction-Associated Steatohepatitis

Authorization may be granted when the requested drug is being prescribed 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 an adult when ALL of the following criteria are met:

- The requested drug is being used with a reduced-calorie diet AND increased physical activity.
- The patient has achieved or maintained a positive clinical response to the requested drug (e.g., improvement in liver function such as reduction in alanine aminotransferase [ALT], improvement in Enhanced Liver Fibrosis [ELF] score, improvement in liver stiffness measurement [LSM] by ultrasound-based elastography, magnetic resonance elastography [MRE]). [ACTION REQUIRED: Documentation is required for approval.]

- The patient is being treated with a maintenance dosage of the requested drug which is based on individual treatment response and tolerability.

Quantity Limits Apply

The duration of 21 days is used for a 28-day fill period and 63 days is used for an 84-day fill period to allow time for refill processing.

Drug	Dosage	1 Month Limit	3 Month Limit
Wegovy (semaglutide)	0.25 mg / 0.5 mL	2 mL (1 package of 4 pens each) / 21 days	6 mL (3 packages of 4 pens each) / 63 days
Wegovy (semaglutide)	0.5 mg / 0.5 mL	2 mL (1 package of 4 pens each) / 21 days	6 mL (3 packages of 4 pens each) / 63 days
Wegovy (semaglutide)	1 mg / 0.5 mL	2 mL (1 package of 4 pens each) / 21 days	6 mL (3 packages of 4 pens each) / 63 days
Wegovy (semaglutide)	1.7 mg / 0.75 mL	3 mL (1 package of 4 pens each) / 21 days	9 mL (3 packages of 4 pens each) / 63 days
Wegovy (semaglutide)	2.4 mg / 0.75 mL	3 mL (1 package of 4 pens each) / 21 days	9 mL (3 packages of 4 pens each) / 63 days

Duration of Approval (DOA)

- 7226-C: DOA: 12 months

References

1. Wegovy [package insert]. Plainsboro, NJ: Novo Nordisk Inc.; August 2025.
2. Lexicomp Online, AHFS DI (Adult and Pediatric) Online. Waltham, MA: UpToDate, Inc.; 2025. https://online.lexi.com. Accessed July 3, 2025.
3. Micromedex® (electronic version). Merative, Ann Arbor, Michigan, USA. Available at: https://www.micromedexsolutions.com (cited: 07/03/2025).
4. Sanyal AJ, Newsome PN, Kliers I, et al. Phase 3 Trial of Semaglutide in Metabolic Dysfunction-Associated Steatohepatitis. New Engl J Med. 2025;392:2089-2099.
5. Chen VL, Morgan TR, Rotman Y, et al. Resmetirom therapy for metabolic dysfunction-associated steatotic liver disease: October 2024 updates to AASLD Practice Guidance. Hepatology. 2025;81(1):312-320.
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.

