

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

Added criteria for MASH diagnosis as approved by the DUR Board

Removed check for pancreatitis and gastroparesis as approved by the DUR Board

Updated the lookback for MTC and MEN2 to 730 days as approved by the DUR Board

Added GCNs for Zepbound (56686, 56687) to the GLP-1 Agonists supporting table

Removed GCN for Bydureon (44039) from the GLP-1 Agonists supporting table – product discontinued



Wegovy (Semaglutide)

Drugs Requiring Prior Authorization

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

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



Wegovy (Semaglutide)

Clinical Criteria Logic

Initial Request:

1. Is the client greater than or equal to (\geq) 45 years of age?
 Yes – Go to #3
 No – Go to #2
2. Is the client greater than or equal to (\geq) 18 years of age?
 Yes – Go to #4
 No – Deny
3. Does the client have a [diagnosis of cardiovascular disease \(CVD\)](#) in the last 730 days?
 Yes – Go to #5
 No – Go to #4
4. Does the client have a [diagnosis of non-cirrhotic Metabolic Dysfunction-associated Steatohepatitis \(MASH\)](#), formerly known as nonalcoholic steatohepatitis (NASH), in the last 730 days?
 Yes – Go to #6
 No – Deny
5. Does the client have a [diagnosis of obesity or overweight](#) in the last 730 days?
 Yes – Go to #8
 No – Deny
6. Does the client currently have moderate to advanced liver fibrosis (consistent with stages F2 to F3 fibrosis)? [Manual]
 Yes – Go to #7
 No – Deny
7. Has the fibrosis score been confirmed by a [liver biopsy or by one of the following non-invasive laboratory tests \(vibration-controlled transient elastography \(VCTE\), fibroscan, enhanced liver fibrosis \(ELF\), magnetic resonance imaging proton density fat fraction \(MRI-PDFF\), or magnetic resonance elastography \(MRE\)\)](#) in the last 180 days? [Manual]
 Yes – Go to #8
 No – Deny
8. Will the client use Wegovy in combination with a reduced calorie diet and increased physical activity? [Manual]
 Yes – Go to #9

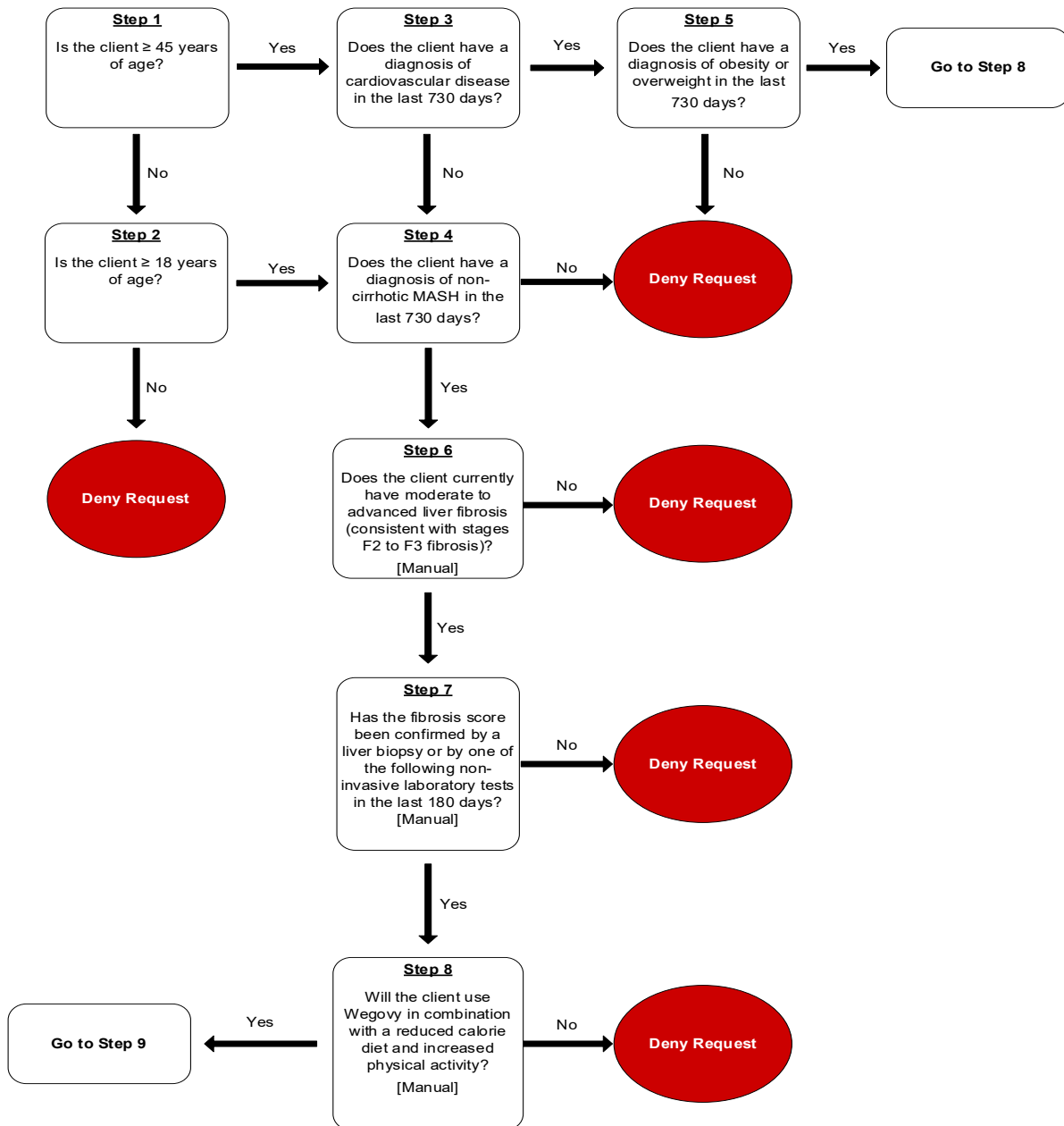
- No – Deny
9. Does the client have a history of medullary thyroid carcinoma (MTC) or multiple endocrine neoplasia syndrome type 2 (MEN 2) in the last 730 days?
- Yes – Deny
- No – Go to #10
10. Will the client have concurrent therapy with a GLP-1 RA containing agent?
- Yes – Deny
- No – Go to #11
11. Is the requested dose less than or equal to (\leq) 4 pens per 28 days?
- Yes – Approve (365 days)
- No – Deny

Renewal Request:

1. Will the client use Wegovy in combination with a reduced calorie diet and increased physical activity? [Manual]
 Yes – Go to #2
 No – Deny
2. Does the client have a history of medullary thyroid carcinoma (MTC) or multiple endocrine neoplasia syndrome type 2 (MEN 2) in the last 730 days?
 Yes – Deny
 No – Go to #3
3. Will the client have concurrent therapy with a GLP-1 RA containing agent?
 Yes – Deny
 No – Go to #4
4. Is the requested dose less than or equal to (\leq) 4 pens per 28 days?
 Yes – Approve (365 days)
 No – Deny

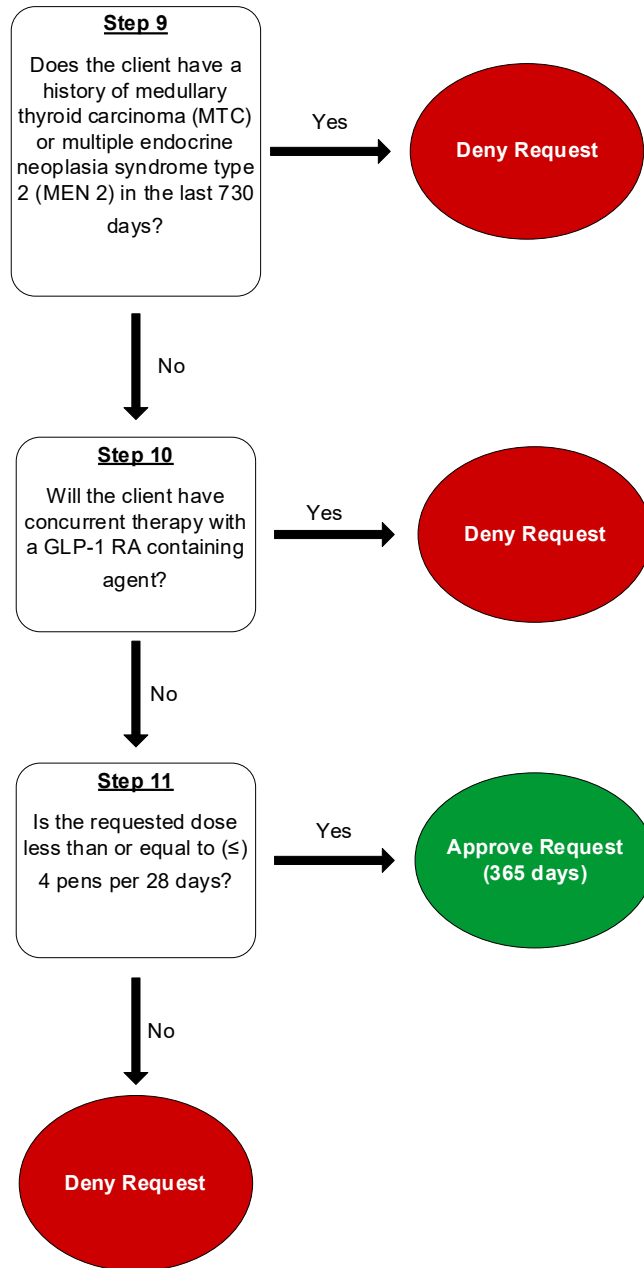
PAXPRESS™ **Wegovy (Semaglutide)**
Clinical Criteria Logic Diagram

Initial Request:

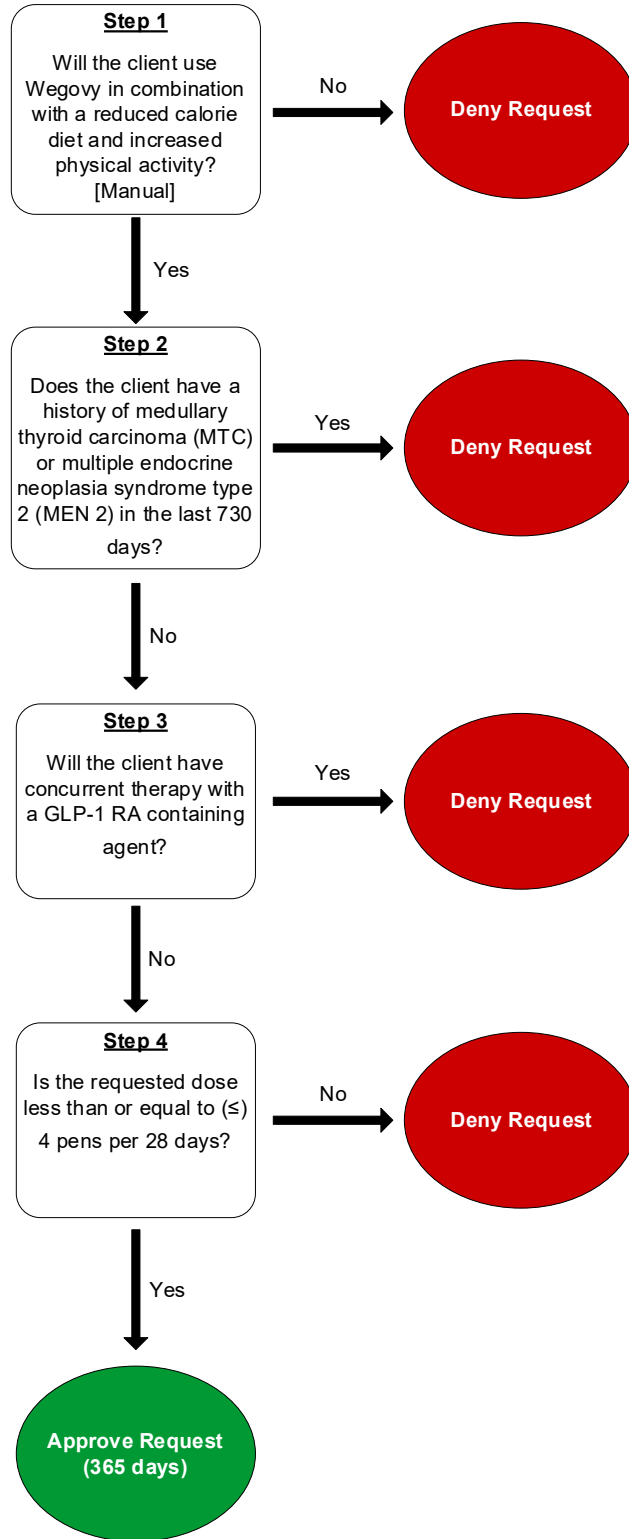


PAXPRESS™ **Wegovy (Semaglutide)**
Clinical Criteria Logic Diagram

Initial Request Continued:



Renewal Request:





Wegovy (Semaglutide)

Clinical Criteria Supporting Tables

Table 3 (diagnosis of cardiovascular disease) Required diagnosis: 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 3 (diagnosis of cardiovascular disease)	
Required diagnosis: 1	
Look back timeframe: 730 days	
ICD-10 Code	Description
15020	UNSPECIFIED SYSTOLIC (CONGESTIVE) HEART FAILURE
15021	ACUTE SYSTOLIC (CONGESTIVE) HEART FAILURE
15022	CHRONIC SYSTOLIC (CONGESTIVE) HEART FAILURE
15023	ACUTE ON CHRONIC SYSTOLIC (CONGESTIVE) HEART FAILURE
15030	UNSPECIFIED DIASTOLIC (CONGESTIVE) HEART FAILURE
15031	ACUTE DIASTOLIC (CONGESTIVE) HEART FAILURE
15032	CHRONIC DIASTOLIC (CONGESTIVE) HEART FAILURE
15033	ACUTE ON CHRONIC DIASTOLIC (CONGESTIVE) HEART FAILURE
15040	UNSPECIFIED COMBINED SYSTOLIC (CONGESTIVE) AND DIASTOLIC (CONGESTIVE) HEART FAILURE
15041	ACUTE COMBINED SYSTOLIC (CONGESTIVE) AND DIASTOLIC (CONGESTIVE) HEART FAILURE
15042	CHRONIC COMBINED SYSTOLIC (CONGESTIVE) AND DIASTOLIC (CONGESTIVE) HEART FAILURE
15043	ACUTE ON CHRONIC COMBINED SYSTOLIC (CONGESTIVE) AND DIASTOLIC (CONGESTIVE) HEART FAILURE
1509	HEART FAILURE, UNSPECIFIED
163011	CEREBRAL INFARCTION DUE TO THROMBOSIS OF RIGHT VERTEBRAL ARTERY
163012	CEREBRAL INFARCTION DUE TO THROMBOSIS OF LEFT VERTEBRAL ARTERY
163019	CEREBRAL INFARCTION DUE TO THROMBOSIS OF UNSPECIFIED VERTEBRAL ARTERY
16302	CEREBRAL INFARCTION DUE TO THROMBOSIS OF BASILAR ARTERY
163031	CEREBRAL INFARCTION DUE TO THROMBOSIS OF RIGHT CAROTID ARTERY
163032	CEREBRAL INFARCTION DUE TO THROMBOSIS OF LEFT CAROTID ARTERY
163039	CEREBRAL INFARCTION DUE TO THROMBOSIS OF UNSPECIFIED CAROTID ARTERY

Table 3 (diagnosis of cardiovascular disease)	
Required diagnosis: 1	
Look back timeframe: 730 days	
ICD-10 Code	Description
16309	CEREBRAL INFARCTION DUE TO THROMBOSIS OF OTHER PRECEREBRAL ARTERY
16310	CEREBRAL INFARCTION DUE TO EMBOLISM OF UNSPECIFIED PRECEREBRAL ARTERY
163111	CEREBRAL INFARCTION DUE TO EMBOLISM OF RIGHT VERTEBRAL ARTERY
163112	CEREBRAL INFARCTION DUE TO EMBOLISM OF LEFT VERTEBRAL ARTERY
163119	CEREBRAL INFARCTION DUE TO EMBOLISM OF UNSPECIFIED VERTEBRAL ARTERY
16320	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF UNSPECIFIED PRECEREBRAL ARTERIES
163211	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF RIGHT VERTEBRAL ARTERIES
163212	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF LEFT VERTEBRAL ARTERIES
163219	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF UNSPECIFIED VERTEBRAL ARTERIES
16322	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF BASILAR ARTERIES
163231	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF RIGHT CAROTID ARTERIES
163232	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF LEFT CAROTID ARTERIES
163239	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF UNSPECIFIED CAROTID ARTERIES
16329	CEREBRAL INFARCTION DUE TO UNSPECIFIED OCCLUSION OR STENOSIS OF OTHER PRECEREBRAL ARTERIES
16330	CEREBRAL INFARCTION DUE TO THROMBOSIS OF UNSPECIFIED CEREBRAL ARTERY
163311	CEREBRAL INFARCTION DUE TO THROMBOSIS OF RIGHT MIDDLE CEREBRAL ARTERY

Table 3 (diagnosis of cardiovascular disease)	
Required diagnosis: 1	
Look back timeframe: 730 days	
ICD-10 Code	Description
163312	CEREBRAL INFARCTION DUE TO THROMBOSIS OF LEFT MIDDLE CEREBRAL ARTERY
163319	CEREBRAL INFARCTION DUE TO THROMBOSIS OF UNSPECIFIED MIDDLE CEREBRAL ARTERY
163321	CEREBRAL INFARCTION DUE TO THROMBOSIS OF RIGHT ANTERIOR CEREBRAL ARTERY
163322	CEREBRAL INFARCTION DUE TO THROMBOSIS OF LEFT ANTERIOR CEREBRAL ARTERY
163329	CEREBRAL INFARCTION DUE TO THROMBOSIS OF UNSPECIFIED ANTERIOR CEREBRAL ARTERY
163331	CEREBRAL INFARCTION DUE TO THROMBOSIS OF RIGHT POSTERIOR CEREBRAL ARTERY
163332	CEREBRAL INFARCTION DUE TO THROMBOSIS OF LEFT POSTERIOR CEREBRAL ARTERY
163339	CEREBRAL INFARCTION DUE TO THROMBOSIS OF UNSPECIFIED POSTERIOR CEREBRAL ARTERY
163341	CEREBRAL INFARCTION DUE TO THROMBOSIS OF RIGHT CEREBELLAR ARTERY
163342	CEREBRAL INFARCTION DUE TO THROMBOSIS OF LEFT CEREBELLAR ARTERY
163349	CEREBRAL INFARCTION DUE TO THROMBOSIS OF UNSPECIFIED CEREBELLAR ARTERY
16339	CEREBRAL INFARCTION DUE TO THROMBOSIS OF OTHER CEREBRAL ARTERY
16340	CEREBRAL INFARCTION DUE TO EMBOLISM OF UNSPECIFIED CEREBRAL ARTERY
163411	CEREBRAL INFARCTION DUE TO EMBOLISM OF RIGHT MIDDLE CEREBRAL ARTERY
163412	CEREBRAL INFARCTION DUE TO EMBOLISM OF LEFT MIDDLE CEREBRAL ARTERY
163419	CEREBRAL INFARCTION DUE TO EMBOLISM OF UNSPECIFIED MIDDLE CEREBRAL ARTERY

Table 3 (diagnosis of cardiovascular disease)	
Required diagnosis: 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 3 (diagnosis of cardiovascular disease)	
Required diagnosis: 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 3 (diagnosis of cardiovascular disease)	
Required diagnosis: 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 3 (diagnosis of cardiovascular disease)	
Required diagnosis: 1	
Look back timeframe: 730 days	
ICD-10 Code	Description
170228	ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES WITH REST PAIN, OTHER EXTREMITY
170229	ATHEROSCLEROSIS OF NATIVE ARTERIES OF EXTREMITIES WITH REST PAIN, UNSPECIFIED EXTREMITY
170231	ATHEROSCLEROSIS OF NATIVE ARTERIES OF RIGHT LEG WITH ULCERATION, OF THIGH
170232	ATHEROSCLEROSIS OF NATIVE ARTERIES OF RIGHT LEG WITH ULCERATION, OF CALF
170233	ATHEROSCLEROSIS OF NATIVE ARTERIES OF RIGHT LEG WITH ULCERATION, OF ANKLE
170234	ATHEROSCLEROSIS OF NATIVE ARTERIES OF RIGHT LEG WITH ULCERATION, OF HEEL AND MIDFOOT
170235	ATHEROSCLEROSIS OF NATIVE ARTERIES OF RIGHT LEG WITH ULCERATION, OF OTHER PART OF FOOT
170238	ATHEROSCLEROSIS OF NATIVE ARTERIES OF RIGHT LEG WITH ULCERATION, OF OTHER PART OF LOWER RIGHT LEG
170239	ATHEROSCLEROSIS OF NATIVE ARTERIES OF RIGHT LEG WITH ULCERATION, OF UNSPECIFIED SITE
170241	ATHEROSCLEROSIS OF NATIVE ARTERIES OF LEFT LEG WITH ULCERATION, OF THIGH
170242	ATHEROSCLEROSIS OF NATIVE ARTERIES OF LEFT LEG WITH ULCERATION, OF CALF
170243	ATHEROSCLEROSIS OF NATIVE ARTERIES OF LEFT LEG WITH ULCERATION, OF ANKLE
170244	ATHEROSCLEROSIS OF NATIVE ARTERIES OF LEFT LEG WITH ULCERATION, OF HEEL AND MIDFOOT
170245	ATHEROSCLEROSIS OF NATIVE ARTERIES OF LEFT LEG WITH ULCERATION, OF OTHER PART OF FOOT
170248	ATHEROSCLEROSIS OF NATIVE ARTERIES OF LEFT LEG WITH ULCERATION, OF OTHER PART OF LOWER LEFT LEG
170249	ATHEROSCLEROSIS OF NATIVE ARTERIES OF LEFT LEG WITH ULCERATION, OF UNSPECIFIED SITE

Table 3 (diagnosis of cardiovascular disease)	
Required diagnosis: 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 4 (diagnosis of MASH or NASH)	
Required diagnosis: 1	
Look back timeframe: 730 days	
ICD-10 Code	Description
K7581	NONALCOHOLIC STEATOHEPATITIS (NASH)
K760	FATTY (CHANGE OF) LIVER, NOT ELSEWHERE CLASSIFIED

Table 5 (diagnosis of obesity or overweight)	
Required diagnosis: 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
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

Table 5 (diagnosis of obesity or overweight)	
Required diagnosis: 1	
Look back timeframe: 730 days	
ICD-10 Code	Description
Z6844	BODY MASS INDEX [BMI] 60.0-69.9, ADULT
Z6845	BODY MASS INDEX [BMI] 70 OR GREATER, ADULT

Table 7 (fibrosis testing)	
Required quantity: 1	
Look back timeframe: 180 days	
CPT Code	Description
47000	BIOPSY LIVER NEEDLE PERCUTANEOUS
47100	BIOPSY LIVER WEDGE
76391	MAGNETIC RESONANCE ELASTOGRAPHY
76983	ULTRASOUND ELASTOGRAPHY EA ADDL TAGET LESION
78201	LIVER IMAGING STATIC ONLY
78202	LIVER IMAGING W/VASCULAR FLOW
78215	LIVER & SPLEEN IMAGING STATIC ONLY
78216	LIVER & SPLEEN IMAGING W/VASCULAR FLOW
80076	HEPATIC FUNCTION PANEL
91200	LIVER ELASTOGRAPHY W/O IMAG W/I&R
0002M	LIVER DIS 10 ASSAYS SERUM ALGORITHM W/ASH
0003M	LIVER DIS 10 ASSAYS SERUM ALGORITHM W/NASH
0014M	LIVER DS ALYS 3 BIOMARKERS IA SRM PROGNOSTIC ALG
0166U	LIVER DISEASE 10 BIOCHEMICAL ASSAYS SERUM ALG

Table 9/2 (diagnosis of MTC or MEN 2)	
Required diagnosis: 1	
Look back timeframe: 730 days	
ICD-10 Code	Description
C73	MALIGNANT NEOPLASM OF THYROID GLAND
E3122	MULTIPLE ENDOCRINE NEOPLASIA [MEN] TYPE IIA
E3123	MULTIPLE ENDOCRINE NEOPLASIA [MEN] TYPE IIB

Table 10/3 (GLP-1 Receptor Agonists)	
Required claims: 1	
Look back timeframe: <i>current therapy</i>	
GCN	Label Name
24613	BYETTA 5 MCG DOSE PEN INJ
24614	BYETTA 10 MCG DOSE PEN INJ
26189	LIRAGLUTIDE 18 MG/3 ML PEN
52333	MOUNJARO 10 MG/0.5 ML PEN
52334	MOUNJARO 12.5 MG/0.5 ML PEN
52335	MOUNJARO 15 MG/0.5 ML PEN
52336	MOUNJARO 2.5 MG/0.5 ML PEN
52337	MOUNJARO 5 MG/0.5 ML PEN
52338	MOUNJARO 7.5 MG/0.5 ML PEN
53536	OZEMPIC 0.25-0.5 MG/DOSE PEN
44163	OZEMPIC 0.25-0.5 MG DOSE PEN
44164	OZEMPIC 1 MG DOSE PEN (1.5 ML)
48208	OZEMPIC 1 MG DOSE PEN (3 ML)
52125	OZEMPIC 2 MG DOSE PEN (8 MG/3 ML)
57035	RYBELSUS 1.5 MG TABLET
57037	RYBELSUS 4 MG TABLET

Table 10/3 (GLP-1 Receptor Agonists)	
Required claims: 1	
Look back timeframe: <i>current therapy</i>	
GCN	Label Name
57038	RYBELSUS 9 MG TABLET
46966	RYBELSUS 14 MG TABLET
46964	RYBELSUS 3 MG TABLET
46965	RYBELSUS 7 MG TABLET
42676	SOLIQUA 100 UNIT-33 MCG/ML PEN
37169	TRULICITY 0.75 MG/0.5 ML PEN
37171	TRULICITY 1.5 MG/0.5 ML PEN
48574	TRULICITY 3 MG/0.5 ML PEN
48573	TRULICITY 4.5 MG/0.5 ML PEN
26189	VICTOZA 18 MG/3 ML PEN
38348	XULTOPHY 100 UNIT-3.6 MG/ML PEN
54988	ZEPBOUND 2.5 MG/0.5 ML PEN
56105	ZEPBOUND 2.5 MG/0.5 ML VIAL
54989	ZEPBOUND 5 MG/0.5 ML PEN
56102	ZEPBOUND 5 MG/0.5 ML VIAL
54991	ZEPBOUND 7.5 MG/0.5 ML PEN
56692	ZEPBOUND 7.5 MG/0.5 ML VIAL
54992	ZEPBOUND 10 MG/0.5 ML PEN
56685	ZEPBOUND 10 MG/0.5 ML VIAL
54993	ZEPBOUND 12.5 MG/0.5 ML PEN
56686	ZEPBOUND 12.5 MG/0.5 ML VIAL
54994	ZEPBOUND 15 MG/0.5 ML PEN
56687	ZEPBOUND 15 MG/0.5 ML VIAL

**Wegovy (Semaglutide)****Clinical Criteria References**

1. Clinical Pharmacology [online database]. Tampa, FL: Elsevier/Gold Standard, Inc.; 2025. Available at www.clinicalpharmacology.com. Accessed on October 24, 2025.
2. Micromedex [online database]. Available at www.micromedexsolutions.com. Accessed on October 24, 2025.
3. 2025 ICD-10-CM Diagnosis Codes, Volume 1. 2025. Available at www.ICD10data.com. Accessed on October 24, 2025.
4. Wegovy Prescribing Information. Plainsboro, NJ. Novo Nordisk Inc. August 2025.



Wegovy (Semaglutide)

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	<ul style="list-style-type: none"> Initial publication and presentation to the DUR Board Updated approval age to greater than or equal to 45 years as approved by DUR Board
01/15/2025	<ul style="list-style-type: none"> Annual review by staff Added renewal criteria Added question for reduced calorie diet and increased physical activity Updated references
03/24/2025	<ul style="list-style-type: none"> Added GCNs for Rybelsus (57035, 57037, 57038) and Zepbound (56105, 56102, 56692, 56685, 54994, 54993, 54992, 54991, 54989, 54988) to the "Supporting Tables" section
10/24/2025	<ul style="list-style-type: none"> Added criteria for MASH diagnosis as approved by the DUR Board Removed check for pancreatitis and gastroparesis as approved by the DUR Board Updated the lookback for MTC and MEN2 to 730 days as approved by the DUR Board Added GCNs for Zepbound (56686, 56687) to the GLP-1 Agonists supporting table Removed GCN for Bydureon (44039) from the GLP-1 Agonists supporting table – product discontinued