

**An Important Message from  
The Texas Health and Human Services Commission (HHSC)**

**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**.

**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**

<b>NDC</b>	<b>Drug Name</b>
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

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](https://paxpress-txpa.acentra.com/wegovy.pdf)

**Questions?**

Please contact UnitedHealthcare Customer Service at 888-887-9003, 8 a.m.–6 p.m. CT, Monday–Friday.