

WEGOVY (semaglutide, SQ)
SAXENDA (liraglutide, SQ)

Diagnoses Considered for Coverage:

- Chronic weight management

Coverage Criteria:

1. For Wegovy request for chronic weight management, approve if:

Initial

- One of the following:
 - a. Current BMI ≥ 40 kg/m² **or**
 - b. BMI 35-39 kg/m² and patient has one of the following conditions: hypertension, diabetes, coronary artery disease, dyslipidemia, stroke, osteoarthritis requiring surgery, or patient has sleep apnea currently being treated with CPAP, **and**
- Patient had been evaluated by a physician to rule out other underlying endocrine causes of obesity, **and**
- Patient at least 18 years or older, **and**
- Patient has not undergone bariatric surgery within the previous 12 months, **and**
- Not being used in combination with another GLP-1 agent (i.e. Trulicity, Victoza, Ozempic, Rybelsus, Saxenda), **and**
- Not being used in combination with another weight loss agent, **and**
- Patient has undergone at least 6 months of combination therapy consisting of both diet and exercise, **and**
- Dose does not exceed 2.4 mg once weekly

Coverage Duration: 9 months

1st Reauthorization

- One of the following:
 - a. Patient has been on maintenance (2.4mg once weekly) dose for 3 months or longer and demonstrates at least 5% weight loss from baseline **or**
 - b. Patient is still being titrated to target (maintenance) dose of 2.4mg once weekly, **and**
- Not being used in combination with another GLP-1 agent (i.e. Trulicity, Victoza, Ozempic, Rybelsus, Saxenda), **and**
- Not being used in combination with another weight loss agent, **and**
- Dose does not exceed 2.4 mg once weekly

Coverage Duration: 6 months

Subsequent Reauthorization

- Patient demonstrates at least 5% weight loss from baseline **and**
- Not being used in combination with another GLP-1 agent (i.e. Trulicity, Victoza, Ozempic, Rybelsus), **and**
- Not being used in combination with another weight loss agent, **and**
- Dose does not exceed 2.4 mg once weekly

Coverage Duration: 6 months

2. For Saxenda request for chronic weight management in ADULTS, approve if:

Initial Authorization

- One of the following:
 - a. Current BMI ≥ 40 kg/m² **or**
 - b. BMI 35-39 kg/m² and patient has one of the following conditions: hypertension, diabetes, coronary artery disease, dyslipidemia, stroke, osteoarthritis requiring surgery, or patient has sleep apnea currently being treated with CPAP, **and**
- Patient had been evaluated by a physician to rule out other underlying endocrine causes of obesity, **and**
- Patient at least 18 years or older, **and**
- Patient has not undergone bariatric surgery within the previous 12 months, **and**
- Not being used in combination with another GLP-1 agent (i.e. Trulicity, Victoza, Ozempic, Rybelsus, Wegovy), **and**
- Not being used in combination with another weight loss agent, **and**
- Patient has undergone at least 6 months of combination therapy consisting of both diet and exercise, **and**
- Dose does not exceed 3 mg per day.

Coverage Duration: 16 weeks

1st Reauthorization

- Patient demonstrates at least 4% weight loss from baseline, **and**
- Not being used in combination with another GLP-1 agonist (i.e. Trulicity, Victoza, Ozempic, Rybelsus, Wegovy), **and**
- Not being used in combination with another weight loss agent, **and**
- Dose does not exceed 3 mg per day.

Coverage Duration: 6 months

Subsequent reauthorization

- Patient maintains at least 4% weight loss from baseline, **and**
- /Not being used in combination with another GLP-1 agonist (i.e. Trulicity, Victoza, Ozempic, Rybelsus, Wegovy), **and**
- Not being used in combination with another weight loss agent, **and**
- Dose does not exceed 3 mg per day.

Coverage Duration: 6 months

3. For Saxenda request for chronic weight management in PEDIATRICS, approve if:

Initial Authorization

- Patient is at least 12 years old but less than 18 years old, **and**
- Current body weight is greater than 60 kg, **and**
- Current BMI corresponding to 30 kg/m² for adults by international cutoff, **and**
- Patient has been evaluated by a physician to rule out other underlying endocrine causes of obesity, **and**

- Patient has not undergone bariatric surgery within the previous 12 months, **and**
- Patient has undergone at least 6 months of combination therapy consisting of both diet and exercise, **and**
- Not being used in combination with another GLP-1 agonist (i.e. Trulicity, Victoza, Ozempic, Rybelsus), **and**
- Not being used in combination with another weight loss agent, **and**
- Dose does not exceed 3 mg per day.

Coverage Duration: 6 months

1st Reauthorization

- Patient demonstrates at least a 1% weight loss from baseline, **and**
- Not being used in combination with another GLP-1 agonist (i.e. Trulicity, Victoza, Ozempic, Rybelsus), **and**
- Not being used in combination with other weight loss drugs, **and**
- Dose does not exceed 3 mg per day.

Coverage Duration: 6 months

Subsequent Reauthorization

- Patient maintains at least a 1% weight loss from baseline, **and**
- Not being used in combination with another GLP-1 agonist (i.e. Trulicity, Victoza, Ozempic, Rybelsus), **and**
- Not being used in combination with other weight loss drugs, **and**
- Dose does not exceed 3 mg per day.

Coverage Duration: 6 months

Coverage Duration: See coverage criteria section.

Effective: 10/04/2021