Clinical Policy Title:	GLP-1 Receptor Agonists for Weight Loss
Policy Number:	RxA.821
Drug(s) Applied:	Wegovy (oral, injection), Zepbound, liraglutide, Foundayo
Original Policy Date:	09/19/2024
Last Review Date:	07/10/2026
Line of Business Policy Applies to:	Client Specific

Criteria

I. Initial Approval Criteria

A. Cohort 1: Members enrolled in weight management vendor program

Point-of-Sale, Advanced prior authorization (smart PA):

1. Member is enrolled in the Amazon Vendor program for weight loss as evidenced by prescriber NPI associated with Amazon Vendor Program.
2. Gold card approval for Vendor NPIs is applicable to select formulary drugs.
3. For all other drugs, follow formulary coverage and UM requirements as applicable.

Approval Duration

Client Specific: 12 months

Prescription approval will not exceed a one (1) month supply and a new prescription order is required for every subsequent fill for the initial 6 months. After 6 months, subsequent prescriptions may be written and filled for up to a three (3) month supply. Exceptions can be made for vacation overrides.

B. Cohort 2: Cardiovascular risk reduction in overweight and obese (Wegovy oral and injection) (must meet all):

1. Member meets all of the following as evidenced by clinical chart notes, labs, or other clinical documentation provided (a and b):
   - i. Member BMI meets one of the following (i OR ii):
     - i. For new starts, member BMI is greater than or equal to 27 kg/m^2;
     - ii. For continuation of therapy, history of BMI is greater than or equal to 27 kg/m^2 prior to initiation of therapy;
   - ii. Member has established cardiovascular disease including history of one of the following (i-v):
     - i. Myocardial infarction (MI);
     - ii. Ischemic or hemorrhagic stroke;
     - iii. Peripheral arterial disease (PAD) with claudication and an ankle-brachial index (ABI) <0.85 at rest;
     - iv. Prior peripheral or coronary (cardiac) arterial revascularization procedure;
     - v. Amputation due to atherosclerotic disease;
2. Prescriber attests that the weight management drug is prescribed in combination with clinically appropriate weight loss management program, including nutrition counselling and increased physical activity, which will be continued throughout therapy;

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3. Prescriber attests that traditional cardiovascular disease risk factors (lipids, blood pressure, glycemia) are optimally addressed;
4. Medication is not prescribed concurrently with another glucagon-like peptide (GLP-1) receptor agonist.

Approval Duration
Client Specific: 12 months

C. Cohort 3: Overweight or obese member under management by specialist (must meet all):

1. Prescribed by an obesity management specialist with one of the following licensures and board certifications (a OR b):
   i. MD or DO in Family Medicine, Hepatology, Obstetrics and Gynecology , Sleep Specialist, or Internal Medicine **PLUS** American Board of Obesity Medicine (ABOM) certification;
   ii. MD or DO in Internal Medicine **PLUS** Endocrinology Board Certification by The American Board of Internal Medicine (ABIM) OR The American Osteopathic Board of Internal Medicine (AOBIM),
2. Member is 18 years of age or older;
3. Member meets all of the following as evidenced by clinical chart notes, labs, or other clinical documentation (online questionaries are not accepted as clinical documentation) (a AND b):
   i. Member BMI meets one of the following (i OR ii):
      i. For new starts, member BMI is greater than or equal to 35 kg/m^2;
      ii. For continuation of therapy, documentation supports history of BMI greater than or equal to 35 kg/m^2 prior to initiation of therapy;
   ii. Member has at least two (2) of the following weight-related comorbidities (i, ii, iii, iv, v, and vi):
      i. Hypertension and meets one of the following (a OR b):
         a. For new starts, hypertension (HTN) as evidenced by a blood pressure above 140/90 mm Hg;
         b. For continuation of therapy, history of HTN above 140/90 mm Hg prior to initiation of therapy;
      ii. Dyslipidemia;
      iii. Moderate to severe obstructive sleep apnea (OSA) defined as (a AND b):
         a. Apnea-hypopnea index (AHI) >15;
         b. Diagnosed by polysomnography;
      iv. Cardiovascular disease (CVD) (e.g., heart failure, stroke, arrhythmia);
      v. Metabolic dysfunction-associated steatohepatitis (MASH) (formerly known as non-alcoholic steatohepatitis (NASH));
      vi. Prediabetes and meets one of the following (a OR b):
         a. For new starts, pre-diabetes as evidenced by A1c levels between 5.7% and 6.4%;
         b. For continuation of therapy, history of pre-diabetes with A1c between 5.7% and 6.4% prior to initiation of therapy;
4. Prescriber attests that the weight management drug is prescribed in combination with clinically appropriate weight loss management program, including nutrition counselling and increased physical activity, which will be continued throughout therapy.
5. Member must meet one of the following (a, b or c):
   i. If member is established on effective GLP-1 treatment for weight loss defined as 3 consecutive months of therapy and documented by medical chart notes, member must meet all preceding criteria then advance to step 6.

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ii. For new starts with Type 2 diabetes mellitus (T2DM), member must meet both of the following (liraglutide, Wegovy, and Zepbound only) (i and ii):
   i. Trial and failure of 180 days of GLP-1 receptor agonist therapy for T2DM ((a, b, c, d, e, f, or g):
      a) Bydureon BCise;
      b) Byetta;
      c) Mounjaro;
      d) Ozempic;
      e) Rybelsus;
      f) Trulicity;
      g) liraglutide;
   ii. Trial and failure of at least 12 consecutive weeks of one of the following therapies for weight loss, unless contraindicated or clinically significant adverse effects are experienced (a, b, c, or d):
      a) Phentermine;
      b) Phentermine with topiramate;
      c) Bupropion with naltrexone (brand Contrave or combination of generics);
      d) Orlistat;

iii. For new starts without T2DM, trial and failure of at least 12 weeks combined of at least one (1) of the following therapies for weight loss, unless contraindicated or clinically significant adverse effects are experienced (i, ii, iii, iv, or v):
   i. Phentermine;
   ii. Phentermine with topiramate;
   iii. Contrave;
   iv. Bupropion with naltrexone (brand Contrave or combination of generics);
   v. Orlistat;

6. Medication is not prescribed concurrently with another glucagon-like peptide (GLP-1) receptor agonist.

Approval Duration
Client Specific: 6 months
Prescription approval will not exceed a one (1) month supply, and a new prescription order is required for every subsequent fill for the initial 6 months. After 6 months, subsequent prescriptions may be written and filled for up to a three (3) month supply. Exceptions can be made for vacation overrides.

D. Cohort 4: Metabolic-Associated Steatohepatitis (MASH) (**Wegovy injection only**) (must meet all):
1. Member meets both of the following as evidenced by clinical chart notes, labs, or other clinical documentation provided (i and ii):
   i. Member is 18 years of age or older;
   ii. Member has established diagnosis of MASH including documented history of moderate to advanced fibrosis (consistent with stages F2-F3 fibrosis) and confirmed by ultrasound, VCTE, MRE, or biopsy;
2. For patients with T2DM, trial and failure of a diabetic GLP-1 (e.g., Ozempic, liraglutide) used for at 6 months, unless contraindicated or adverse effects are experienced;
3. Prescriber attests that the medication is prescribed in combination with clinically appropriate lifestyle and weight loss management program, including nutrition counselling and increased physical activity, which will be continued throughout therapy;

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4. Prescriber attests that the member will eliminate or reduce alcohol intake as part of stipulated lifestyle program;
5. Prescriber attests that concomitant related conditions (dyslipidemia, T2DM, and hypertension) are optimally addressed;
6. Medication is not prescribed concurrently with another glucagon-like peptide (GLP-1) receptor agonist.

Approval Duration
Client Specific: 6 months
Prescription approval will not exceed a one (1) month supply, and a new prescription order is required for every subsequent fill for the initial 6 months. After 6 months, subsequent prescriptions may be written and filled for up to a three (3) month supply. Exceptions can be made for vacation overrides.

II. Continued Therapy Approval

A. Cohort 1: Members enrolled in weight management vendor program:
1. Not applicable.

B. Cohort 2: Cardiovascular risk reduction in overweight and obese (Wegovy oral and injection):
1. Member is currently receiving medication that has been authorized by RxAdvance, or the member has met initial approval criteria listed in this policy.

Approval Duration
Client Specific: 12 months

C. Cohort 3: Overweight or obese member under management by specialist (must meet all):
1. Member is currently receiving medication that has been authorized by RxAdvance, or member has met initial approval criteria listed in this policy.
2. Member is on a stable maintenance dose of the requested medication.
3. Member has achieved at least 5% weight loss (confirmed by chart notes). If milestones are not met, PA will be denied.

D. Cohort 4: Metabolic-Associated Steatohepatitis (MASH) (**Wegovy injection only**) (must meet all):
1. Member is currently receiving medication that has been authorized by RxAdvance or the member has met initial approval criteria;
2. Documentation of medical records of positive clinical response to Wegovy therapy (e.g. improvement or stabilization of fibrosis).

Approval Duration
Client Specific: 12 months

References
Not applicable.

Review/Revision History	Review/Revised Date	P&T Approval Date
Policy established.	09/19/2024	NA
Policy Reviewed: 1. Updated language: c Changed language from cohort 2 and 3:	1/24/2025	NA

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Current: Prescriber attests that the member is actively enrolled in a clinically appropriate weight loss management program, including nutrition counselling and increased physical activity, which will be continued throughout therapy. To: Proposed change: Prescriber attests that the weight management drug is prescribed in combination with clinically appropriate weight loss management, including nutrition counselling and increased physical activity, which will be continued throughout therapy. 2. Added specific definition for moderate to severe sleep apnea		
Policy Reviewed: 1. Added liraglutide to drugs applied 2. Applied diabetic GLP-1 trial and failure to Wegovy, Saxenda, and Zepbound only	2/21/2025	NA
Policy Reviewed: 1. Added hepatology to provider speciality	5/1/25	NA
Policy Reviewed: 1. Removed 90-day enrolment criteria 2. Added online questionaries are not accepted as clinical documentation	6/19/2025	6/19/2025
Policy reviewed: 1. Saxenda and Qsymia removed 2. Added Cohort 4 for MASH	11/20/2025	12/11/2025
Policy reviewed 1. AOBIM certification added 2. Oral Wegovy added (Cohort 2 and 3)	2/13/2026	NA
Policy reviewed 1. Foundayo added (cohort 3)	07/10/2026	NA

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