

Weight Loss Injectable Agents Prior Authorization

Drug(s) Applied:	Saxenda (liraglutide), Wegovy (semaglutide), Zepbound (tirzepatide)
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Standard Weight Loss Programs (Weight Loss No-Copay / Weight Loss Split Cost) 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

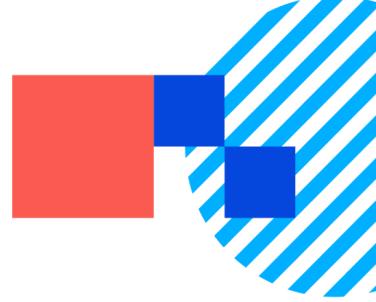
A. **Obesity** as indicated by chart notes within past 3 months:

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/m², a BMI greater than or equal to 30 kg/m² with at least one weight-related comorbidity, 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 or 2.4mg 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:

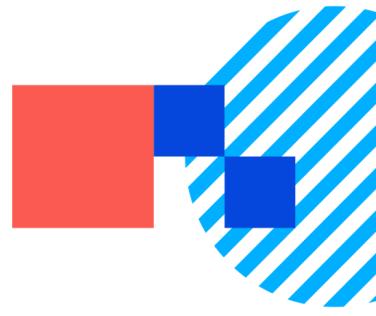
Drug(s) Applied will be approved when the requested medication is being used for an FDA approved indication and all of the following criteria are met:

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/m², or a BMI greater than or equal to 27 kg/m² 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/m², or a starting BMI greater than or equal to 27 kg/m² with at least one weight-related comorbidity/risk, as defined in the Initial Criteria above

Approval Duration: 12 months

Policy Owned by: Curative PBM team

