curative

# Weight Loss GLP-1 Agents Prior Authorization

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| **Drug(s) Applied:** | **Saxenda** (liraglutide)**, Wegovy** (semaglutide)**, Zepbound** (tirzepatide) |

**<u>Standard</u> Weight Loss Programs (Weight Loss No-Copay / Weight Loss Split Cost) Criteria:**
Rider A/MERP A Criteria

Drug(s) Applied will be approved when the requested medication is being used for an FDA approved indication and all of the following criteria are met:

I. Initial Therapy Criteria
- **A. Obesity** as indicated by chart notes within past 3 months:
  1. Weight loss drugs are NOT restricted from coverage under the patient's benefit **and**
  2. ONE of the following
     a) Requested agent is Wegovy and patient is 12 years of age or older
     b) Requested agent is Zepbound and patient is 18 years of age or older **and**
  3. Patient has a BMI greater than or equal to 40 kg/m^2, a BMI greater than or equal to 30 kg/m^2 with at least one weight-related comorbidity (including but not limited to obstructive sleep apnea), or a BMI greater than or equal to 95th percentile for age and sex with at least one weight-related comorbidity **and**
  4. Patient is enrolled in a weight loss program with lifestyle and behavioral modifications, including logs, progress reports, or notes from the weight loss program provider indicating active participation, for a minimum of 6 months **and**
  5. Patient will continue to participate in the weight loss program **and**
  6. Patient has tried and had an inadequate response to a trial of Contrave, phentermine, or phentermine/topiramate ER for a minimum 12 weeks trial **or**
  7. Patient has an intolerance/contraindication to Contrave, phentermine, and phentermine/topiramate ER **and**
  8. Chart notes and/or prescriber do not provide documentation that patient will be using the requested agent in combination with another weight loss agent (e.g., Contrave, phentermine, phentermine/topiramate ER) or with another GLP-1 receptor agonist **and**
  9. Patient does NOT have any FDA labeled contraindications to the requested agent

**Approval Duration:** 6 months

II. Continued Therapy Criteria

**A. Obesity** as indicated by chart notes within past 3 months:

1. Weight loss drugs are NOT restricted from coverage under the patient's benefit **and**
2. Patient has been previously approved for the requested agent through the plan's Prior Authorization process or meets the initial therapy criteria above **and**
3. Patient has achieved and maintained a weight loss greater than or equal to 5% from baseline (prior to initiation of pharmacotherapy) and are maintained on dosing of Wegovy 1.7mg, 2.4mg, or 7.2mg, or Zepbound 5mg, 10mg, or 15 mg **and**
4. Patient is actively enrolled in a weight loss program with lifestyle and behavioral modifications, including logs, progress reports, or notes from the weight loss program provider indicating active participation **and**
5. Patient will continue to participate in the weight loss program **and**
6. Chart notes and/or prescriber do not provide documentation that patient will be using the requested agent in combination with another weight loss agent (e.g., Contrave, phentermine, phentermine/topiramate ER) or with another GLP-1 receptor agonist **and**
7. Patient does NOT have any FDA labeled contraindications to the requested agent

**Approval Duration:** 6 months

Lifetime maximum benefit of 24 months coverage for injectable GLP-1 drugs

**Flex Weight Loss Programs (Weight Loss No-Copay / Weight Loss Split Cost) Criteria:**

Rider B/MERP B Criteria

Drug(s) Applied will be approved when the requested medication is being used for an FDA approved indication and all of the following criteria are met:

III. Initial Therapy Criteria

**A. Obesity**

1. Weight loss drugs are NOT restricted from coverage under the patient's benefit **and**
2. Patient is 12 years of age or older and has either a BMI greater than or equal to 30 kg/m^2, or a BMI greater than or equal to 27 kg/m^2 with at least one weight-related comorbidity (defined as Cardiovascular Disease (CVD), Coronary Artery Disease (CAD), Hypertension, Dyslipidemia, Sleep Apnea, Knee-Osteoarthritis, Type II diabetes, Polycystic Ovarian Syndrome (PCOS),

Non-alcoholic steatohepatitis/non-alcoholic fatty liver disease (NASH/NAFLD), Metabolic dysfunction-associated steatohepatitis/Metabolic dysfunction-associated fatty liver disease (MASH/MASLD), Asthma, or Chronic obstructive pulmonary disease (COPD)) **and**

3. If requested agent is for Zepbound for Obstructive Sleep Apnea (OSA) in patient with obesity, then the following:
    (1) Clinical documentation confirming OSA diagnosis via in-laboratory test (polysomnography) or Home Sleep Apnea Test (HSAT) with medical device (eg: CPAP)

**Approval Duration:** 12 months

IV. Continued Therapy Criteria

**A. Obesity**

1. Weight loss drugs are NOT restricted from coverage under the patient's benefit **and**
2. Patient is 12 years of age or older and has either a starting BMI greater than or equal to 30 kg/m^2, or a starting BMI greater than or equal to 27 kg/m^2 with at least one weight-related comorbidity/risk, as defined in the Initial Criteria above

**Approval Duration:** 12 months

**References**:


1. Saxenda prescribing information. Novo Nordisk Inc. October 2025.
2. Wegovy prescribing information. Novo Nordisk Inc. June 2026.
3. Zepbound prescribing information. Lilly USA, LLC. September 2025.
4. Apovian CM, Aronne LJ, Bessesen DH, et al. Pharmacological Management of Obesity: An Endocrine Society Clinical Practice Guideline. J Clin Endocrinol Metab. 2015 Feb;100(2):342–362.
5. American Association of Clinical Endocrinologists and American College of Endocrinology Comprehensive Clinical Practice Guidelines for Medical Care of Patients with Obesity. Endocr Pract. 2016 Jul:22(Suppl 3):1-203.
6. Jensen MD, Ryan DH, Apovian CM, et al. 2013 AHA/ACC/TOS Guideline for the Management of Overweight and Obesity in Adults: A Report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines and The Obesity Society. Circulation. 2014;129(25 Suppl 2):S102–S138.
7. Yanovski SZ, Yanovski JA. Long-Term Drug Treatment for Obesity: A Systematic and Clinical Review. JAMA. 2014 Jan;311(1):74-86.
8. Styne DM, Arslanian SA, Connor EL, et al. Pediatric Obesity - Assessment, Treatment, and Prevention: An Endocrine Society Clinical Practice Guideline. J Clin Endocrinol Metab. 2017 Jan;102(3):709–757.

9. Barlow SE, et al. Expert Committee Recommendations Regarding the Prevention, Assessment, and Treatment of Child and Adolescent Overweight and Obesity: Summary Report. Pediatrics. 2007 Dec;120(Suppl 4):S164-S192.
10. American Academy of Pediatrics (AAP) Clinical Practice Guideline for the Evaluation and Treatment of Children and Adolescents with Obesity. Pediatrics. 2023 Jan;151(2):1-100.
11. American Gastroenterological Association (AGA) Clinical Practice Guideline on Pharmacological Interventions for Adults with Obesity. Gastroenterology. 2022 Nov;163(5):1198-1225.
12. Ryan DH, Lingvay I, Colhoun HM, et al. Semaglutide Effects on Cardiovascular Outcomes in People With Overweight or Obesity (SELECT) rationale and design. American Heart Journal. 2020;229:61-69. doi:10.1016/j.ahj.2020.07.008
13. Smith SC, Benjamin EJ, Bonow RO, et al. AHA/ACCF Secondary Prevention and Risk reduction therapy for patients with coronary and other atherosclerotic vascular disease: 2011 update. *Circulation*. 2011;124(22):2458-2473. doi:10.1161/cir.0b013e318235eb4d
14. Kleindorfer D, Towfighi A, Chaturvedi S, et al. 2021 Guideline for the Prevention of Stroke in Patients with stroke and Transient Ischemic Attack: A Guideline from the American Heart Association/American Stroke Association. *Stroke*. 2021;52(7). doi:10.1161/str.0000000000000375
15. Virani SS, Newby LK, Arnold SV, et al. 2023 AHA/ACC/ACCP/ASPC/NLA/PCNA Guideline for the Management of Patients with Chronic Coronary Disease: A report of the American Heart Association/American College of Cardiology Joint Committee on Clinical Practice Guidelines. *Circulation*. 2023;148(9). doi:10.1161/cir.0000000000001168

**Policy Owned by:** Curative PBM team