Maryland
DEPARTMENT OF HEALTH

Wegovy (semaglutide)

Wegovy is a glucagon-like peptide-1 (GLP-1) receptor agonist indicated to

1. Reduce the risk of (MACE) Major Adverse Cardiovascular Events (cardiovascular death, non-fatal myocardial infarction, or non-fatal stroke), in combination with a reduced-calorie diet and increased physical activity, for adults with established cardiovascular disease and who are either obese or overweight.
2. Treatment of non-cirrhotic 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

Limitations of Use:

Co-administration with other semaglutide-containing products or with any other GLP-1 receptor agonist is not recommended and excluded from coverage..

I. Criteria for Initial Approval

Wegovy will be considered for coverage when all of the criteria below are met, confirmed with supporting medical documentation.

ASCVD:

- Patient is 18 years of age or older
- Prescribed by or in consultation with a cardiologist
- The patient has established and documented atherosclerotic cardiovascular disease (ASCVD) and is either obese or overweight.
    - Obesity/Overweight is defined as:
        - For patient ≥ 27 kg/m2
            - Documentation of BMI ≥ 27 kg/m 2 within the last 90 days (current height and weight)
    - ASCVD is defined as one or more of the following:
            - Prior myocardial infarction;
            - Prior stroke (ischemic or hemorrhagic stroke); OR
            - 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.

- Prescriber attests that medication is prescribed in accordance with prescribing information, including screening for any black box warnings and all contraindications.

MASH:

- The patient is 18 years of age or older.
- Prescribed by or in consultation with a gastroenterologist or hepatologist
- The patient has noncirrhotic metabolic dysfunction-associated steatohepatitis (MASH), with moderate to advanced liver fibrosis (consistent with stages F2 to F3 fibrosis).
    - Diagnosis of noncirrhotic MASH with liver fibrosis stage F2 or F3, confirmed by liver biopsy or one of the non-invasive testing methods listed in the Appendix within the last 180 days.

- Absence of concurrent use of another medication(s) indicated for noncirrhotic MASH.
- Prescriber attests that medication is prescribed in accordance with prescribing information, including screening for any black box warnings and all contraindications.
- Patients will be excluded from treatment when:
    - There are documented causes of chronic liver disease other than non-alcoholic fatty liver disease (NAFLD)
    - Presence of liver cirrhosis or a history of decompensated liver diseases
    - History of liver transplantation or current/ prior hepatocellular carcinoma
    - Excessive alcohol consumption (20 gm per day for female; 30 gm per day for male)

II. Criteria for Continuation of Therapy

All of the criteria for initial therapy (in Section I) continue to be met.

III. Dosing/Administration

Wegovy must be administered according to the most current FDA labeling guidelines for dosage and timing.

IV. Length of Authorization For Initial Therapy

Wegovy will be authorized for four months when the criteria for initial approval are met. Continuing therapy with Wegovy will be authorized for an additional six months.

V. Billing Code/Information

CPT Code: J3490 Wegovy (semaglutide). Unclassified drugs or biologicals. 1 Billable Unit = 1 ml.

***Appendix: Acceptable tests for determination of fibrosis in MASLD**

Noninvasive methods for determination of liver disease

Numerous noninvasive methodologies have been developed to determine the degree of fibrosis in patients with Metabolic dysfunction-associated steatotic liver disease (MASLD). These methodologies employ either the use of biomarkers or the evaluation of liver stiffness to make a determination regarding the degree of liver fibrosis.[1,2] Below is a list of acceptable noninvasive testing to determine if a patient meets the criteria for approval of Wegovy for this indication. Wegovy is labeled for the treatment of patients with metabolic dysfunction-associated steatohepatitis (MASH) who have a fibrosis score of F2-F3.

Noninvasive test	**CPT Code**	**Score comparable to F2-F3 fibrosis**
Imaging Based Fibrosis Tests		
Transient elastography	91200	8 kPa to 15 kPa
Shear wave elastography (pSWE)	76981	1.2 m/s to 2 m/s
Magnetic resonance elastography (MRE)	76391	3.4 kPa to 6.7 kPa
Blood-Based Fibrosis Tests		
ELF	81517	7.7 to 9.8
Fibrotest	81596	0.32 to 0.48
Fibrotic NASH Index (FNI)*	N/A	0.1 to 0.33
MACK-3*	N/A	0.135 to 0.549

** CPT code is not available, but FNI or MACK-3 score may be submitted to fulfill the diagnostic requirement for the clinical criteria.

References:

1. Duarte-Rojo A, Taouli B, Leuung DH, et al. Imaging-based noninvasive liver disease assessment for staging liver fibrosis in chronic liver disease: A systemic review supporting the AASLD Practice Guideline. Hepatology 2025;81(2)725-48.
2. Fichez J, Mouillot T, Vonghia L, et al. Non-invasive tests for fibrotic MASH for reducing screen failure in therapeutic trials. JHEP Reports 2025;7:1-10.

Prior authorization of benefits is not the practice of medicine nor a substitute for the independent medical judgment of a treating medical provider. The materials provided are a component used to assist in making coverage decisions and administering benefits. Prior

authorization does not constitute a contract or guarantee regarding member eligibility or payment. Prior authorization criteria are established through a collaborative effort that incorporates input from the current medical literature and evidence available at the time.

Approved by MDH Clinical Criteria Committee: 09/1/2024
Last Reviewed and updated: 11/30/2025
8/19/2025 Updates: Addition of Clinical Criteria for FDA-Approved MACE indications.

11/30/2025 Update: Addition of Clinical Criteria for FDA- Approved NASH indications.