

CLINICAL POLICY**Semaglutide****Clinical Policy: Semaglutide (Wegovy)- FEHB & Citizen's Bank Only**

Reference Number: AR.QC.CP.CPA.352

Effective Date: 01.01.26

Last Review Date: 09.26

Line of Business: QualChoice Commercial-Select
BPLs[Coding Implications](#)[Revision Log](#)

See [Important Reminder](#) at the end of this policy for important regulatory and legal information.

****This policy is only applicable to QualChoice members in BPLs 2JX62130, 2JX62131, 2JX42002, and 2JX42003. Wegovy is an excluded benefit for all other groups.***

Description

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

FDA Approved Indication(s)

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

- To reduce the risk of major cardiovascular events (cardiovascular death, non-fatal myocardial infarction, or non-fatal stroke) in adults with established cardiovascular disease (CVD) and either obesity or overweight.
- To reduce excess body weight and maintain weight reduction long term in:
 - Adult 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 alcoholic steatohepatitis (NASH), with moderate to advanced liver fibrosis (consistent with stages F2 to F3 fibrosis) in adults.

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

Policy/Criteria

Provider must submit documentation (such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria.

It is the policy of the above referenced health plans affiliated with AR QualChoice Commercial, Centene Corporation® that Wegovy is **medically necessary** when the following criteria are met:

a. Initial Approval Criteria**A. Weight Management (must meet all):**

1. Member meets one of the following (a, b, or c):
 - a. BMI ≥ 30 kg/m²;
 - b. BMI ≥ 27 kg/m² with at least one indicator of increased cardiovascular risk (e.g., coronary artery/heart disease, hypertension, dyslipidemia, diabetes, elevated waist circumference) or other obesity-related medical condition (e.g., sleep apnea);
 - c. If age is between 12 and 17 years: BMI $\geq 95^{\text{th}}$ percentile standardized for age and

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- sex (see Appendix D);
2. One of the following (a or b):
 - a. Wegovy tablet: Age $\geq$ 18 years;
 - b. Wegovy injection: one of the following (i or ii):
 - i. Members with concurrent type 2 diabetes mellitus (T2DM): Age $\geq$ 18 years;
 - ii. Members without concurrent T2DM: Age $\geq$ 12 years;
 3. For members with concurrent T2DM, both of the following (a and b):
 - a. Member has received optimal diabetic standard of care therapy as evidenced by a trial of $\geq$ 3 consecutive months each of THREE of the following (i, ii, iii, and iv), unless clinically significant adverse effects are experienced or all are contraindicated;*
 - i. Ozempic® or Rybelsus®;
 - ii. Trulicity®;
 - iii. Liraglutide (generic Victoza®);
 - iv. Mounjaro;

**Prior authorization may be required*
 - b. If member is currently receiving a GLP-1 receptor agonist and is requesting to switch to Wegovy therapy, medical justification* supports necessity for Wegovy;
**Intolerance due to common adverse effects of the GLP-1 receptor agonist class such as gastrointestinal symptoms is not considered acceptable medical justification*
 4. Wegovy is not prescribed concurrently with other semaglutide-containing products or any other GLP-1 receptor agonist(s);
 5. Documentation of member's baseline body weight in kg;
 6. Request meets one of the following (a or b):
 - a. For Wegovy-naïve patients, one of the following (i or ii):
 - i. For Wegovy injection requests, dose does not exceed the following:
 - 1) Week 1 through 4: 0.25 mg once weekly;
 - 2) Week 5 through 8: 0.5 mg once weekly;
 - 3) Week 9 through 12: 1 mg once weekly;
 - 4) Week 13 through 16: 1.7 mg once weekly;
 - ii. For Wegovy tablet requests, dose does not exceed 1 tablet per day and the following:
 - 1) Days 1 through 30: 1.5 mg per day;
 - 2) Days 31 through 60: 4 mg per day;
 - 3) Days 61 through 90: 9 mg per day;
 - 4) Days 91 and onward: 25 mg per day;
 - b. For patients switching between Wegovy injection and tablet, one of the following (i or ii):
 - i. For Wegovy injection requests, all of the following (1, 2, and 3):
 - 1) Member is prescribed or unable to tolerate Wegovy 25 mg tablets;
 - 2) Member is able to tolerate a maintenance dose of $\geq$ 1.7 mg once weekly;
 - 3) Dose does not exceed 2.4 mg once weekly;
 - ii. For Wegovy tablet requests, all of the following (1, 2, 3, and 4):
 - 1) Member is prescribed or unable to tolerate Wegovy 2.4 mg injection;
 - 2) Member is able to tolerate a maintenance dose of 25 mg per day;
 - 3) Dose does not exceed 25 mg per day;
 - 4) Dose does not exceed 1 tablet per day.

Approval duration: 16 weeks

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B. Cardiovascular Event Prevention (must meet all):

1. Member has at least one of the following established CVD (a, b, or c):
 - a. History of myocardial infarction;
 - b. History of stroke;
 - c. Symptomatic peripheral arterial disease (PAD) (*see Appendix E*);
2. Age $\geq$ 18 years;
3. BMI $\geq$ 27 kg/m²;
4. Prescriber attestation that member is currently receiving cardiovascular standard of care management (*see Appendix E*);
5. For members with concurrent type 2 diabetes mellitus, both of the following (a and b):
 - a. Member has received optimal diabetic standard of care therapy as evidenced by a trial of $\geq$ 3 consecutive months THREE of the following unless clinically significant adverse effects are experienced or all are contraindicated;*
 - i. Ozempic[®] or Rybelsus[®];
 - ii. Trulicity[®];
 - iii. Liraglutide (generic Victoza[®]);
 - iv. Mounjaro[®]

**Prior authorization may be required*

- b. If member is currently receiving a GLP-1 receptor agonist and is requesting to switch to Wegovy therapy, medical justification* supports necessity for Wegovy;
**Intolerance due to common adverse effects of the GLP-1 receptor agonist class such as gastrointestinal symptoms is not considered acceptable medical justification*
6. Wegovy is not prescribed concurrently with other semaglutide-containing products or any other GLP-1 receptor agonist(s);
7. Documentation of member's baseline body weight in kg;
8. Request meets one of the following (a or b):
 - a. For Wegovy-naïve patients, one of the following (i or ii):
 - i. For Wegovy injection requests, dose does not exceed the following:
 - 1) Week 1 through 4: 0.25 mg once weekly;
 - 2) Week 5 through 8: 0.5 mg once weekly;
 - 3) Week 9 through 12: 1 mg once weekly;
 - 4) Week 13 through 16: 1.7 mg once weekly;
 - 5) Week 17 and onward: 2.4 mg once weekly;
 - ii. For Wegovy tablet requests, dose does not exceed 1 tablet per day and the following:
 - 1) Days 1 through 30: 1.5 mg per day;
 - 2) Days 31 through 60: 4 mg per day;
 - 3) Days 61 through 90: 9 mg per day;
 - 4) Days 91 and onward: 25 mg per day;
 - b. For patients switching between Wegovy injection and tablet, one of the following (i or ii):
 - i. For Wegovy injection requests, all of the following (1, 2, and 3):
 - 1) Member is prescribed or unable to tolerate Wegovy 25 mg tablets;
 - 2) Member is able to tolerate a maintenance dose of $\geq$ 1.7 mg once weekly;
 - 3) Dose does not exceed 2.4 mg once weekly;
 - ii. For Wegovy tablet requests, all of the following (1, 2, 3, and 4):
 - 1) Member is prescribed or unable to tolerate Wegovy 2.4 mg injection;
 - 2) Member is able to tolerate a maintenance dose of 25 mg per day;

- 3) Dose does not exceed 25 mg per day;
- 4) Dose does not exceed 1 tablet per day.

Approval duration: 6 months

C. Metabolic Dysfunction-Associated Steatohepatitis (must meet all):

- 1. Diagnosis of MASH (formerly known as NASH);
- 2. Prescribed by or in consultation with a hepatologist or gastroenterologist;
- 3. Age $\geq$ 18 years;
- 4. MASH with stage F2 or F3 fibrosis is confirmed by one of the following (a or b):
 - a. Liver biopsy within the last 3 years;
 - b. Both of the following assessments within the last 6 months (i and ii; see Appendix G for examples):
 - i. Serum-based assessment (e.g., fibrosis-4 [FIB-4], NAFLD fibrosis score [NFS], enhanced liver fibrosis test [ELF]);
 - ii. Imaging-based assessment (e.g., vibration-controlled transient elastography [VCTE], magnetic resonance-based elastography [MRE], magnetic resonance imaging–proton density fat fraction [MRI-PDFF]);
- 5. For members with concurrent T2DM, member has received optimal diabetic standard of care therapy as evidenced by a trial of $\geq$ 3 consecutive months THREE of the following unless clinically significant adverse effects are experienced** or all are contraindicated*;
 - i. Ozempic[®] or Rybelsus[®];
 - ii. Trulicity[®];
 - iii. Liraglutide (generic Victoza[®]);
 - iv. Mounjaro[®]

** Prior authorization may be required*
*** Intolerance due to common adverse effects of the GLP-1 receptor agonist class such as gastrointestinal symptoms is not considered acceptable*
- 6. Prescriber attestation that member is currently receiving standard of care management for concomitant related conditions, including T2DM, dyslipidemia, and hypertension;
- 7. Wegovy is not prescribed concurrently with Rezdifra[™];
- 8. Wegovy is not prescribed concurrently with other semaglutide-containing products or any other GLP-1 receptor agonist(s);
- 9. Dose does not exceed the following:
 - a. Week 1 through 4: 0.25 mg once weekly;
 - b. Week 5 through 8: 0.5 mg once weekly;
 - c. Week 9 through 12: 1 mg once weekly;
 - d. Week 13 through 16: 1.7 mg once weekly;
 - e. Week 17 and onward: 2.4 mg once weekly.

Approval duration: 6 months

D. Other diagnoses/indications (must meet 1 or 2):

- 1. If this drug has recently (within the last 6 months) undergone a label change (e.g., newly approved indication, age expansion, new dosing regimen) that is not yet reflected in this policy, refer to one of the following policies (a or b):
 - a. For drugs on the formulary (commercial, health insurance marketplace) or PDL (Medicaid), the no coverage criteria policy for the relevant line of business: HIM.PA.33 for commercial; or
 - b. For drugs NOT on the formulary (commercial, health insurance marketplace) or

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PDL (Medicaid), the non-formulary policy for the relevant line of business:
HIM.PA.33 for commercial; or

2. If the requested use (e.g., diagnosis, age, dosing regimen) is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized) AND criterion 1 above does not apply, refer to the off-label use policy for the relevant line of business: HIM.PA.154 for commercial.

b. Continued Therapy

A. Weight Management (must meet all):

1. Member is currently receiving medication via Centene benefit or member has previously met initial approval criteria;
2. Member is responding positively to therapy as evidenced by one of the following (a or b):
 - a. If this is the first renewal request, member has lost $\geq 5\%$ of baseline body weight (adults) or baseline BMI (pediatrics);
 - b. If this is a second or subsequent renewal request, one of the following (i or ii):
 - i. For age ≥ 18 years: Member has lost weight and/or maintained weight loss on therapy;
 - ii. For age < 18 years: Member has achieved BMI reduction and/or maintained BMI on therapy;
3. Documentation of member's current body weight in kg;
4. Wegovy is not prescribed concurrently with other semaglutide-containing products or any other GLP-1 receptor agonist(s);
5. Request meets one of the following (a or b):
 - a. For Wegovy injection requests, one of the following (i or ii):
 - i. Requested dose does not exceed 2.4 mg once weekly, and (1):
 - 1) After the initial dose escalation period (see Section V), member is able to tolerate a maintenance dose of ≥ 1.7 mg once weekly;
 - ii. Requested dose is > 2.4 mg once weekly, and both of the following (1 and 2):
 - 1) Member has tolerated the 2.4 mg once weekly dosage for at least 4 weeks;
 - 2) Dose does not exceed 7.2 mg once weekly;
 - b. For Wegovy tablet requests, all of the following (i, ii, and iii):
 - i. After the initial dose escalation period (see Section V), member is able to tolerate a maintenance dose of 25 mg per day;
 - ii. Dose does not exceed 25 mg per day;
 - iii. Dose does not exceed 1 tablet per day.

Approval duration: 12 months

B. Cardiovascular Event Prevention (must meet all):

1. Member is currently receiving medication via Centene benefit or member has previously met initial approval criteria;
2. Member is responding positively to therapy as evidenced by one of the following (a or b):
 - a. If this is the first renewal request, member has lost $\geq 5\%$ of baseline body weight;
 - b. If this is a second or subsequent renewal request, member has lost weight and/or maintained weight loss on therapy;

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3. Documentation of member's current body weight in kg;
4. Prescriber attestation that member is currently receiving cardiovascular standard of care management (*see Appendix E*);
5. Wegovy is not prescribed concurrently with other semaglutide-containing products or any other GLP-1 receptor agonist(s);
6. Request meets one of the following (a or b):
 - a. For Wegovy injection requests, one of the following (i or ii):
 - i. Requested dose does not exceed 2.4 mg once weekly, and (1):
 - 1) After the initial dose escalation period (see Section V), member is able to tolerate a maintenance dose of ≥ 1.7 mg once weekly;
 - ii. Requested dose is > 2.4 mg once weekly, and both of the following (1 and 2):
 - 1) Member has tolerated the 2.4 mg once weekly dosage for at least 4 weeks;
 - 2) Dose does not exceed 7.2 mg once weekly;
 - b. For Wegovy tablet requests, all of the following (i, ii, and iii):
 - i. After the initial dose escalation period (see Section V), member is able to tolerate a maintenance dose of 25 mg per day;
 - ii. Dose does not exceed 25 mg per day;
 - iii. Dose does not exceed 1 tablet per day.

Approval duration: 12 months

C. Metabolic Dysfunction-Associated Steatohepatitis (must meet all):

1. Member is currently receiving medication via Centene benefit or member has previously met initial approval criteria;
2. After at least 12 months of therapy, member is responding positively to therapy as evidenced by, including but not limited, improvement in any of the following parameters:
 - a. Improvement in fibrosis ≥ 1 -stage from baseline with no worsening of MASH (i.e., no worsening of hepatocellular ballooning, lobular inflammation, or steatosis);
 - b. Resolution of MASH with no worsening of fibrosis;
 - c. No increase in fibrosis stage and no worsening of MASH from baseline;
3. Prescriber attestation that member is currently receiving standard of care management for concomitant related conditions, including T2DM, dyslipidemia, and hypertension;
4. Wegovy is not prescribed concurrently with Rezdiffra;
5. Wegovy is not prescribed concurrently with other semaglutide-containing products or any other GLP-1 receptor agonist(s);
6. Request meets both of the following (a and b):
 - a. Dose does not exceed 2.4 mg once weekly;
 - b. Member is able to tolerate a maintenance dose of ≥ 1.7 mg once weekly after at least 17 weeks of Wegovy therapy.

Approval duration: 12 months

D. Other diagnoses/indications (must meet 1 or 2):

1. If this drug has recently (within the last 6 months) undergone a label change (e.g., newly approved indication, age expansion, new dosing regimen) that is not yet reflected in this policy, refer to one of the following policies (a or b):
 - a. For drugs on the formulary (commercial, health insurance marketplace) or PDL (Medicaid), the no coverage criteria policy for the relevant line of business:

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- HIM.PA.33 for commercial; or
- b. For drugs NOT on the formulary (commercial, health insurance marketplace) or PDL (Medicaid), the non-formulary policy for the relevant line of business:
HIM.PA.33 for commercial; or
- 2. If the requested use (e.g., diagnosis, age, dosing regimen) is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized) AND criterion 1 above does not apply, refer to the off-label use policy for the relevant line of business: HIM.PA.154 for commercial.

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c. Diagnoses/Indications for which coverage is NOT authorized:

- A. Non-FDA approved indications, which are not addressed in this policy, unless there is sufficient documentation of efficacy and safety according to the off-label use policy – CP.CPA.09 or evidence of coverage documents.

d. Appendices/General Information

Appendix A: Abbreviation/Acronym Key

BMI: body mass index

CVD: cardiovascular disease

FDA: Food and Drug Administration

GLP-1: glucagon-like peptide-1

PAD: peripheral arterial disease

Appendix B: Therapeutic Alternatives

This table provides a listing of preferred alternative therapy recommended in the approval criteria. The drugs listed here may not be a formulary agent for all relevant lines of business and may require prior authorization.

Drug Name	Dosing Regimen	Dose Limit/ Maximum Dose
Ozempic® (semaglutide)	Injection: 0.25 mg to 2 mg SC once weekly, increased no more frequently than every 4 weeks - For patients with type 2 diabetes and chronic kidney disease, the dosage should be increased to the maintenance dose of 1 mg once weekly after at least 4 weeks on the 0.5 mg dosage Tablet: Initial dose: 1.5 mg PO QD. After 30 days on the 1.5 mg dose, increase to 4 mg PO QD. May increase to 9 mg PO QD if needed after at least 30 days on the 4 mg dose	Injection: 2 mg/week Tablet: 9 mg/day
Rybelsus® (semaglutide)	Initial dose: 3 mg PO QD. After 30 days on the 3 mg dose, increase to 7 mg PO QD. May increase to 14 mg PO QD if needed after at least 30 days on the 7 mg dose	14 mg/day
Trulicity® (dulaglutide)	0.75 mg to 1.5 mg SC once weekly	4.5 mg/week
	May increase to 3 mg once weekly if needed after at least 4 weeks on 1.5 mg dose. May further increase to 4.5 mg once weekly if needed after at least 4 weeks on 3 mg dose.	
liraglutide (Victoza®)	Initial: 0.6 mg SC QD for 7 days Maintenance: 1.2 mg to 1.8 mg SC QD	1.8 mg/day
Mounjaro® (tirzepatide)	Initial dose: 2.5 mg SC once weekly. May increase by 2.5 mg every 4 weeks up to 15 mg once weekly for adults and 10 mg once weekly for pediatrics	15 mg/week

Therapeutic alternatives are listed as Brand name® (generic) when the drug is available by brand name only and generic (Brand name®) when the drug is available by both brand and generic.

***Ozempic and Rybelsus tablets are not substitutable on a mg per mg basis. Use either formulation, but do not use both formulations at the same time. Patients may switch between formulations after 30 days of treatment (i.e., after the initiation phase). When switching between the formulations, initiate the other formulation the day after discontinuing the previous formulation.*

Appendix C: Contraindications / Boxed Warnings

- Contraindication(s): personal or family history of medullary thyroid carcinoma (MTC) or with multiple endocrine neoplasia syndrome type 2 (MEN 2), known hypersensitivity reaction to semaglutide or to any of the excipients in Wegovy

- Boxed warning(s): risk of thyroid C-cell tumors
- $BMI = 703 \times [\text{weight (lbs)}/\text{height (inches)}^2]$.
- Examples of coronary artery/heart disease include coronary artery bypass graft, angina, and history of myocardial infarction or stroke.
- The Endocrine Society practice guideline on pharmacological management of obesity states that a weight loss $< 5\%$ after 3 months of therapy indicates the weight loss medication is ineffective. In such cases, the Endocrine Society recommends that the medication be discontinued and alternative medications be considered.
- BMI cut-offs (95th percentile) for obesity by age and sex for pediatric patients aged ≥ 12 years:

Age (in years)	95 th Percentile BMI Value	
	Male	Female
12	24.2	25.2
12.5	24.7	25.7
13	25.1	26.3
13.5	25.6	26.8
14	26.0	27.2
14.5	26.4	27.7
15	26.8	28.1
15.5	27.2	28.5
16	27.5	28.9
16.5	27.9	29.3
17	28.2	29.6
17.5	28.6	30.0

Appendix E: General Information – Cardiovascular Event Prevention

- In the SELECT trial, symptomatic PAD was defined as intermittent claudication with ankle-brachial index (ABI) less than 0.85 (at rest), or peripheral arterial revascularization procedure, or amputation due to atherosclerotic disease.
- Cardiovascular standard of care management:
 - Dyslipidemia management may include a statin, ezetimibe, fibrate, omega-3 fatty acids, or proprotein convertase subtilisin/kexin type 9 (PCSK9) inhibitors.
 - Hypertension management may include an angiotensin-converting enzyme (ACE) inhibitor, angiotensin receptor blocker (ARB), calcium channel blocker, or a thiazide diuretic.
 - Non-acute management of myocardial infarction may include beta-blockers, long-term dual antiplatelet therapy with aspirin and a P2Y₁₂ receptor blocker, statins (high-intensity), ACE inhibitors, aldosterone antagonist, and/or nitroglycerin.
 - Secondary prevention therapies for ischemic stroke may include antithrombotic therapy, antihypertensive therapy, and/or statins.
 - Secondary prevention therapies for PAD may include antiplatelet therapy, antithrombotic therapy, lipid-lowering therapy (e.g., statins), antihypertensive therapy, and/or glycemic control therapy (e.g., metformin, sulfonylurea, GLP-1 receptor agonists, sodium-glucose cotransporter-2 [SGLT2] inhibitors, etc.).

e. Dosage and Administration

Drug Name	Indication	Dosing Regimen	Maximum Dose
Semaglutide (Wegovy) injection	CV event prevention, MASH	<u>Adults</u> SC once weekly following dose escalation schedule: • Week 1 through 4: 0.25 mg • Week 5 through 8: 0.5 mg • Week 9 through 12: 1 mg • Week 13 through 16: 1.7 mg • Week 17 and onward*: 1.7 mg or 2.4 mg If patients do not tolerate a dose during dose escalation, consider delaying dose escalation for 4 weeks. For MASH, the maintenance dosage is 2.4 mg once daily. If patients do not tolerate 2.4 mg once weekly, the dosage can be decreased to 1.7 mg once weekly. Consider reescalation to 2.4 mg once weekly. For CV event prevention, the maintenance dosage in adults is either 2.4 mg (recommended) or 1.7 mg once weekly. <i>* 0.25 mg, 0.5 mg, and 1 mg once-weekly dosages are initiation and escalation dosages and are not approved as maintenance dosages</i>	2.4 mg/week

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Drug Name	Indication	Dosing Regimen	Maximum Dose
Semaglutide (Wegovy) injection	Weight management	<u>Adults and pediatric patients aged ≥ 12 years old</u> SC once weekly following dose escalation schedule: • Week 1 through 4: 0.25 mg • Week 5 through 8: 0.5 mg • Week 9 through 12: 1 mg • Week 13 through 16: 1.7 mg • Week 17 and onward*: 1.7 mg or 2.4 mg (recommended) If patients do not tolerate a dose during dose escalation, consider delaying dose escalation for 4 weeks For adult patients who tolerate the 2.4 mg dosage for at least 4 weeks and additional weight reduction is clinically indicated, the dosage may be increased to a maximum dosage of 7.2 mg once weekly. <i>* 0.25 mg, 0.5 mg, and 1 mg once-weekly dosages are initiation and escalation dosages and are not approved as maintenance dosages</i>	Adults: 7.2 mg/week Pediatrics: 2.4 mg/week
Semaglutide (Wegovy) tablets	Weight management, CV event prevention	<u>Adults</u> PO QD following dose escalation schedule: • Days 1 through 30: 1.5 mg • Days 31 through 60: 4 mg • Days 61 through 90: 9 mg • Days 91 and onward: 25 mg The recommended maintenance dosage is 25 mg daily. If patients do not tolerate the 25 mg once daily maintenance dosage, consider switching to Wegovy injection 1.7 mg once weekly.	25 mg/day

f. Product Availability

- Pre-filled, single-dose pens: 0.25 mg, 0.5 mg, 1 mg, 1.7 mg, 2.4 mg, Wegovy HD 7.2 mg
- Prefilled, single-dose syringes: 0.25 mg, 0.5 mg, 1 mg, 1.7 mg, 2.4 mg
- Tablets: 1.5 mg, 4 mg, 9 mg, 25 mg

g. References

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Weight Management

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Cardiovascular Event Prevention

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MASH

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Coding Implications

Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

HCPSC Codes	Description
C9399	Unclassified drugs or biologicals
J3490	Unclassified drugs

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Reviews, Revisions, and Approvals	Date	P&T Approval Date
Policy reviewed & adapted for AR QualChoice specific use. Removed requirement for weight-management program, updated off-label & no coverage criteria policies referenced.	02/27/25	
Added preferred product Mounjaro to list of required T&F	10/14/25	
Updated based on new FDA approval of Rybelsus for MACE risk reduction	11/12/25	
Added BPL to list of covered groups	12/19/25	
Updated policy to include redirections to formulary alternative GLP-1 agonists for weight management, MASH, and cardiovascular event protection with concurrent T2DM, updated reference number, updated age limits for weight management indication to mirror corporate policy. updated Victoza redirections to Liraglutide per formulary. Updated MASH continued therapy step 1 to remove continuity of care regulations verbiage. Formatting changes	1/2/26	
Added new formulation Wegovy tablets and prefilled syringe to policy. For weight management and CV event prevention, revised language for members with concurrent T2DM language from "failure" to "member has received optimal diabetic standard of care therapy as evidenced by a trial" to align with verbiage in MASH criterion; for continued weight management therapy for second or subsequent renewal requests, clarified criteria for age ≥ 18 years and added criteria for age < 18 years, "Member has achieved BMI reduction and/or maintained BMI on therapy."; references reviewed and updated; added new Wegovy HD injection 7.2 mg formulation for weight management.	6/19/26	
Per August SDC: added Mounjaro as an additional redirection option for members with concurrent T2DM; updated redirection to preferred GLP-1 receptor agonist therapies from "failure of all of the following" to "three of the following" for members with concurrent T2DM. Added Appendix B: Therapeutic Alternatives to align with CP.PMN.295	9/17/26	

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and

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accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. “Health Plan” means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan’s affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions, and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

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This clinical policy does not constitute medical advice, medical treatment, or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members. This clinical policy is not intended to recommend treatment for members. Members should consult with their treating physician in connection with diagnosis and treatment decisions. Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom the Health Plan has no control or right of control. Providers are not agents or employees of the Health Plan.

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