

Applicable Drugs: benzphetamine, Contrave ER (naltrexone/bupropion), diethylpropion, Foundayo (orlistat), liraglutide, orlistat, phendimetrazine, phentermine, Qsymia (phentermine/ topiramate extended-release), Saxenda (liraglutide), Wegovy / Wegovy HD (semaglutide), Xenical (orlistat), Zepbound (tirzepatide)

Preferred: Please refer to the Plan Document for preferred product(s) listing

Non-preferred: Please refer to the Plan Document for non-preferred product(s) listing

Date of Origin: 12/12/2022

Date Last Reviewed / Revised: 7/31/2026

PRIOR AUTHORIZATION CRITERIA

(May be considered medically necessary when criteria I–V are met)

- I. Benefit Requirement: Coverage for the requested medication must be included under the member's benefit plan. If the requested medication is excluded by the plan, the medication is not covered for any indication, including FDA-approved indications such as obstructive sleep apnea (OSA), metabolic dysfunction-associated steatohepatitis (MASH), weight management, or any other use.
- II. If the requested medication is a covered benefit, there must be documented diagnosis of one of the following conditions A, B, C, or D AND must meet all criteria listed under the applicable diagnosis:
 - A. Weight management and meets criteria i–iii below:
 - i. Patient age is:
 - a. 18 years of age or older and patient meets criterion a OR b:
 - a. The patient has a documented baseline body mass index (BMI) of 30 kg/m² or greater (obese).
 - b. The patient has a documented baseline BMI of 27 kg/m² or greater (overweight) AND has at least one weight-related comorbid condition (e.g., hypertension, type 2 diabetes mellitus, obstructive sleep apnea, dyslipidemia, cardiovascular disease).
 - b. 12 to less than 18 years of age and patient meets both criteria a AND b:
 - a. Documented body weight above 60 kg.
 - b. Initial BMI corresponding to 30 kg/m² in adults by international cutoffs (see Appendix Table 1).
 - ii. Documented (health care provider attestation) trial of reduced-calorie diet (approximately 500 kcal/day deficit) and exercise plan (recommended increase in physical activity of a minimum 150 minutes per week) for at least 3 months.
 - iii. The requested medication will be used as an adjunct to a reduced-calorie diet and exercise plan, as described in criterion A.ii above.

- B. Established cardiovascular disease (CVD) and meets criteria i–v below:
- i. The request is for Wegovy (semaglutide) injection or tablets.
 - ii. Patient age is 18 years or older.
 - iii. Documented baseline BMI of 27 kg/m² or greater (overweight).
 - iv. Established cardiovascular disease as evidenced by at least one of the following:
 - a. Prior myocardial infarction (MI)
 - b. Prior ischemic or hemorrhagic stroke
 - c. Symptomatic peripheral artery disease (PAD)
 - v. Documentation (healthcare provider attestation) that Wegovy will be used in combination with a reduced-calorie diet AND increased physical activity, as described in criterion A.ii above.
- C. Metabolic dysfunction-associated steatohepatitis (MASH) and meets criteria i–vi below:
- i. The request is for Wegovy (semaglutide) injection.
 - ii. Patient age is 18 years or older.
 - iii. Evidence of MASH with stage F2–F3 fibrosis at baseline, confirmed within the last 12 months by one of the following tests:
 - a. Liver biopsy
 - b. FibroScan (VCTE): 8–15 kPa
 - c. MRI elastography (MRE): 3.1–4.4 kPa
 - d. Enhanced Liver Fibrosis (ELF) score: 9.2–10.5
 - iv. For noninvasive test (NIT) values in ranges suggestive of possible advanced fibrosis (i.e., not definitive for F2–F3; VCTE 15–20 kPa, MRE 4.4–5.0 kPa, or ELF 10.5–11.3), treatment may be considered if cirrhosis is reasonably excluded based on a secondary confirmatory NIT consistent with F2–F3 fibrosis.
 - v. Documentation (healthcare provider attestation) that Wegovy will be used in combination with a reduced-calorie diet AND increased physical activity, as described in criterion A.ii above.
 - vi. Treatment is prescribed by or in consultation with a gastroenterologist, hepatologist, or endocrinologist.

- D. Obstructive sleep apnea (OSA) and meets criteria i–v below:
- i. The request is for Zepbound (tirzepatide).
 - ii. Patient age is 18 years or older.
 - iii. Documented baseline BMI of 27 kg/m² or greater (overweight).
 - iv. Documented (health care provider attestation) trial of reduced-calorie diet (approximately 500 kcal/day deficit) and exercise plan (recommended increase in physical activity of a minimum 150 minutes per week) for at least 3 months.
 - v. The requested medication will be used as an adjunct to a reduced-calorie diet and exercise plan, as described in criterion D.iv above.
- III. The patient meets specific age criteria in accordance with FDA labeling (see Age / Quantity / Days Supply Restrictions).
- IV. Request is for a medication with the appropriate FDA labeling, or its use is supported by current clinical practice guidelines.
- V. Refer to the plan document for the list of preferred products. If the requested agent is not listed as a preferred product, must have documented treatment failure, intolerance, or contraindication to the preferred product(s).

EXCLUSION CRITERIA

- Pregnancy
- Concurrent use with other products for weight loss.
- Contrave: use of other bupropion products.
- For requests for incretin mimetics, the following exclusions apply:
 - Personal or family history of medullary thyroid carcinoma or Multiple Endocrine Neoplasia syndrome type 2.
 - Concurrent use of multiple incretin mimetics.
 - History of pancreatitis.
 - Severe gastrointestinal disease.
 - Use for the treatment of Type 2 diabetes.
- For requests for Wegovy for the treatment of MASH, the following exclusions apply:
 - Evidence of cirrhosis or portal hypertension (e.g., VCTE >20 kPa, MRE >5.0 kPa, ELF >11.3, or clinical/imaging findings)

AGE / QUANTITY / DAYS SUPPLY RESTRICTIONS*

- Contrave ER: Age ≥18 years, up to 120 tablets per 30 days.
- Foundayo: Age ≥18 years, 30 tablets per 30 days.
- Orlistat products:
 - Xenical: Age ≥12 years, 90 capsules per 30 days.
 - Alli: Age ≥18 years, 90 capsules per 30 days.
- Phentermine products:
 - Lomaira: Age ≥17 years, up to 90 tablets per 30 days.
 - Qsymia: Age ≥12 years, 30 capsules per 30 days.
 - Adipex-P and all others: Age ≥17 years, 30 tablets/capsules per 30 days.
- Saxenda/liraglutide: Age ≥12 years, 5 pens (15 mL) per 30 days.
- Wegovy products
 - Wegovy injection
 - Weight loss: Age ≥12 years, 4 pens (3 mL) per 28 days.
 - MASH: Age ≥18 years, 4 pens (3 mL) per 28 days.
 - Wegovy HD injection
 - Weight loss: Age ≥18 years, 4 pens (3 mL) per 28 days
 - Wegovy tablets
 - Weight loss: Age ≥18 years, 30 tablets per 30 days.
- Zepbound: Age ≥18 years, 4 pens (2 mL) per 28 days.

*Exceptions to these quantity limits for dose titration/de-escalation will be reviewed on a case-by-case basis.

APPROVAL LENGTH

- **Authorization:**
 - Foundayo, Wegovy/Wegovy HD, and Zepbound (obesity): 28 weeks
 - Wegovy (MASH): 6 months
 - Other agents: 16 weeks
- **Re-Authorization:**
 - Requests for weight management, CVD, and OSA: 28 weeks. An updated letter of medical necessity or progress notes showing current medical necessity criteria are met and that the medication is effective, including documentation that criteria 1, 2, and 3 are met:

1. Patient is tolerating the medication at the maintenance dose.
 - Foundayo: maintenance dose is 5.5 mg, 9 mg, 14.5 mg, or 17.2 mg daily.
 - Zepbound
 - Maintenance dose for weight reduction is 5 mg, 10 mg, or 15 mg once weekly.
 - Maintenance dose for the treatment of obstructive sleep apnea (OSA) is 10 mg or 15 mg once weekly. If patient cannot tolerate the 10 mg dose, reauthorization for the treatment of OSA is not available.
 - Wegovy / Wegovy HD
 - Injection: maintenance dose is 1.7 mg, 2.4 mg, or 7.2 mg once weekly.
 - Tablet: maintenance dose is 25 mg once daily.
 - Saxenda/liraglutide: maintenance dose is 3 mg daily.
 2. Patient has lost at least 5% of baseline body weight.
 - Weight-loss medications should be discontinued if the patient has not lost at least 5% of baseline body weight, since it is unlikely that the patient will achieve and sustain clinically meaningful weight loss with continued treatment.
 3. The patient continues to use the medication as an adjunct to a reduced-calorie diet and exercise plan (as described in criterion A.ii above).
- MASH: 12 months. An updated letter of medical necessity or progress notes showing current medical necessity criteria are met and that the medication is effective, including documentation that criteria 1, 2 and 3 are met:
 1. Updated liver biopsy, VCTE, MRE, or ELF showing improvement or maintenance of the fibrosis stage, and no progression to stage 4 fibrosis.
 2. The patient continues to use the medication as an adjunct to a reduced-calorie diet and exercise plan (as described in criterion A.ii above).
 3. Patient is tolerating the maintenance dosage of 2.4 mg once weekly. If patient does not tolerate 2.4 mg once weekly, the dosage can be decreased to 1.7 mg once weekly. If patient cannot tolerate the 1.7 mg dose, reauthorization is not available.

APPENDIX

Table 1. International Obesity Task Force BMI Cut-Offs for Obesity by Sex and Age for Pediatric Patients Aged 12 years and Older (Cole Criteria)

Age (years)	Body mass index 30 kg/m ²	
	Males	Females
12	26.02	26.67
12.5	26.43	27.24
13	26.84	27.76
13.5	27.25	28.20
14	27.63	28.57
14.5	27.98	28.87
15	28.30	29.11
15.5	28.60	29.29
16	28.88	29.43
16.5	29.14	29.56
17	29.41	29.69
17.5	29.70	29.84

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3. Foundayo. Prescribing information. Eli Lilly and Company; 2026. Accessed April 7, 2026.
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MEDICATION POLICY:

Antiobesity Medications (AOM) - (Coverage may vary)



8. Xenical. Prescribing information. H2-Pharma LLC; 2024. Accessed July 31, 2026.
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DISCLAIMER: Medication Policies are developed to help ensure safe, effective and appropriate use of selected medications. They offer a guide to coverage and are not intended to dictate to providers how to practice medicine. Refer to Plan for individual adoption of specific Medication Policies. Providers are expected to exercise their medical judgement in providing the most appropriate care for their patients.