

December 20, 2024

WEGOVY COVERAGE AND IMPLEMENTATION OF CLINICAL PRIOR AUTHORIZATION FOR MEDICAID

BACKGROUND

The Texas Drug Utilization Review Board approved Wegovy (semaglutide) clinical prior authorization criteria on Oct. 25, 2024.

KEY DETAILS

On Dec. 27, 2024, HHSC will add formulary coverage for Wegovy (semaglutide) based on the Federal Drug Administration (FDA) expanded indication for the risk reduction of major adverse cardiovascular events in adults with established cardiovascular disease only and will implement the Wegovy clinical prior authorization for clients enrolled in Medicaid fee-for-service. Clinical prior authorization for Wegovy is mandatory for MCOs.

Drug Coverage: Effective dates will be reflected on the daily formulary file for MCOs on Dec. 17, 2024, with an effective date of Dec. 27, 2024.

Drug Coverage Effective Dec. 27, 2024

NDC	Drug Name
0169-4501-14	Wegovy 1 mg/0.5 ml pen
0169-4505-14	Wegovy 0.5 mg/0.5 ml pen
0169-4517-14	Wegovy 1.7 mg/0.75 ml pen
0169-4524-14	Wegovy 2.4 mg/0.75 ml pen
0169-4525-14	Wegovy 0.25 mg/0.5 ml pen

The Wegovy clinical prior authorization must apply to all the Generic Code Numbers (GCN) listed below and as posted in the clinical prior authorization criteria guide.

Drugs Requiring Prior Authorization Effective Dec. 27, 2024

GCN	Drug Name
49752	Wegovy 1 mg/0.5 ml pen
49749	Wegovy 0.5 mg/0.5 ml pen
49753	Wegovy 1.7 mg/0.75 ml pen

GCN	Drug Name
49754	Wegovy 2.4 mg/0.75 ml pen
49748	Wegovy 2.4 mg/0.75 ml pen

MCOs must implement this clinical prior authorization through the manual process by Dec. 27, 2024, and, if possible, through an automated process by Jan. 27, 2025.

RESOURCES

Wegovy clinical prior authorization criteria document: paxpress-txpa.acentra.com/wegovy.pdf