



Weight Management Prior Authorization with Quantity Limit Program Summary

Your health benefit plan may not cover certain prescription drug products or drug categories included in this document. Please consult your benefit plan materials for details about your particular benefit. This document may include drugs that are not included on your plan's formulary. For drug coverage status, please consult your plan's formulary.

POLICY REVIEW CYCLE

Effective Date
07-01-2026

Date of Origin
02-15-2024

FDA LABELED INDICATIONS AND DOSAGE

Agent(s)	FDA Indication(s)	Notes	Ref#
Foundayo™ (orforglipron calcium) Tablet	In combination with a reduced-calorie diet and increased physical activity to reduce excess body weight and maintain weight reduction long term in adults with obesity or adults with overweight in the presence of at least one weight-related comorbid condition Limitation of Use: Concomitant use with another GLP-1 receptor agonist is not recommended		46
Saxenda® (liraglutide) Subcutaneous injection solution*	In combination with a reduced calorie diet and increased physical activity to reduce excess body weight and maintain weight reduction long term in: - Adults and pediatric patients aged 12 years and older with body weight greater than 60 kg and obesity - Adults overweight in the presence of at least one weight related comorbid condition Limitations of Use: - Coadministration with other liraglutide-containing products or with any other GLP-1 receptor agonist is not recommended - The safety and effectiveness of Saxenda in pediatric patients with type 2 diabetes have not been established	*generic available	1
Wegovy® (semaglutide) Tablet	In combination with a reduced calorie diet and increased physical activity: - To reduce the risk of major adverse CV events (CV death, non-fatal myocardial infarction, or non-fatal stroke) in adults with established CV disease and either obesity or overweight - To reduce excess body weight and maintain weight reduction long term in adults with obesity, or in adults with overweight in the presence of at least one weight-related comorbid condition Limitation(s) of Use: Concomitant use of Wegovy (semaglutide) tablets or Wegovy (semaglutide) injection with other semaglutide-containing products or with any other GLP-1 receptor agonist is not recommended		2
Wegovy® (semaglutide)	In combination with a reduced calorie diet and increased physical activity: To reduce the risk of major adverse cardiovascular (CV) events (CV death, non-fatal myocardial infarction, or non-fatal stroke)		2

Agent(s)	FDA Indication(s)	Notes	Ref#
Subcutaneous injection solution	in adults with established CV disease and either obesity or overweight - To reduce excess body weight and maintain weight reduction long term in: - Adults and pediatric patients aged 12 years and older with obesity - Adults overweight in the presence of at least one weight-related comorbid condition - For the treatment of noncirrhotic metabolic dysfunction-associated steatohepatitis (MASH), formerly known as nonalcoholic steatohepatitis (NASH), with moderate to advanced liver fibrosis (consistent with stages F2 to F3 fibrosis) in adults Limitation(s) of Use: Coadministration with other semaglutide-containing products or with any other GLP-1 receptor agonist is not recommended		
Wegovy® HD (semaglutide) Subcutaneous injection solution	To reduce excess body weight and maintain weight reduction long term in: - Adults with obesity - Adults with overweight in the presence of at least one weight-related comorbid condition Limitation(s) of Use: Concomitant use of Wegovy (semaglutide) tablets or Wegovy (semaglutide) injection with other semaglutide-containing products or with any other GLP-1 receptor agonist is not recommended		2
Zepbound® (tirzepatide) Subcutaneous injection solution Vial	In combination with a reduced-calorie diet and increased physical activity: - to reduce excess body weight and maintain weight reduction long term in adults with obesity or adults with overweight in the presence of at least one weight-related comorbid condition - to treat moderate to severe obstructive sleep apnea (OSA) in adults with obesity Limitation(s) of Use: Coadministration with other tirzepatide-containing products or with any GLP-1 receptor agonist is not recommended		3
Zepbound® Kwikpen® (tirzepatide) Injection	In combination with a reduced-calorie diet and increased physical activity: - to reduce excess body weight and maintain weight reduction long term in adults with obesity or adults with overweight in the presence of at least one weight-related comorbid condition - to treat moderate to severe obstructive sleep apnea (OSA) in adults with obesity Limitation of Use: Coadministration with other tirzepatide-containing products or with any GLP-1 receptor agonist is not recommended		3

See package insert for FDA prescribing information: <https://dailymed.nlm.nih.gov/dailymed/index.cfm>

CLINICAL RATIONALE

Obesity	Obesity is a chronic, relapsing, multifactorial disease associated with significant morbidity, including type 2 diabetes, hypertension, dyslipidemia, cardiovascular disease, metabolic dysfunction-associated steatohepatitis (MASH), obstructive sleep apnea, osteoarthritis, and depression. Overweight and obesity affect approximately 75% of U.S. adults, with obesity alone affecting 40% of U.S. adults with a projection
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	of rising to 50% by 2030.(8) Obesity is characterized by excessive adiposity due to genetic, neurohormonal, metabolic, behavioral, and environmental dysfunction. These pathophysiologic mechanisms impair appetite regulation and energy balance, leading to abnormal weight gain, weight regain despite lifestyle modification, increased comorbidity risk, and premature mortality. Evidence consistently shows that lifestyle modification, comprising reduced calorie nutrition, increased physical activity, and behavioral intervention, is the foundation of therapy for all patients with overweight and obesity. However, many individuals are unable to achieve or sustain clinically meaningful weight loss with lifestyle measures alone.(4-6,8) Major guidelines from the American Association of Clinical Endocrinologists/American College of Endocrinology, the Endocrine Society, the American Heart Association/American College of Cardiology/Obesity Society, and the VA/Department of Defense recommend that FDA approved weight loss medications be used as adjuncts to lifestyle interventions in adults with a BMI greater than or equal to 30 kg/m² or greater than or equal to 27 kg/m² with at least one weight related comorbidity (e.g., hypertension, type 2 diabetes (T2DM), sleep apnea, MASH) particularly when lifestyle interventions have been insufficient to achieve therapeutic goals. Pharmacotherapy has demonstrated benefit in improving weight related complications when appropriately selected and monitored. Efficacy should be assessed after 12 weeks at a therapeutic dose, with continuation recommended only for patients achieving at least 5% weight loss and tolerating therapy. These principles support the use of weight loss medications in appropriately selected patients as part of a comprehensive, long term obesity management strategy.(4-6,8,11) Additional recommendations and classification of obesity are as follows:(5,9) • Consider bariatric surgery (BMI greater than or equal to 35 kg/m²) • Pharmaceutical therapy should only be used as adjunct to lifestyle modifications and depends on the staging of obesity* (in kg/m²): ○ Overweight (25.0-29.9) ○ Class I obesity (30.0-34.9) ○ Class II obesity (35.0-39.9) ○ Class III obesity (greater than or equal to 40.0) *Certain ethnicities (A BMI cutoff point value of greater than or equal to 23 kg/m² should be used in the screening and confirmation of excess adiposity in South Asian, Southeast Asian, and East Asian adults) The American Gastroenterological Association (AGA) clinical practice guidelines (2022) strongly recommended the use of pharmacotherapy in addition to lifestyle intervention in adults with overweight and obesity (body mass index 30 kg/m² or greater, or 27 kg/m² or greater with weight-related complications) who have an inadequate response to lifestyle interventions. GLP-1 is an endogenous incretin hormone produced by L cells within the intestinal mucosa in response to the intake of nutrients. GLP-1 receptors are expressed in multiple organs, including pancreas, gastrointestinal (GI) tract, heart, brain, kidney, lung, and thyroid. This ubiquitous expression of GLP-1 receptors could be the reason for its pleiotropic benefits for T2DM, weight loss, and cardio protection. GLP-1 has numerous metabolic effects, including but not limited to glucose-dependent stimulation of insulin secretion, delayed gastric emptying, inhibition of food intake, and modulation of β-cell proliferation. Having a dose-response effect on weight loss, semaglutide was approved at doses higher than indicated for T2DM. GLP-1 receptor agonists do not have the same neuropsychiatric adverse effects as other FDA-approved drugs on the market. Other benefits include inherent glucoregulatory properties and cardio protection in select populations.(11) The panel suggested the use of semaglutide 2.4 mg, liraglutide 3.0 mg, phentermine-topiramate ER, and naltrexone-bupropion ER (based on moderate certainty evidence), and phentermine and diethylpropion (based on low certainty evidence), for long-term management of overweight and obesity. The guideline panel suggested against the use of orlistat. The panel identified the use of Gelesis100 oral superabsorbent hydrogel as a knowledge gap.(11)
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Pediatric Obesity	Pediatric obesity has emerged as a significant national and global health concern. In the United States, obesity prevalence among children has risen dramatically—from 5% in 1970 to 17% in 2004—driven by both genetic predisposition and environmental influences. Children and adolescents with obesity are at elevated risk for developing the same comorbid conditions seen in adults, including dyslipidemia, hypertension, type 2 diabetes, fatty liver disease, and obstructive sleep apnea. Body weight classification in pediatrics relies on sex- and age-specific BMI percentiles. The American Academy of Pediatrics (AAP) defines obesity as a BMI at or above the 95th percentile (or greater than or equal to 30 kg/m², whichever is lower) and overweight as a BMI in the 85th–94th percentile range.(10) Both the AAP and the Endocrine Society recommend that clinicians assess medical and behavioral risk factors in all youth with a BMI greater than or equal to the 85th percentile prior to initiating any intervention. Evaluations should include screening for weight-related comorbidities, as these conditions often emerge early in pediatric obesity and influence treatment intensity.(4,10) The 2023 AAP guidelines support the use of weight-loss pharmacotherapy only in conjunction with structured lifestyle and behavioral interventions. Pharmacologic treatment is recommended for:(10) • Children and adolescents with overweight and comorbidities (BMI greater than or equal to 85th percentile plus risk conditions such as dyslipidemia, prediabetes, type 2 diabetes, fatty liver disease, or hypertension), and • Children and adolescents with obesity (BMI greater than or equal to 95th percentile). The 2017 Endocrine Society guidelines take a more restrictive approach, recommending that only FDA-approved agents be used, and only as adjunctive therapy after intensive lifestyle interventions have failed to adequately reduce weight gain or ameliorate comorbidities. Pharmacotherapy is further limited to clinicians experienced in pediatric obesity management. The guidelines advise:(4) • Pharmacotherapy should be reserved for youth with obesity (BMI greater than or equal to 95th percentile). • Anti-obesity medications should generally not be used in children <16 years old who are overweight but not obese, unless in clinical trials. • Treatment should be discontinued if a child fails to achieve greater than or equal to 4% BMI reduction after 12 weeks at full dosage. • Off-label use of weight-loss medications in patients <16 years of age is discouraged due to insufficient safety and efficacy data. BMI interpretation in pediatrics is guided by the CDC 2000 Growth Charts, which provide age- and sex-specific percentiles derived from pre-epidemic population data. These charts remain the clinical standard for tracking BMI among individuals aged 2–18 years. Although they can be used for ages 19–21, most providers transition adolescents over 18 years old to adult BMI categorization.(7) Overall, current evidence and expert guidelines support a structured, stepwise approach to pediatric obesity treatment, prioritizing lifestyle modification and reserving pharmacotherapy for carefully selected patients who meet BMI and comorbidity criteria and who have demonstrated insufficient progress with behavioral interventions alone.(10)
Cardiovascular	Wegovy (semaglutide) was studied to determine its effect relative to placebo on major adverse cardiovascular events (MACE) when added to current standard of care, which included management of cardiovascular risk factors and individualized healthy lifestyle counseling (including diet and physical activity), in patients who are overweight or with obesity, and without diabetes. The primary endpoint, MACE, was the time to first occurrence of a three-part composite outcome which included cardiovascular death, non-fatal myocardial infarction, and non-fatal stroke. Inclusion requirements of the trial included:(12) • Patients who have established cardiovascular disease (CVD) as determined by having at least one of the following: ○ Prior myocardial infarction

	○ Prior stroke (ischemic or hemorrhagic stroke) ○ Symptomatic peripheral arterial disease (intermittent claudication with ankle-brachial index <0.85 (at rest), peripheral arterial revascularization procedure, or amputation due to atherosclerotic disease) • Patients with a BMI greater than or equal to 27 kg/m² • Patients 45 years of age or over Guidelines recommend that patients work towards a goal of tobacco cessation and avoiding tobacco exposure, managing hypertension to goal, and managing lipid levels to goal as risk reduction measures for CVD secondary prevention.(13-15)
Metabolic dysfunction-associated steatotic liver disease (MASLD)/Metabolic dysfunction-associated steatohepatitis (MASH)	Metabolic dysfunction–associated steatotic liver disease (MASLD), formerly termed nonalcoholic fatty liver disease (NAFLD), is defined as steatotic liver disease (SLD) in the presence of greater than or equal to cardiometabolic risk factor and the absence of harmful alcohol intake.(27,28) Steatosis is generally defined histologically as greater than or equal to 5% macrovesicular steatosis.(19) Under the updated SLD nomenclature, the most common etiologies include MASLD and alcohol-related liver disease (ALD). A distinct overlap category, MetALD, describes patients meeting MASLD criteria who consume alcohol above MASLD thresholds but below ALD thresholds (20–50 g/day females; 30–60 g/day males).(27,41) Because alcohol exposure may vary over time and may be under-reported, history of both current and prior alcohol intake is important for classification and prognosis.(27) Emerging evidence indicates MetALD is associated with worse outcomes (including higher all-cause mortality) than MASLD in multiple cohorts, supporting MetALD as a clinically distinct subgroup for which MASLD pathways may not fully extrapolate.(42) The MASLD disease spectrum includes isolated steatosis (metabolic dysfunction–associated steatotic liver, MASL), metabolic dysfunction–associated steatohepatitis (MASH, previously NASH), progressive fibrosis, cirrhosis, and MASH-related hepatocellular carcinoma (HCC).(19,27,28) MASH is characterized histologically by steatosis with hepatocellular ballooning and lobular inflammation, which can drive progressive fibrosis and liver-related complications.(27) MASLD is tightly linked to obesity, type 2 diabetes (T2D), and cardiometabolic risk factors, and advanced fibrosis is the strongest predictor of liver-related outcomes; cardiovascular disease remains a leading driver of morbidity and mortality in this population.(19,27) Treatment guidelines recommend identifying high-risk individuals (e.g., obesity, metabolic syndrome traits, prediabetes/T2D, hepatic steatosis on imaging, or persistently elevated aminotransferases) and evaluating for advanced fibrosis using noninvasive tests.(19,21,27) Initial evaluation should also exclude other causes of liver disease (e.g., viral hepatitis, autoimmune liver disease, Wilson disease) when clinically indicated.(19,21) Notably, “normal” ALT reference ranges may exceed commonly cited thresholds used in NAFLD/MASLD discussions (approximately 29–33 U/L in men and 19–25 U/L in women).(19) Because liver biopsy is invasive and impractical for broad case-finding, major guidelines endorse a stepwise non-invasive test (NIT) strategy to identify patients with advanced fibrosis who need specialty evaluation and surveillance.(19,24,27) FIB-4 is the most validated first-line score (age, AST, ALT, platelets) and is recommended due to accessibility, low cost, and strong negative predictive value for advanced fibrosis.(19,24) AASLD pathway summaries note that in adults >65 years, a higher rule-in threshold (e.g., FIB-4 greater than 2.0) may be used to reduce age-related false positives and to guide secondary testing.(45) For patients with indeterminate or elevated FIB-4, guidelines recommend confirmatory testing with elastography (e.g., VCTE) and/or validated serum biomarkers such as the Enhanced Liver Fibrosis (ELF) test.(24,27) Magnetic resonance elastography (MRE) is more sensitive than VCTE for certain fibrosis stages and can be used when uncertainty persists or when cross-sectional imaging is otherwise needed.(19,24) Guidance emphasizes using greater than or equal to 2 NITs (serum and/or imaging) when FIB-4 is above the low-risk threshold and interpreting results in the context of the overall clinical picture;

	liver biopsy is reserved for indeterminate/discordant NITs or suspected alternate etiologies.(24,27) • Step 1: FIB-4 (primary risk assessment) ○ AGA best practice advice supports FIB-4 <1.3 to help exclude advanced fibrosis, while risk categories commonly used are:(24) ▪ <1.3 (low) ▪ 1.3–2.67 (intermediate) ▪ >2.67 (high) • Step 2: ELF and/or elastography (e.g., VCTE) (Secondary risk assessment) ○ Standardized ELF cut points: ▪ ELF <7.7: low-risk range (lower likelihood of significant fibrosis) ▪ ELF 7.7 to <9.8: intermediate range (requires clinical context and/or additional NITs) ▪ ELF greater than or equal to 9.8: higher-risk threshold associated with advanced fibrosis and increased risk of progression to cirrhosis and liver-related events.(24,39) ▪ ELF greater than or equal to 11.3: highly specific for cirrhosis in standardized threshold work. An ELF score ≥10.51 is used in NICE-aligned pathways as a threshold suggesting advanced fibrosis warranting specialist referral.(40) ○ VCTE (Fibroscan) ▪ <8 kPa (low risk) ▪ 8–12 kPa (intermediate), and ▪ >12 kPa (high risk/advanced fibrosis);(45) Lifestyle modification is the foundation of MASLD/MASH management and includes weight reduction, dietary optimization, physical activity, and discouraging alcohol consumption, with complete abstinence recommended in advanced fibrosis/cirrhosis.(19,27) Guidelines also emphasize aggressive optimization of cardiometabolic comorbidities (T2D, obesity, dyslipidemia, hypertension), given the strong link between metabolic risk and liver outcomes.(19,27) Incretin-based therapies (e.g., GLP-1 receptor agonists such as semaglutide and dual GLP-1/GIP agonists such as tirzepatide) are recommended when otherwise indicated for T2D and/or obesity because they improve weight and metabolic risk factors that drive MASLD/MASH progression.(27) In a placebo-controlled trial in biopsy-confirmed NASH, semaglutide significantly increased rates of steatohepatitis resolution compared with placebo but did not demonstrate a statistically significant between-group difference in fibrosis improvement over the treatment interval.(25) A systematic review/meta-analysis also found semaglutide improved liver enzymes and some noninvasive measures, with gastrointestinal and gallbladder-related adverse events as key tolerability considerations.(18) For patients with noncirrhotic MASH and significant fibrosis (greater than or equal to F2), EASL–EASD–EASO recommends considering a MASH-targeted therapy where locally approved and consistent with labeling.(27) In the United States, the FDA granted accelerated approval to resmetirom (Rezdiffra) for adults with noncirrhotic NASH with moderate-to-advanced fibrosis (F2–F3) in conjunction with diet and exercise.(43) The pivotal phase 3 MAESTRO-NASH trial demonstrated that resmetirom was superior to placebo for both histologic endpoints—resolution of steatohepatitis without worsening fibrosis and improvement in fibrosis by at least one stage—supporting its use in appropriately selected noncirrhotic patients.(44) No MASH-targeted pharmacotherapy is currently recommended for cirrhotic MASH; management focuses on metabolic optimization, nutrition, surveillance for portal hypertension and HCC, and transplant referral in decompensated disease.(27)
Obstructive Sleep Apnea (OSA)	Obstructive sleep apnea (OSA) is a sleep related breathing disorder characterized by recurrent collapse of the upper airway during sleep, resulting in intermittent airflow obstruction, oxygen desaturation, and sleep fragmentation. OSA is highly prevalent worldwide, affecting more than 900 million adults globally, and is associated with

	excessive daytime sleepiness, impaired quality of life, and increased cardiometabolic risk, including hypertension and cardiovascular disease.(32) Guidelines recommend that diagnostic testing for OSA be performed in conjunction with a comprehensive sleep evaluation and appropriate clinical follow up. In adult patients with suspected OSA who are otherwise uncomplicated, diagnosis may be established using attended polysomnography (PSG) or home sleep apnea testing (HSAT) with a technically adequate device. If a single HSAT is negative, inconclusive, or technically inadequate, PSG is recommended to confirm or exclude the diagnosis. PSG remains the standard diagnostic test when there is ongoing clinical concern for OSA based on the comprehensive sleep evaluation.(30) Traditional management of OSA focuses on mechanical airway support, most commonly positive airway pressure (PAP) therapy (e.g., continuous positive airway pressure [CPAP] or auto adjusting PAP), which is effective in reducing respiratory events and improving symptoms. Alternative treatment options include oral appliance therapy, which advances the mandible to maintain airway patency, and other airway pressure modalities such as bilevel positive airway pressure (BPAP) in selected patients.(29,30,33) Obesity is a major modifiable risk factor for OSA severity and its downstream complications. Clinical guidance supports weight reduction of approximately 7%–11% as being associated with clinically meaningful improvement in OSA severity; however, sustained weight loss through lifestyle modification alone is often difficult to achieve.(34) Bariatric surgery can be effective but is not appropriate or acceptable for all patients.(35) A randomized controlled trial evaluating tirzepatide in adults with moderate to severe OSA and obesity demonstrated substantial reductions in apnea–hypopnea index (AHI) compared with placebo, along with significant weight loss. In these trials, many participants improved to a degree that may reduce or eliminate the need for PAP therapy, supporting tirzepatide as an adjunctive option addressing obesity related drivers of OSA in appropriately selected patients.(29) OSA diagnosis and severity grading rely on standardized event based indices reported from PSG or HSAT, most commonly the AHI, respiratory event index (REI), and respiratory disturbance index (RDI).(30,36) AHI is the diagnostic reference standard when derived from attended PSG because it represents the number of apneas and hypopneas per hour of true sleep time, allowing accurate quantification of disease burden and standardized severity classification. In contrast, REI is the HSAT based analog of AHI because HSAT devices typically use total recording time rather than EEG defined sleep time; as a result, REI may underestimate disease severity, particularly in patients with insomnia or fragmented sleep.(36) Consistent with this limitation, PSG is recommended when HSAT results are negative, inconclusive, or technically inadequate despite persistent clinical suspicion.(30) RDI provides a broader physiologic assessment of sleep disordered breathing by incorporating respiratory effort–related arousals (RERAs) in addition to apneas and hypopneas. This allows identification of arousal predominant obstructive events that may not meet hypopnea desaturation thresholds yet still produce clinically significant sleep fragmentation and symptoms.(37) A major source of variability in AHI and REI values is the hypopnea definition, particularly the oxygen desaturation threshold and inclusion of arousals. The American Academy of Sleep Medicine (AASM) recognizes two hypopnea scoring rules:(38,39) • Recommended rule: greater than or equal to 30% airflow reduction for greater than or equal to 10 seconds associated with greater than or equal to 3% oxygen desaturation and/or an arousal • Alternative rule: greater than or equal to 30% airflow reduction for greater than or equal to 10 seconds associated with greater than or equal to 4% oxygen desaturation only
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	Current AASM guidance continues to endorse the 3% desaturation and/or arousal criterion as the recommended clinical standard, as it more accurately captures clinically meaningful respiratory events that contribute to sleep fragmentation and morbidity, even when oxygen desaturation is modest.(38,39) In summary, AHI derived from PSG is the preferred diagnostic index, REI is an acceptable HSAT based surrogate that may underestimate severity, and RDI may identify clinically important arousal based disease not fully reflected by AHI or REI alone.(30,36,37) For hypopnea scoring, AASM recommended criteria use greater than or equal to 3% oxygen desaturation and/or arousal for clinical diagnosis.(38,39)
Efficacy	SELECT Trial The SELECT trial (NCT03574597) was a large, multinational, randomized, double-blind, placebo-controlled cardiovascular outcomes study evaluating once-weekly semaglutide 2.4 mg (Wegovy) in adults greater than or equal to 45 years of age with overweight or obesity (BMI greater than or equal to 27 kg/m²) and established cardiovascular disease, without diabetes. Over a mean follow-up of 33 months in 17,604 high-risk patients receiving standard cardiovascular care, semaglutide reduced the risk of major adverse cardiovascular events (cardiovascular death, non-fatal myocardial infarction, or non-fatal stroke) by 20% compared with placebo (HR 0.80; 95% CI, 0.72–0.90). These findings demonstrate clinically meaningful cardiovascular risk reduction with Wegovy when added to standard of care, supporting its use for secondary prevention in appropriate patients with overweight or obesity, independent of diabetes status. (2,16) NASH Trial The efficacy of Wegovy (semaglutide 2.4 mg) in metabolic dysfunction–associated steatotic liver disease (MASLD) was evaluated in Study 8 (NCT04822181), a 240-week, randomized, double-blind, placebo-controlled trial, with a prespecified Week 72 histologic analysis. Enrolled patients had biopsy-confirmed MASH with fibrosis stage F2 or F3 and a NAFLD Activity Score (NAS) greater than or equal to 4, with evidence of steatosis, lobular inflammation, and hepatocyte ballooning. The primary efficacy endpoints assessed at Week 72 were resolution of steatohepatitis without worsening of fibrosis and greater than or equal to 1-stage improvement in fibrosis without worsening of steatohepatitis, based on centrally read post-baseline liver biopsies.(2) The Week 72 analysis included 800 patients randomized 1:2 to placebo or Wegovy, both in addition to standard cardiometabolic care and lifestyle counseling. Wegovy demonstrated statistically significant superiority over placebo for both primary endpoints: 63% vs 34% achieved resolution of steatohepatitis without fibrosis worsening, and 37% vs 22% achieved fibrosis improvement without worsening steatohepatitis. A key secondary endpoint—achievement of both steatohepatitis resolution and fibrosis improvement—occurred in 33% of Wegovy-treated patients compared with 16% on placebo. Wegovy was also associated with greater weight loss (–10.5% vs –2.0% at Week 72), as well as favorable trends in liver enzymes (ALT and AST). Overall, Wegovy produced clinically meaningful and statistically significant improvements in histologic, metabolic, and biochemical markers of disease activity compared with placebo.(2) SURMOUNT-OSA Trial The SURMOUNT-OSA program consisted of two phase 3, randomized, double-blind, placebo-controlled trials evaluating the efficacy and safety of tirzepatide in adults with moderate-to-severe obstructive sleep apnea (OSA) and obesity. Trial 1 enrolled participants not receiving positive airway pressure (PAP) therapy at baseline, whereas Trial 2 enrolled participants already receiving PAP therapy. Key exclusion criteria included craniofacial abnormalities affecting respiration; predominantly central or mixed sleep apnea (greater than or equal to 50% central or mixed apneas/hypopneas); Cheyne-Stokes respiration; obesity hypoventilation syndrome; or evidence of daytime hypercapnia. Participants in both trials were randomized in a 1:1 ratio to receive tirzepatide (maximum tolerated dose of 10 mg or 15 mg once

	weekly) or placebo for 52 weeks. The primary endpoint was change in the apnea–hypopnea index (AHI) from baseline, with multiplicity-controlled secondary endpoints including percent change in AHI and body weight, hypoxic burden, patient-reported sleep impairment and disturbance, high-sensitivity C-reactive protein (hsCRP), and systolic blood pressure.(3,29) At baseline, participants had severe OSA, with mean AHIs of 51.5 events/hour in Trial 1 and 49.5 events/hour in Trial 2, and mean BMIs of 39.1 kg/m² and 38.7 kg/m², respectively. At week 52, tirzepatide produced substantial and statistically significant reductions in AHI compared with placebo in both trials. In Trial 1, the mean AHI change was –25.3 events/hour with tirzepatide versus –5.3 events/hour with placebo (estimated treatment difference –20.0 events/hour; P<0.001). In Trial 2, the mean AHI change was –29.3 events/hour with tirzepatide versus –5.5 events/hour with placebo (estimated treatment difference –23.8 events/hour; P<0.001). Tirzepatide also demonstrated significant improvements across all prespecified secondary endpoints, including reductions in body weight, hypoxic burden, hsCRP, and systolic blood pressure, as well as improvements in sleep-related patient-reported outcomes. The most common adverse events were gastrointestinal, and were generally mild to moderate in severity.(3,29) Among adults with moderate-to-severe OSA and obesity, tirzepatide significantly reduced OSA severity as measured by AHI, improved cardiometabolic and inflammatory markers, and enhanced patient-reported sleep outcomes, both in patients receiving PAP therapy and those not receiving PAP at baseline.(29)
Safety	Liraglutide has the following:(1) • Contraindications: ○ Patients with a personal or family history of medullary thyroid carcinoma (MTC) or patients with Multiple Endocrine Neoplasia syndrome type 2 (MEN 2). ○ Patients with a prior serious hypersensitivity reaction to liraglutide or to any of the product components. • Boxed warnings: ○ Liraglutide causes thyroid C-cell tumors at clinically relevant exposures in both genders of rats and mice. It is unknown whether liraglutide causes thyroid C-cell tumors, including medullary thyroid carcinoma (MTC), in humans, as the human relevance of liraglutide-induced rodent thyroid C-cell tumors has not been determined. ○ Liraglutide is contraindicated in patients with a personal or family history of MTC or in patients with MEN 2. Counsel patients regarding the potential risk of MTC and the symptoms of thyroid tumors. Orforglipron has the following:(46) • Contraindications: ○ Personal or family history of MTC or in patients with MEN 2. ○ Known serious hypersensitivity to orforglipron or any of the excipients in Foundayo • Boxed warnings: ○ In products with glucagon-like peptide-1 (GLP-1) receptor agonist activity that are pharmacologically active in rats and mice, rodent thyroid C-cell tumors (adenomas and carcinomas) have been observed at clinically relevant exposures and are considered GLP-1 receptor-dependent effects in rodents. Orforglipron is not pharmacologically active in rats or mice and did not produce tumors in rodents. While orforglipron is pharmacologically active at the human GLP-1 receptor, the human relevance of GLP-1 receptor-dependent thyroid C-cell tumors observed in rodents has not been determined. ○ Foundayo is contraindicated in patients with a personal or family history of medullary thyroid carcinoma (MTC) or in patients with Multiple Endocrine Neoplasia syndrome type 2 (MEN 2). Counsel patients regarding the potential risk for MTC with the use of Foundayo

	and inform them of symptoms of thyroid tumors (e.g., a mass in the neck, dysphagia, dyspnea, persistent hoarseness). Routine monitoring of serum calcitonin or using thyroid ultrasound is of uncertain value for early detection of MTC in patients treated with Foundayo. Semaglutide has the following:(2) • Contraindications: ○ Personal or family history of medullary thyroid carcinoma (MTC) or in patients with Multiple Endocrine Neoplasia syndrome type 2 (MEN 2). ○ Known hypersensitivity to semaglutide or any of the excipients in Wegovy. • Boxed warnings: ○ In rodents, semaglutide causes thyroid C-cell tumors at clinically relevant exposures. It is unknown whether Wegovy causes thyroid C-cell tumors, including medullary thyroid carcinoma (MTC), in humans as the human relevance of semaglutide-induced rodent thyroid C-cell tumors has not been determined ○ Wegovy is contraindicated in patients with a personal or family history of MTC or in patients with MEN 2. Counsel patients regarding the potential risk of MTC and symptoms of thyroid tumors. Tirzepatide has the following:(3) • Contraindications: ○ Personal or family history of medullary thyroid carcinoma or in patients with Multiple Endocrine Neoplasia syndrome type 2. ○ Known serious hypersensitivity to tirzepatide or any of the excipients in Zepbound. • Boxed warnings: ○ In rats, tirzepatide causes dose-dependent and treatment-duration-dependent thyroid C-cell tumors at clinically relevant exposures. It is unknown whether Zepbound causes thyroid C-cell tumors, including medullary thyroid carcinoma (MTC), in humans as human relevance of tirzepatide-induced rodent thyroid C-cell tumors has not been determined. ○ Zepbound is contraindicated in patients with a personal or family history of MTC or in patients with Multiple Endocrine Neoplasia syndrome type 2 (MEN 2). Counsel patients regarding the potential risk for MTC with the use of Zepbound and inform them of symptoms of thyroid tumors (e.g., a mass in the neck, dysphagia, dyspnea, persistent hoarseness). Routine monitoring of serum calcitonin or using thyroid ultrasound is of uncertain value for early detection of MTC in patients treated with Zepbound. Co-Administration None of the FDA approved weight loss agents have approval for co-administration with another weight loss agent. New guidelines do not support the use of co-administration of weight loss pharmacological agents.(4,5,10) Use of non-approved drug combinations for obesity treatment should be limited to clinical trials, and patients should be informed when drugs are being used off label alone or in combination.(6)
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REFERENCES

Number	Reference
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2	Wegovy prescribing information. Novo Nordisk Inc. March 2026.
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Number	Reference
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POLICY AGENT SUMMARY PRIOR AUTHORIZATION

Target Brand Agent(s)	Target Generic Agent(s)	Strength	Targeted MSC	Available MSC	Final Age Limit	Preferred Status
Saxenda	liraglutide (weight mngmt) soln pen-inj	18 MG/3ML	M ; N ; O ; Y	O ; Y		
Foundayo	orforglipron calcium (weight management) tab	0.8 MG ; 14.5 MG ; 17.2 MG ; 2.5 MG ; 5.5 MG ; 9 MG	M ; N ; O ; Y	N		
Wegovy	semaglutide (weight management) tab	1.5 MG ; 25 MG ; 4 MG ; 9 MG	M ; N ; O ; Y	N		
Wegovy ; Wegovy hd	semaglutide (weight mngmt) soln auto-injector	0.25 MG/0.5ML ; 0.5 MG/0.5ML ; 1 MG/0.5ML ; 1.7 MG/0.75ML ; 2.4 MG/0.75ML ; 7.2 MG/0.75ML	M ; N ; O ; Y	N		
Zepbound	tirzepatide (weight mngmt) soln	10 MG/0.5ML ; 12.5 MG/0.5ML ; 15 MG/0.5ML ; 2.5 MG/0.5ML ; 5 MG/0.5ML ; 7.5 MG/0.5ML	M ; N ; O ; Y	N		
Zepbound	tirzepatide (weight mngmt) soln auto-injector	10 MG/0.5ML ; 12.5 MG/0.5ML ; 15 MG/0.5ML ; 2.5 MG/0.5ML ; 5 MG/0.5ML ; 7.5 MG/0.5ML	M ; N ; O ; Y	N		
Zepbound kwikpen	tirzepatide (weight mngmt) soln pen-injector	10 MG/0.6ML ; 12.5 MG/0.6ML ; 15 MG/0.6ML ; 2.5 MG/0.6ML ; 5 MG/0.6ML ; 7.5 MG/0.6ML	M ; N ; O ; Y	N		

POLICY AGENT SUMMARY QUANTITY LIMIT

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	QL Amount	Dose Form	Day Supply	Duration	Addtl QL Info	Allowed Exceptions	Targeted NDCs When Exclusions Exist
Foundayo	orforglipron calcium (weight management) tab	0.8 MG	60	Tablets	180	Days			
Foundayo	orforglipron calcium (weight management) tab	2.5 MG	60	Tablets	180	Days			

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	QL Amount	Dose Form	Day Supply	Duration	Addtl QL Info	Allowed Exceptions	Targeted NDCs When Exclusions Exist
Foundayo	orforglipron calcium (weight management) tab	5.5 MG	30	Tablets	30	Days			
Foundayo	orforglipron calcium (weight management) tab	9 MG	30	Tablets	30	Days			
Foundayo	orforglipron calcium (weight management) tab	14.5 MG	30	Tablets	30	Days			
Foundayo	orforglipron calcium (weight management) tab	17.2 MG	30	Tablets	30	Days			
Saxenda	Liraglutide (Weight Mngmt) Soln Pen-Inj 18 MG/3ML (6 MG/ML)	18 MG/3ML	15	mLs	30	Days			
Wegovy	semaglutide (weight management) tab	1.5 MG	60	Tablets	180	Days			
Wegovy	semaglutide (weight management) tab	4 MG	60	Tablets	180	Days			
Wegovy	semaglutide (weight management) tab	9 MG	60	Tablets	180	Days			
Wegovy	semaglutide (weight management) tab	25 MG	30	Tablets	30	Days			
Wegovy	Semaglutide (Weight Mngmt) Soln Auto-Injector	0.25 MG/0.5 ML	8	Pens	180	Days			
Wegovy	Semaglutide (Weight Mngmt) Soln Auto-Injector	0.5 MG/0.5 ML	8	Pens	180	Days			
Wegovy	Semaglutide (Weight Mngmt) Soln Auto-Injector	1 MG/0.5 ML	8	Pens	180	Days			
Wegovy	Semaglutide (Weight Mngmt) Soln Auto-Injector	1.7 MG/0.75 ML	4	Pens	28	Days			
Wegovy	Semaglutide (Weight Mngmt) Soln Auto-Injector	2.4 MG/0.75 ML	4	Pens	28	Days			
Wegovy hd	semaglutide (weight mngmt) soln auto-injector	7.2 MG/0.75 ML	4	Pens	28	Days			
Zepbound	tirzepatide (weight mngmt) soln	2.5 MG/0.5 ML	4	Vials	180	Days			
Zepbound	tirzepatide (weight mngmt) soln	5 MG/0.5 ML	4	Vials	28	Days			
Zepbound	tirzepatide (weight mngmt) soln	7.5 MG/0.5 ML	4	Vials	28	Days			
Zepbound	tirzepatide (weight mngmt) soln	10 MG/0.5 ML	4	Vials	28	Days			
Zepbound	tirzepatide (weight mngmt) soln	12.5 MG/0.5 ML	4	Vials	28	Days			
Zepbound	tirzepatide (weight mngmt) soln	15 MG/0.5 ML	4	Vials	28	Days			
Zepbound	tirzepatide (weight mngmt) soln auto-injector	2.5 MG/0.5 ML	4	Pens	180	Days			

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	QL Amount	Dose Form	Day Supply	Duration	Addtl QL Info	Allowed Exceptions	Targeted NDCs When Exclusions Exist
Zepbound	tirzepatide (weight mngmt) soln auto-injector	5 MG/0.5 ML	4	Pens	28	Days			
Zepbound	tirzepatide (weight mngmt) soln auto-injector	7.5 MG/0.5 ML	4	Pens	28	Days			
Zepbound	tirzepatide (weight mngmt) soln auto-injector	10 MG/0.5 ML	4	Pens	28	Days			
Zepbound	tirzepatide (weight mngmt) soln auto-injector	12.5 MG/0.5 ML	4	Pens	28	Days			
Zepbound	tirzepatide (weight mngmt) soln auto-injector	15 MG/0.5 ML	4	Pens	28	Days			
Zepbound kwikpen	tirzepatide (weight mngmt) soln pen-injector	2.5 MG/0.6 ML	1	Pen	180	Days			
Zepbound kwikpen	tirzepatide (weight mngmt) soln pen-injector	5 MG/0.6 ML	1	Pen	28	Days			
Zepbound kwikpen	tirzepatide (weight mngmt) soln pen-injector	7.5 MG/0.6 ML	1	Pen	28	Days			
Zepbound kwikpen	tirzepatide (weight mngmt) soln pen-injector	10 MG/0.6 ML	1	Pen	28	Days			
Zepbound kwikpen	tirzepatide (weight mngmt) soln pen-injector	12.5 MG/0.6 ML	1	Pen	28	Days			
Zepbound kwikpen	tirzepatide (weight mngmt) soln pen-injector	15 MG/0.6 ML	1	Pen	28	Days			

CLIENT SUMMARY – PRIOR AUTHORIZATION

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
Foundayo	orforglipron calcium (weight management) tab	0.8 MG ; 14.5 MG ; 17.2 MG ; 2.5 MG ; 5.5 MG ; 9 MG	Accord Core ; Accord Enhanced ; Accord Standard ; Choice NetR - A Select ; Choice NetR - F Performance ; Choice NetR-HIM ; Net Results A Core
Saxenda	liraglutide (weight mngmt) soln pen-inj	18 MG/3ML	Accord Core ; Accord Enhanced ; Accord Standard ; Choice NetR - A Select ; Choice NetR - F Performance ; Choice NetR-HIM ; Net Results A Core
Wegovy	semaglutide (weight management) tab	1.5 MG ; 25 MG ; 4 MG ; 9 MG	Accord Core ; Accord Enhanced ; Accord Standard ; Choice NetR - A Select ; Choice NetR - F Performance ; Choice NetR-HIM ; Net Results A Core
Wegovy ; Wegovy hd	semaglutide (weight mngmt) soln auto-injector	0.25 MG/0.5ML ; 0.5 MG/0.5ML ; 1 MG/0.5ML ; 1.7 MG/0.75ML ; 2.4 MG/0.75ML ; 7.2 MG/0.75ML	Accord Core ; Accord Enhanced ; Accord Standard ; Choice NetR - A Select ; Choice NetR - F Performance ; Choice

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			NetR-HIM ; Net Results A Core
Zepbound	tirzepatide (weight mngmt) soln	10 MG/0.5ML ; 12.5 MG/0.5ML ; 15 MG/0.5ML ; 2.5 MG/0.5ML ; 5 MG/0.5ML ; 7.5 MG/0.5ML	Accord Core ; Accord Enhanced ; Accord Standard ; Choice NetR - A Select ; Choice NetR - F Performance ; Choice NetR-HIM ; Net Results A Core
Zepbound	tirzepatide (weight mngmt) soln auto-injector	10 MG/0.5ML ; 12.5 MG/0.5ML ; 15 MG/0.5ML ; 2.5 MG/0.5ML ; 5 MG/0.5ML ; 7.5 MG/0.5ML	Accord Core ; Accord Enhanced ; Accord Standard ; Choice NetR - A Select ; Choice NetR - F Performance ; Choice NetR-HIM ; Net Results A Core
Zepbound kwikpen	tirzepatide (weight mngmt) soln pen-injector	10 MG/0.6ML ; 12.5 MG/0.6ML ; 15 MG/0.6ML ; 2.5 MG/0.6ML ; 5 MG/0.6ML ; 7.5 MG/0.6ML	Accord Core ; Accord Enhanced ; Accord Standard ; Choice NetR - A Select ; Choice NetR - F Performance ; Choice NetR-HIM ; Net Results A Core

CLIENT SUMMARY – QUANTITY LIMITS

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
Foundayo	orforglipron calcium (weight management) tab	14.5 MG	Accord Core ; Accord Enhanced ; Accord Standard ; Choice NetR - A Select ; Choice NetR - F Performance ; Choice NetR-HIM ; Net Results A Core
Foundayo	orforglipron calcium (weight management) tab	0.8 MG	Accord Core ; Accord Enhanced ; Accord Standard ; Choice NetR - A Select ; Choice NetR - F Performance ; Choice NetR-HIM ; Net Results A Core
Foundayo	orforglipron calcium (weight management) tab	5.5 MG	Accord Core ; Accord Enhanced ; Accord Standard ; Choice NetR - A Select ; Choice NetR - F Performance ; Choice NetR-HIM ; Net Results A Core
Foundayo	orforglipron calcium (weight management) tab	17.2 MG	Accord Core ; Accord Enhanced ; Accord Standard ; Choice NetR - A Select ; Choice NetR - F Performance ; Choice NetR-HIM ; Net Results A Core
Foundayo	orforglipron calcium (weight management) tab	2.5 MG	Accord Core ; Accord Enhanced ; Accord Standard ; Choice NetR - A Select ; Choice NetR - F Performance ; Choice NetR-HIM ; Net Results A Core
Foundayo	orforglipron calcium (weight management) tab	9 MG	Accord Core ; Accord Enhanced ; Accord Standard ; Choice NetR - A Select ; Choice NetR - F Performance ; Choice NetR-HIM ; Net Results A Core
Saxenda	Liraglutide (Weight Mngmt) Soln Pen-Inj 18 MG/3ML (6 MG/ML)	18 MG/3ML	Accord Core ; Accord Enhanced ; Accord Standard ; Choice NetR - A Select ; Choice NetR - F Performance ; Choice

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			NetR-HIM ; Net Results A Core
Wegovy	semaglutide (weight management) tab	25 MG	Accord Core ; Accord Enhanced ; Accord Standard ; Choice NetR - A Select ; Choice NetR - F Performance ; Choice NetR-HIM ; Net Results A Core
Wegovy	semaglutide (weight management) tab	9 MG	Accord Core ; Accord Enhanced ; Accord Standard ; Choice NetR - A Select ; Choice NetR - F Performance ; Choice NetR-HIM ; Net Results A Core
Wegovy	semaglutide (weight management) tab	1.5 MG	Accord Core ; Accord Enhanced ; Accord Standard ; Choice NetR - A Select ; Choice NetR - F Performance ; Choice NetR-HIM ; Net Results A Core
Wegovy	semaglutide (weight management) tab	4 MG	Accord Core ; Accord Enhanced ; Accord Standard ; Choice NetR - A Select ; Choice NetR - F Performance ; Choice NetR-HIM ; Net Results A Core
Wegovy	Semaglutide (Weight Mngmt) Soln Auto-Injector	2.4 MG/0.75ML	Accord Core ; Accord Enhanced ; Accord Standard ; Choice NetR - A Select ; Choice NetR - F Performance ; Choice NetR-HIM ; Net Results A Core
Wegovy	Semaglutide (Weight Mngmt) Soln Auto-Injector	1.7 MG/0.75ML	Accord Core ; Accord Enhanced ; Accord Standard ; Choice NetR - A Select ; Choice NetR - F Performance ; Choice NetR-HIM ; Net Results A Core
Wegovy	Semaglutide (Weight Mngmt) Soln Auto-Injector	0.5 MG/0.5ML	Accord Core ; Accord Enhanced ; Accord Standard ; Choice NetR - A Select ; Choice NetR - F Performance ; Choice NetR-HIM ; Net Results A Core
Wegovy	Semaglutide (Weight Mngmt) Soln Auto-Injector	1 MG/0.5ML	Accord Core ; Accord Enhanced ; Accord Standard ; Choice NetR - A Select ; Choice NetR - F Performance ; Choice NetR-HIM ; Net Results A Core
Wegovy	Semaglutide (Weight Mngmt) Soln Auto-Injector	0.25 MG/0.5ML	Accord Core ; Accord Enhanced ; Accord Standard ; Choice NetR - A Select ; Choice NetR - F Performance ; Choice NetR-HIM ; Net Results A Core
Wegovy hd	semaglutide (weight mngmt) soln auto-injector	7.2 MG/0.75ML	Accord Core ; Accord Enhanced ; Accord Standard ; Choice NetR - A Select ; Choice NetR - F Performance ; Choice NetR-HIM ; Net Results A Core
Zepbound	tirzepatide (weight mngmt) soln	5 MG/0.5ML	Accord Core ; Accord Enhanced ; Accord

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			Standard ; Choice NetR - A Select ; Choice NetR - F Performance ; Choice NetR-HIM ; Net Results A Core
Zepbound	tirzepatide (weight mngmt) soln	15 MG/0.5ML	Accord Core ; Accord Enhanced ; Accord Standard ; Choice NetR - A Select ; Choice NetR - F Performance ; Choice NetR-HIM ; Net Results A Core
Zepbound	tirzepatide (weight mngmt) soln	12.5 MG/0.5ML	Accord Core ; Accord Enhanced ; Accord Standard ; Choice NetR - A Select ; Choice NetR - F Performance ; Choice NetR-HIM ; Net Results A Core
Zepbound	tirzepatide (weight mngmt) soln	2.5 MG/0.5ML	Accord Core ; Accord Enhanced ; Accord Standard ; Choice NetR - A Select ; Choice NetR - F Performance ; Choice NetR-HIM ; Net Results A Core
Zepbound	tirzepatide (weight mngmt) soln	10 MG/0.5ML	Accord Core ; Accord Enhanced ; Accord Standard ; Choice NetR - A Select ; Choice NetR - F Performance ; Choice NetR-HIM ; Net Results A Core
Zepbound	tirzepatide (weight mngmt) soln	7.5 MG/0.5ML	Accord Core ; Accord Enhanced ; Accord Standard ; Choice NetR - A Select ; Choice NetR - F Performance ; Choice NetR-HIM ; Net Results A Core
Zepbound	tirzepatide (weight mngmt) soln auto-injector	7.5 MG/0.5ML	Accord Core ; Accord Enhanced ; Accord Standard ; Choice NetR - A Select ; Choice NetR - F Performance ; Choice NetR-HIM ; Net Results A Core
Zepbound	tirzepatide (weight mngmt) soln auto-injector	5 MG/0.5ML	Accord Core ; Accord Enhanced ; Accord Standard ; Choice NetR - A Select ; Choice NetR - F Performance ; Choice NetR-HIM ; Net Results A Core
Zepbound	tirzepatide (weight mngmt) soln auto-injector	2.5 MG/0.5ML	Accord Core ; Accord Enhanced ; Accord Standard ; Choice NetR - A Select ; Choice NetR - F Performance ; Choice NetR-HIM ; Net Results A Core
Zepbound	tirzepatide (weight mngmt) soln auto-injector	12.5 MG/0.5ML	Accord Core ; Accord Enhanced ; Accord Standard ; Choice NetR - A Select ; Choice NetR - F Performance ; Choice NetR-HIM ; Net Results A Core
Zepbound	tirzepatide (weight mngmt) soln auto-injector	15 MG/0.5ML	Accord Core ; Accord Enhanced ; Accord Standard ; Choice NetR - A Select ; Choice NetR - F Performance ; Choice NetR-HIM ; Net Results A Core

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
Zepbound	tirzepatide (weight mngmt) soln auto-injector	10 MG/0.5ML	Accord Core ; Accord Enhanced ; Accord Standard ; Choice NetR - A Select ; Choice NetR - F Performance ; Choice NetR-HIM ; Net Results A Core
Zepbound kwikpen	tirzepatide (weight mngmt) soln pen-injector	2.5 MG/0.6ML	Accord Core ; Accord Enhanced ; Accord Standard ; Choice NetR - A Select ; Choice NetR - F Performance ; Choice NetR-HIM ; Net Results A Core
Zepbound kwikpen	tirzepatide (weight mngmt) soln pen-injector	15 MG/0.6ML	Accord Core ; Accord Enhanced ; Accord Standard ; Choice NetR - A Select ; Choice NetR - F Performance ; Choice NetR-HIM ; Net Results A Core
Zepbound kwikpen	tirzepatide (weight mngmt) soln pen-injector	7.5 MG/0.6ML	Accord Core ; Accord Enhanced ; Accord Standard ; Choice NetR - A Select ; Choice NetR - F Performance ; Choice NetR-HIM ; Net Results A Core
Zepbound kwikpen	tirzepatide (weight mngmt) soln pen-injector	12.5 MG/0.6ML	Accord Core ; Accord Enhanced ; Accord Standard ; Choice NetR - A Select ; Choice NetR - F Performance ; Choice NetR-HIM ; Net Results A Core
Zepbound kwikpen	tirzepatide (weight mngmt) soln pen-injector	5 MG/0.6ML	Accord Core ; Accord Enhanced ; Accord Standard ; Choice NetR - A Select ; Choice NetR - F Performance ; Choice NetR-HIM ; Net Results A Core
Zepbound kwikpen	tirzepatide (weight mngmt) soln pen-injector	10 MG/0.6ML	Accord Core ; Accord Enhanced ; Accord Standard ; Choice NetR - A Select ; Choice NetR - F Performance ; Choice NetR-HIM ; Net Results A Core

PRIOR AUTHORIZATION CLINICAL CRITERIA FOR APPROVAL

Module	Clinical Criteria for Approval
Rebate Eligible	Initial Evaluation Target Agent(s) will be approved when ALL the following are met: - The patient has an FDA labeled indication for the requested agent and route of administration AND ONE of the following: - The patient has a diagnosis of obstructive sleep apnea (OSA) AND ALL of the following: (medical records required) - The patient has had a polysomnography (PSG) or home sleep apnea test AND - The patient has an apnea hypopnea index (AHI) greater than or equal to 15 events/hour from baseline (prior to initiation of pharmacotherapy) AND - The patient has a body mass index (BMI) greater than or equal to 30 kg/m² OR

Module	Clinical Criteria for Approval
	B. The patient has a diagnosis of noncirrhotic metabolic dysfunction-associated steatohepatitis (MASH), formerly known as nonalcoholic steatohepatitis (NASH), with moderate to advanced liver fibrosis (consistent with stages F2 to F3 fibrosis) AND ALL of the following: (medical records required) - The patient has stage F2 or F3 fibrosis as confirmed by ONE of the following (prior to therapy with the requested agent): - A liver biopsy OR - Vibration-controlled transient elastography (VCTE) OR - Enhanced liver fibrosis (ELF) score OR - Magnetic resonance elastography (MRE) AND - The patient is an adult (18 years of age or over) AND - ONE of the following: - If the patient's sex is female then the patient's alcohol consumption is less than 20 grams/day (Note: one standard alcoholic drink contains roughly 14 grams of pure alcohol, which is found in 12 ounces of regular beer, 5 ounces of wine, or 1.5 ounces of distilled spirits) OR - If the patient's sex is male then the patient's alcohol consumption is less than 30 grams/day (Note: one standard alcoholic drink contains roughly 14 grams of pure alcohol, which is found in 12 ounces of regular beer, 5 ounces of wine, or 1.5 ounces of distilled spirits) AND - The patient is being monitored and/or treated for any comorbid conditions (e.g., cardiovascular disease, diabetes, dyslipidemia, hypertension) AND - The patient does NOT have ANY of the following: - Decompensated cirrhosis - Moderate to severe hepatic impairment (Child-Pugh Class B or C) - Any other liver disease (e.g., Wilson's disease, hepatocellular carcinoma, hepatitis) AND - The prescriber is a specialist in the area of the patient's diagnosis (e.g., hepatologist, gastroenterologist), or the prescriber has consulted with a specialist in the area of the patient's diagnosis OR C. The requested use is to reduce the risk of major adverse cardiovascular events (cardiovascular death, non-fatal myocardial infarction, or non-fatal stroke) in adults with established cardiovascular disease and either obesity or overweight (established cardiovascular disease is defined as coronary artery disease [CAD], acute coronary syndrome [ACS], those with history of myocardial infarction [MI], stable or unstable angina or coronary or other arterial revascularization, prior percutaneous coronary intervention/coronary bypass surgery, stroke, transient ischemic attack [TIA], carotid or other arterial stenosis, or peripheral artery disease [PAD] including aortic aneurysm, all of atherosclerotic origin) AND ALL of the following: - The patient has a history of ONE of the following: - Myocardial infarction OR - Stroke OR - Peripheral artery disease as defined by intermittent claudication with ankle-brachial index less than 0.85 at rest, or peripheral arterial revascularization procedure, or amputation due to atherosclerotic disease AND - The patient has a BMI greater than or equal to 27 kg/m² AND - The patient will use optimized pharmacotherapy for established cardiovascular disease in combination with the requested agent OR D. The patient is overweight or obese and is using the requested agent for weight management and ALL of the following: - Obesity is NOT restricted from coverage under the patient's benefit AND - The patient is new to therapy, new to Prime, or attempting a repeat weight loss course of therapy AND - ONE of the following: - The patient is an adult (18 years of age or over) AND has ONE of the following: - A BMI greater than or equal to 30 kg/m² OR

Module	Clinical Criteria for Approval
	2. A BMI greater than or equal to 25 kg/m² if the patient is of South Asian, Southeast Asian, or East Asian descent OR 3. A BMI greater than or equal to 27 kg/m² with at least one weight-related comorbidity/risk factor/complication (e.g., hypertension, type 2 diabetes mellitus, obstructive sleep apnea, cardiovascular disease, dyslipidemia) OR B. The patient is pediatric (12 to 17 years of age) AND has ONE of the following: 1. A BMI greater than or equal to 95th percentile for age and sex OR 2. A BMI greater than or equal to 30 kg/m² OR 3. A BMI greater than or equal to 85th percentile for age and sex AND at least one weight-related comorbidity/risk factor/complication (e.g., hypertension, dyslipidemia, type 2 diabetes, obstructive sleep apnea) AND 4. The patient has been on a weight loss regimen of a low-calorie diet, increased physical activity, and behavioral modifications for a minimum of 6 months AND 5. ONE of the following: A. The patient has NOT tried a targeted weight loss agent (e.g., Foundayo, Saxenda, Wegovy, Zepbound) in the past 12 months OR B. BOTH of the following: 1. The patient has tried a targeted weight loss agent for a previous course of therapy in the past 12 months AND 2. The prescriber anticipates success with repeating therapy with any targeted weight loss agent AND 6. If the requested agent is Saxenda, then ONE of the following: A. The patient is an adult (18 years of age or over) AND ONE of the following: 1. The patient is starting therapy OR 2. The patient is currently being treated and has received less than 16 weeks (4 months) of therapy OR 3. The patient has achieved and maintained a weight loss of greater than or equal to 4% from baseline (prior to initiation of pharmacotherapy) OR B. The patient is pediatric (12 to 17 years of age) AND ONE of the following: 1. The patient is starting therapy OR 2. The patient is currently being treated and has received less than 20 weeks (5 months) of therapy OR 3. The patient has achieved and maintained a reduction in BMI of greater than or equal to 1% from baseline (prior to initiation of pharmacotherapy) AND 7. If the requested agent is Wegovy, then ONE of the following: A. The patient is starting therapy OR B. The patient is currently being treated and received less than 52 weeks (1 year) of therapy OR C. The patient is an adult (18 years of age or over) AND has achieved and maintained a weight loss of greater than or equal to 5% from baseline (prior to initiation of pharmacotherapy) OR D. The patient is pediatric (12 to 17 years of age) AND has achieved and maintained a reduction in BMI of at least 5% from baseline (prior to initiation of pharmacotherapy) AND 8. If the requested agent is Foundayo or Zepbound, then ONE of the following: A. The patient is starting therapy OR B. The patient is currently being treated and has received less than 52 weeks (1 year) of therapy OR

Module	Clinical Criteria for Approval
	C. The patient has achieved and maintained a weight loss of greater than or equal to 5% from baseline (prior to initiation of pharmacotherapy) OR E. The patient has another FDA labeled indication for the requested agent and route of administration AND - The patient will NOT be using the requested agent in combination with another weight loss agent (e.g., Contrave, phentermine, Qsymia, Xenical) for the requested indication AND - BOTH of the following: - The patient is currently on a weight loss regimen of a low-calorie diet, increased physical activity, and behavioral modifications AND - The patient will continue the weight loss regimen in combination with the requested agent AND - If the patient has an FDA labeled indication, then ONE of the following: - The patient's age is within FDA labeling for the requested indication for the requested agent OR - There is support for using the requested agent for the patient's age for the requested indication AND - The patient will NOT be using the requested agent in combination with another GLP-1 receptor agonist (e.g., Foundayo, Saxenda, Wegovy, Zepbound, Bydureon, Byetta, Mounjaro, Ozempic, Rybelsus, Trulicity, Victoza) AND - The patient does NOT have any FDA labeled contraindications to the requested agent Length of Approval: - For Foundayo, Wegovy, Zepbound: 12 months - For Saxenda: Pediatric patients (12 to 17 years of age): 5 months; Adults: 4 months NOTE: If Quantity Limit applies, please refer to Quantity Limit Criteria. Renewal Evaluation Target Agent(s) will be approved when ALL of the following are met: - The patient has been previously approved for the requested agent through the plan's Prior Authorization process (Note: patients not previously approved for the requested agent will require initial evaluation review) AND - The patient has an FDA labeled indication for the requested agent and route of administration AND ONE of the following: - BOTH of the following: - The patient has a diagnosis of obstructive sleep apnea (OSA) AND - The patient has had clinical benefit with the requested agent (e.g., reduction in AHI, decrease in Epworth Sleepiness Scale) OR - The patient has a diagnosis of noncirrhotic metabolic dysfunction-associated steatohepatitis (MASH), formerly known as nonalcoholic steatohepatitis (NASH), with moderate to advanced liver fibrosis (consistent with stages F2 to F3 fibrosis) AND ALL of the following: (medical records required) - ONE of the following: - If the patient's sex is female then the patient's alcohol consumption is less than 20 grams/day (Note: one standard alcoholic drink contains roughly 14 grams of pure alcohol, which is found in 12 ounces of regular beer, 5 ounces of wine, or 1.5 ounces of distilled spirits) OR - If the patient's sex is male then the patient's alcohol consumption is less than 30 grams/day (Note: one standard alcoholic drink contains roughly 14 grams of pure alcohol, which is found in 12 ounces of regular beer, 5 ounces of wine, or 1.5 ounces of distilled spirits) AND

Module	Clinical Criteria for Approval
	2. The patient does NOT have ANY of the following: 1. Decompensated cirrhosis 2. Moderate to severe hepatic impairment (Child-Pugh Class B or C) 3. Any other liver disease (e.g., Wilson's disease, hepatocellular carcinoma, hepatitis) AND 3. The patient has had clinical benefit with the requested agent AND 4. The prescriber is a specialist in the area of the patient's diagnosis (e.g., hepatologist, gastroenterologist), or the prescriber has consulted with a specialist in the area of the patient's diagnosis OR C. The requested use is to reduce the risk of major adverse cardiovascular events (cardiovascular death, non-fatal myocardial infarction, or non-fatal stroke) in adults with established cardiovascular disease and either obesity or overweight (established cardiovascular disease is defined as coronary artery disease [CAD], acute coronary syndrome [ACS], those with history of myocardial infarction [MI], stable or unstable angina or coronary or other arterial revascularization, prior percutaneous coronary intervention/coronary bypass surgery, stroke, transient ischemic attack [TIA], carotid or other arterial stenosis, or peripheral artery disease [PAD] including aortic aneurysm, all of atherosclerotic origin) AND BOTH of the following: 1. The patient will use optimized pharmacotherapy for established cardiovascular disease in combination with the requested agent AND 2. The patient has had clinical benefit with the requested agent OR D. The patient is overweight or obese and is using the requested agent for weight management and ALL of the following: 1. Obesity is NOT restricted from coverage under the patient's benefit AND 2. The patient is continuing a current weight loss course of therapy AND 3. If the patient is pediatric (12 to 17 years of age), then the current BMI is greater than or equal to 85th percentile for age and sex AND 4. The patient meets ONE of the following: A. If the requested agent is Saxenda, then ONE of the following: 1. The patient is pediatric (12 to 17 years of age) AND has achieved and maintained a reduction in BMI of greater than or equal to 1% from baseline (prior to initiation of pharmacotherapy) OR 2. The patient is an adult (18 years of age or over) AND has achieved and maintained a weight loss greater than or equal to 4% from baseline (prior to initiation of pharmacotherapy) OR 2. If the requested agent is Wegovy, then ONE of the following: 1. The patient has received less than 52 weeks of therapy on the maximum-tolerated dose OR 2. The patient is pediatric (12 to 17 years of age) AND has achieved and maintained a reduction in BMI of at least 5% from baseline (prior to initiation of pharmacotherapy) OR 3. If the requested agent is Foundayo or Zepbound, the patient has received less than 52 weeks of therapy on the maximum-tolerated dose OR 4. The patient has achieved and maintained a weight loss greater than or equal to 5% from baseline (prior to the initiation of requested agent) OR E. The patient has another FDA labeled indication for the requested agent and route of administration AND has had clinical benefit with the requested agent AND 3. The patient will NOT be using the requested agent in combination with another weight loss agent (e.g., Contrave, phentermine, Qsymia, Xenical) for the requested indication AND 4. BOTH of the following: A. The patient is currently on a weight loss regimen of a low-calorie diet, increased physical activity, and behavioral modifications AND B. The patient will continue the weight loss regimen in combination with the requested agent AND

Module	Clinical Criteria for Approval
	5. The patient will NOT be using the requested agent in combination with another GLP-1 receptor agonist (e.g., Foundayo, Saxenda, Wegovy, Zepbound, Bydureon, Byetta, Mounjaro, Ozempic, Rybelsus, Trulicity, Victoza) AND 6. The patient does NOT have any FDA labeled contraindications to the requested agent Length of Approval: 12 months NOTE: If Quantity Limit applies, please refer to Quantity Limit Criteria

QUANTITY LIMIT CLINICAL CRITERIA FOR APPROVAL

Module	Clinical Criteria for Approval
QL	Quantity Limit for the Target Agent(s) will be approved when ONE of the following is met: 1. The requested quantity (dose) does NOT exceed the program quantity limit OR 2. The requested quantity (dose) exceeds the program quantity limit AND BOTH of the following: A. If the requested agent is Wegovy tablets, then the requested dose does not exceed 1 tablet per day AND B. ONE of the following: 1. If the requested agent is Wegovy 0.5mg or 1mg injection AND the intended use is for maintenance therapy, then BOTH of the following: A. The patient has an inability to use an FDA labeled strength indicated for maintenance therapy AND B. The patient has achieved weight loss on the lower requested strength from baseline (prior to initiation of pharmacotherapy) OR 2. If the requested agent is Wegovy 4mg or 9mg tablets AND the intended use is for maintenance therapy, then BOTH of the following: A. The patient has an inability to use an FDA labeled strength indicated for maintenance therapy AND B. The patient has achieved weight loss on the lower requested strength from baseline (prior to initiation of pharmacotherapy) OR 3. BOTH of the following: A. The requested agent does NOT have a maximum FDA labeled dose for the requested indication AND B. There is support for therapy with a higher dose for the requested indication OR 4. BOTH of the following: A. The requested quantity (dose) does NOT exceed the maximum FDA labeled dose for the requested indication AND B. There is support for why the requested quantity (dose) cannot be achieved with a lower quantity of a higher strength that does NOT exceed the program quantity limit OR 5. BOTH of the following: A. The requested quantity (dose) exceeds the maximum FDA labeled dose for the requested indication AND B. There is support for therapy with a higher dose for the requested indication Length of Approval: up to 12 months