Navigating Access for

ONCE-WEEKLY
wegovy®
semaglutide injection 2.4 mg

Prior Authorization Guide

The information in this guide is provided for educational purposes only. Insurance coverage may vary by health plan, patient, and setting of care. Novo Nordisk does not guarantee coverage.

Indications and Usage

Wegovy® (semaglutide) injection 2.4 mg 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
- to reduce excess body weight and maintain weight reduction long term in adults and pediatric patients aged 12 years and older with obesity and adults with overweight in the presence of at least one weight-related comorbidity

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

Important Safety Information

WARNING: RISK OF THYROID C-CELL TUMORS

- **In rodents, semaglutide causes dose-dependent and treatment-duration-dependent thyroid C-cell tumors at clinically relevant exposures. It is unknown whether Wegovy® causes thyroid C-cell tumors, including medullary thyroid carcinoma (MTC), in humans as human relevance of semaglutide-induced rodent thyroid C-cell tumors has not been determined**
- **Wegovy® is contraindicated in patients with a personal or family history of MTC or in patients with Multiple Endocrine Neoplasia syndrome type 2 (MEN 2). Counsel patients regarding the potential risk for MTC with the use of Wegovy® and inform them of symptoms of thyroid tumors (e.g. a mass in the neck, dysphagia, dyspnea, persistent hoarseness). Routine monitoring of serum calcitonin or using thyroid ultrasound is of uncertain value for early detection of MTC in patients treated with Wegovy®**

Contraindications

- Wegovy® is contraindicated in patients with a personal or family history of MTC or in patients with MEN 2, and in patients with a prior serious hypersensitivity reaction to semaglutide or to any of the excipients in Wegovy®. Serious hypersensitivity reactions, including anaphylaxis and angioedema have been reported with Wegovy®

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Please see additional Important Safety Information throughout. Please click here for Prescribing Information, including Boxed Warning.

ONCE-WEEKLY
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ICD-10, International Classification of Diseases, Tenth Revision.

Steps to determining Wegovy® access

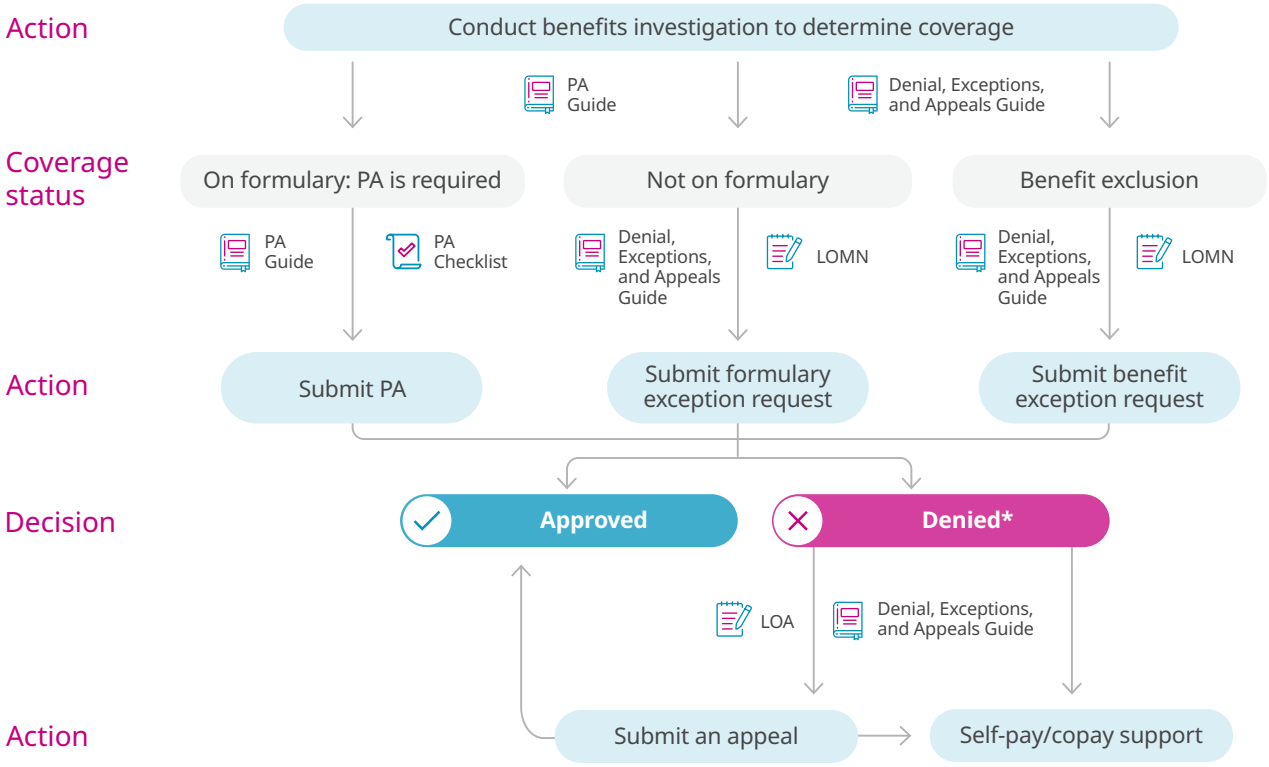
Prior authorization (PA)

As PA requirements may vary by plan, it is important to understand the general requirements common to most PAs to help ensure accurate completion of the PA. Below you'll find a general list of steps for the PA process but these steps may vary depending on your patient's insurance.

Key reminders:

- Provide accurate, complete, and detailed information in the PA request to help your patient access Wegovy®
- Clarify with the patient's payer whether they require clinical documentation of certain information
- Inaccurate or incomplete documentation may result in a denied claim

STEPS TO DETERMINING ACCESS FOR WEGOVY®



*Typically, benefit exclusions do not have appeal rights.

LOA, Letter of Appeal; LOMN, Letter of Medical Necessity; PA, prior authorization.

Important Safety Information

Warnings and Precautions

- **Risk of Thyroid C-Cell Tumors:** Patients should be further evaluated if serum calcitonin is measured and found to be elevated or thyroid nodules are noted on physical examination or neck imaging
- **Acute Pancreatitis:** Acute pancreatitis, including fatal and non-fatal hemorrhagic or necrotizing pancreatitis, has been observed in patients treated with GLP-1 receptor agonists, including Wegovy®. Observe patients carefully for signs and symptoms of acute pancreatitis, which may include persistent severe abdominal pain (sometimes radiating to the back), nausea, or vomiting. If acute pancreatitis is suspected, discontinue Wegovy® and initiate appropriate management

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Please see additional Important Safety Information throughout. Please click here for Prescribing Information, including Boxed Warning.

ONCE-WEEKLY wegovy® semaglutide injection 2.4 mg

Steps to determining Wegovy® access (cont.)

Step one: Conduct a benefits investigation

Conduct a benefits investigation (BI) to determine a patient's coverage and PA requirements:

- For commercially insured patients, consider using Novo Nordisk's electronic benefits verification tool found on the NovoCare® website
- While many EHR systems offer integrated BI functionality that HCPs may find convenient, these tools may not always reflect accurate coverage due to factors like employer opt-in requirements
- A BI can also be conducted by the patient by calling the number on the back of the patient's insurance card

EHR, electronic health record; HCP, healthcare professional; PA, prior authorization.

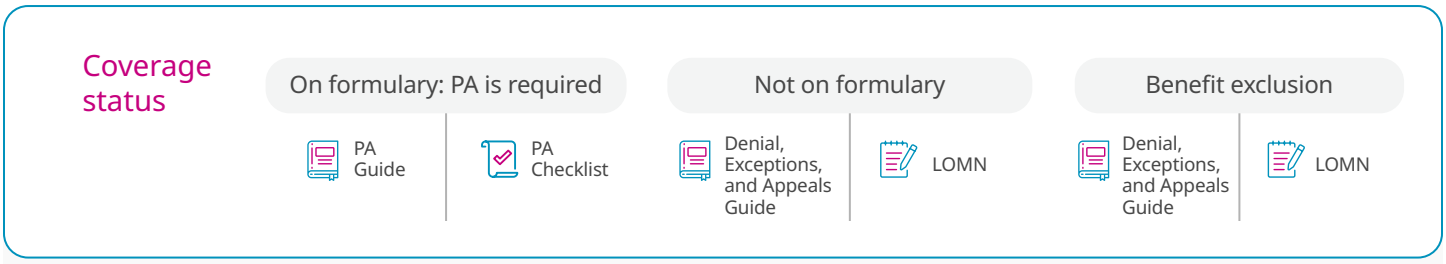
Important Safety Information

Warnings and Precautions (cont'd)

- **Acute Gallbladder Disease:** Treatment with Wegovy® is associated with an increased occurrence of cholelithiasis and cholecystitis. The incidence of cholelithiasis and cholecystitis was higher in Wegovy® pediatric patients aged 12 years and older than in Wegovy® adults. In clinical trials in adult patients, cholelithiasis was reported by 1.6% of Wegovy® patients and 0.7% of placebo patients. Cholecystitis was reported by 0.6% of Wegovy® patients and 0.2% of placebo patients. In a clinical trial in pediatric patients aged 12 years and older, cholelithiasis was reported by 3.8% of Wegovy® patients and 0% placebo patients. Cholecystitis was reported by 0.8% of Wegovy® pediatric patients and 0% placebo patients. Substantial or rapid weight loss can increase the risk of cholelithiasis; however, the incidence of acute gallbladder disease was greater in Wegovy® patients than in placebo patients, even after accounting for the degree of weight loss. If cholelithiasis is suspected, gallbladder studies and appropriate clinical follow-up are indicated

Steps to determining Wegovy® access (cont.)

Step two: Determine coverage status



Coverage status:

- **On formulary:** A PA for Wegovy® may be required
  - See pages 7-9 for example information to include with your request
- **Not on formulary:** Wegovy® is not included on the insurance plan's list of covered medications
  - Submit a formulary exception request along with a Letter of Medical Necessity (LOMN)
  - Refer to the Navigating Appeals and Denials for Wegovy® Resource Guide found on the prior authorization page for Wegovy® on the NovoMEDLINK website for more information
- **Benefit exclusion:** Obesity is **not covered** under the health insurance plan and will most likely receive an automatic denial; however, for appropriate patients, MACE risk reduction may be a covered diagnosis
  - For patients with employer-sponsored insurance, you can help them advocate for better coverage by writing a letter for them to submit to their benefits manager or human resources department. For more information and a sample coverage request letter for requesting employers to add anti-obesity medications to their base plans, please refer to the Coverage Request for Anti-Obesity Medication letter found on the NovoMEDLINK website
    - As commercial coverage for obesity medicine is employer level opt in, writing a letter to the patient's employer may help the patient obtain additional coverage opportunities during the next benefit enrollment period
  - Refer to the Navigating Appeals and Denials for Wegovy® Resource Guide found on the prior authorization page for Wegovy® on the NovoMEDLINK website for more information on typical documentation to include for your patient's CV diagnosis

CV, cardiovascular; MACE, major adverse cardiovascular event; PA, prior authorization.

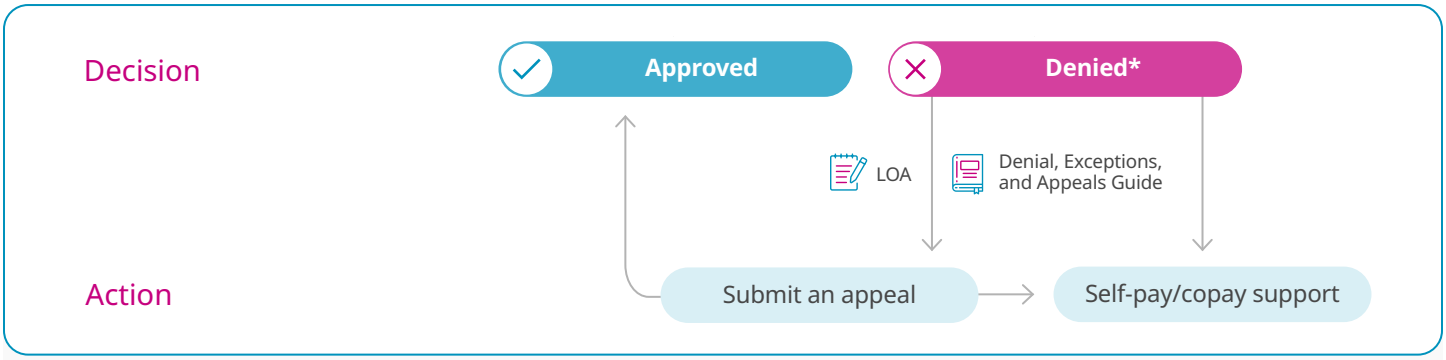
Important Safety Information

Warnings and Precautions (cont'd)

- **Hypoglycemia:** Wegovy® lowers blood glucose and can cause hypoglycemia. In a trial of adult patients with type 2 diabetes, hypoglycemia was reported in 6.2% of Wegovy® patients versus 2.5% of placebo patients. Patients with diabetes taking Wegovy® with an insulin or insulin secretagogue (e.g. sulfonylurea) may have an increased risk of hypoglycemia, including severe hypoglycemia. The use of Wegovy® in patients with type 1 diabetes or in combination with insulin has not been evaluated. Inform patients of the risk of hypoglycemia and educate them on the signs and symptoms. Monitor blood glucose in patients with diabetes

Steps to determining Wegovy® access (cont.)

Step three: Determination



Decision:

Approved

- The patient's insurance covers Wegovy®

Denied*

- In the case that the PA is denied, you can submit a Letter of Appeal. More information on the appeals process can be found in the Navigating Appeals and Denials for Wegovy® Resource Guide located on the prior authorization page for Wegovy® on the NovoMEDLINK website
  - You can also request a peer-to-peer discussion with a medical director or request a third-level appeal through either the state insurance department or via a third party
- Learn about self-pay options at Novocare.com

Common Reasons for Denial:

- The patient does not meet the clinical criteria
- Wegovy® is not covered or non-formulary or weight loss is a benefit exclusion
- The patient did not try and fail a formulary alternative
- An invalid diagnosis code was submitted
- Missing information or information was not received in time

*Typically, benefit exclusions do not have appeal rights.
LOA, Letter of Appeal; PA, prior authorization.

Important Safety Information

Warnings and Precautions (cont'd)

- **Acute Kidney Injury Due to Volume Depletion:** There have been postmarketing reports of acute kidney injury, in some cases requiring hemodialysis, in patients treated with semaglutide. The majority of the reported events occurred in patients who experienced gastrointestinal reactions leading to dehydration such as nausea, vomiting, or diarrhea. Monitor renal function in patients reporting adverse reactions to Wegovy® that could lead to volume depletion, especially during initiation and escalation of Wegovy®

Sample prior authorization overview

Product specifications

Submission details

- Complete the Wegovy®/Obesity Medications (Weight Loss) PA form required by the patient's insurance
- Submit all information via electronic submission, fax, or other methods as specified by the insurer
- To track the status of a PA, you can use online portals respective to the insurance provider, call the insurance directly, or by submitting a PA through CoverMyMeds. For more information on this process, please refer to page 10 of this guide
- Provide accurate contact information for both the provider and the patient

The following criteria are intended to highlight important information often considered in patient coverage decisions. Actual coverage requirements will vary, and it's important to check with the plan on specific coverage criteria.

PA criteria for Wegovy®

Wegovy® PA criteria	Obesity/weight loss considerations	MACE risk reduction considerations
Diagnosis	Documentation of appropriate obesity ICD-10 diagnosis code for the patient and any weight-related comorbidities • Refer to page 11 for the commonly used ICD-10 codes	Documentation of appropriate cardiovascular ICD-10 diagnosis code(s) for the patient with ≥1 of the following: • MI • Ischemic stroke • PAD Refer to page 12 for the commonly used ICD-10 codes
Age	Patients ≥12 years old with obesity Patients ≥18 years old with overweight and ≥1 weight-related comorbidity	Adults ≥18 years old
Patient weight and BMI	BMI ≥30 kg/m^2 (obese) **OR** BMI ≥27 kg/m^2 (overweight) with ≥1 weight-related comorbidity (eg, hypertension, dyslipidemia, etc) **Note: Placing comorbidities in the primary diagnosis field may lead to a PA denial**	BMI ≥27 kg/m^2 (overweight)

BMI, body mass index; ICD-10, International Classification of Diseases, Tenth Revision; MACE, major adverse cardiovascular events; MI, myocardial infarction; PA, prior authorization; PAD, peripheral artery disease.

Important Safety Information

Warnings and Precautions (cont'd)

- **Severe Gastrointestinal Adverse Reactions:** Use of Wegovy® has been associated with gastrointestinal adverse reactions, sometimes severe. In clinical trials, severe gastrointestinal adverse reactions were reported more frequently among patients receiving Wegovy® (4.1%) than placebo (0.9%). Wegovy® is not recommended in patients with severe gastroparesis

Sample prior authorization overview (cont.)

PA criteria for Wegovy® (cont.)

Wegovy® PA criteria	Obesity/weight loss considerations	MACE considerations
Supporting documentation	• Specialist consultations, which may include reports from endocrinologists, dietitians, or other specialists involved in the patient's care • For patients with overweight, include relevant labs and test results documenting weight-related comorbidity	• Labs relevant to CVD diagnosis • Chart notes relevant to patient's CVD history, such as history of stroke, MI, etc • Specialist consultations, which may include reports from cardiologists, endocrinologists, dietitians, or other specialists involved in the patient's care
Prior treatments	• Prior anti-obesity medications, including duration and outcomes, and whether they will be stopped before starting Wegovy® • Any contraindications or intolerances • Reasons for failure to prior treatments and length of time on each prior treatment	• Prior or current guideline-directed CVD treatment – For example: statin, ACE inhibitor, etc • Any contraindications or intolerances • Reasons for failure to prior treatments

ACE, angiotensin-converting enzyme; CVD, cardiovascular disease; MACE, major adverse cardiovascular events; MI, myocardial infarction; PA, prior authorization.

Important Safety Information

Warnings and Precautions (cont'd)

- **Hypersensitivity Reactions:** Serious hypersensitivity reactions (e.g., anaphylaxis, angioedema) have been reported with Wegovy®. If hypersensitivity reactions occur, discontinue use of Wegovy®, treat promptly per standard of care, and monitor until signs and symptoms resolve. Use caution in a patient with a history of anaphylaxis or angioedema with another GLP-1 receptor agonist
- **Diabetic Retinopathy Complications in Patients with Type 2 Diabetes:** In a trial of adult patients with type 2 diabetes and BMI greater than or equal to 27 kg/m^2, diabetic retinopathy was reported by 4.0% of Wegovy® patients and 2.7% of placebo patients. Rapid improvement in glucose control has been associated with a temporary worsening of diabetic retinopathy. Patients with a history of diabetic retinopathy should be monitored for progression of diabetic retinopathy

Sample prior authorization overview (cont.)

PA criteria for Wegovy® (cont.)

Wegovy® PA criteria	Obesity/weight loss considerations	MACE considerations
Lifestyle modifications	**Documented participation in a structured weight loss program (≥6 months) involving:** • Calorie-restricted diet (eg, at least 500 kcal/day deficit) • Increased physical activity (eg, at least 150 minutes per week)	
Treatment plan with Wegovy®	**Medication details, including:** • Prescribed dosage • Dose-escalation schedule **Therapy goals, such as:** • Target weight loss percentage (eg, ≥5% of baseline weight within 12 to 16 weeks)	
Contraindications or precautions	Identify whether there are any contraindications for Wegovy® use.	

MACE, major adverse cardiovascular events; PA, prior authorization.

Important Safety Information

Warnings and Precautions (cont'd)

- **Heart Rate Increase:** Mean increases in resting heart rate of 1 to 4 beats per minute (bpm) were observed in Wegovy® adult patients compared to placebo in clinical trials. More Wegovy® adult patients compared with placebo had maximum changes from baseline of 10 to 19 bpm (41% versus 34%) and 20 bpm or more (26% versus 16%). In a clinical trial in pediatric patients aged 12 years and older with normal baseline heart rate, more patients treated with Wegovy® compared to placebo had maximum changes in heart rate of 20 bpm or more (54% versus 39%). Monitor heart rate at regular intervals and instruct patients to report palpitations or feelings of a racing heartbeat while at rest. If patients experience a sustained increase in resting heart rate, discontinue Wegovy®
- **Suicidal Behavior and Ideation:** Suicidal behavior and ideation have been reported in clinical trials with other weight management products. Monitor patients for depression, suicidal thoughts or behavior, and/or any unusual changes in mood or behavior. Discontinue Wegovy® in patients who experience suicidal thoughts or behaviors and avoid in patients with a history of suicidal attempts or active suicidal ideation

Sample prior authorization overview (cont.)

Reauthorization criteria

- Reauthorization for Wegovy® may be required every 6 to 12 months depending on the patient's insurance plan. Possible reauthorization criteria for an obesity or overweight indication may include:
  - Weight loss of ≥5% of body weight at 3 months
  - BMI ≥27 kg/m^2
  - Using Wegovy® in combination with a reduced calorie diet and increased physical activity
  - No new contraindications
- For CV risk reduction, may include all the prior criteria, and demonstrated improvement in CV risk factors

covermymeds®

CoverMyMeds® is a no-cost solution to help support providers through the PA process

Complete a PA request or notify patients of outcome

- You can start the PA in the portal at covermymeds.com or complete the pharmacy-initiated PA
- With patient consent, select the option on the PA page to "inform patient of PA outcome"
- You will then need to enter patient contact information (notifications can be made via text or email)
- Submit the PA to the plan and, once the determination is made, the patient will be notified of the outcome

Key benefits:

- Submit requests for any medication and all plans
- Streamlined process for submitting PA requests

BMI, body mass index; CV, cardiovascular; PA, prior authorization.

Important Safety Information

Warnings and Precautions (cont'd)

- **Pulmonary Aspiration During General Anesthesia or Deep Sedation:** Wegovy® delays gastric emptying. There have been rare postmarketing reports of pulmonary aspiration in patients receiving GLP-1 receptor agonists undergoing elective surgeries or procedures requiring general anesthesia or deep sedation who had residual gastric contents despite reported adherence to preoperative fasting recommendations. Instruct patients to inform healthcare providers prior to any planned surgeries or procedures if they are taking Wegovy®

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Please see additional Important Safety Information throughout. Please click here for Prescribing Information, including Boxed Warning.

ONCE-WEEKLY wegovy® semaglutide injection 2.4 mg

ICD-10 codes[1]

Below are some commonly used ICD-10 codes related to the FDA-approved indications for Wegovy®.[2] These codes are intended to serve as examples and are not a comprehensive list of all possible codes. For comprehensive instructions and additional codes, please refer to a coding resource

Obesity/overweight diagnosis codes

Code	Description
E66	Overweight and obesity
E66.3	Overweight
E66.811	Obesity, Class 1
E66.812	Obesity, Class 2
E66.813	Obesity, Class 3
E66.9	Obesity, unspecified

Adult BMI ICD-10 Z codes

Code	Description
Z68.27	BMI 27.0-27.9
Z68.28	BMI 28.0-28.9
Z68.29	BMI 29.0-29.9
Z68.30	BMI 30.0-30.9
Z68.31	BMI 31.0-31.9
Z68.32	BMI 32.0-32.9
Z68.33	BMI 33.0-33.9
Z68.34	BMI 34.0-34.9
Z68.35	BMI 35.0-35.9
Z68.36	BMI 36.0-36.9
Z68.37	BMI 37.0-37.9
Z68.38	BMI 38.0-38.9
Z68.39	BMI 39.0-39.9
Z68.4	BMI ≥40

Pediatric BMI ICD-10 Z codes

Code	Description
Z68.54	BMI, 95th percentile for age to less than 120% of the 95th percentile for age
Z68.55	BMI, 120% of the 95th percentile for age to less than 140% of the 95th percentile for age
Z68.56	BMI, greater than or equal to 140% of the 95th percentile for age

BMI, body mass index; FDA, US Food and Drug Administration; ICD-10, International Classification of Diseases, Tenth Revision.

Important Safety Information

Adverse Reactions

- Most common adverse reactions (incidence ≥5%) are: nausea, diarrhea, vomiting, constipation, abdominal pain, headache, fatigue, dyspepsia, dizziness, abdominal distention, eructation, hypoglycemia in patients with type 2 diabetes, flatulence, gastroenteritis, gastroesophageal reflux disease, and nasopharyngitis

ICD-10 codes[1] (cont.)

Below are some commonly used ICD-10 codes related to the FDA-approved indications for Wegovy®.[2] These codes are intended to serve as examples and are not a comprehensive list of all possible codes. For comprehensive instructions and additional codes, please refer to a coding resource

Weight-related comorbidity codes

If the patient has overweight and you want to document a weight-related comorbidity, here are some examples.

Code	Description
I10	Essential (primary) hypertension
E78.5	Hyperlipidemia, unspecified
G47.33	Obstructive sleep apnea
E11	Type 2 diabetes mellitus
I25	Chronic ischemic heart disease

Examples of CVD diagnosis codes related to the FDA-approved indications for Wegovy®

Code	Description
I25.10	Atherosclerotic heart disease of the native coronary artery without angina pectoris
I63.00	Cerebral infarction due to thrombosis of unspecified precerebral artery
I73.9	Peripheral vascular disease, unspecified
I25.2	Old myocardial infarction
I21.0	STEMI of anterior wall
I21.2	STEMI of other sites
I21.3	STEMI of unspecified site
I21.4	Non-STEMI
I22.0	Subsequent STEMI of anterior wall
I22.2	Subsequent non-STEMI

Wegovy® is not indicated for the treatment of these conditions.[2] Appropriate coding can enhance the clarity and documentation of treatment.

These ICD-10 codes are presented for informational purposes only. They represent no statement, promise, or guarantee concerning coverage and/or levels of reimbursement, payment, or charge and are not intended to increase or maximize reimbursement by any payer. It is the responsibility of the healthcare provider to determine appropriate code(s). Novo Nordisk does not guarantee the accuracy or propriety of any billing or coding information contained in this resource and does not recommend use of any specific codes for the treatment of an individual patient.

BMI, body mass index; CVD, cardiovascular disease; FDA, US Food and Drug Administration; ICD-10, International Classification of Diseases, Tenth Revision; MACE, major adverse cardiovascular event; STEMI, ST-elevation myocardial infarction.

Important Safety Information

Drug Interactions

- The addition of Wegovy® in patients treated with insulin has not been evaluated. When initiating Wegovy®, consider reducing the dose of concomitantly administered insulin secretagogues (such as sulfonylureas) or insulin to reduce the risk of hypoglycemia
- Wegovy® causes a delay of gastric emptying and has the potential to impact the absorption of concomitantly administered oral medications. Monitor the effects of oral medications concomitantly administered with Wegovy®

Completing a Letter of Medical Necessity (LOMN)

A LOMN is a document used to support that Wegovy® is a medically necessary treatment by explaining the rationale supporting your treatment decision and meeting one of the below criteria:

- Adult and pediatric patient aged 12 years and older with obesity, OR
- Adult patients with overweight in the presence of at least 1 weight-related comorbid condition, OR
- Adult patients with established CVD and either obesity or overweight

It is important to tailor the letter to the specific needs of your patient and address the reason(s) why you believe Wegovy® is the most appropriate treatment option.

This section provides information, including a list of considerations, when drafting a LOMN. In addition, a sample letter is included in this document for your reference. Note that some plans have specific Coverage Authorization Forms that must be used to document a LOMN.

LOMN considerations

1. With the patient's consent, include the patient's full name, date of birth, plan identification number, and case identification number if a decision has already been made
2. Add the prescribing HCP's National Provider Identifier (NPI) number and specialty
3. Provide a copy of the patient's medical records with the following details: patient's history (including relevant clinical and progress notes), diagnosis with relevant ICD-10 codes, and condition
4. Include the most recent weight, prior weight loss programs, and include cardiovascular disease history and treatment if applicable
5. Document prior weight loss medications and/or therapies, the duration of each, and the rationale for their discontinuation
6. Provide rationale for why Wegovy® specifically is needed and why an alternative would be inappropriate

Please see additional Important Safety Information throughout this guide and the Prescribing Information for Wegovy®, including the Boxed Warning.

CVD, cardiovascular disease; HCP, healthcare professional; ICD-10, International Classification of Diseases, Tenth Revision.

Important Safety Information

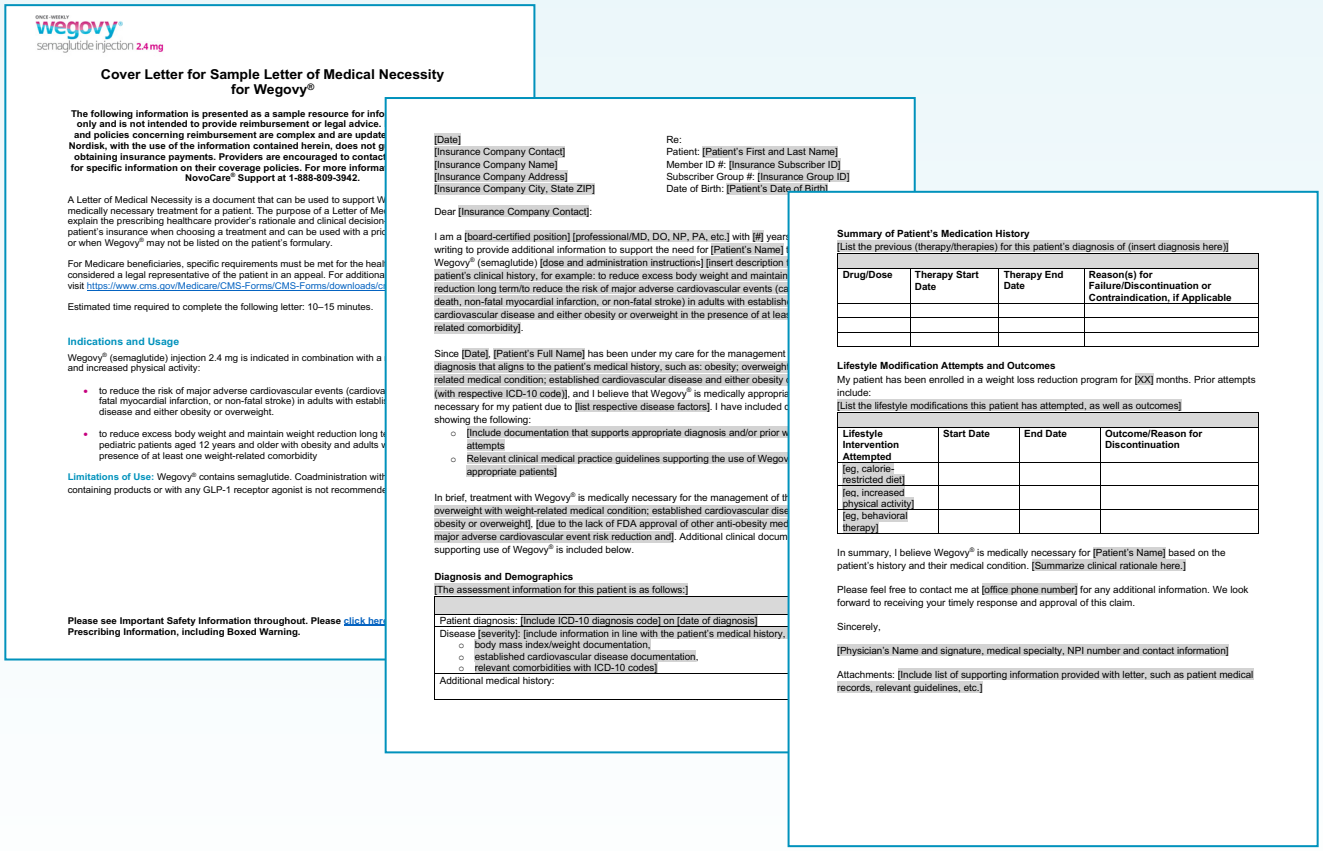
Use in Specific Populations

- **Pregnancy:** May cause fetal harm. When pregnancy is recognized, discontinue Wegovy®. Discontinue Wegovy® in patients at least 2 months before a planned pregnancy
- **Pediatric:** Adverse reactions with Wegovy® in pediatric patients aged 12 years and older with obesity were similar to those reported in adults. Pediatric patients ≥12 years of age treated with Wegovy® had greater incidences of cholelithiasis, cholecystitis, hypotension, rash, and urticaria compared to adults treated with Wegovy®. There are insufficient data in pediatric patients with type 2 diabetes treated with Wegovy® for obesity to determine if there is an increased risk of hypoglycemia with Wegovy® treatment similar to that reported in adults

Completing a Letter of Medical Necessity (LOMN) (cont.)

Sample LOMN

Below is a sample LOMN for Wegovy®. To download a copy of this sample letter, please visit the prior authorization page for Wegovy® found on the NovoMEDLINK website.



ONCE-WEEKLY wegovy® semaglutide injection 2.4 mg

Cover Letter for Sample Letter of Medical Necessity for Wegovy®

The following information is presented as a sample resource for info only and is not intended to provide reimbursement or legal advice. and policies concerning reimbursement are complex and are update Nordisk, with the use of the information contained herein, does not g obtaining insurance payments. Providers are encouraged to contact for specific information on their coverage policies. For more informa NovoCare® Support at 1-888-809-3942.

A Letter of Medical Necessity is a document that can be used to support W medically necessary treatment for a patient. The purpose of a Letter of Me explain the prescribing healthcare provider's rationale and clinical decision patient's insurance when choosing a treatment and can be used with a pric or when Wegovy® may not be listed on the patient's formulary.

For Medicare beneficiaries, specific requirements must be met for the healt considered a legal representative of the patient in an appeal. For additiona visit https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/downloads/cr

Estimated time required to complete the following letter: 10–15 minutes.

Indications and Usage

Wegovy® (semaglutide) injection 2.4 mg is indicated in combination with a and increased physical activity:

- to reduce the risk of major adverse cardiovascular events (cardiova fatal myocardial infarction, or non-fatal stroke) in adults with establi disease and either obesity or overweight.
- to reduce excess body weight and maintain weight reduction long t pediatric patients aged 12 years and older with obesity and adults w presence of at least one weight-related comorbidity

Limitations of Use: Wegovy® contains semaglutide. Coadministration with containing products or with any GLP-1 receptor agonist is not recommende

Please see Important Safety Information throughout. Please click here Prescribing Information, including Boxed Warning.

[Date]
[Insurance Company Contact]
[Insurance Company Name]
[Insurance Company Address]
[Insurance Company City, State ZIP]

Re:
Patient: [Patient's First and Last Name]
Member ID #: [Insurance Subscriber ID]
Subscriber Group #: [Insurance Group ID]
Date of Birth: [Patient's Date of Birth]

Dear [Insurance Company Contact]:

I am a [board-certified position] [professional/MD, DO, NP, PA, etc.] with [#] years writing to provide additional information to support the need for [Patient's Name] Wegovy® (semaglutide) [dose and administration instructions] [insert description patient's clinical history, for example: to reduce excess body weight and maintain reduction long term/to reduce the risk of major adverse cardiovascular events (ca death, non-fatal myocardial infarction, or non-fatal stroke) in adults with establish cardiovascular disease and either obesity or overweight in the presence of at leas related comorbidity].

Since [Date], [Patient's Full Name] has been under my care for the management diagnosis that aligns to the patient's medical history, such as: obesity; overweigh related medical condition; established cardiovascular disease and either obesity (with respective ICD-10 code)], and I believe that Wegovy® is medically appropri necessary for my patient due to [list respective disease factors]. I have included showing the following:

- [Include documentation that supports appropriate diagnosis and/or prior w attempts
- Relevant clinical medical practice guidelines supporting the use of Wegov appropriate patients]

In brief, treatment with Wegovy® is medically necessary for the management of th overweight with weight-related medical condition; established cardiovascular dise obesity or overweight], [due to the lack of FDA approval of other anti-obesity med major adverse cardiovascular event risk reduction and]. Additional clinical docum supporting use of Wegovy® is included below.

Diagnosis and Demographics
[The assessment information for this patient is as follows:]

Patient diagnosis: [Include ICD-10 diagnosis code] on [date of diagnosis]
Disease [severity]: [include information in line with the patient's medical history, ○ body mass index/weight documentation, ○ established cardiovascular disease documentation, ○ relevant comorbidities with ICD-10 codes]
Additional medical history:

Summary of Patient's Medication History
[List the previous (therapy/therapies) for this patient's diagnosis of (insert diagnosis here)]

Drug/Dose	Therapy Start Date	Therapy End Date	Reason(s) for Failure/Discontinuation or Contraindication, if Applicable

Lifestyle Modification Attempts and Outcomes
My patient has been enrolled in a weight loss reduction program for [XX] months. Prior attempts include:
[List the lifestyle modifications this patient has attempted, as well as outcomes]

Lifestyle Intervention Attempted	Start Date	End Date	Outcome/Reason for Discontinuation
[eg, calorie-restricted diet]			
[eg, increased physical activity]			
[eg, behavioral therapy]			

In summary, I believe Wegovy® is medically necessary for [Patient's Name] based on the patient's history and their medical condition. [Summarize clinical rationale here.]

Please feel free to contact me at [office phone number] for any additional information. We look forward to receiving your timely response and approval of this claim.

Sincerely,

[Physician's Name and signature, medical specialty, NPI number and contact information]

Attachments: [Include list of supporting information provided with letter, such as patient medical records, relevant guidelines, etc.]

Important Safety Information

Use in Specific Populations (cont'd)

- **Geriatric:** In the cardiovascular outcomes trial, patients aged 75 years and older reported more hip and pelvis fractures on Wegovy® than placebo. Patients aged 75 years and older (Wegovy® and placebo) reported more serious adverse reactions overall compared to younger adult patients

Please see additional Important Safety Information throughout. Please click here for Prescribing Information, including Boxed Warning.

References: 1. ICD-10-CM tabular list of diseases and injuries. Centers for Medicare and Medicaid Services. July 3, 2024. Accessed May 28, 2025. https://www.cms.gov/medicare/coding-billing/icd-10-codes#codeFiles **2.** Wegovy® [package insert]. Plainsboro, NJ: Novo Nordisk Inc.

ONCE-WEEKLY wegovy® semaglutide injection 2.4 mg