

Texas Prior Authorization Program
Clinical Criteria

Drug/Drug Class

Wegovy (Semaglutide)

Clinical Criteria Information Included in this Document

Wegovy (Semaglutide)

- [Drugs requiring prior authorization](#): the list of drugs requiring prior authorization for this clinical criteria
- [Prior authorization criteria logic](#): a description of how the prior authorization request will be evaluated against the clinical criteria rules
- [Logic diagram](#): a visual depiction of the clinical criteria logic
- [Supporting tables](#): a collection of information associated with the steps within the criteria (diagnosis codes, procedure codes, and therapy codes); provided when applicable
- [References](#): clinical publications and sources relevant to this clinical criteria

Note: Click the hyperlink to navigate directly to that section.

Revision Notes

Initial publication and presentation to the DUR Board

Updated age to greater than or equal to 45 years for approval per DUR Board



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Drugs Requiring Prior Authorization

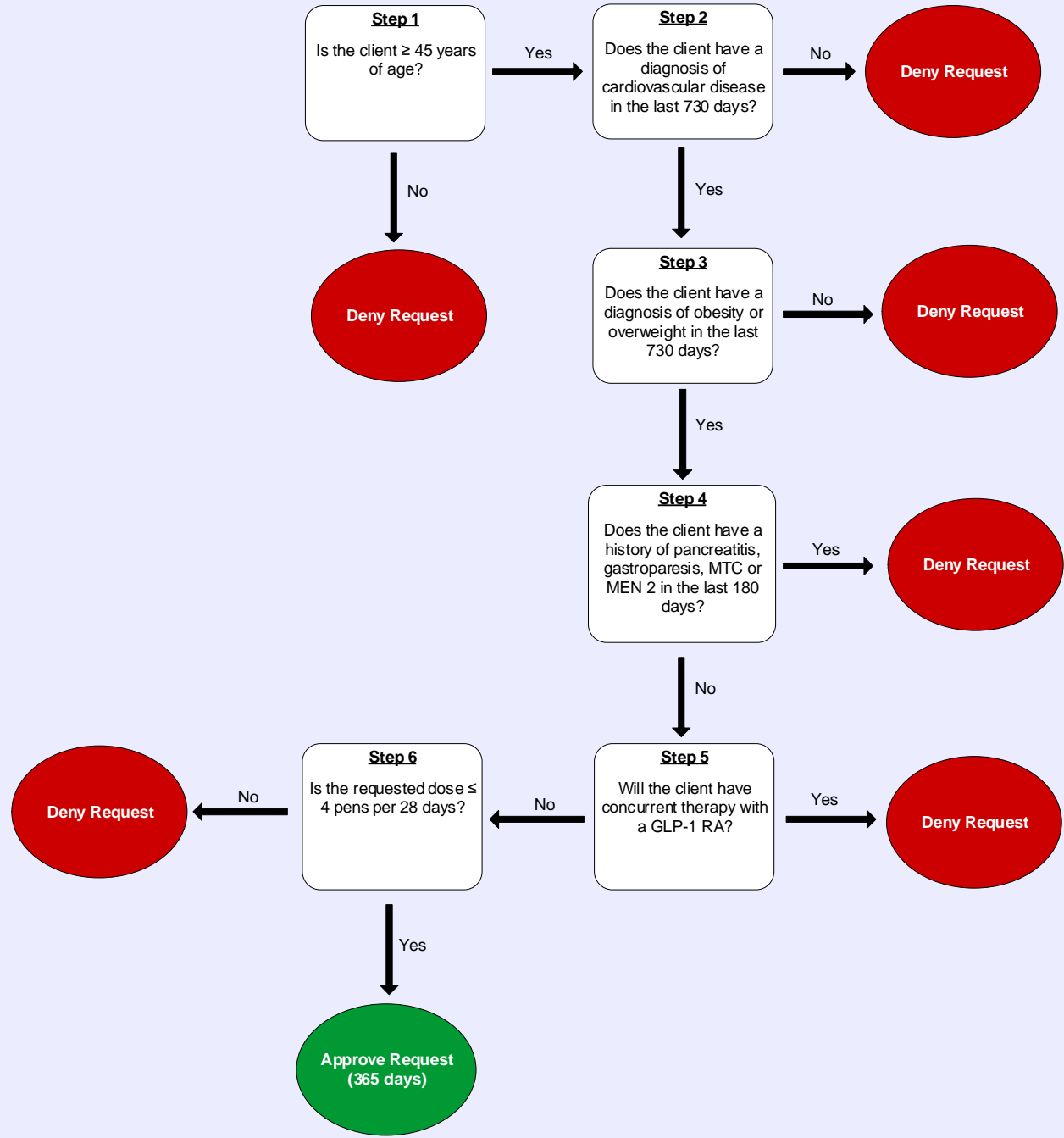
The listed GCNs may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit txvendordrug.com/formulary/formulary-search.

Drugs Requiring Prior Authorization	
Label Name	GCN
WEGOYV 0.25 MG/0.5 ML PEN	49748
WEGOYV 0.5 MG/0.5 ML PEN	49749
WEGOYV 1 MG/0.5 ML PEN	49752
WEGOYV 1.7 MG/0.75 ML PEN	49753
WEGOYV 2.4 MG/0.75 ML PEN	49754

**Wegovy (Semaglutide)****Clinical Criteria Logic**

1. Is the client greater than or equal to (\geq) 45 years of age?
 - Yes – Go to #2
 - No – Deny
2. Does the client have a diagnosis of [cardiovascular disease](#) in the last 730 days?
 - Yes – Go to #3
 - No – Deny
3. Does the client have a [diagnosis of obesity or overweight](#) in the last 730 days?
 - Yes – Go to #4
 - No – Deny
4. Does the client have a history [of pancreatitis, gastroparesis, medullary thyroid carcinoma \(MTC\) or multiple endocrine neoplasia syndrome type 2 \(MEN 2\)](#) in the last 180 days?
 - Yes – Deny
 - No – Go to #5
5. Will the client have concurrent therapy with a [GLP-1 RA containing agent](#)?
 - Yes – Deny
 - No – Go to #6
6. Is the requested dose less than or equal to (\leq) 4 pens per 28 days?
 - Yes – Approve (365 days)
 - No – Deny

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Clinical Criteria Logic Diagram





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Clinical Criteria Supporting Tables

Table 2 (diagnosis of cardiovascular disease) Required quantity: 1 Look back timeframe: 730 days	
ICD-10 Code	Description
I200	UNSTABLE ANGINA
I2101	ST ELEVATION (STEMI) MYOCARDIAL INFARCTION INVOLVING LEFT MAIN CORONARY ARTERY
I2102	ST ELEVATION (STEMI) MYOCARDIAL INFARCTION INVOLVING LEFT ANTERIOR DESCENDING CORONARY ARTERY
I2109	ST ELEVATION (STEMI) MYOCARDIAL INFARCTION INVOLVING OTHER CORONARY ARTERY OF ANTERIOR WALL
I2111	ST ELEVATION (STEMI) MYOCARDIAL INFARCTION INVOLVING RIGHT CORONARY ARTERY
I2119	ST ELEVATION (STEMI) MYOCARDIAL INFARCTION INVOLVING OTHER CORONARY ARTERY OF INFERIOR WALL
I2121	ST ELEVATION (STEMI) MYOCARDIAL INFARCTION INVOLVING LEFT CIRCUMFLEX CORONARY ARTERY
I2129	ST ELEVATION (STEMI) MYOCARDIAL INFARCTION INVOLVING OTHER SITES
I213	ST ELEVATION (STEMI) MYOCARDIAL INFARCTION OF UNSPECIFIED SITE
I214	NON-ST ELEVATION (NSTEMI) MYOCARDIAL INFARCTION
I240	ACUTE CORONARY THROMBOSIS NOT RESULTING IN MYOCARDIAL INFARCTION
I248	OTHER FORMS OF ACUTE ISCHEMIC HEART DISEASE
I2583	CORONARY ATHEROSCLEROSIS DUE TO LIPID RICH PLAQUE
I2584	CORONARY ATHEROSCLEROSIS DUE TO CALCIFIED CORONARY LESION
I2589	OTHER FORMS OF CHRONIC ISCHEMIC HEART DISEASE
I259	CHRONIC ISCHEMIC HEART DISEASE, UNSPECIFIED
I501	LEFT VENTRICULAR FAILURE

Table 2 (diagnosis of cardiovascular disease)	
Required quantity: 1	
Look back timeframe: 730 days	
ICD-10 Code	Description
I5020	UNSPECIFIED SYSTOLIC (CONGESTIVE) HEART FAILURE
I5021	ACUTE SYSTOLIC (CONGESTIVE) HEART FAILURE
I5022	CHRONIC SYSTOLIC (CONGESTIVE) HEART FAILURE
I5023	ACUTE ON CHRONIC SYSTOLIC (CONGESTIVE) HEART FAILURE
I5030	UNSPECIFIED DIASTOLIC (CONGESTIVE) HEART FAILURE
I5031	ACUTE DIASTOLIC (CONGESTIVE) HEART FAILURE
I5032	CHRONIC DIASTOLIC (CONGESTIVE) HEART FAILURE
I5033	ACUTE ON CHRONIC DIASTOLIC (CONGESTIVE) HEART FAILURE
I5040	UNSPECIFIED COMBINED SYSTOLIC (CONGESTIVE) AND DIASTOLIC (CONGESTIVE) HEART FAILURE
I5041	ACUTE COMBINED SYSTOLIC (CONGESTIVE) AND DIASTOLIC (CONGESTIVE) HEART FAILURE
I5042	CHRONIC COMBINED SYSTOLIC (CONGESTIVE) AND DIASTOLIC (CONGESTIVE) HEART FAILURE
I5043	ACUTE ON CHRONIC COMBINED SYSTOLIC (CONGESTIVE) AND DIASTOLIC (CONGESTIVE) HEART FAILURE
I509	HEART FAILURE, UNSPECIFIED
I63011	CEREBRAL INFARCTION DUE TO THROMBOSIS OF RIGHT VERTEBRAL ARTERY
I63012	CEREBRAL INFARCTION DUE TO THROMBOSIS OF LEFT VERTEBRAL ARTERY
I63019	CEREBRAL INFARCTION DUE TO THROMBOSIS OF UNSPECIFIED VERTEBRAL ARTERY
I6302	CEREBRAL INFARCTION DUE TO THROMBOSIS OF BASILAR ARTERY
I63031	CEREBRAL INFARCTION DUE TO THROMBOSIS OF RIGHT CAROTID ARTERY
I63032	CEREBRAL INFARCTION DUE TO THROMBOSIS OF LEFT CAROTID ARTERY
I63039	CEREBRAL INFARCTION DUE TO THROMBOSIS OF UNSPECIFIED CAROTID ARTERY

Table 2 (diagnosis of cardiovascular disease)	
Required quantity: 1	
Look back timeframe: 730 days	
ICD-10 Code	Description
I6309	CEREBRAL INFARCTION DUE TO THROMBOSIS OF OTHER PRECEREBRAL ARTERY
I6310	CEREBRAL INFARCTION DUE TO EMBOLISM OF UNSPECIFIED PRECEREBRAL ARTERY
I63111	CEREBRAL INFARCTION DUE TO EMBOLISM OF RIGHT VERTEBRAL ARTERY
I63112	CEREBRAL INFARCTION DUE TO EMBOLISM OF LEFT VERTEBRAL ARTERY
I63119	CEREBRAL INFARCTION DUE TO EMBOLISM OF UNSPECIFIED VERTEBRAL ARTERY
I6320	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF UNSPECIFIED PRECEREBRAL ARTERIES
I63211	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF RIGHT VERTEBRAL ARTERIES
I63212	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF LEFT VERTEBRAL ARTERIES
I63219	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF UNSPECIFIED VERTEBRAL ARTERIES
I6322	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF BASILAR ARTERIES
I63231	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF RIGHT CAROTID ARTERIES
I63232	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF LEFT CAROTID ARTERIES
I63239	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF UNSPECIFIED CAROTID ARTERIES
I6329	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF OTHER PRECEREBRAL ARTERIES
I6330	CEREBRAL INFARCTION DUE TO THROMBOSIS OF UNSPECIFIED CEREBRAL ARTERY
I63311	CEREBRAL INFARCTION DUE TO THROMBOSIS OF RIGHT MIDDLE CEREBRAL ARTERY

Table 2 (diagnosis of cardiovascular disease)	
Required quantity: 1	
Look back timeframe: 730 days	
ICD-10 Code	Description
I63312	CEREBRAL INFARCTION DUE TO THROMBOSIS OF LEFT MIDDLE CEREBRAL ARTERY
I63319	CEREBRAL INFARCTION DUE TO THROMBOSIS OF UNSPECIFIED MIDDLE CEREBRAL ARTERY
I63321	CEREBRAL INFARCTION DUE TO THROMBOSIS OF RIGHT ANTERIOR CEREBRAL ARTERY
I63322	CEREBRAL INFARCTION DUE TO THROMBOSIS OF LEFT ANTERIOR CEREBRAL ARTERY
I63329	CEREBRAL INFARCTION DUE TO THROMBOSIS OF UNSPECIFIED ANTERIOR CEREBRAL ARTERY
I63331	CEREBRAL INFARCTION DUE TO THROMBOSIS OF RIGHT POSTERIOR CEREBRAL ARTERY
I63332	CEREBRAL INFARCTION DUE TO THROMBOSIS OF LEFT POSTERIOR CEREBRAL ARTERY
I63339	CEREBRAL INFARCTION DUE TO THROMBOSIS OF UNSPECIFIED POSTERIOR CEREBRAL ARTERY
I63341	CEREBRAL INFARCTION DUE TO THROMBOSIS OF RIGHT CEREBELLAR ARTERY
I63342	CEREBRAL INFARCTION DUE TO THROMBOSIS OF LEFT CEREBELLAR ARTERY
I63349	CEREBRAL INFARCTION DUE TO THROMBOSIS OF UNSPECIFIED CEREBELLAR ARTERY
I6339	CEREBRAL INFARCTION DUE TO THROMBOSIS OF OTHER CEREBRAL ARTERY
I6340	CEREBRAL INFARCTION DUE TO EMBOLISM OF UNSPECIFIED CEREBRAL ARTERY
I63411	CEREBRAL INFARCTION DUE TO EMBOLISM OF RIGHT MIDDLE CEREBRAL ARTERY
I63412	CEREBRAL INFARCTION DUE TO EMBOLISM OF LEFT MIDDLE CEREBRAL ARTERY
I63419	CEREBRAL INFARCTION DUE TO EMBOLISM OF UNSPECIFIED MIDDLE CEREBRAL ARTERY

Table 2 (diagnosis of cardiovascular disease)	
Required quantity: 1	
Look back timeframe: 730 days	
ICD-10 Code	Description
163421	CEREBRAL INFARCTION DUE TO EMBOLISM OF RIGHT ANTERIOR CEREBRAL ARTERY
163422	CEREBRAL INFARCTION DUE TO EMBOLISM OF LEFT ANTERIOR CEREBRAL ARTERY
163429	CEREBRAL INFARCTION DUE TO EMBOLISM OF UNSPECIFIED ANTERIOR CEREBRAL ARTERY
163431	CEREBRAL INFARCTION DUE TO EMBOLISM OF RIGHT POSTERIOR CEREBRAL ARTERY
163432	CEREBRAL INFARCTION DUE TO EMBOLISM OF LEFT POSTERIOR CEREBRAL ARTERY
163439	CEREBRAL INFARCTION DUE TO EMBOLISM OF UNSPECIFIED POSTERIOR CEREBRAL ARTERY
163441	CEREBRAL INFARCTION DUE TO EMBOLISM OF RIGHT CEREBELLAR ARTERY
163442	CEREBRAL INFARCTION DUE TO EMBOLISM OF LEFT CEREBELLAR ARTERY
163449	CEREBRAL INFARCTION DUE TO EMBOLISM OF UNSPECIFIED CEREBELLAR ARTERY
16349	CEREBRAL INFARCTION DUE TO EMBOLISM OF OTHER CEREBRAL ARTERY
16350	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF UNSPECIFIED CEREBRAL ARTERY
163511	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF RIGHT MIDDLE CEREBRAL ARTERY
163512	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF LEFT MIDDLE CEREBRAL ARTERY
163519	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF UNSPECIFIED MIDDLE CEREBRAL ARTERY
163521	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF RIGHT ANTERIOR CEREBRAL ARTERY
163522	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF LEFT ANTERIOR CEREBRAL ARTERY

Table 2 (diagnosis of cardiovascular disease)	
Required quantity: 1	
Look back timeframe: 730 days	
ICD-10 Code	Description
163529	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF UNSPECIFIED ANTERIOR CEREBRAL ARTERY
163531	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF RIGHT POSTERIOR CEREBRAL ARTERY
163532	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF LEFT POSTERIOR CEREBRAL ARTERY
163539	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF UNSPECIFIED POSTERIOR CEREBRAL ARTERY
163541	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF RIGHT CEREBELLAR ARTERY
163542	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF LEFT CEREBELLAR ARTERY
163549	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF UNSPECIFIED CEREBELLAR ARTERY
16359	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF OTHER CEREBRAL ARTERY
1636	CEREBRAL INFARCTION DUE TO CEREBRAL VENOUS THROMBOSIS, NONPYOGENIC
1638	OTHER CEREBRAL INFARCTION
1639	CEREBRAL INFARCTION, UNSPECIFIED
1658	OCCLUSION AND STENOSIS OF OTHER PRECEREBRAL ARTERIES
1659	OCCLUSION AND STENOSIS OF UNSPECIFIED PRECEREBRAL ARTERY
16609	OCCLUSION AND STENOSIS OF UNSPECIFIED MIDDLE CEREBRAL ARTERY
16619	OCCLUSION AND STENOSIS OF UNSPECIFIED ANTERIOR CEREBRAL ARTERY
16629	OCCLUSION AND STENOSIS OF UNSPECIFIED POSTERIOR CEREBRAL ARTERY
1669	OCCLUSION AND STENOSIS OF UNSPECIFIED CEREBRAL ARTERY
1672	CEREBRAL ATHEROSCLEROSIS

Table 2 (diagnosis of cardiovascular disease)	
Required quantity: 1	
Look back timeframe: 730 days	
ICD-10 Code	Description
16781	ACUTE CEREBROVASCULAR INSUFFICIENCY
16782	CEREBRAL ISCHEMIA
167848	OTHER CEREBROVASCULAR VASOSPASM AND VASOCONSTRICTION
16789	OTHER CEREBROVASCULAR DISEASE
170201	UNSPECIFIED ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES, RIGHT LEG
170202	UNSPECIFIED ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES, LEFT LEG
170203	UNSPECIFIED ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES, BILATERAL LEGS
170208	UNSPECIFIED ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES, OTHER EXTREMITY
170209	UNSPECIFIED ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES, UNSPECIFIED EXTREMITY
170211	ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES WITH INTERMITTENT CLAUDICATION, RIGHT LEG
170212	ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES WITH INTERMITTENT CLAUDICATION, LEFT LEG
170213	ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES WITH INTERMITTENT CLAUDICATION, BILATERAL LEGS
170218	ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES WITH INTERMITTENT CLAUDICATION, OTHER EXTREMITY
170219	ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES WITH INTERMITTENT CLAUDICATION, UNSPECIFIED EXTREMITY
170221	ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES WITH REST PAIN, RIGHT LEG
170222	ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES WITH REST PAIN, LEFT LEG
170223	ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES WITH REST PAIN, BILATERAL LEGS

Table 2 (diagnosis of cardiovascular disease)	
Required quantity: 1	
Look back timeframe: 730 days	
ICD-10 Code	Description
I70228	ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES WITH REST PAIN, OTHER EXTREMITY
I70229	ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES WITH REST PAIN, UNSPECIFIED EXTREMITY
I70231	ATHEROSCLEROSIS OF NATIVE ARTERIES OF RIGHT LEG WITH ULCERATION, OF THIGH
I70232	ATHEROSCLEROSIS OF NATIVE ARTERIES OF RIGHT LEG WITH ULCERATION, OF CALF
I70233	ATHEROSCLEROSIS OF NATIVE ARTERIES OF RIGHT LEG WITH ULCERATION, OF ANKLE
I70234	ATHEROSCLEROSIS OF NATIVE ARTERIES OF RIGHT LEG WITH ULCERATION, OF HEEL AND MIDFOOT
I70235	ATHEROSCLEROSIS OF NATIVE ARTERIES OF RIGHT LEG WITH ULCERATION, OF OTHER PART OF FOOT
I70238	ATHEROSCLEROSIS OF NATIVE ARTERIES OF RIGHT LEG WITH ULCERATION, OF OTHER PART OF LOWER RIGHT LEG
I70239	ATHEROSCLEROSIS OF NATIVE ARTERIES OF RIGHT LEG WITH ULCERATION, OF UNSPECIFIED SITE
I70241	ATHEROSCLEROSIS OF NATIVE ARTERIES OF LEFT LEG WITH ULCERATION, OF THIGH
I70242	ATHEROSCLEROSIS OF NATIVE ARTERIES OF LEFT LEG WITH ULCERATION, OF CALF
I70243	ATHEROSCLEROSIS OF NATIVE ARTERIES OF LEFT LEG WITH ULCERATION, OF ANKLE
I70244	ATHEROSCLEROSIS OF NATIVE ARTERIES OF LEFT LEG WITH ULCERATION, OF HEEL AND MIDFOOT
I70245	ATHEROSCLEROSIS OF NATIVE ARTERIES OF LEFT LEG WITH ULCERATION, OF OTHER PART OF FOOT
I70248	ATHEROSCLEROSIS OF NATIVE ARTERIES OF LEFT LEG WITH ULCERATION, OF OTHER PART OF LOWER LEFT LEG
I70249	ATHEROSCLEROSIS OF NATIVE ARTERIES OF LEFT LEG WITH ULCERATION, OF UNSPECIFIED SITE

Table 2 (diagnosis of cardiovascular disease)	
Required quantity: 1	
Look back timeframe: 730 days	
ICD-10 Code	Description
I7025	ATHEROSCLEROSIS OF NATIVE ARTERIES OF OTHER EXTREMITIES WITH ULCERATION
I70261	ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES WITH GANGRENE, RIGHT LEG
I70262	ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES WITH GANGRENE, LEFT LEG
I70263	ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES WITH GANGRENE, BILATERAL LEGS
I70268	ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES WITH GANGRENE, OTHER EXTREMITY
I70269	ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES WITH GANGRENE, UNSPECIFIED EXTREMITY
I70291	OTHER ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES, RIGHT LEG
I70292	OTHER ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES, LEFT LEG
I70293	OTHER ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES, BILATERAL LEGS
I70298	OTHER ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES, OTHER EXTREMITY
I70299	OTHER ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES, UNSPECIFIED EXTREMITY

Table 3 (diagnosis of obesity or overweight)	
Required quantity: 1	
Look back timeframe: 730 days	
ICD-10 Code	Description
E6601	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES
E6609	OTHER OBESITY DUE TO EXCESS CALORIES

Table 3 (diagnosis of obesity or overweight)	
Required quantity: 1	
Look back timeframe: 730 days	
ICD-10 Code	Description
E661	DRUG-INDUCED OBESITY
E662	MORBID (SEVERE) OBESITY WITH ALVEOLAR HYPOVENTILATION
E663	OVERWEIGHT
E668	OTHER OBESITY
E669	OBESITY, UNSPECIFIED
Z6827	BODY MASS INDEX [BMI] 27.0-27.9, ADULT
Z6828	BODY MASS INDEX [BMI] 28.0-28.9, ADULT
Z6829	BODY MASS INDEX [BMI] 29.0-29.9, ADULT
Z6830	BODY MASS INDEX [BMI] 30.0-30.9, ADULT
Z6831	BODY MASS INDEX [BMI] 31.0-31.9, ADULT
Z6832	BODY MASS INDEX [BMI] 32.0-32.9, ADULT
Z6833	BODY MASS INDEX [BMI] 33.0-33.9, ADULT
Z6834	BODY MASS INDEX [BMI] 34.0-34.9, ADULT
Z6835	BODY MASS INDEX [BMI] 35.0-35.9, ADULT
Z6836	BODY MASS INDEX [BMI] 36.0-36.9, ADULT
Z6837	BODY MASS INDEX [BMI] 37.0-37.9, ADULT
Z6838	BODY MASS INDEX [BMI] 38.0-38.9, ADULT
Z6839	BODY MASS INDEX [BMI] 38.0-38.9, ADULT
Z6841	BODY MASS INDEX [BMI] 40.0-44.9, ADULT
Z6842	BODY MASS INDEX [BMI] 45.0-49.9, ADULT
Z6843	BODY MASS INDEX [BMI] 50.0-59.9, ADULT
Z6844	BODY MASS INDEX [BMI] 60.0-69.9, ADULT
Z6845	BODY MASS INDEX [BMI] 70 OR GREATER, ADULT

Table 4 (diagnosis of pancreatitis, gastroparesis, MTC or MEN 2)	
Required diagnosis: 1	
Look back timeframe: 180 days	
ICD-10 Code	Description
K3184	GASTROPARESIS
B252	CYTOMEGALOVIRAL PANCREATITIS
K850	IDIOPATHIC ACUTE PANCREATITIS
K851	BILIARY ACUTE PANCREATITIS
K852	ALCOHOL INDUCED ACUTE PANCREATITIS
K853	DRUG INDUCED ACUTE PANCREATITIS
K859	ACUTE PANCREATITIS, UNSPECIFIED
K858	OTHER ACUTE PANCREATITIS
K860	ALCOHOL-INDUCED CHRONIC PANCREATITIS
K861	OTHER CHRONIC PANCREATITIS
C73	MALIGNANT NEOPLASM OF THYROID GLAND
E3122	MULTIPLE ENDOCRINE NEOPLASIA [MEN] TYPE IIA
E3123	MULTIPLE ENDOCRINE NEOPLASIA [MEN] TYPE IIB

Table 5 (GLP-1 Receptor Antagonists)	
Label Name	GCN
BYDUREON BCISE 2 MG AUTOINJECT	44039
BYETTA 5 MCG DOSE PEN INJ	24613
BYETTA 10 MCG DOSE PEN INJ	24614
LIRAGLUTIDE 18 MG/3 ML PEN	26189
MOUNJARO 10 MG/0.5 ML PEN	52333
MOUNJARO 12.5 MG/0.5 ML PEN	52334

Table 5 (GLP-1 Receptor Antagonists)	
Label Name	GCN
MOUNJARO 15 MG/0.5 ML PEN	52335
MOUNJARO 2.5 MG/0.5 ML PEN	52336
MOUNJARO 5 MG/0.5 ML PEN	52337
MOUNJARO 7.5 MG/0.5 ML PEN	52338
OZEMPIC 0.25-0.5 MG/DOSE PEN	53536
OZEMPIC 0.25-0.5 MG DOSE PEN	44163
OZEMPIC 1 MG DOSE PEN (1.5 ML)	44164
OZEMPIC 1 MG DOSE PEN (3 ML)	48208
OZEMPIC 2 MG DOSE PEN (8 MG/3 ML)	52125
RYBELSUS 14 MG TABLET	46966
RYBELSUS 3 MG TABLET	46964
RYBELSUS 7 MG TABLET	46965
SOLIQUA 100 UNIT-33 MCG/ML PEN	42676
TRULICITY 0.75 MG/0.5 ML PEN	37169
TRULICITY 1.5 MG/0.5 ML PEN	37171
TRULICITY 3 MG/0.5 ML PEN	48574
TRULICITY 4.5 MG/0.5 ML PEN	48573
VICTOZA 18 MG/3 ML PEN	26189
XULTOPHY 100 UNIT-3.6 MG/ML PEN	38348



Wegovy (Semaglutide)

Clinical Criteria References

1. Clinical Pharmacology [online database]. Tampa, FL: Elsevier/Gold Standard, Inc.; 2024. Available at www.clinicalpharmacology.com. Accessed on October 25, 2024.
2. Micromedex [online database]. Available at www.micromedexsolutions.com. Accessed on October 25, 2024.
3. Wegovy Prescribing Information. Plainsboro, NJ. Novo Nordisk Inc. March 2024.



Wegovy (Semaglutide)

Publication History

Publication History

The Publication History records the publication iterations and revisions to this document. Notes for the *most current revision* are also provided in the [Revision Notes](#) on the first page of this document.

Publication Date	Notes
10/25/2024	Initial publication and presentation to the DUR Board Updated age to greater than or equal to 45 years for approval per DUR Board