STATE OF WEST VIRGINIA
DEPARTMENT OF HUMAN SERVICES
BUREAU FOR MEDICAL SERVICES

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Office of Pharmacy Services
Prior Authorization Criteria
Wegovy® (semaglutide)
Effective 9/24/2025

Prior Authorization Request Form

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 (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 age 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.

Limitations of use: Coadministration with other semaglutide-containing products or with any other GLP-1 receptor agonist is not recommended.

Agents used for the purpose of weight loss are typically a benefit exclusion. Coverage of Wegovy will only be considered for the secondary prevention of a cardiovascular event and/or a diagnosis of MASH.

CRITERIA FOR APPROVAL for reduction of major adverse cardiovascular events:

1. Patient is 45 years of age or older; **AND**

2. The patient has a documented Body Mass Index (BMI) of 30 kg/m^2 or greater (date and results of the most recent BMI calculation are stated on the request); **AND**

3. Must be prescribed by, or in consultation with, an M.D./D.O. cardiologist, vascular surgeon, or neurologist; **AND**

4. The patient has had at least **ONE** of the following:

   a) Prior myocardial infarction; **or**
   b) Prior stroke; **or**
   c) Symptomatic peripheral arterial disease (PAD) as demonstrated by one of the following:
      1. Formal vascular laboratory testing showing intermittent claudication with ankle-brachial systolic pressure index (ABI) of ≤ 0.85 at rest; or

2. Peripheral revascularization procedure; or
3. Amputation due to atherosclerotic disease; **AND**

5. The medication will be used as an adjunct to treatment and part of therapy which includes, but is not limited to:

    a) Optimized compliant pharmacotherapy for established cardiovascular disease and taking guideline recommended measures for the secondary prevention of a major adverse cardiovascular event (MACE) which include:

    ● Taking a statin at the maximally tolerated dose, ezetimibe, a PCSK9, or a combination of these medications as recommended and tolerated for patients with dyslipidemia;
    ● Optimizing medications to maintain the appropriate blood pressure goal for patients with hypertension (for example, an ACE inhibitor or ARB)
    ● Taking a beta blocker for patients with a history of MI
    ● Taking anticoagulant or antiplatelet therapy for patients with coronary artery disease (CAD) or other high-risk diagnoses; **and**

    b) The patient attests to behavioral modification including a reduced calorie diet and increased physical activity (documentation must be supplied with request); **AND**

6. HbA1c level taken within the last 6 months must be provided; **AND**

7. The patient does not have any of the following:
    a) Type 1, type 2 diabetes
    b) HbA1c ≥ 6.5%
    c) New York Heart Association class IV heart failure; **AND**

8. The medication will not be used with other GLP-1 agonist agents.

Initial approvals may be authorized for 90 days. Further approvals may be granted for six months after all the continuation of therapy criteria has been met.

CONTINUATION OF THERAPY CRITERIA:

1. Patient continues to meet all initial approval criteria; **AND**
2. Demonstrate continued documented compliance; **AND**
3. Renewal PA requests require the patient to be taking an appropriate maintenance dose, such as 1.7 mg or 2.4 mg per week. If the 1.7 mg dose is intolerable, the medication should be discontinued.

CRITERIA FOR APPROVAL for noncirrhotic metabolic dysfunction (MASH):

1. Patient has a diagnosis of noncirrhotic metabolic dysfunction associated steatohepatitis (MASH) with moderate to advanced liver fibrosis; **AND**

2. Diagnosis of MASH is confirmed by **ONE** of the following:

    a) Liver biopsy within the past 1 year **and** the results show non-alcoholic fatty liver disease activity score of ≥ 4 with a score of > 1 in **ALL** the following: Steatosis, Ballooning, and Lobular inflammation; **OR**

    b) Liver stiffness measurement by vibration-controlled transient elastography (ex FibroScan) or magnetic resonance elastography (MRE); **AND**

3. The patient has stage 2 or stage 3 Fibrosis; **AND**

4. Patient is within the age range as recommended by the Food and Drug Administration (FDA) label; **AND**

5. Must be prescribed by, or in consultation, with an M.D./D.O. or a specialty trained prescriber with a clinical specialty certification/degree in gastroenterology or hepatology; **AND**

6. The medication will be used in combination with appropriate diet and exercise therapy (please describe and submit documentation of diet, exercise and weight loss counseling/treatment provided within the past 12 months); **AND**

7. The patient is compliant on stable dosages of medications for diabetes, dyslipidemia, and hypertension (where applicable); **AND**

8. For patients with both type 2 diabetes and MASH, therapy for type 2 diabetes should be managed with a GLP-1 receptor agonist approved for that indication at the appropriate dose (please refer to the diabetes GLP-1 receptor agonist class on the West Virginia Preferred Drug List).

9. The medication will not be used with other GLP-1 agonist agents.

Initial approvals will be for 90 days. Further approvals may be granted for one year after all the continuation of therapy criteria has been met.

CONTINUATION OF THERAPY CRITERIA:

1. Patient continues to meet all initial approval criteria; **AND**
2. Demonstrate continued documented compliance; **AND**
3. The patient has not progressed to stage F4 (cirrhosis); **AND**
4. Documentation of positive clinical response to therapy (such as resolution of steatohepatitis and no worsening of liver fibrosis or at least one stage improvement in liver fibrosis and no worsening of steatohepatitis).