AETNA BETTER HEALTH® Coverage Policy/Guideline			
Name:	Wegovy (semaglutide injection) Cardiovascular	Page:	1 of 3
Effective Date:	1/13/2025	Last Review Date:	11/26/2024
Applies to:	☒Illinois ☒Maryland	☐Virginia ☒Florida Kids	☐New Jersey ☒Pennsylvania Kids

Intent:

The intent of this policy/guideline is to provide information to the prescribing practitioner outlining the coverage criteria for Wegovy under the patient's prescription drug benefit.

Description:

FDA-Approved Indication
Wegovy is indicated in combination with a reduced calorie diet and increased physical activity to reduce the risk of major adverse cardiovascular events (cardiovascular death, non-fatal myocardial infarction, or non-fatal stroke) in adults with established cardiovascular disease and either obesity or overweight.

Limitation of Use
Wegovy contains semaglutide. Coadministration with other semaglutide-containing products or with any other GLP-1 receptor agonist is not recommended.

Use of Wegovy for the indication of weight loss only is an excluded benefit and will not be covered.

Applicable Drug List:

Wegovy

Policy/Guideline:

Criteria for Initial Approval:

The requested drug will be covered with prior authorization when the following criteria are met:

- The requested drug will be used to reduce the risk of major adverse cardiovascular events (cardiovascular death, non-fatal myocardial infarction, or non-fatal stroke) in an adult with established cardiovascular disease and either obesity or overweight
  AND
  - The requested drug is being used with a reduced calorie diet and increased physical activity
    AND
    - The request is NOT for continuation of therapy
      AND
      - The patient has established cardiovascular disease with a history of ONE of the following: [Documentation is required for approval.]
        A. Previous myocardial infarction (MI)
        B. Previous stroke

C. Symptomatic peripheral arterial disease (PAD), as evidenced by intermittent claudication with ankle-brachial index (ABI) less than 0.85 (at rest), peripheral arterial revascularization procedure, or amputation due to atherosclerotic disease
D. Prior history of revascularization (coronary artery bypass grafting (CABG), percutaneous coronary intervention (PCI), or angioplasty)
E. Positive nuclear stress test
F. Ischemic cardiomyopathy.

AND

- The patient has a baseline body mass index (BMI) greater than or equal to 27 kg/m2. [Documentation is required for approval.]

AND

- The patient does NOT have type 2 diabetes
  [NOTE: Ozempic is indicated to reduce the risk of major cardiovascular events in adults with type 2 diabetes mellitus and established cardiovascular disease. Patients with type 2 diabetes may be treated for risk reduction of cardiovascular events with Ozempic.]

AND

- The patient is currently receiving guideline-directed management and therapy (GDMT) for cardiovascular disease OR the patient has clinical reason not to be treated with GDMT for cardiovascular disease (e.g., lipid-lowering agent, antiplatelet, beta-blocker, renin-angiotensin inhibitor, etc.) [Documentation is required for approval.]

OR

- The request is for continuation of therapy

  AND

  - The patient has established cardiovascular disease with a history of ONE of the following:
    A. Previous myocardial infarction (MI)
    B. Previous stroke
    C. Symptomatic peripheral arterial disease (PAD), as evidenced by intermittent claudication with ankle-brachial index (ABI) less than 0.85 (at rest), peripheral arterial revascularization procedure, or amputation due to atherosclerotic disease

D. Prior history of revascularization (coronary artery bypass grafting (CABG), percutaneous coronary intervention (PCI), or angioplasty)
E. Positive nuclear stress test
F. Ischemic cardiomyopathy

AND

- The patient is being treated with a maintenance dosage of the requested drug

Approval Duration and Quantity Restrictions:

Initial Approval: 7 months

Renewal Approval: 12 months

Quantity Level Limit:

Drug	Dosage	1 Month Limit
Wegovy (semaglutide)	0.25 mg/0.5 mL	2 mL (1 package of 4 pens each) / 30 days
	0.5 mg/0.5 mL	
	1 mg/0.5 mL	
	1.7 mg/0.75 mL	3 mL (1 package of 4 pens each) / 30 days
	2.4 mg/0.75 mL	

References:

1. Wegovy [package insert]. Plainsboro, NJ: Novo Nordisk Inc.; March 2024.
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3. Micromedex® (electronic version). Merative, Ann Arbor, Michigan, USA. Available at: https://www.micromedexsolutions.com/ (cited: 06/28/2024).
4. Lincoff AM, Brown-Frandsen K, Colhoun HM, et al. Semaglutide and Cardiovascular Outcomes in Obesity without Diabetes. N Engl J Med. 2023;389:2221-2232.
5. Virani SS, Newby LK, Arnold SV, et al. 2023 AHA/ACC/ACCP/ASPC/NLA/PCNA Guideline for the Management of Patients With Chronic Coronary Disease: A Report of the American Heart Association/American College of Cardiology Joint Committee on Clinical Practice Guidelines. Circulation. 2023;148:e9-e119.
6. Kleindorfer DO, Towfighi A, Chaturvedi S, et al. 2021 Guideline for the Prevention of Stroke in Patients With Stroke and Transient Ischemic Attack: A Guideline From the American Heart Association/American Stroke Association. Stroke. 2021;52(7):e364-e467.
7. Gornik HL, Aronow HD, Goodney PP, et al. 2024 ACC/AHA/AACVPR/APMA/ABC/SCAI/SVM/SVN/SVS/SIR/VESS Guideline for the Management of Lower Extremity Peripheral Artery Disease: A Report of the American College of Cardiology/American Heart Association Joint Committee on Clinical Practice Guidelines. J Am Coll Cardiol. 2024;83(24):2497-2604.