BlueCross BlueShield Arizona

An Independent Licensee of the Blue Cross Blue Shield Association

PHARMACY COVERAGE GUIDELINE

WEGOVY® (semaglutide) for Non-Weight Loss Indications Generic Equivalent (if available)

This Pharmacy Coverage Guideline (PCG):
- Provides information about the reasons, basis, and information sources we use for coverage decisions
- Is not an opinion that a drug (collectively "Service") is clinically appropriate or inappropriate for a patient
- Is not a substitute for a provider's judgment (Provider and patient are responsible for all decisions about appropriateness of care)
- Is subject to all provisions e.g. (benefit coverage, limits, and exclusions) in the member's benefit plan; and
- Is subject to change as new information becomes available.

Scope
- This PCG applies to Commercial and/or Marketplace plans
- This PCG does not apply to the Federal Employee Program, Medicare Advantage, Medicaid or members of out-of-state Blue Cross and/or Blue Shield Plans

Instructions & Guidance
- To determine whether a member is eligible for the Service, read the entire PCG.
- This PCG is used for FDA approved indications including, but not limited to, a diagnosis and/or treatment with dosing, frequency, and duration.
- Use of a drug outside the FDA approved guidelines, refer to the appropriate Off-Label Use policy.
- The "Criteria" section outlines the factors and information we use to decide if the Service is medically necessary as defined in the Member's benefit plan.
- The "Description" section describes the Service.
- The "Definition" section defines certain words, terms or items within the policy and may include tables and charts.
- The "Resources" section lists the information and materials we considered in developing this PCG
- **We do not accept patient use of samples as evidence of an initial course of treatment, justification for continuation of therapy, or evidence of adequate trial and failure.**
- Information about medications that require prior authorization is available at www.azblue.com/pharmacy. You must fully complete the request form and provide chart notes, lab workup and any other supporting documentation. The prescribing provider must sign the form. Fax the form to BCBSAZ Pharmacy Management at (602) 864-3126 or email it to Pharmacyprecert@azblue.com.

Medical Necessity Requirements for WEGOVY (semaglutide)

Purpose: This coverage guideline is used to review Wegovy use *for non weight loss indications, including established cardiovascular disease and noncirrhotic metabolic dysfunction associated steatohepatitis (MASH)*. For use in weight loss, please refer to the member's benefit plan book.

Section A. Wegovy® (semaglutide) for Established Cardiovascular Disease:

ORIGINAL EFFECTIVE DATE: 05/16/2024 | ARCHIVE DATE: | LAST REVIEW DATE: 05/21/2026 | LAST CRITERIA REVISION DATE: 05/21/2026

PHARMACY COVERAGE GUIDELINE

WEGOVY® (semaglutide) for Non-Weight Loss Indications Generic Equivalent (if available)

Criteria for Initial Therapy:

Note: Check benefit book to make sure there are no benefit or contract exclusions that apply.

Prescriber Qualifications

- Prescribed by a physician specializing in the diagnosis or in consultation with a Cardiologist

Indication

- Reduce the risk for cardiovascular death, non fatal myocardial infarction, or non fatal stroke in an adult individual with established cardiovascular disease with a body mass index (BMI) of at least 27 kg/m^2

Age Requirement

- Request is for at least 45 years or older

Baseline Clinical Evaluation

- Established cardiovascular disease defined as **ONE** of the following:
  - Prior myocardial infarction
  - Prior ischemic or hemorrhagic stroke
  - Symptomatic peripheral arterial disease demonstrated by **ANY** of the following:
    1. Intermittent claudication with ankle brachial index less than 0.85 at rest
    2. Peripheral arterial revascularization procedure
    3. Amputation due to atherosclerotic disease
- Body mass index of at least 27 kg/m²
- Where clinically appropriate, is on guideline directed standard of care for cardiovascular condition (e.g., lipid lowering therapy, platelet aggregation inhibitors, ACE inhibitors or ARBs, beta blockers, calcium channel blockers, angiotensin receptor neprilysin inhibitor)
- Will be used as an adjunct to diet and increased physical activity in combination with a program supporting a reduced calorie diet of at least 500 kcal/day and activity for at least 150 minutes per week
- HbA1c less than 6.5 percent in past 12 months
- Does not have type 1 or type 2 diabetes (excludes gestational diabetes)
- Does not have NYHA Class IV heart failure

Brand Specific Criteria

- Have failure, contraindication or intolerance with **THREE** generic equivalents (if available) for at least three months each. **Note:** Any failure, contraindication, or intolerance to the generic drugs should be reported to the United States Food and Drug Administration (FDA) (see Definitions section)

Safety

- No FDA label contraindications:
  - Personal or family history of medullary thyroid carcinoma or Multiple Endocrine Neoplasia syndrome type 2
  - Prior serious hypersensitivity reaction to semaglutide
- Does not have:
  - Concomitant use of GLP 1 receptor agonists or GIP/GLP 1 agonists (e.g., Ozempic, Rybelsus, Trulicity, tirzepatide, etc.)
  - Chronic pancreatitis or recent (within prior 180 days) acute pancreatitis
  - Severe gastroparesis

- Individual of childbearing potential is pregnant

Documentation Requirements

- Completed request form including:
  - Chart notes
  - Lab results (i.e., HbA1c)
  - Supporting clinical documentation (i.e., weight)

Initial Therapy Criteria Approval Duration

- 6 months OR end of plan year

Criteria for Continuation of Therapy (renewal therapy):

Note: Manufacturer assistance (e.g., coupons, samples, etc.) are not considered for continuation of therapy

Prescriber Qualifications

- Continues to be seen by a physician specializing in diagnosis or in consultation with a Cardiologist

Indication

- Established cardiovascular disease defined as **ONE** of the following:
  - Prior myocardial infarction
  - Prior ischemic or hemorrhagic stroke
  - Symptomatic peripheral arterial disease demonstrated by **ANY** of the following:
    1. Intermittent claudication with ankle brachial index less than 0.85 at rest
    2. Peripheral arterial revascularization procedure
    3. Amputation due to atherosclerotic disease

Clinical Response

- Achieved and maintained **ONE** of the following:
  - Reduction of 5 percent or more in body weight from baseline
  - Reduction of 3 percent body weight from baseline with **ONE** or more of:
    1. Decrease in LDL or triglycerides
    2. Decrease in waist circumference
    3. Decrease in blood pressure

Adherence

- Adherence to medication and guideline directed standard of care for established cardiovascular condition

Brand Specific Criteria

- Have failure, contraindication or intolerance with **THREE** generic equivalents (if available) for at least three months each. **Note**: Any failure, contraindication, or intolerance to the generic drugs should be reported to the FDA (see Definitions section)

Safety

- No FDA label contraindications:

  - Personal or family history of medullary thyroid carcinoma or Multiple Endocrine Neoplasia syndrome type 2
  - Prior serious hypersensitivity reaction to semaglutide
- Does not have:
  - Concomitant use of GLP 1 receptor agonists or GIP/GLP 1 agonists (e.g., Ozempic, Rybelsus, Trulicity, tirzepatide, etc.)
  - Chronic pancreatitis or recent (within prior 180 days) acute pancreatitis
  - Severe gastroparesis
  - Sustained increase in resting heart rate
  - Individual of childbearing potential is pregnant

Additional Requirements

- Will be used as an adjunct to diet and increased physical activity in combination with a program supporting a reduced calorie diet of at least 500 kcal/day and activity for at least 150 minutes per week
- Requested dose is at least 1.7mg weekly
- HbA1c less than 6.5 percent in past 12 months
- Does not have type 1 or type 2 diabetes (excludes gestational diabetes)
- Does not have NYHA Class IV heart failure

Documentation Requirements

- Chart notes
- Lab values confirming safe use
- Supporting clinical documentation

Continuation Therapy Criteria Approval Duration

- 12 months OR end of plan year

Section B. Wegovy® (semaglutide) injection for Noncirrhotic Metabolic Dysfunction Associated Steatohepatitis (MASH):

Criteria for Initial Therapy:

Note: Check benefit book to make sure there are no benefit or contract exclusions that apply.

Prescriber Qualifications

- Prescribed by a physician specializing in diagnosis or in consultation with a Gastroenterologist or Hepatologist

Indication

- Noncirrhotic metabolic dysfunction associated steatohepatitis (MASH) with moderate to advanced liver fibrosis (F2 to F3) (consistent with stages F2 to F3 fibrosis)

Age Requirement

- Request is for at least 18 years or older

PHARMACY COVERAGE GUIDELINE

WEGOVY® (semaglutide) for Non-Weight Loss Indications Generic Equivalent (if available)

Baseline Clinical Evaluation

- **THREE** of the following metabolic risk factors:
  - Large waist circumference defined as men 94 cm (37 inches) or women greater than80 cm (32 inches) **OR** BMI equal to or greater than 30 kg/m^2
  - Triglycerides equal to or greater than 150 mg/dL (1.7 mmol/L) **OR** on specific treatment
  - HDL cholesterol less than 40 mg/dL (1.03 mmol/L) in males or less than 50 mg/dL (1.29 mmol/L) in females **OR** on specific treatment
  - Blood pressure greater than or equal to 140/90 mmHg on two separate occasions or on treatment
  - Diagnosis of type 2 diabetes
- **ONE** of the following NASH/MASH liver fibrosis criteria:
  - Liver biopsy within 2 years showing Stage 2 or 3 fibrosis with NASH based on existing pathology, in an individual with no significant change in body weight of greater than 5 percent or use of a medication that might affect NAS or fibrosis stage
  - FibroScan with transient elastography (within the 3 prior months) of greater than or equal to 8.5 kPa and controlled attenuation parameter greater than or equal to 280 dB/m
  - Biochemical test for fibrosis: such as a biomarker that detects the formation of type lll collagen (PRO C3 greater than14 ng/mL) or enhance liver fibrosis score (ELF greater than or equal to 9)
  - Combination of imaging (i.e., VCTE, ELF) and serologic tests (i.e., FIB 4 index)
- Evidence of liver steatosis (greater than 5 percent by imaging or histology) and one risk factor for cardiometabolic dysfunction (e.g., dyslipidemia, obesity, pre or established type 2 diabetes mellitus, hypertension)
- Evidence of liver inflammation and hepatocellular injury such as lobar inflammation and ballooning injury to hepatocytes
- No other causes of steatotic liver disease
- No or minimal alcohol consumption (less than 20 g daily for females, less than 30 g daily for males)
- Will be used as an adjunct to diet and physical activity in combination with a program supporting a reduced calorie diet of at least 500 kcal/day and activity for at least 150 minutes per week aiming for a weight loss goal of at least 7 to 10 percent
- Does not have Stage 4 fibrosis

Brand Specific Criteria

- Have failure, contraindication or intolerance with **THREE** generic equivalents (if available) for at least three months each. **Note**: Any failure, contraindication, or intolerance to the generic drugs should be reported to the FDA (see Definitions section)

Safety

- No FDA label contraindications:
  - Personal or family history of medullary thyroid carcinoma or Multiple Endocrine Neoplasia syndrome type 2
  - Prior serious hypersensitivity reaction to semaglutide
- Does not have:
  - Concomitant use of GLP 1 receptor agonists or GIP/GLP 1 agonists (e.g., Ozempic, Rybelsus, Trulicity, tirzepatide, etc.)
  - Chronic pancreatitis or recent (within prior 180 days) acute pancreatitis
  - Severe gastroparesis

PHARMACY COVERAGE GUIDELINE

WEGOVY® (semaglutide) for Non-Weight Loss Indications Generic Equivalent (if available)

Documentation Requirements
- Chart notes
- Lab results (i.e., lipids, LFTs)
- Supporting clinical documentation (i.e., imaging, biopsy reports, weight)

Initial Therapy Criteria Approval Duration
- 6 months OR end of plan year

Criteria for Continuation of Therapy (renewal therapy):
Note: Manufacturer assistance (e.g., coupons, samples, etc.) are not considered for continuation of therapy

Prescriber Qualifications
- Continues to be seen by a physician specializing in diagnosis or in consultation with a Gastroenterologist or Hepatologist

Indication
- Confirmed diagnosis of noncirrhotic metabolic dysfunction associated steatohepatitis (MASH)

Clinical Response
- **ONE** of the following:
  - Resolution of steatohepatitis with at least 2 point reduction in NAFLD activity score (i.e., NAS) without worsening fibrosis demonstrated by **BOTH** of the following:
    1. Absence of ballooning (score = 0) and absence or mild lobal inflammation (score = 0 to 1)
    2. No worsening of fibrosis as seen by any progression greater than or equal to 1 stage
  - At least one stage improvement in fibrosis without worsening NAS
  - Stabilization of fibrosis by blood tests (LFTs) and non invasive assessments

Adherence
- Adherence to medication and lifestyle changes aiming for weight loss of 7 to 10 percent

Brand Specific Criteria
- Have failure, contraindication or intolerance with **THREE** generic equivalents (if available) for at least three months each. **Note**: Any failure, contraindication, or intolerance to the generic drugs should be reported to the FDA (see Definitions section)

Safety
- No concomitant use of GLP 1 receptor agonists or GIP/GL 1 agonists
- No FDA label contraindications:
  - Personal or family history of medullary thyroid carcinoma or Multiple Endocrine Neoplasia syndrome type 2
- Prior serious hypersensitivity reaction to semaglutide does not have:
  - Acute or chronic pancreatitis
  - Severe gastroparesis
  - Sustained increase in resting heart rate

PHARMACY COVERAGE GUIDELINE

WEGOVY® (semaglutide) for Non-Weight Loss Indications Generic Equivalent (if available)

Documentation Requirements

- Chart notes
- Supporting clinical documentation (i.e., LFTs, weight, imaging)
- Lab values confirming safe continued use

Continuation Therapy Criteria Approval Duration

- 12 months OR end of plan year

Criteria for Off-Label Use Requests:

Criteria for a request for non-FDA use or indication, treatment with dosing, frequency, or duration outside the FDA-approved dosing, frequency, and duration, refer to one of the following Pharmacy Coverage Guideline:

1. Off-Label Use of Non-Cancer Medications

2. Off-Label Use of Cancer Medications

Description:

Wegovy (semaglutide) is a glucagon-like peptide-1 (GLP-1) receptor agonist 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 is either overweight or obese. The exact mechanism of cardiovascular risk reduction has not been established. Coadministration with other semaglutide-containing products or with any other GLP-1 receptor agonist is not recommended.

Wegovy(semaglutide) is indicated in combination with a reduced calorie diet and increased physical activity for the treatment of noncirrhotic metabolic dysfunction-associated steatohepatitis (MASH), formerly known as nonalcoholic steatohepatitis (NASH), with moderate to advanced liver fibrosis (consistent with stages F2 to F3 fibrosis) in adults. The indication for MASH is approved under accelerated approval based on improvement of MASH and fibrosis. Continued approval for this indication may be contingent upon the verification and description of clinical benefit in a confirmatory trial.

Definitions:

U.S. Food and Drug Administration (FDA) MedWatch Forms for FDA Safety Reporting
MedWatch Forms for FDA Safety Reporting | FDA

Established cardiovascular disease:

- Prior myocardial infarction (MI)
- Prior ischemic or hemorrhagic stroke

- Symptomatic peripheral arterial disease (PAD) defined as intermittent claudication with ankle-brachial index (ABI) <0.85 (at rest) OR peripheral arterial revascularization procedure OR amputation due to atherosclerotic disease

Some causes of Steatotic Liver Disease (SLD): steatosis of any etiology

- Drug induced liver disease
- Monogenic liver disease
- Alcohol induced liver disease (ALD)
- Cryptogenic liver disease
- Metabolic dysfunction-associated liver disease (MASLD)

Steatotic (fatty) liver disease (SLD):

- A comprehensive term defined as hepatic steatosis of any etiology identified on radiologic imaging or by liver biopsy.

- Steatotic liver disease (SLD) is further classified as:
  - **Metabolic dysfunction-associated steatotic liver disease (MASLD)** – Individuals with MASLD have fatty liver (>5% hepatic steatosis) with at least **one** risk factor for cardiometabolic dysfunction (such as dyslipidemia or obesity), no other causes of SLD, and minimal or no alcohol consumption (i.e., <20 g daily for females and <30 g daily for males). This category was previously known as nonalcoholic fatty liver disease (NAFLD).

  - **MASLD with metabolic dysfunction-associated steatohepatitis (MASH)** – Individuals with MASH have histologic evidence of inflammation and hepatocellular injury, such as ballooning of hepatocytes, with or without fibrosis. This category was previously known as nonalcoholic steatohepatitis (NASH).

  - **MASH cirrhosis** – Individuals with MASH cirrhosis have cirrhosis with current or previous histologic evidence of MASH or history of MASLD.

  - **Metabolic dysfunction- and alcohol-associated liver disease (MetALD)** – Individuals with liver steatosis, have at least one metabolic risk factor, and a history of moderate (but not heavy) alcohol use. This category recognizes that SLD can involve a combination of metabolic dysfunction and alcohol.

Cirrhosis:

- A late stage of liver fibrosis that in advanced stages is considered to be irreversible
- Cirrhosis often has multiple signs and symptoms including fatigue, loss of appetite, jaundice, abdominal distension, bleeding and bruising, and many others

Compensated Cirrhosis:

- Cirrhosis without evidence of decompensation
- Some individuals with compensated cirrhosis may be asymptomatic

Decompensated Cirrhosis:

- Cirrhosis with signs and symptoms such as confusion (hepatic encephalopathy), fluid in the abdomen (ascites), yellowing of the skin and mucous membranes (jaundice), or kidney failure

Examples of some Noninvasive Imaging:

- Vibration-controlled Transient elastography (VCTE)
- Magnetic resonance elastography (MRE)
- Acoustic radiation force impulse (ARFI)
- Two-dimensional shear wave elastography (2D-SWE)

Examples of some Fibrosis Assessment by Serologic Testing:

- Aspartate aminotransferase to platelet ratio (APRI)
- Enhanced Liver Fibrosis (ELF) score (3 elements involved in matrix turnover: hyaluronic acid, tissue inhibitor of metalloproteinase-1, and N-terminal procollagen III peptide)
- FIB-4 index (platelet count, ALT, AST, age)
- FibroScan
- FibroSpect
- FibroTest/FibroSure
- Hepascore

FIB-4 calculator:
https://www.mdcalc.com/calc/2200/fibrosis-4-fib-4-index-liver-fibrosis#why-use **OR**
FIB-4 = age (years) X AST Level (U/L) / platelet count (10^9/L) X square root of ALT (U/L)

Clinical Research Network System (CRN) Non-alcoholic Fatty Liver Disease (NAFLD/MASLD) Activity Score – NAS		
Histological feature	Score	Category definition
Steatosis	0	<5%
	1	5–33%
	2	34–66%
	3	>66%
Hepatocyte ballooning	0	None
	1	Few or borderline ballooning
	2	Many or predominant ballooning
Lobular Inflammation	0	None
	1	1–2 foci per ×200 field
	2	2–4 foci per ×200 field
	3	>4 foci per ×200 field
NAS is sum of steatosis and lobar inflammation and ballooning: ranges 0-8		
Fibrosis	0	No Fibrosis
	1A	Mild zone 3 perisinusoidal fibrosis
	1B	Moderate zone 3 perisinusoidal fibrosis
	1C	Periportal/portal fibrosis
	2	Perisinusoidal & periportal/portal fibrosis

	3	Bridging fibrosis
	4	Cirrhosis
The regions surrounding the hepatic arteries and portal veins are known as periportal (zone 1), while those adjacent to the central vein are called the pericentral areas of the lobule (zone 3), with the cells in between these regions, referred to as mid-lobular hepatocytes (zone 2).		

Metabolic dysfunction-associated steatohepatitis (MASH) grading and staging system	
Grade	**Description**
Mild (grade 1)	Steatosis (predominantly macrovesicular) involving up to 66% of biopsy; may see occasional ballooned zone 3 hepatocytes; scattered intra-acinar polymorphonuclear cells, intra-acinar lymphocytes; no or mild portal chronic inflammation
Moderate (grade 2)	Steatosis of any degree; ballooning of hepatocytes (predominantly zone3) obvious; intra-acinar polymorphonuclear cells noted, may be associated with zone 3 pericellular fibrosis; portal and intra-acinar chronic inflammation noted, mild to moderate
Severe (grade 3)	Panacinar steatosis; ballooning and disarray obvious, predominantly inzone 3; intra-acinar inflammation noted as scattered polymorphonuclear cells, ballooned hepatocytes, mild chronic inflammation; portal chronic inflammation mild or moderate
Stage	**Description**
Fibrosis stage 0 (F0)	Absence of fibrosis
Fibrosis stage 1 (F1)	Zone 3 perisinusoidal fibrosis; focally or extensively present
Fibrosis stage 2 (F2)	Zone 3 perisinusoidal fibrosis with portal fibrosis
Fibrosis stage 3 (F3)	Zone 3 perisinusoidal fibrosis and portal fibrosis with bridging fibrosis
Fibrosis stage 4 (F4)	Cirrhosis

Alcohol consumption:
Significant alcohol consumption is defined as greater than or equal to approximately 2 alcoholic drinks per day for males, and approximately 1.5 alcoholic drinks per day for females. One alcoholic drink is equal to 12 ounces (355 mL) of 5% alcohol by volume (ABV) beer, 5 ounces (148 mL) of 12% ABV wine, or 1.5 ounces (44.4 mL) of 40% ABV distilled spirits.

A standard drink in the United States is any drink that contains 14 grams of pure alcohol (about 0.6 fluid ounces) One standard drink (or one alcoholic drink equivalent) is found in:

- 12 ounces of regular beer, which is usually about 5% alcohol
- 8-10 ounces of malt liquor or hard seltzer is about 7% alcohol
- 5 ounces of wine, which is typically about 12% alcohol
- 3-4 ounces of fortified wine (sherry or port) is about 17% alcohol
- 2-3 ounces of cordial, liqueur, or aperitif is about 24% alcohol
- 1.5 ounces of distilled spirits (brandy, cognac, gin, rum, tequila, whisky, vodka, etc.) is about 40% alcohol

Moderate amounts of alcohol are defined as 20 to 50 g daily (140 to 350 g per week) for females and 30 to 60 g daily (210 to 420 g per week) for males. This range of alcohol intake defines a spectrum between MASLD-

predominant and alcohol-predominant disease. Patients with steatosis and heavy alcohol use (i.e., >50 g daily for females and >60 g daily for males) have alcohol-associated liver disease.

Resources:

Wegovy (semaglutide) subcutaneous injection & tablet product information, revised by Norvo Nordisk 03-2026. Available at DailyMed http://dailymed.nlm.nih.gov. Accessed May 04, 2026.

Sheth SG, Chopra S. Clinical features and diagnosis of metabolic dysfunction associated steatotic liver disease (nonalcoholic fatty liver disease) in adults. In: UpToDate, Reau N, Meyer C (Eds), UpToDate, Waltham MA.: UpToDate Inc. Available at http://uptodate.com. Literature current through April 2026. Topic last updated March 17, 2026. Accessed May 04, 2026.

Curry MP, Afdhal NH. Noninvasive assessment of hepatic fibrosis: Overview of serologic tests and imaging examinations. In: UpToDate, Jaffe T, Kamath PS, Meyer C (Eds), UpToDate, Waltham MA.: UpToDate Inc. Available at http://uptodate.com. Literature current through April 2026. Topic last updated December 01, 2025. Accessed May 04, 2026.

Chopra S, Lai M. Management of metabolic dysfunction-associated steatotic liver disease (nonalcoholic fatty liver disease) in adults. In: UpToDate, Lindor KD, Meyer C (Eds), UpToDate, Waltham MA.: UpToDate Inc. Available at http://uptodate.com. Literature current through April 2026. Topic last updated January 21, 2026. Accessed May 04, 2026.

ClinicalTrials.gov Bethesda (MD): National Library of Medicine (US). Identifier NCT04822181: The Effect of Semaglutide in Subjects With Non-cirrhotic Non-alcoholic Steatohepatitis. Available from: http://clinicaltrials.gov. Last update posted August 21, 2025. Last verified August 2025. Accessed October 05, 2025. Re-evaluated May 04, 2026.

ClinicalTrials.gov Bethesda (MD): National Library of Medicine (US). Identifier NCT03574597: SELECT - Semaglutide Effects on Cardiovascular Outcomes in People With Overweight or Obesity. Available from: http://clinicaltrials.gov. Last update posted April 02, 2024. Last verified March 2024. Accessed April 08, 2024. Re-evaluated March 18, 2025. Re-evaluated May 04, 2026.

Lincoff AM, Brown-Frandsen K, Colhoun HM, et al.: Semaglutide and Cardiovascular Outcomes in Obesity without Diabetes. NEJM 2023; Nov 11; 389:2221-2232. Accessed April 08, 2024. Re-evaluated March 18, 2025. Re-evaluated May 04, 2026.

Lingvay I, Brown-Frandsen K, Colhoun HM, et al.: Semaglutide for cardiovascular event reduction in people with overweight or obesity: SELECT study baseline characteristics. Obesity (Silver Spring). 2023;31:111–122. Accessed April 08, 2024. Re-evaluated March 18, 2025. Re-evaluated May 04, 2026.

Ryan DH, Lingvay I, Colhoun HM, et al.: Semaglutide effects on cardiovascular outcomes in people with overweight or obesity (SELECT) rationale and design. Am Heart J 2020;229:61-9. Accessed April 08, 2024. Re-evaluated March 18, 2025. Re-evaluated May 04, 2026.

Sanyal AJ, Newsome PN, Kliers I, et al.: Phase 3 Trial of Semaglutide in Metabolic Dysfunction–Associated Steatohepatitis. NEJM 2025 June 05;392 (21):2089-2099. DOI: 10.1056/NEJMoa2413258. Accessed August 28, 2025. Re-evaluated May 04, 2026.

Newsome PN, Sanyal AJ, Engebretsen KA, et al.: Semaglutide 2.4 mg in Participants With Metabolic Dysfunction-Associated Steatohepatitis: Baseline Characteristics and Design of the Phase 3 ESSENCE Trial. Available from Aliment Pharmacol Therap, 2024; 60:1525–1533 https://doi.org/10.1111/apt.18331. Accessed August 28, 2025. Re-evaluated May 04, 2026.