

**SAXENDA (liraglutide)
WEGOVY (semaglutide)****Pre – PA Allowance**

None

Prior – Approval Requirements**Age** 12 years of age or older**Diagnosis**

Patient must be using for the following:

Chronic weight management

AND ALL of the following:

1. Patient has **ONE** of the following:
 - a. Age 18+, must have **ONE** of the following:
 - i. Body mass index (BMI) ≥ 30 kg/m²
 - ii. Body mass index (BMI) ≥ 27 kg/m² **AND ONE** of the following:
 1. Patient has established cardiovascular disease (e.g., congenital heart disease, cerebrovascular disease, peripheral artery disease, coronary heart disease, acute coronary syndrome (ACS), myocardial infarction (MI), unstable angina, coronary or other arterial revascularization, or prior percutaneous coronary intervention/coronary bypass surgery)
 2. Patient has at least one weight related comorbid condition (e.g., type 2 diabetes mellitus, dyslipidemia, or hypertension)
 - b. Age 12-17 **ONLY**: Body mass index (BMI) $\geq 95^{\text{th}}$ percentile for their age
2. Patient has participated in a comprehensive weight management program (e.g., Teladoc or another weight loss program)
3. **NO** dual therapy with other glucagon-like peptide-1 (GLP-1) receptor agonists (see Appendix 1)
4. **NO** dual therapy with another Prior Authorization (PA) medication for weight loss (see Appendix 2)

**SAXENDA (liraglutide)
WEGOVY (semaglutide)****Prior – Approval Limits****Quantity**

Medication	Quantity Limit
Saxenda	15 pre-filled pens per 90 days OR
Wegovy	12 single-dose pens per 84 days

Duration 6 months

Prior – Approval *Renewal* Requirements**Age** 12 years of age or older**Diagnosis**

Patient must be using for the following:

Chronic weight management

AND ALL of the following:

1. Age 18+ **ONLY**: The patient has lost at least 5 percent of baseline body weight **OR** the patient has continued to maintain their initial 5 percent weight loss
2. Age 12-17 **ONLY**: Patient has maintained clinically significant weight loss
3. Patient has participated in a comprehensive weight management program (e.g., Teladoc or another weight loss program)
4. **NO** dual therapy with other glucagon-like peptide-1 (GLP-1) receptor agonists (See Appendix 1)
5. **NO** dual therapy with another Prior Authorization (PA) medication for weight loss (see Appendix 2)

Prior - Approval *Renewal* Limits**Quantity**

Medication	Quantity Limit
Saxenda	15 pre-filled pens per 90 days OR
Wegovy	12 single-dose pens per 84 days

Duration 12 months



**SAXENDA (liraglutide)
WEGOVY (semaglutide)**

Appendix 1 - List of GLP-1 Agonist Medications

Generic Name	Brand Name
dulaglutide	Trulicity
exenatide	Byetta
exenatide	Bydureon, Bydureon BCise
liraglutide	Saxenda
liraglutide	Victoza
liraglutide and insulin degludec	Xultophy
lixisenatide	Adlyxin
lixisenatide and insulin glargine	Soliqua
semaglutide	Ozempic
semaglutide	Rybelsus
semaglutide	Wegovy
tirzepatide	Mounjaro
tirzepatide	Zepbound

Appendix 2 - List of PA Weight Loss Medications

Generic Name	Brand Name
benzphetamine	N/A
carboxymethylcellulose-cellulose-citric acid	Plenity
diethylpropion	N/A
liraglutide	Saxenda
naltrexone/bupropion	Contrave
orlistat	Xenical
phendimetrazine	N/A
phentermine	Adipex-P/Lomaira
phentermine/topiramate ER	Qsymia
semaglutide	Wegovy
setmelanotide	Imcivree
tirzepatide	Zepbound