November 10, 2025

WEGOVY CLINICAL PRIOR AUTHORIZATION CRITERIA GUIDE REVISION FOR METABOLIC DYSFUNCTION-ASSOCIATED STEATOHEPATITIS

BACKGROUND

On Oct. 24, 2025, the Texas Drug Utilization Review Board reviewed the Wegovy (semaglutide) clinical prior authorization criteria for its new indication for Metabolic Dysfunction-Associated Steatohepatitis (MASH).

KEY DETAILS

HHSC will implement the clinical prior authorization for clients enrolled in fee-for-service on Nov. 24, 2025. This clinical prior authorization is mandatory, board-approved criteria must be implemented no sooner than Nov. 24, 2025.

VDP will publish the revised version of the Wegovy criteria guide by Nov. 7, 2025.

Additionally, VDP added new Zepbound generic code numbers 56686 and 56687 to the supporting table used for questions related to GLP-1 Receptor Antagonists.

QUESTIONS

For any questions regarding this notice, please contact your Community Provider Performance Manager (provider representative).