BENEFIT EXCLUSION OVERRIDES POLICY

POLICY: Weight Loss – Glucagon-Like Peptide-1 Agonists Benefit Exclusion Overrides Policy for EncircleRx
- Saxenda® (liraglutide subcutaneous injection – Novo Nordisk)
- Wegovy® (semaglutide subcutaneous injection – Novo Nordisk)
- Zepbound® (tirzepatide subcutaneous injection – Eli Lilly)

REVIEW DATE: 01/08/2025

INSTRUCTIONS FOR USE

THE FOLLOWING COVERAGE POLICY APPLIES TO HEALTH BENEFIT PLANS ADMINISTERED BY CIGNA COMPANIES. CERTAIN CIGNA COMPANIES AND/OR LINES OF BUSINESS ONLY PROVIDE UTILIZATION REVIEW SERVICES TO CLIENTS AND DO NOT MAKE COVERAGE DETERMINATIONS. REFERENCES TO STANDARD BENEFIT PLAN LANGUAGE AND COVERAGE DETERMINATIONS DO NOT APPLY TO THOSE CLIENTS. COVERAGE POLICIES ARE INTENDED TO PROVIDE GUIDANCE IN INTERPRETING CERTAIN STANDARD BENEFIT PLANS ADMINISTERED BY CIGNA COMPANIES. PLEASE NOTE, THE TERMS OF A CUSTOMER'S PARTICULAR BENEFIT PLAN DOCUMENT [GROUP SERVICE AGREEMENT, EVIDENCE OF COVERAGE, CERTIFICATE OF COVERAGE, SUMMARY PLAN DESCRIPTION (SPD) OR SIMILAR PLAN DOCUMENT] MAY DIFFER SIGNIFICANTLY FROM THE STANDARD BENEFIT PLANS UPON WHICH THESE COVERAGE POLICIES ARE BASED. FOR EXAMPLE, A CUSTOMER'S BENEFIT PLAN DOCUMENT MAY CONTAIN A SPECIFIC EXCLUSION RELATED TO A TOPIC ADDRESSED IN A COVERAGE POLICY. IN THE EVENT OF A CONFLICT, A CUSTOMER'S BENEFIT PLAN DOCUMENT ALWAYS SUPERSEDES THE INFORMATION IN THE COVERAGE POLICIES. IN THE ABSENCE OF A CONTROLLING FEDERAL OR STATE COVERAGE MANDATE, BENEFITS ARE ULTIMATELY DETERMINED BY THE TERMS OF THE APPLICABLE BENEFIT PLAN DOCUMENT. COVERAGE DETERMINATIONS IN EACH SPECIFIC INSTANCE REQUIRE CONSIDERATION OF 1) THE TERMS OF THE APPLICABLE BENEFIT PLAN DOCUMENT IN EFFECT ON THE DATE OF SERVICE; 2) ANY APPLICABLE LAWS/REGULATIONS; 3) ANY RELEVANT COLLATERAL SOURCE MATERIALS INCLUDING COVERAGE POLICIES AND; 4) THE SPECIFIC FACTS OF THE PARTICULAR SITUATION. EACH COVERAGE REQUEST SHOULD BE REVIEWED ON ITS OWN MERITS. MEDICAL DIRECTORS ARE EXPECTED TO EXERCISE CLINICAL JUDGMENT AND HAVE DISCRETION IN MAKING INDIVIDUAL COVERAGE DETERMINATIONS. COVERAGE POLICIES RELATE EXCLUSIVELY TO THE ADMINISTRATION OF HEALTH BENEFIT PLANS. COVERAGE POLICIES ARE NOT RECOMMENDATIONS FOR TREATMENT AND SHOULD NEVER BE USED AS TREATMENT GUIDELINES. IN CERTAIN MARKETS, DELEGATED VENDOR GUIDELINES MAY BE USED TO SUPPORT MEDICAL NECESSITY AND OTHER COVERAGE DETERMINATIONS.

CIGNA NATIONAL FORMULARY COVERAGE:

OVERVIEW

Saxenda, Wegovy, and Zepbound are glucagon-like peptide-1 (GLP-1) receptor agonists; Zepbound is also a glucose-dependent insulinotropic polypeptide (GIP) receptor agonist.[1-3]

Saxenda is indicated as an adjunct to a reduced-calorie diet and increased physical activity for **chronic weight management** in the following settings:[2]
- Adults with an initial body mass index (BMI) ≥ 30 kg/m^2 (obese), or ≥ 27 kg/m^2 (overweight) in the presence of at least one weight-related comorbid condition (e.g., hypertension[2,3], dyslipidemia[2,3], type 2 diabetes[2,3], obstructive sleep apnea[3], or cardiovascular disease[3]).
- Pediatric patients ≥ 12 years of age with body weight > 60 kg and an initial BMI corresponding to 30 kg/m^2 for adults (obese) by international cutoffs.

Wegovy and Zepbound are indicated in combination with a reduced-calorie diet and increased physical activity:[1,3]

- To **reduce excess body weight and maintain weight reduction long term** in:
  - **Wegovy and Zepbound:** Adults with overweight in the presence of at least one weight-related comorbid condition.[1,3]
  - **Wegovy and Zepbound:** Adults with obesity.[1,3]
  - **Wegovy:** Pediatric patients ≥ 12 years of age.[1]

Wegovy is also indicated in combination with a reduced-calorie diet and increased physical activity:[1]

- To **reduce the risk of major adverse cardiovascular (CV) events** (CV death, non-fatal myocardial infarction, or non-fatal stroke) in adults with established CV disease and either obesity or overweight.[1]

Zepbound is indicated in combination with a reduced-calorie diet and increased physical activity:[3]

- For the treatment of **moderate to severe obstructive sleep apnea** (OSA) in adults with obesity.

According to the Centers for Disease Control and Prevention (CDC), in adults, obesity is frequently subdivided into three categories:[4]

- **Class 1:** BMI ≥ 30 to < 35 kg/m^2
- **Class 2:** BMI ≥ 35 to < 40 kg/m^2
- **Class 3:** BMI ≥ 40 kg/m^2

In pediatric patients the CDC classifies obesity as a BMI ≥ 95th percentile.[5]

Guidelines from the American Academy of Pediatrics on evaluation and treatment of children and adolescents with obesity (2023) note that pediatricians and other primary health care providers should offer adolescents ≥ 12 years of age with obesity (BMI ≥ 95th percentile) weight loss pharmacotherapy, according to medication indications, risks, and benefits, as an adjunct to health behavior and lifestyle treatment.[6]

Dosing

In the prescribing information for Wegovy, a recommended dose escalation schedule of 16 weeks is outlined.[1] If a patient does not tolerate a dose during dose escalation, consider delaying dose escalation for 4 weeks. In adults the maintenance dose of Wegovy is 2.4 mg (recommended) or 1.7 mg injected subcutaneously once weekly (QW); consider treatment response and tolerability when selecting the maintenance dose. In pediatric patients, the maintenance dose of Wegovy is 2.4 mg; if a pediatric patient ≥ 12 to < 18 years of age does not tolerate the maintenance dose of 2.4 mg QW, the dose can be reduced to 1.7 mg QW. Discontinue Wegovy if the patient cannot tolerate the 1.7 mg dose. The 0.25 mg, 0.5 mg, and 1 mg QW doses are initiation and escalation doses, they are not approved doses for chronic weight management.

In the prescribing information for Saxenda, a recommended dose escalation schedule of 4 weeks is outlined.[2] If a patient does not tolerate an increased dose

during dose escalation, consider delaying dose escalation for approximately one additional week. For adults, the recommended maintenance dose of Saxenda is 3 mg once daily; discontinue Saxenda if the patient cannot tolerate the 3 mg dose. Additionally, for adults, the prescribing information states to evaluate the change in body weight 16 weeks after initiating Saxenda and discontinue Saxenda if the patient has not lost ≥ 4% of baseline body weight, since it is unlikely the patient will achieve and sustain clinically meaningful weight loss with continued treatment.

In the prescribing information for Zepbound, the recommended starting dose is 2.5 mg injected subcutaneously QW.[3] The 2.5 mg dose is for treatment initiation and is not intended for chronic weight management. After 4 weeks, the dose can be increased to 5 mg subcutaneously QW. The dose can than then be increased in 2.5 mg increments, after at least 4 weeks on the current dose. The recommended maintenance doses are 5 mg, 10 mg, or 15 mg subcutaneously QW. The treatment response and tolerability should be considered when selecting the maintenance dose. If a patient does not tolerate a maintenance dose, consider a lower maintenance dose. The maximum dose is 15 mg subcutaneously QW. The 5 mg, 10 mg, and 15 mg maintenance doses are reached after Week 4, Week 12, and Week 20, respectively.

None of the GLP-1 or GLP-1/GIP agonists are recommended for coadministration with other GLP-1 or GLP-1/GIP agonists.[1-3]

Clinical Efficacy

Secondary Prevention of MACE

SELECT was a randomized, double-blind, placebo-controlled, event-driven study that assessed Wegovy (2.4 mg QW) vs. placebo, when added to standard of care, for the secondary prevention of CV events in adults ≥ 45 years of age with BMI ≥ 27 kg/m^2 and established CV disease without diabetes (n = 17, 604).[7] Established CV disease was defined as one of the following: prior myocardial infarction, prior stroke (ischemic or hemorrhagic), and/or symptomatic peripheral arterial disease (as evidenced by intermittent claudication with ankle-brachial index < 0.85, peripheral arterial revascularization procedure, or amputation due to atherosclerotic disease). Patients who developed diabetes during the study remained in the study and received treatment (excluding use of another GLP-1 agonist). Wegovy was titrated to reach the 2.4 mg maintenance dose over 16 weeks. However, if dose escalation led to unacceptable effects the dose escalation intervals could be extended, treatment could be paused, or maintenance doses < 2.4 mg QW could be used. Most patients were male (72%) and White (84%). The mean weight was 97 kg. The mean BMI was 33.3 kg/m^2; 28.5% of patients had a BMI of 27 to < 30 kg/m^2, 42.5% of patients had a BMI of 30 to < 35 kg/m^2, 19% of patients had a BMI of 35 to < 40 kg/m^2, 7% of patients had a BMI of 40 kg/m^2 to < 45 kg/m^2, and just over 3% of patients had a BMI ≥ 45 kg/m^2. Very few patients (< 0.1%) were treated with weight-lowering pharmacotherapy at baseline (further detail is not available; however, concomitant GLP-1 agonist use was not allowed).[9] The mean hemoglobin A_{1c} (HbA_{1c}) was just over 5.7%; 67% of patients had an HbA_{1c} ≥ 5.7% (pre-diabetes). The most common prior CV event was myocardial infarction (68% of patients), followed by stroke (18%), and 4.5% of patients had symptomatic

peripheral arterial disease; 8% of patients had two or more of these conditions. At baseline, 91.8% of patients were receiving CV risk-lowering pharmacotherapy, 90% of patients were receiving lipid-lowering agents (87.3% of patients were taking statins, 13.0% of patients were taking ezetimibe, 2.7% of patients were taking fibrates, and 2.0% of patients were taking proprotein convertase subtilisin/kexin type 9 inhibitors), 86.2% of patients were receiving platelet aggregation inhibitors, and 12.6% of patients were receiving antithrombotic medications.[7,9] In addition, 70.2% of patients were taking beta-blockers, 45.0% of patients were taking angiotensin converting enzyme inhibitors, and 29.5% of patients were taking angiotensin receptor blockers.[9] The primary efficacy endpoint was a composite of death from CV causes, non-fatal MI, or non-fatal stroke.[7] Confirmatory secondary endpoints, assessed in a time-to-first-event analysis and tested in hierarchical order were, death from CV causes, a composite heart failure endpoint (death from CV causes or hospitalization for heart failure [HHF] or an urgent medical visit for heart failure), and death form any cause. A gatekeeping approach was used with statistical significance at each step required in order to test the next hypothesis.

Results. Patients were followed for a mean of 39.8 months.[7] At Week 104, approximately 77% of patients receiving Wegovy were taking the target 2.4 mg QW dose (details on the exact proportions of patients on other Wegovy doses are not available; efficacy results are only provided for the 2.4 mg dose). The trial achieved its primary endpoint, demonstrating a statistically significant and superior reduction in MACE for Wegovy vs. placebo. A primary endpoint event occurred in 6.5% vs. 8.0% of patients in the Wegovy vs. placebo groups, respectively (hazard ratio [HR] 0.80; 95% confidence interval [CI]: 0.72, 0.90; P < 0.001). Death from CV events, the first confirmatory secondary endpoint, occurred in 2.5% vs. 3.0% of Wegovy- vs. placebo-treated patients, respectively (HR 0.85; 95% CI: 0.71, 1.01; P = not significant for superiority). Because the difference between groups for death from CV events did not meet the required P-value for superiority, testing was not performed for the remaining confirmatory and secondary endpoints. The mean change in body weight at Week 104 was -9.39% vs. -0.88% with Wegovy and placebo, respectively (estimated treatment difference -8.51%; 95% CI: -8.75%, -8.27%; no P-value provided).[7] Among patients with prediabetes at baseline (HbA_{1c} ≥ 5.7%), the odds of achieving a normal HbA_{1c} level (< 5.7%) by Week 104 were greater with Wegovy vs. placebo (65.7% [n = 3,775/5,750) vs. 21.4% [n = 1,211/5,663] of patients, respectively, achieved a normal HbA_{1c}; odds ratio 8.74; 95% CI: 7.91, 9.65; no P-value provided). Other secondary endpoints generally favored Wegovy at Week 104 (e.g., waist circumference, blood pressure, lipids).

POLICY STATEMENT

This Benefit Exclusion Overrides policy has been developed to authorize coverage of the targeted drugs for the treatment of weight loss in adults with a body mass index (BMI) of ≥ 27 kg/m^2 with at least two weight-related comorbidities or with a body mass index of ≥ 32 kg/m^2 and for pediatric patients with a patient a BMI ≥ 95th percentile for age and sex (see authorization criteria for details). The BMI thresholds for the weight loss indications in adults are not based on clinical data and but are provided in this product offering to allow a subset of patients to obtain

these medications. Additionally, the policy authorizes coverage of Wegovy to reduce the risk of major adverse cardiovascular event(s) in a patient with established cardiovascular disease who is either obese or overweight (see authorization criteria for details). All approvals are provided for the duration noted below.

Documentation: Documentation is required for use of Saxenda, Wegovy, and Zepbound as noted in the criteria as **[documentation required]**. Documentation may include, but is not limited to, chart notes, prescription claims records, prescription receipts, and/or other information.

I. Saxenda® (liraglutide subcutaneous injection – Novo Nordisk) is(are) covered as medically necessary when the following criteria is(are) met for FDA-approved indication(s) or other uses with supportive evidence (if applicable):

FDA-Approved Indications

1. **Weight Loss, Adult.** Approve for the duration noted if the patient meets ONE of the following (A or B):
   - **A)** Initial Therapy. Approve for 4 months if the patient meets ALL of the following (i, ii, iii, and iv):
     - **i.** Patient is ≥ 18 years of age; AND
     - **ii.** Patient has engaged in a trial of behavioral modification and dietary restriction for at least 3 months; AND
     - **iii.** Patient meets ONE of the following (a or b):
       - **a)** At baseline, patient had a BMI ≥ 32 kg/m^2 **[documentation required]**; OR
         Note: This refers to baseline prior to any glucagon-like peptide-1 (GLP-1) agonist (e.g., Saxenda, Wegovy) or GLP-1/glucose-dependent insulinotropic polypeptide (GIP) receptor agonist (e.g., Zepbound).
       - **b)** Patient meets BOTH of the following [(1) and (2)]:
         - **(1)** At baseline, patient had a BMI ≥ 27 kg/m^2 **[documentation required]**; AND
         - **(2)** At baseline, patient had, or patient currently has, at least TWO of the following weight-related comorbidities: hypertension, type 2 diabetes, dyslipidemia, obstructive sleep apnea, cardiovascular disease, knee osteoarthritis, asthma, chronic obstructive pulmonary disease, metabolic-dysfunction associated steatotic liver disease/non-alcoholic fatty liver disease, polycystic ovarian syndrome, or coronary artery disease **[documentation required]**; AND

         Note: This refers to baseline prior to any glucagon-like peptide-1 (GLP-1) agonist (e.g., Saxenda, Wegovy) or GLP-1/glucose-dependent insulinotropic polypeptide (GIP) receptor agonist (e.g., Zepbound).

iv. The medication will be used concomitantly with behavioral modification and a reduced-calorie diet; OR

B) Patient is Continuing Therapy with Saxenda. Approve for 1 year if the patient meets ALL of the following (i, ii, iii, and iv):
Note: For a patient who has not completed 4 months of initial therapy, refer to Initial Therapy criteria above.

i. Patient is ≥ 18 years of age; AND

ii. Patient meets ONE of the following (a or b):

a) At baseline, patient had a BMI ≥ 32 kg/m^2 **[documentation required]**; OR
Note: This refers to baseline prior to any glucagon-like peptide-1 (GLP-1) agonist (e.g., Saxenda, Wegovy) or GLP-1/glucose-dependent insulinotropic polypeptide (GIP) receptor agonist (e.g., Zepbound).

b) Patient meets BOTH of the following [(1) and (2)]:

(1) At baseline, patient had a BMI ≥ 27 kg/m^2 **[documentation required]**; AND

(2) At baseline, patient had, or patient currently has, at least TWO of the following weight-related comorbidities: hypertension, type 2 diabetes, dyslipidemia, obstructive sleep apnea, cardiovascular disease, knee osteoarthritis, asthma, chronic obstructive pulmonary disease, metabolic-dysfunction associated steatotic liver disease/non-alcoholic fatty liver disease, polycystic ovarian syndrome, or coronary artery disease **[documentation required]**; AND

Note: This refers to baseline prior to any glucagon-like peptide-1 (GLP-1) agonist (e.g., Saxenda, Wegovy) or GLP-1/glucose-dependent insulinotropic polypeptide (GIP) receptor agonist (e.g., Zepbound).

iii. Patient has lost ≥ 4% of baseline body weight **[documentation required]**; AND
Note: This refers to baseline prior to any glucagon-like peptide-1 (GLP-1) agonist (e.g., Saxenda, Wegovy) or GLP-1/glucose-dependent insulinotropic polypeptide (GIP) receptor agonist (e.g., Zepbound).

iv. The medication will be used concomitantly with behavioral modification and a reduced-calorie diet.

2. Weight Loss, Pediatric. Approve for the duration noted if the patient meets ONE of the following (A or B):

A) Initial Therapy. Approve for 4 months if the patient meets ALL of the following (i, ii, iii, and iv):

i. Patient is ≥ 12 years of age and < 18 years of age; AND

ii. Patient has engaged in a trial of behavioral modification and dietary restriction for at least 3 months; AND

iii. At baseline, patient had a BMI ≥ 95th percentile for age and sex **[documentation required]**; AND
Note: This refers to baseline prior to any glucagon-like peptide-1 (GLP-1) agonist (e.g., Saxenda, Wegovy) or GLP-1/glucose-dependent insulinotropic polypeptide (GIP) receptor agonist (e.g., Zepbound).

iv. The medication will be used concomitantly with behavioral modification and a reduced-calorie diet; OR

B) Patient is Continuing Therapy with Saxenda. Approve for 1 year if the patient meets ALL of the following (i, ii, iii, and iv):
Note: For a patient who has not completed 4 months of initial therapy, refer to Initial Therapy criteria above.

i. Patient is ≥ 12 years of age and < 18 years of age; AND

ii. At baseline, patient had a BMI ≥ 95th percentile for age and sex **[documentation required]**; AND
Note: This refers to baseline prior to any glucagon-like peptide-1 (GLP-1) agonist (e.g., Saxenda, Wegovy) or GLP-1/glucose-dependent insulinotropic polypeptide (GIP) receptor agonist (e.g., Zepbound).

iii. Patient has had a reduction in BMI of ≥ 1% from baseline **[documentation required]**; AND
Note: This refers to baseline prior to any glucagon-like peptide-1 (GLP-1) agonist (e.g., Saxenda, Wegovy) or GLP-1/glucose-dependent insulinotropic polypeptide (GIP) receptor agonist (e.g., Zepbound).

iv. The medication will be used concomitantly with behavioral modification and a reduced-calorie diet.

II. Wegovy® (semaglutide subcutaneous injection – Novo Nordisk) is(are) covered as medically necessary when the following criteria is(are) met for FDA-approved indication(s) or other uses with supportive evidence (if applicable):

1. Weight Loss, Adult. Approve for the duration noted if the patient meets ONE of the following (A or B):

A) Initial Therapy. Approve for 7 months if the patient meets ALL of the following (i, ii, iii, and iv):

i. Patient is ≥ 18 years of age; AND

ii. Patient has engaged in a trial of behavioral modification and dietary restriction for at least 3 months; AND

iii. Patient meets ONE of the following (a or b):

a) At baseline, patient had a BMI ≥ 32 kg/m^2 **[documentation required]**; OR
Note: This refers to baseline prior to any glucagon-like peptide-1 (GLP-1) agonist (e.g., Saxenda, Wegovy) or GLP-1/glucose-dependent insulinotropic polypeptide (GIP) receptor agonist (e.g., Zepbound).

b) Patient meets BOTH of the following [(1) and (2)]:

(1) At baseline, patient had a BMI ≥ 27 kg/m^2 **[documentation required]**; AND

(2) At baseline, patient had, or patient currently has, at least TWO of the following weight-related comorbidities: hypertension, type 2 diabetes, dyslipidemia, obstructive sleep apnea, cardiovascular disease, knee osteoarthritis, asthma, chronic obstructive pulmonary disease, metabolic-dysfunction associated steatotic liver

disease/non-alcoholic fatty liver disease, polycystic ovarian syndrome, or coronary artery disease **[documentation required]**; AND

Note: This refers to baseline prior to any glucagon-like peptide-1 (GLP-1) agonist (e.g., Saxenda, Wegovy) or GLP-1/glucose-dependent insulinotropic polypeptide (GIP) receptor agonist (e.g., Zepbound).

iv. The medication will be used concomitantly with behavioral modification and a reduced-calorie diet; OR

B) Patient is Continuing Therapy with Wegovy. Approve for 1 year if the patient meets ALL of the following (i, ii, iii, and iv):

Note: For a patient who has not completed 7 months of initial therapy, refer to Initial Therapy criteria above.

i. Patient is ≥ 18 years of age; AND

ii. Patient meets ONE of the following (a or b):

a) At baseline, patient had a BMI ≥ 32 kg/m^2 **[documentation required]**; OR

Note: This refers to baseline prior to any glucagon-like peptide-1 (GLP-1) agonist (e.g., Saxenda, Wegovy) or GLP-1/glucose-dependent insulinotropic polypeptide (GIP) receptor agonist (e.g., Zepbound).

b) Patient meets BOTH of the following [(1) and (2)]:

(1) At baseline, patient had a BMI ≥ 27 kg/m^2 **[documentation required]**; AND

(2) At baseline, patient had, or patient currently has, at least TWO of the following weight-related comorbidities: hypertension, type 2 diabetes, dyslipidemia, obstructive sleep apnea, cardiovascular disease, knee osteoarthritis, asthma, chronic obstructive pulmonary disease, metabolic-dysfunction associated steatotic liver disease/non-alcoholic fatty liver disease, polycystic ovarian syndrome, or coronary artery disease **[documentation required]**; AND

Note: This refers to baseline prior to any glucagon-like peptide-1 (GLP-1) agonist (e.g., Saxenda, Wegovy) or GLP-1/glucose-dependent insulinotropic polypeptide (GIP) receptor agonist (e.g., Zepbound).

iii. Patient has lost ≥ 5% of baseline body weight **[documentation required]**; AND

Note: This refers to baseline prior to any glucagon-like peptide-1 (GLP-1) agonist (e.g., Saxenda, Wegovy) or GLP-1/glucose-dependent insulinotropic polypeptide (GIP) receptor agonist (e.g., Zepbound).

iv. The medication will be used concomitantly with behavioral modification and a reduced-calorie diet.

2. Weight Loss, Pediatric. Approve for the duration noted if the patient meets ONE of the following (A or B):

A) Initial Therapy. Approve for 7 months if the patient meets ALL of the following (i, ii, iii, and iv):

i. Patient is ≥ 12 years of age and < 18 years of age; AND

ii. Patient has engaged in a trial of behavioral modification and dietary restriction for at least 3 months; AND

iii. At baseline, patient had a BMI ≥ 95th percentile for age and sex **[documentation required]**; AND
Note: This refers to baseline prior to any glucagon-like peptide-1 (GLP-1) agonist (e.g., Saxenda, Wegovy) or GLP-1/glucose-dependent insulinotropic polypeptide (GIP) receptor agonist (e.g., Zepbound).

iv. The medication will be used concomitantly with behavioral modification and a reduced-calorie diet; OR

B) Patient is Continuing Therapy with Wegovy. Approve for 1 year if the patient meets ALL of the following (i, ii, iii, and iv):
Note: For a patient who has not completed 7 months of initial therapy, refer to Initial Therapy criteria above.

i. Patient is ≥ 12 years of age and < 18 years of age; AND

ii. At baseline, patient had a BMI ≥ 95th percentile for age and sex **[documentation required]**; AND
Note: This refers to baseline prior to any glucagon-like peptide-1 (GLP-1) agonist (e.g., Saxenda, Wegovy) or GLP-1/glucose-dependent insulinotropic polypeptide (GIP) receptor agonist (e.g., Zepbound).

iii. Patient has had a reduction in BMI of ≥ 1% from baseline **[documentation required]**; AND
Note: This refers to baseline prior to any glucagon-like peptide-1 (GLP-1) agonist (e.g., Saxenda, Wegovy) or GLP-1/glucose-dependent insulinotropic polypeptide (GIP) receptor agonist (e.g., Zepbound).

iv. The medication will be used concomitantly with behavioral modification and a reduced-calorie diet.

3. Major Adverse Cardiovascular Event(s) Risk Reduction in a Patient with Established Cardiovascular Disease who is Either Obese or Overweight.
Approve for 1 year if the patient meets ONE of the following (A or B):

A) Initial Therapy. Approve if the patient meets ALL of the following (i, ii, iii, iv, and v):

i. Patient is ≥ 18 years of age; AND

ii. Patient has a current BMI ≥ 27 kg/m^2 **[documentation required];** AND

iii. Patient meets ONE of the following (a, b, or c):

a) Patient has had a prior myocardial infarction **[documentation required]**; OR

b) Patient has had a prior stroke **[documentation required]**; OR

c) Patient has a history of symptomatic peripheral arterial disease as evidenced by ONE of the following [(1), (2), or (3)] **[documentation required]**:

(1) Intermittent claudication with ankle-brachial index < 0.85; OR

(2) Peripheral arterial revascularization procedure; OR

(3) Amputation due to atherosclerotic disease; AND

iv. According to the prescriber, the medication will be used in combination with optimized pharmacotherapy for established cardiovascular disease; AND

v. The medication will be used concomitantly with behavioral modification and a reduced-calorie diet; OR

B) Patient is Continuing Therapy with Wegovy. Approve if the patient meets ALL of the following (i, ii, iii, iv, and v):
Note: For a patient who has not completed 1 year of initial therapy, refer to Initial Therapy criteria above.
i. Patient is ≥ 18 years of age; AND
ii. At baseline, patient had a BMI ≥ 27 kg/m^2 **[documentation required]**; AND
Note: This refers to baseline prior to Wegovy.
iii. Patient meets ONE of the following (a, b, or c):
a) Patient has had a prior myocardial infarction **[documentation required]**; OR
b) Patient has had a prior stroke **[documentation required]**; OR
c) Patient has a history of symptomatic peripheral arterial disease as evidenced by ONE of the following [(1), (2), or (3)] **[documentation required]**:
(1) Intermittent claudication with ankle-brachial index < 0.85; OR
(2) Peripheral arterial revascularization procedure; OR
(3) Amputation due to atherosclerotic disease; AND
iv. According to the prescriber, the medication will be used in combination with optimized pharmacotherapy for established cardiovascular disease; AND
v. The medication will be used concomitantly with behavioral modification and a reduced-calorie diet.

III. Zepbound® (tirzepatide subcutaneous injection - Eli Lilly) is(are) covered as medically necessary when the following criteria is(are) met for FDA-approved indication(s) or other uses with supportive evidence (if applicable):

1. Weight Loss, Adult. Approve for the duration noted if the patient meets ONE of the following (A or B):
A) Initial Therapy. Approve for 8 months if the patient meets ALL of the following (i, ii, iii, and iv):
i. Patient is ≥ 18 years of age; AND
ii. Patient has engaged in a trial of behavioral modification and dietary restriction for at least 3 months; AND
iii. Patient meets ONE of the following (a or b):
a) At baseline, patient had a BMI ≥ 32 kg/m^2 **[documentation required]**; OR
Note: This refers to baseline prior to any glucagon-like peptide-1 (GLP-1) agonist (e.g., Saxenda, Wegovy) or GLP-1/glucose-dependent insulinotropic polypeptide (GIP) receptor agonist (e.g., Zepbound).
b) Patient meets BOTH of the following [(1) and (2)]:
(1) At baseline, patient had a BMI ≥ 27 kg/m^2 **[documentation required]**; AND
(2) At baseline, patient had, or patient currently has, at least TWO of the following weight-related comorbidities: hypertension, type 2

diabetes, dyslipidemia, obstructive sleep apnea, cardiovascular disease, knee osteoarthritis, asthma, chronic obstructive pulmonary disease, metabolic-dysfunction associated steatotic liver disease/non-alcoholic fatty liver disease, polycystic ovarian syndrome, or coronary artery disease **[documentation required]**; AND

Note: This refers to baseline prior to any glucagon-like peptide-1 (GLP-1) agonist (e.g., Saxenda, Wegovy) or GLP-1/glucose-dependent insulinotropic polypeptide (GIP) receptor agonist (e.g., Zepbound).

iv. The medication will be used concomitantly with behavioral modification and a reduced-calorie diet; OR

B) Patient is Continuing Therapy with Zepbound. Approve for 1 year if the patient meets ALL of the following (i, ii, iii, and iv):

Note: For a patient who has not completed 8 months of initial therapy, refer to Initial Therapy criteria above.

i. Patient is ≥ 18 years of age; AND

ii. Patient meets ONE of the following (a or b):

a) At baseline, patient had a BMI ≥ 32 kg/m^2 **[documentation required]**; OR

Note: This refers to baseline prior to any glucagon-like peptide-1 (GLP-1) agonist (e.g., Saxenda, Wegovy) or GLP-1/glucose-dependent insulinotropic polypeptide (GIP) receptor agonist (e.g., Zepbound).

b) Patient meets BOTH of the following [(1) and (2)]:

(1) At baseline, patient had a BMI ≥ 27 kg/m^2 **[documentation required]**; AND

(2) At baseline, patient had, or patient currently has, at least TWO of the following weight-related comorbidities: hypertension, type 2 diabetes, dyslipidemia, obstructive sleep apnea, cardiovascular disease, knee osteoarthritis, asthma, chronic obstructive pulmonary disease, metabolic-dysfunction associated steatotic liver disease/non-alcoholic fatty liver disease, polycystic ovarian syndrome, or coronary artery disease **[documentation required]**; AND

Note: This refers to baseline prior to any glucagon-like peptide-1 (GLP-1) agonist (e.g., Saxenda, Wegovy) or GLP-1/glucose-dependent insulinotropic polypeptide (GIP) receptor agonist (e.g., Zepbound).

iii. Patient has lost ≥ 5% of baseline body weight **[documentation required]**; AND

Note: This refers to baseline prior to any glucagon-like peptide-1 (GLP-1) agonist (e.g., Saxenda, Wegovy) or GLP-1/glucose-dependent insulinotropic polypeptide (GIP) receptor agonist (e.g., Zepbound).

iv. The medication will be used concomitantly with behavioral modification and a reduced-calorie diet.

CONDITIONS NOT COVERED

- **Saxenda® (liraglutide subcutaneous injection – Novo Nordisk)**
- **Wegovy® (semaglutide subcutaneous injection – Novo Nordisk)**

- **Zepbound® (tirzepatide subcutaneous injection - Eli Lilly)**

is(are) considered experimental, investigational or unproven for ANY other use(s) including the following (this list may not be all inclusive; criteria will be updated as new published data are available):

1. **Concomitant Use with Other Weight Loss Medications.** Concomitant use with other medications intended for weight loss is not recommended.[2,3,8] Note: Examples of other medications FDA-approved for weight loss include but are not limited to phentermine (Lomaira, generic), benzphetamine, diethylpropion, phendimetrazine, Contrave (naltrexone/bupropion extended-release tablets), Qsymia (phentermine/topiramate extended-release capsules), and Xenical (orlistat 120 mg capsules). Additionally, Alli (orlistat 60 mg capsules) is available over-the-counter.

2. **Concomitant Use with Glucagon-Like Peptide-1 (GLP-1) Agonists or GLP-1/ Glucose-Dependent Insulinotropic Polypeptide (GIP) Agonists.** The GLP-1 agonists and the GLP-1/GIP agonist should not be combined with each other or with any other GLP-1 agonists or GLP-1/GIP agonist.[1,2,9] There are other GLP-1 and GLP-1/GIP products not included in this policy that are FDA-approved for type 2 diabetes, and not chronic weight management. Note: Examples of other GLP-1 agonists include but are not limited to Adlyxin (lixisenatide subcutaneous [SC] injection), Byetta (exenatide SC injection), Bydureon BCise (exenatide extended-release SC injectable suspension), Ozempic (semaglutide SC injection), Rybelsus (semaglutide tablets), Trulicity (dulaglutide SC injection), and liraglutide SC injection (Victoza, authorized generic). An example of a GLP-1/GIP agonist is Mounjaro (tirzepatide SC injection).

REFERENCES

1. Wegovy® subcutaneous injection [prescribing information]. Plainsboro, NJ: Novo Nordisk; November 2024.
2. Saxenda® subcutaneous injection [prescribing information]. Plainsboro, NJ: Novo Nordisk; November 2024.
3. Zepbound® subcutaneous injection [prescribing information]. Indianapolis, IN: Eli Lilly; December 2024.
4. Centers for Disease Control and Prevention. Defining adult overweight and obesity. Available at: https://www.cdc.gov/bmi/adult-calculator/bmi-categories.html?CDC_AAref_Val=https://www.cdc.gov/obesity/basics/adult-defining.html. Accessed on: January 3, 2025.
5. Centers for Disease Control and Prevention. Defining child BMI categories. Available at: https://www.cdc.gov/bmi/child-teen-calculator/bmi-categories.html?CDC_AAref_Val=https://www.cdc.gov/obesity/basics/childhood-defining.html. Accessed on January 3, 2025.
6. Hampl SE, Hassink SG, Skinner AC, et al. Clinical Practice Guideline for the Evaluation and Treatment of Children and Adolescents with Obesity. *Pediatrics*. 2023;151(2):e2022060640.
7. Lincoff AM, Brown-Frandsen K, Colhoun HM, et al; for the SELECT Trial Investigators. Semaglutide and cardiovascular outcomes in obesity without diabetes. *N Engl J Med.* 2023;389(24):2221-2232.

8. Wilding JPH, Batterham RL, Calanna S, et al; STEP 1 Study Group. Once-weekly semaglutide in adults with overweight or obesity. *N Engl J Med*. 2021;384(11):989.
9. Lingvay I, Brown-Frandson K, Colhoun HM et al. Semaglutide for cardiovascular event reduction in people with overweight or obesity: SELECT study baseline characteristics. *Obesity.* 2023;31(1):111-122.

HISTORY

Type of Revision	Summary of Changes	Review Date
New Policy	New policy	01/10/2024
Selected Revision	Saxenda, Wegovy, and Zepbound **Weight Loss, Adult**: Initial Therapy and Patient is Continuing on Therapy: The criterion for a patient with a BMI ≥ 27 kg/m^2 [documentation required] and at least two of the following weight-related comorbidities: hypertension, type 2 diabetes, dyslipidemia, obstructive sleep apnea, or cardiovascular disease was modified to expand the list of comorbid conditions to include knee osteoarthritis, asthma, chronic obstructive pulmonary disease, non-alcoholic fatty liver disease, polycystic ovarian syndrome, or coronary artery disease [documentation required].	01/31/2024
Update	**03/25/2024:** No criteria changes. The revised and new indication for Wegovy was added to the overview of the document.	--
Selected Revision	Saxenda, Wegovy, and Zepbound **Weight Loss, Adult**: Initial Therapy and Patient is Continuing on Therapy: Metabolic-associated steatotic liver disease (new nomenclature for non-alcoholic fatty liver disease) was added to the list of two of the weight-related comorbidities [documentation required] for a patient with a BMI ≥ 27 kg/m^2 [documentation required]. Additionally, for the two or more weight-related comorbidities, the criterion was modified to state that the comorbidities are at baseline or current.	05/08/2024
Selected Revision	Policy Statement: The Policy Statement was updated to reflect that Wegovy is also approved in the policy to reduce the risk of major adverse cardiovascular events in a patient with established cardiovascular disease who is either overweight or obese. Wegovy **Major Adverse Cardiovascular Event(s) Risk Reduction in a Patient with Established Cardiovascular Disease who is Either Obese or Overweight.** This new condition of coverage was added to FDA-approved indications for Wegovy. **Concomitant Use with Glucagon-Like Peptide-1 (GLP-1) Agonists or GLP-1/ Glucose-Dependent Insulinotropic Polypeptide (GIP) Agonists.** This condition not recommended for approval was reworded. Previously, the condition read "Concomitant Use with Other Glucagon-Like Peptide-1 (GLP-1) Agonists or GLP-1/Glucose Dependent Insulinotropic Polypeptide (GIP) Receptor Agonists.	07/17/2024

HISTORY (CONTINUED)

Type of Revision	Summary of Changes	Review Date
Selected Revision	Conditions Not Covered: **Concomitant Use with Other Weight Loss Medications.** This condition was added to the Conditions Not Covered.	07/24/2024
DEU Revision	Updated Zepbound indication added to overview.	10/24/2024
Annual Revision	Saxenda **Weight Loss, Adult.** Patient is Continuing on Therapy with Saxenda: Criterion that required the patient was able to tolerate the Saxenda maintenance dose of 3 mg once daily was removed. **Weight Loss, Pediatric.** Patient is Continuing on Therapy with Saxenda: Criterion that required the patient was able to tolerate the Saxenda maintenance dose of 2.4 mg once daily or 3 mg once daily was removed. Wegovy **Weight Loss, Adult.** Patient is Continuing on Therapy with Wegovy: Criteria related to dosing were removed. Specifically, the criteria that required the patient was able to tolerate the Wegovy maintenance dose of 1.7 mg once weekly or 2.4 mg once weekly OR if the patient had received < 12 consecutive months of Wegovy and was continuing to titrate the Wegovy dose to a target of 1.7 mg once weekly or 2.4 mg once weekly, according to the prescriber, was removed. The approval duration was changed to 1 year for a patient continuing on therapy with Wegovy; previously the approval duration was 1 year if the patient was able to tolerate the Wegovy maintenance dose of 1.7 mg once weekly or 2.4 mg once weekly and up to 5 months if the patient was continuing to titrate to the Wegovy target dose of 1.7 mg or 2.4 mg once weekly. **Weight Loss, Pediatric.** Patient is Continuing on Therapy with Wegovy: Criteria related to dosing were removed. Specifically, the criteria that required the patient was able to tolerate the Wegovy maintenance dose of 1.7 mg once weekly or 2.4 mg once weekly OR if the patient had received < 12 consecutive months of Wegovy and was continuing to titrate the Wegovy dose to a target of 1.7 mg once weekly or 2.4 mg once weekly, according to the prescriber, was removed. The approval duration was changed to 1 year for a patient continuing on therapy with Wegovy; previously the approval duration was 1 year if the patient was able to tolerate the Wegovy maintenance dose of 1.7 mg once weekly or 2.4 mg once weekly and up to 5 months if the patient was continuing to titrate to the Wegovy target dose of 1.7 mg or 2.4 mg once weekly. **Major Adverse Cardiovascular Event(s) Risk Reduction in a Patient with Established Cardiovascular Disease who is Either Obese or Overweight.** Initial Therapy. The criterion requiring that the patient has a BMI ≥ 27 kg/m^2 was clarified to state that the patient has a "current" BMI ≥ 27 kg/m^2. Patient is Continuing Therapy with Wegovy: The criterion that required the patient was able to tolerate the Wegovy maintenance dose of 1.7 mg once weekly or 2.4 mg once weekly was removed. Zepbound **Weight Loss, Adult.** Patient is Continuing Therapy with Zepbound: Criteria related to dosing were removed. Specifically, the criteria that required the patient was able to tolerate the Zepbound maintenance dose of 5 mg, 10 mg, or 15 mg once weekly OR if the patient had received < 12 consecutive months of Zepbound and was	01/08/2025

	continuing to titrate the Zepbound dose to a target of 10 mg once weekly or 15 mg once weekly, according to the prescriber, was removed. The approval duration was changed to 1 year for a patient continuing on therapy with Zepbound; previously the approval duration was 1 year if the patient was able to tolerate the Zepbound maintenance dose of 5 mg, 10 mg, or 15 mg once weekly and up to 4 months if the patient was continuing to titrate to the Zepbound target dose of 10 mg or 15 mg once weekly.	