

Clinical Policy: Semaglutide (Wegovy, NN9932)

Reference Number: CP.CPA.352

Effective Date: **FDA Approval Date**

Last Review Date: 11.25

Line of Business: Commercial

[Coding Implications](#)

[Revision Log](#)

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

Description

Semaglutide (Wegovy[®], NN9932) 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 as nonalcoholic steatohepatitis (NASH), with moderate to advanced liver fibrosis (consistent with stages F2 to F3 fibrosis) in adults.
- **[Pending]** For the treatment of patients with obesity-related heart failure with preserved ejection fraction (HFpEF).

[Pending] NN9932 is indicated for chronic weight management in adults living with obesity or overweight with one or more comorbid conditions.

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 health plans affiliated with Centene Corporation[®] that Wegovy and NN9932 are **medically necessary** when the following criteria are met:

I. Initial Approval Criteria*

**Criteria will mirror the clinical information from the prescribing information once FDA-approved*

A. Heart Failure (must meet all):

1. Request is for Wegovy;
2. Diagnosis of chronic HF of New York Heart Association (NYHA) Class II, III, or IV;
3. Prescribed by or in consultation with a cardiologist;
4. Age \geq 18 years;

5. Body mass index (BMI) ≥ 30 kg/m²;^{*}
6. Member has a left ventricular ejection fraction (LVEF) $\geq 50\%$;^{*}
7. Member is receiving stable (i.e., no changes in dose for at least the last month) optimally tolerated dosages of guideline-directed medical therapies for HFpEF that includes all of the following classes, unless clinically significant adverse effects are experienced or all are contraindicated (a and b; *see Appendix D*):^{*}
 - a. Sodium-glucose cotransporter 2 (SGLT2) inhibitor (*see Appendix B for examples*);
 - b. Secondary therapies, if applicable: loop diuretic, mineralocorticoid antagonist (MRA), and/or angiotensin receptor-neprilysin inhibitor (ARNI) or angiotensin receptor blocker (ARB) (*see Appendix B for examples*);
8. For members with concurrent type 2 diabetes mellitus (T2DM), both of the following (a and b):^{*}
 - a. Failure of ≥ 3 consecutive months of Ozempic[®], Trulicity[®], and Victoza[®], unless clinically significant adverse effects are experienced or all are contraindicated;^{*}
**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*
9. Wegovy is not prescribed concurrently with other semaglutide-containing products or any other GLP-1 receptor agonist(s);
10. Documentation supports member's participation in a Health plan-approved weight loss program (*see Appendix E*) or other weight loss programs recommended by the prescriber that involves a reduced calorie diet, increased physical activity, and behavioral modification that meets both of the following (a and b):^{*}
 - a. Been actively enrolled in a Health plan-approved weight loss program (*see Appendix E*) or other weight loss programs recommended by the prescriber for at least 6 months;
 - b. Will continue to be enrolled in a physician-directed weight loss program while concomitantly prescribed Wegovy;
11. Documentation of member's baseline body weight in kg;
12. 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 or to the member's renewal date, whichever is longer

B. 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 95th percentile standardized for age and sex (*see Appendix D*);
2. Age is one of the following (a or b):
 - a. NN9932: \geq 18 years;
 - b. Wegovy: One of the following (i or ii)
 - i. Members with concurrent T2DM: \geq 18 years;
 - ii. Members without concurrent T2DM: \geq 12 years;
3. For members with concurrent T2DM, both of the following (a and b):
 - a. Failure of \geq 3 consecutive months of Ozempic or Rybelsus[®], Trulicity, and Victoza, unless clinically significant adverse effects are experienced or all are contraindicated;*
**Prior authorization may be required*
 - b. If member is currently receiving a GLP-1 receptor agonist and is requesting to switch to Wegovy or NN9932 therapy, medical justification* supports necessity for Wegovy or NN9932;
**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 or NN9932 is not prescribed concurrently with other semaglutide-containing products or any other GLP-1 receptor agonist(s);
5. Documentation supports member's participation in a Health plan-approved weight loss program (*see Appendix E*) or other weight loss programs recommended by the prescriber that involves a reduced calorie diet, increased physical activity, and behavioral modification that meets both of the following (a and b):
 - a. Been actively enrolled in a Health plan-approved weight loss program (*see Appendix E*) or other weight loss programs recommended by the prescriber for at least 6 months;
 - b. Will continue to be actively enrolled in a weight loss program while concomitantly prescribed Wegovy or NN9932;
6. Documentation of member's baseline body weight in kg;
7. Dose does not exceed the following one of the following (a or b):
 - a. NN9932: 25 mg per day;
 - b. Wegovy:
 - i. Week 1 through 4: 0.25 mg once weekly;
 - ii. Week 5 through 8: 0.5 mg once weekly;
 - iii. Week 9 through 12: 1 mg once weekly;
 - iv. Week 13 through 16: 1.7 mg once weekly.

Approval duration: 6 months or to the member's renewal date, whichever is longer

C. 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: CP.CPA.190 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: CP.CPA.190 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: CP.CPA.190 for commercial.

II. Continued Therapy*

**Criteria will mirror the clinical information from the prescribing information once FDA-approved*

A. Heart Failure (must meet all):

1. Member meets one of the following (a or b):
 - a. Currently receiving medication via Centene benefit or member has previously met initial approval criteria;
 - b. Member is currently receiving medication and is enrolled in a state and product with continuity of care regulations (*refer to state specific addendums for CC.PHARM.03A and CC.PHARM.03B*);
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, both of the following (i and ii):
 - i. Member has lost $\geq 5\%$ of baseline body weight;
 - ii. Improvement in any of the following parameters: heart failure symptom frequency (e.g., fatigue, dyspnea, edema), physical limitations, and exercise function;
 - b. If this is a second or subsequent renewal request, both of the following (i and ii):
 - i. Member has lost weight and/or maintained weight loss on therapy;
 - ii. Stabilization or improvement in any of the following parameters: heart failure symptom frequency (e.g., fatigue, dyspnea, edema), physical limitations, and exercise function;
3. Documentation of member's current body weight in kg;
4. Provider attestation that member is currently receiving guideline-directed medical therapies for HFpEF (*see Appendix D*);*
5. Wegovy is not prescribed concurrently with other semaglutide-containing products or any other GLP-1 receptor agonist(s);
6. Documentation that member is actively enrolled in a physician-directed weight loss program that involves a reduced calorie diet, increased physical activity, and behavioral modification adjunct to therapy;
7. Request meets both of the following (a and b):
 - a. Dose does not exceed 2.4 mg once weekly;
 - b. After the initial dose escalation period (*see Section V*), maintenance dose is ≥ 1.7 mg once weekly.

Approval duration: 6 months or to the member's renewal date, whichever is longer

B. Weight Management (must meet all):

1. Member meets one of the following (a or b):
 - a. Currently receiving medication via Centene benefit or member has previously met initial approval criteria;

- b. Member is currently receiving medication and is enrolled in a state and product with continuity of care regulations (*refer to state specific addendums for CC.PHARM.03A and CC.PHARM.03B*);
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, member has lost weight and/or maintained weight loss on therapy;
3. Documentation of member's current body weight in kg;
4. Wegovy or NN9932 is not prescribed concurrently with other semaglutide-containing products or any other GLP-1 receptor agonist(s);
5. Documentation that member is actively enrolled in a physician-directed weight loss program that involves a reduced calorie diet, increased physical activity, and behavioral modification adjunct to therapy;
6. Request meets one of the following (a or b):
 - a. NN9932: Dose does not exceed 25 mg per day;*
 - b. Wegovy: both of the following (i and ii):
 - i. Dose does not exceed 2.4 mg once weekly;
 - ii. After the initial dose escalation period (*see Section V*), maintenance dose is ≥ 1.7 mg once weekly.

Approval duration: 6 months or to the member's renewal date, whichever is longer

C. 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: CP.CPA.190 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: CP.CPA.190 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: CP.CPA.190 for commercial.

III. 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 policies – CP.CPA.09 for commercial or evidence of coverage documents.

IV. Appendices/General Information

Appendix A: Abbreviation/Acronym Key

ACE: angiotensin-converting enzyme

ARB: angiotensin receptor blocker

ARNi: angiotensin receptor-naprilysin inhibitors
 BMI: body mass index
 CVD: cardiovascular disease
 DPP-4: dipeptidyl peptidase 4
 ELF: enhanced liver fibrosis
 FDA: Food and Drug Administration
 FIB-4: fibrosis-4
 GLP-1: glucagon-like peptide-1
 GDMT: guideline-directed medical therapy
 HF: heart failure
 HFpEF: heart failure with preserved ejection fraction

MASH: metabolic dysfunction-associated steatohepatitis
 MASLD: metabolic dysfunction–associated steatotic liver disease
 MRA: mineralocorticoid antagonists
 MRE: magnetic resonance elastography
 NASH: non-alcoholic steatohepatitis
 NFS: NAFLD fibrosis score
 NYHA: New York Heart Association
 PAD: peripheral arterial disease
 PCSK9: proprotein convertase-subtilisin/kexin type 9
 SGLT2: sodium-glucose co-transporter
 T2DM: type 2 diabetes mellitus

Appendix B: Therapeutic Alternatives

Drug Name	Dosing Regimen	Dose Limit/ Maximum Dose
ARNI: sacubitril/valsartan (Entresto [®])	24/26 to 49/51 mg PO BID	97/103 mg BID
ARBs: candesartan, losartan, valsartan	Varies	Varies
Mineralocorticoid antagonists: eplerenone, spironolactone	Varies	Varies
SGLT2 inhibitors: dapagliflozin (Farxiga [®]), Jardiance [®] (empagliflozin), Inpefa [®] (sotagliflozin)	Varies	Varies
Loop diuretics: furosemide (Lasix [®]), bumetanide (Bumex [®]), torsemide	Varies	Varies

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

Appendix D: General Information

- Weight management
 - BMI = 703 x [weight (lbs)/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

- Heart failure
 - The 2023 American College of Cardiology expert consensus states that all individuals with a diagnosis of HFpEF should be treated with an SGLT2 inhibitor, with the goal of reducing cardiovascular death/heart failure hospitalization and improving health status. In those with an LVEF < 55% to 60, use of an MRA, ARNI, or ARB (when an ARNI is not feasible based on the strength and more contemporary evidence of ARNI vs ARB as described in the guidelines). Loop diuretic agents should be used for individuals with fluid retention to reduce congestion and improve symptoms.

Appendix E: Health Plan-Approved Weight Loss Program

Health Plan	Approved Weight Loss Program
CA	Weight watchers, Active&Fit

V. Dosage and Administration

Drug Name	Indication	Dosing Regimen	Maximum Dose
Semaglutide (Wegovy)	HFpEF*	SC once weekly following dose escalation schedule: <ul style="list-style-type: none"> • 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.	2.4 mg/week*

Drug Name	Indication	Dosing Regimen	Maximum Dose
		The maintenance dosage in adults is either 2.4 mg (recommended) or 1.7 mg once weekly. * 0.25 mg, 0.5 mg, and 1 mg once-weekly dosages are initiation and escalation dosages and are not approved as maintenance dosages	
Semaglutide (NN9932)	Weight management*	25 mg PO daily*	25 mg/day*

VI. Product Availability

Drug Name	Availability
Semaglutide (Wegovy)	Pre-filled, single-dose pens: 0.25 mg, 0.5 mg, 1 mg, 1.7 mg, 2.4 mg*
Semaglutide (NN9932)	Tablet: 25 mg*

VII. References

1. Wegovy Prescribing Information. Plainsboro, NJ: Novo Nordisk Inc.; August 2025. Available at: www.wegovy.com. Accessed August 12, 2025.
Heart Failure
2. Kosibord MN, Abildstrom SZ, Borlaug BA, et al. Semaglutide in patients with heart failure with preserved ejection fraction and obesity. *N Engl J Med* 2023;389:1069-84.
3. Clinicaltrials.gov. Research study to investigate how well semaglutide works in people living with heart failure and obesity (STEP-HFpEF). Available at: <https://clinicaltrials.gov/study/NCT04788511>. Accessed August 12, 2025.
4. Pratley RE, Tuttle KR, Rossing P, et al. Effects of semaglutide on heart failure outcomes in diabetes and chronic kidney disease in the FLOW trial. *JACC* 2024;84(17)-1615-1628.
5. Kittleson MM, Panjra GS, Amancherla K, et al. 2023 ACC expert consensus decision pathway on management of heart failure with preserved ejection fraction: A report of the American College of Cardiology Solution Set Oversight Committee. *J Am Coll Cardiol*. 2023 May 9;81(18):1835-1878. doi: 10.1016/j.jacc.2023.03.393.
6. American Diabetes Association. Standards of medical care in diabetes—2025. *Diabetes Care*. December 2024; 48(suppl 1): S1-S352. Accessed August 12, 2025.
Weight Management
7. Clinicaltrials.gov. Research study to investigate how well semaglutide tablets taken once daily work in people who are overweight or living with obesity (OASIS 1). Available at: <https://clinicaltrials.gov/study/NCT05035095>. Accessed August 12, 2025.
8. Knop FK, Aroda VR, do Vale RD, et al., on behalf of the OASIS 1 Investigators. Oral semaglutide 50 mg taken once per day in adults with overweight or obesity (OASIS 1): a randomized, double-blind, placebo-controlled, phase 3 trial. *Lancet* 2023;Jun 25
9. ClinicalTrials.Gov. Research study looking at how well semaglutide tablets taken once daily works in people who have a body weight above the healthy range (OASIS 4). Available at: <https://clinicaltrials.gov/study/NCT05564117>. Last accessed August 12, 2025.

10. Jensen MD, Ryan DH, Apovian CM, et al. 2013 AHA/ACC/TOS guideline for the management of overweight and obesity in adults: a report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines and The Obesity Society. *Circulation*. 2014; 129 (suppl 2): S102–S138.
11. Apovian CM, Aronne LJ, Bessesen DH, et al. Pharmacological management of obesity: an Endocrine Society clinical practice guideline. *J Clin Endocrinol Metab*. 2015; 100(2): 42-362.
12. Grunvald E, Shah R, Hernaez R et al. AGA clinical practice guidelines on pharmacological interventions for adults with obesity. *Gastroenterology* 2022;163:1198-1225.

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.

HCPCS Codes	Description
C9399	Unclassified drugs or biologicals
J3490	Unclassified drugs

Reviews, Revisions, and Approvals	Date	P&T Approval Date
Policy created pre-emptively.	08.04.25	08.25
Added pre-emptive criterion for HFpEF for Wegovy and weight management for NN9932. RT4: pre-emptive criteria converted for new FDA approved indication MASH.	08.26.25	11.25

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 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.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

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.

This clinical policy is the property of the Health Plan. Unauthorized copying, use, and distribution of this clinical policy or any information contained herein are strictly prohibited. Providers, members, and their representatives are bound to the terms and conditions expressed herein through the terms of their contracts. Where no such contract exists, providers, members and their representatives agree to be bound by such terms and conditions by providing services to members and/or submitting claims for payment for such services.

Note:

For Medicaid members, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

©2025 Centene Corporation. All rights reserved. All materials are exclusively owned by Centene Corporation and are protected by United States copyright law and international copyright law. No part of this publication may be reproduced, copied, modified, distributed, displayed, stored in a retrieval system, transmitted in any form or by any means, or otherwise published without the prior written permission of Centene Corporation. You may not alter or remove any trademark, copyright or other notice contained herein. Centene[®] and Centene Corporation[®] are registered trademarks exclusively owned by Centene Corporation.