Semaglutide (WEGOVY) Subcutaneous Injection and Oral Tablet for Weight Criteria for Use
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VA Pharmacy Benefits Management Services and National Formulary Committee

The following recommendations are based on medical evidence, clinician input, and expert opinion. The content of the document is dynamic and will be revised as new information becomes available. The purpose of this document is to assist practitioners in clinical decision-making, to standardize and improve the quality of patient care, and to promote cost-effective drug prescribing. THE CLINICIAN SHOULD USE THIS GUIDANCE AND INTERPRET IT IN THE CLINICAL CONTEXT OF THE INDIVIDUAL PATIENT. INDIVIDUAL CASES THAT ARE EXCEPTIONS TO THE EXCLUSION AND INCLUSION CRITERIA SHOULD BE ADJUDICATED AT THE LOCAL FACILITY ACCORDING TO THE POLICY AND PROCEDURES OF ITS P&T COMMITTEE AND PHARMACY SERVICES.

The Product Information should be consulted for detailed prescribing information.

For patients prescribed semaglutide (OZEMPIC) for the management of type 2 diabetes mellitus, please consult the Semaglutide (OZEMPIC) Criteria for Use. The Semaglutide (WEGOVY) for Weight Management Criteria for Use apply to the use of semaglutide as a medication for chronic weight management.

Exclusion Criteria

If the answer to ANY item below is met, then the patient should NOT receive semaglutide (WEGOVY) for chronic weight management.

- ☐ Known pregnancy ^1
- ☐ Lactating ^2
- ☐ Type 1 diabetes^3
- ☐ Personal or family history of medullary thyroid carcinoma or with Multiple Endocrine Neoplasia syndrome type 2
- ☐ Severe gastrointestinal dysmotility, including gastroparesis
- ☐ History of pancreatitis (does not pertain to patients for whom the cause of pancreatitis is known and no longer presents a risk) ^4
- ☐ Known PDR, severe NPDR, clinically significant ME, or DME unless risks/benefits have been discussed with the patient and is documented in the EHR with monitoring plans and follow-up with an eye specialist who is informed at the time of the initiation ^5

DME=diabetic macular edema; EHR=electronic health record; ME=macular edema; NPDR=nonproliferative diabetic retinopathy; PDR=proliferative diabetic retinopathy

1. Weight loss offers no potential benefit to a pregnant female and may result in fetal harm; refer to product information
2. Lactating women excluded from clinical trials for weight management; in general, weight management should focus on healthy nutrition, behavioral modification and exercise, as well as take into consideration the energy requirements for breastfeeding. Consider risk vs. benefit in the woman and the breastfed infant.
3. There is no evidence of increased risk for DKA with GLP-1 use in type 1 diabetes. If the patient is followed by a diabetes/weight management specialist, semaglutide can be considered for weight management under careful supervision in patients with type 1 diabetes.
4. Risk factors for pancreatitis include triglyceride level > 1000 mg/dL, known gallstones with intact gallbladder, high alcohol intake
5. Rapid improvement in glucose control has been associated with temporary worsening of diabetic retinopathy. Semaglutide has not been studied in patients with NPDR requiring acute therapy, PDR, or DME. Before considering treatment with semaglutide in patients with diabetes, the provider should have the results of a diabetic eye exam completed within the past 12 months (or 24 months if no evidence of retinopathy). Decision to use semaglutide should consider disease severity and activity. Patients with a history of diabetic retinopathy should have planned

follow-up with the eye provider to monitor progression. Consultation with an eye care specialist should be obtained any time there are concerns related to use in patients with diabetic retinopathy.

Inclusion Criteria

The answer to the following must be fulfilled in order to meet criteria for semaglutide (WEGOVY) for chronic weight management.

☐ Documented participation in a comprehensive lifestyle intervention (CLI) that targets all three aspects of weight management: diet, physical activity, behavioral changes ^6

☐ BMI is greater than or equal to 27 kg/m^2 with at least one weight-related comorbidity ^7^8

6. Participation in a CLI is an essential component to overall weight management. Veterans who have documentation of CLI participation within the past year on at least one occasion/visit are eligible for consideration of a weight management medication. The MOVE! program is one example of CLI provided in VA. Other methods can also be considered in coordination with the National Center for Healthcare Promotion's required elements: https://dvagov.sharepoint.com/sites/vhamove/Shared%20Documents/NCP-MOVE-CLI-Definition.pdf
7. BMI= Body Mass Index; Examples of weight-related comorbidities include but are not limited to: hypertension, type 2 diabetes, prediabetes, dyslipidemia, metabolic syndrome, obstructive sleep apnea, osteoarthritis, metabolic dysfunction-associated steatotic liver disease, and heart failure with preserved ejection fraction. Semaglutide (WEGOVY) is also indicated to reduce a secondary cardiovascular event in people with previous myocardial infarction, previous stroke, or symptomatic peripheral arterial disease (defined as: intermittent claudication with ankle–brachial index <0.85, peripheral arterial revascularization procedure, or amputation due to atherosclerotic disease) in people with overweight or obesity.
8. If clinically appropriate, consider discontinuing medications that may precipitate weight gain. Refer to the Sidebar on Select Medications and their Potential Effects on Weight in the VA/DoD Clinical Practice Guideline for the Management of Adult Overweight and Obesity at: https://www.healthquality.va.gov/guidelines/CD/obesity/index.asp

Additional Inclusion Criteria

Select if applicable

☐ For females who can become pregnant: Pregnancy should be excluded prior to receiving semaglutide (WEGOVY) and there should be contraceptive counseling on potential risks vs. benefits of treatment if she were to become pregnant

Supplemental Information

Refer to PBM-MAP-VPE Clinical Guidance: Weight Management Medications for Chronic Use Clinical Recommendations for Treatment Selection at: PBM Formulary Management – Clinical Recommendations – All Documents (sharepoint.com)

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