

PAYER POLICY: Chronic Weight Management (Wegovy/Saxenda)

Effective Date: 2025-01-01

CRITERIA FOR APPROVAL:

1. Patient must have a calculated Body Mass Index (BMI) meeting one of the following:
 - a. BMI $\geq 30 \text{ kg/m}^2$ (Obesity)
 - b. BMI $\geq 27 \text{ kg/m}^2$ (Overweight) AND presence of at least one weight-related comorbidity:
 - Hypertension
 - Dyslipidemia (High Cholesterol)
 - Obstructive Sleep Apnea
 - Type 2 Diabetes

EXCLUSIONS / CONTRAINDICATIONS:

1. Personal or family history of Medullary Thyroid Carcinoma (MTC).
2. Multiple Endocrine Neoplasia syndrome type 2 (MEN 2).
3. Pregnancy.