



MEMORANDUM

TO: Valued CHIP, STAR & STAR+PLUS Providers

FROM: El Paso Health

DATE: TBD

RE: Wegovy Coverage and Implementation of Clinical Prior Authorization for Medicaid

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

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. El Paso Health will require clinical prior authorization for Wegovy.

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 will 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
49753	Wegovy 2.4 mg/0.75 ml pen
49748	Wegovy 2.4 mg/0.75 ml pen



El Paso Health
HEALTH PLANS FOR EL PASOANS. BY EL PASOANS.

MEMORANDUM

Resources:

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

If you have any questions regarding this communication please contact our Provider Relations team at 915-532-3778 or email us at ProviderRelationsDG@elpasohealth.com.