



Weight Management Prior Authorization with Quantity Limit Program Summary

POLICY REVIEW CYCLE

Effective Date
04-20-2026

Date of Origin
02-15-2024

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		
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 ; Zepbound kwikpen	tirzepatide (weight mngmt) soln ; tirzepatide (weight mngmt) soln auto-injector ; tirzepatide (weight mngmt) soln pen-injector	10 MG/0.5ML ; 10 MG/0.6ML ; 12.5 MG/0.5ML ; 12.5 MG/0.6ML ; 15 MG/0.5ML ; 15 MG/0.6ML ; 2.5 MG/0.5ML ; 2.5 MG/0.6ML ; 5 MG/0.5ML ; 5 MG/0.6ML ; 7.5 MG/0.5ML ; 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
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			

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
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	2	mLs	180	DAY			
Zepbound	tirzepatide (weight mngmt) soln	5 MG/0.5 ML	2	mLs	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			
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			

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 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
Saxenda	liraglutide (weight mngmt) soln pen-inj	18 MG/3ML	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Annual PY ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; Topaz
Wegovy	semaglutide (weight management) tab	1.5 MG ; 25 MG ; 4 MG ; 9 MG	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Annual PY ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; Topaz
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	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Annual PY ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; Topaz

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
Zepbound ; Zepbound kwikpen	tirzepatide (weight mngmt) soln ; tirzepatide (weight mngmt) soln auto-injector ; tirzepatide (weight mngmt) soln pen-injector	10 MG/0.5ML ; 10 MG/0.6ML ; 12.5 MG/0.5ML ; 12.5 MG/0.6ML ; 15 MG/0.5ML ; 15 MG/0.6ML ; 2.5 MG/0.5ML ; 2.5 MG/0.6ML ; 5 MG/0.5ML ; 5 MG/0.6ML ; 7.5 MG/0.5ML ; 7.5 MG/0.6ML	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Annual PY ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; Topaz

CLIENT SUMMARY – QUANTITY LIMITS

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
Saxenda	Liraglutide (Weight Mngmt) Soln Pen-Inj 18 MG/3ML (6 MG/ML)	18 MG/3ML	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Annual PY ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; Topaz
Wegovy	semaglutide (weight management) tab	4 MG	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Annual PY ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; Topaz
Wegovy	semaglutide (weight management) tab	9 MG	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Annual PY ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; Topaz

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
Wegovy	semaglutide (weight management) tab	1.5 MG	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Annual PY ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; Topaz
Wegovy	semaglutide (weight management) tab	25 MG	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Annual PY ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; Topaz
Wegovy	Semaglutide (Weight Mngmt) Soln Auto-Injector	1 MG/0.5ML	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Annual PY ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; Topaz
Wegovy	Semaglutide (Weight Mngmt) Soln Auto-Injector	0.25 MG/0.5ML	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Annual PY ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; Topaz
Wegovy	Semaglutide (Weight Mngmt) Soln Auto-Injector	1.7 MG/0.75ML	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; IL HMO Performance Quarterly ; IL non-HMO Performance Full

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Annual PY ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; Topaz
Wegovy	Semaglutide (Weight Mngmt) Soln Auto-Injector	2.4 MG/0.75ML	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Annual PY ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; Topaz
Wegovy	Semaglutide (Weight Mngmt) Soln Auto-Injector	0.5 MG/0.5ML	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Annual PY ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; Topaz
Wegovy hd	semaglutide (weight mngmt) soln auto-injector	7.2 MG/0.75ML	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Annual PY ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; Topaz
Zepbound	tirzepatide (weight mngmt) soln	12.5 MG/0.5ML	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ;

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			Performance Annual ; Performance Annual PY ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; Topaz
Zepbound	tirzepatide (weight mngmt) soln	2.5 MG/0.5ML	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Annual PY ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; Topaz
Zepbound	tirzepatide (weight mngmt) soln	5 MG/0.5ML	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Annual PY ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; Topaz
Zepbound	tirzepatide (weight mngmt) soln	15 MG/0.5ML	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Annual PY ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; Topaz
Zepbound	tirzepatide (weight mngmt) soln	10 MG/0.5ML	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Annual PY ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; Topaz

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
Zepbound	tirzepatide (weight mngmt) soln	7.5 MG/0.5ML	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Annual PY ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; Topaz
Zepbound	tirzepatide (weight mngmt) soln auto-injector	12.5 MG/0.5ML	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Annual PY ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; Topaz
Zepbound	tirzepatide (weight mngmt) soln auto-injector	15 MG/0.5ML	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Annual PY ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; Topaz
Zepbound	tirzepatide (weight mngmt) soln auto-injector	5 MG/0.5ML	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Annual PY ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; Topaz
Zepbound	tirzepatide (weight mngmt) soln auto-injector	7.5 MG/0.5ML	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; IL HMO Performance Quarterly ; IL non-HMO Performance Full

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Annual PY ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; Topaz
Zepbound	tirzepatide (weight mngmt) soln auto-injector	10 MG/0.5ML	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Annual PY ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; Topaz
Zepbound	tirzepatide (weight mngmt) soln auto-injector	2.5 MG/0.5ML	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Annual PY ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; Topaz
Zepbound kwikpen	tirzepatide (weight mngmt) soln pen-injector	12.5 MG/0.6ML	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Annual PY ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; Topaz
Zepbound kwikpen	tirzepatide (weight mngmt) soln pen-injector	5 MG/0.6ML	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ;

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			Performance Annual ; Performance Annual PY ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; Topaz
Zepbound kwikpen	tirzepatide (weight mngmt) soln pen-injector	10 MG/0.6ML	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Annual PY ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; Topaz
Zepbound kwikpen	tirzepatide (weight mngmt) soln pen-injector	15 MG/0.6ML	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Annual PY ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; Topaz
Zepbound kwikpen	tirzepatide (weight mngmt) soln pen-injector	7.5 MG/0.6ML	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Annual PY ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; Topaz
Zepbound kwikpen	tirzepatide (weight mngmt) soln pen-injector	2.5 MG/0.6ML	Balanced ; Balanced Biosimilar ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; IL HMO Performance Quarterly ; IL non-HMO Performance Full ; Jade ; MT Performance Full ; NM HIM Annual 2025 ; NM HIM Annual 2026 ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Annual PY ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; Topaz

PRIOR AUTHORIZATION CLINICAL CRITERIA FOR APPROVAL

Module	Clinical Criteria for Approval
	<p>Initial Evaluation</p> <p>Target Agent(s) will be approved when ALL the following are met:</p> <ol style="list-style-type: none"> 1. ONE of the following: <ol style="list-style-type: none"> A. The patient has a diagnosis of obstructive sleep apnea (OSA) [medical records required] AND ALL of the following: <ol style="list-style-type: none"> 1. The patient has had a polysomnography (PSG) or home sleep apnea test AND 2. The patient has an apnea hypopnea index (AHI) greater than or equal to 15 events/hour from baseline (prior to initiation of pharmacotherapy) AND 3. The requested agent is Zepbound AND 4. The patient has a pretreatment body mass index (BMI) greater than or equal to 30 kg/m² OR 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) (medical records required) AND ALL of the following: <ol style="list-style-type: none"> 1. The patient has stage F2 or F3 fibrosis as confirmed by ONE of the following (prior to therapy with the requested agent): <ol style="list-style-type: none"> A. A liver biopsy OR B. Vibration-controlled transient elastography (VCTE) OR C. Enhanced liver fibrosis (ELF) score OR D. Magnetic resonance elastography (MRE) AND 2. The requested agent is Wegovy injection AND 3. The patient is an adult (18 years of age or over) AND 4. ONE of the following: <ol style="list-style-type: none"> A. 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 B. 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 5. The patient is being monitored and/or treated for any comorbid conditions (e.g., cardiovascular disease, diabetes, dyslipidemia, hypertension) AND 6. The patient does NOT have ANY of the following: <ol style="list-style-type: none"> A. Decompensated cirrhosis B. Moderate to severe hepatic impairment (Child-Pugh Class B or C) C. Any other liver disease (e.g., Wilson's disease, hepatocellular carcinoma, hepatitis) AND 7. 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

Module	Clinical Criteria for Approval
	<p>disease [PAD] including aortic aneurysm, all of atherosclerotic origin) AND ALL of the following:</p> <ol style="list-style-type: none"> 1. The requested agent is Wegovy AND 2. The patient has a history of ONE of the following: <ol style="list-style-type: none"> A. Myocardial infarction OR B. Stroke OR C. 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 3. The patient has a pretreatment BMI greater than or equal to 27 kg/m² AND 4. The patient will use optimized pharmacotherapy for established cardiovascular disease in combination with the requested agent OR <p>D. The patient is overweight or obese and is using the requested agent for weight management and ALL of the following:</p> <ol style="list-style-type: none"> 1. The patient is new to therapy, new to Prime, or attempting a repeat weight loss course of therapy AND 2. ONE of the following: <ol style="list-style-type: none"> A. The patient is an adult (18 years of age or over) AND has ONE of the following: <ol style="list-style-type: none"> 1. A pretreatment BMI greater than or equal to 30 kg/m² OR 2. A pretreatment 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 pretreatment 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: <ol style="list-style-type: none"> 1. A pretreatment BMI greater than or equal to 95th percentile for age and sex OR 2. A pretreatment BMI greater than or equal to 30 kg/m² OR 3. A pretreatment 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 3. The patient has been on and had an inadequate response to a weight loss regimen of a low-calorie diet, increased physical activity, and behavioral modifications for a minimum of 6 months prior to initiating therapy AND 4. If the requested agent is Saxenda, then ONE of the following: <ol style="list-style-type: none"> A. The patient is an adult (18 years of age or over) AND ONE of the following: <ol style="list-style-type: none"> 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: <ol style="list-style-type: none"> 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 5. If the requested agent is Wegovy, then ONE of the following:

Module	Clinical Criteria for Approval
	<p>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 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. If the request is for Wegovy injection for a pediatric patient (12 to 17 years of age), then the patient has achieved and maintained a reduction in BMI of at least 5% from baseline (prior to initiation of pharmacotherapy) AND</p> <p>6. If the requested agent is 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 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</p> <p>E. The patient has another FDA labeled indication for the requested agent and route of administration AND</p> <p>2. The patient will NOT be using the requested agent in combination with another weight loss agent (e.g., Contrave, phentermine, Qsymia, Xenical) AND</p> <p>3. BOTH of the following: A. The patient is currently on a weight management regimen of a low-calorie diet, increased physical activity, and behavioral modifications AND B. The patient will continue the weight management regimen in combination with the requested agent AND</p> <p>4. If the patient has an FDA labeled indication, then ONE of the following: A. The patient's age is within FDA labeling for the requested indication for the requested agent OR B. There is support for using the requested agent for the patient's age for the requested indication AND</p> <p>5. The patient will NOT be using the requested agent in combination with another GLP-1 receptor agonist (e.g., Saxenda, Wegovy, Zepbound, Bydureon, Byetta, Mounjaro, Ozempic, Rybelsus, Trulicity, Victoza) AND</p> <p>6. The patient does NOT have any FDA labeled contraindications to the requested agent</p> <p>Length of Approval:</p> <ul style="list-style-type: none"> • BCBS IL HIM/FI/ASO Cost (BBF), and BCBSMT FI & HIM: 12 months • ALL other plans (including BCBSIL ASO and MT ASO): <ul style="list-style-type: none"> ○ For Wegovy, Zepbound: 12 months ○ For Saxenda: Pediatric patients (12 to 17 years of age): 5 months; Adults: 4 months <p>NOTE: If Quantity Limit applies, please refer to Quantity Limit Criteria.</p> <p>Renewal Evaluation</p> <p>Target Agent(s) will be approved when ALL of the following are met:</p> <ol style="list-style-type: none"> 1. The patient has been previously approved for therapy with an agent targeted in this policy (i.e., Wegovy, Saxenda, Zepbound) through the plan's Prior Authorization process (Note: patients not previously approved for an agent targeted in this policy will require initial evaluation review) AND 2. ONE of the following: <ol style="list-style-type: none"> A. The patient has a diagnosis of obstructive sleep apnea (OSA) AND BOTH of the following: <ol style="list-style-type: none"> 1. The requested agent is Zepbound AND

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	<p>2. The patient has had clinical benefit with the requested agent (e.g., reduction in AHI, decrease in Epworth Sleepiness Scale) OR</p> <p>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) (medical records required) AND ALL of the following:</p> <ol style="list-style-type: none"> 1. The requested agent is Wegovy injection AND 2. ONE of the following: <ol style="list-style-type: none"> A. 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 B. 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 3. The patient does NOT have ANY of the following: <ol style="list-style-type: none"> 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 4. The patient has had clinical benefit with the requested agent AND 5. 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 <p>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:</p> <ol style="list-style-type: none"> 1. The requested agent is Wegovy AND 2. The patient will use optimized pharmacotherapy for established cardiovascular disease in combination with the requested agent AND 3. The patient has had clinical benefit with the requested agent OR <p>D. The patient is overweight or obese and is using the requested agent for weight management and ALL of the following:</p> <ol style="list-style-type: none"> 1. The patient is continuing a current weight loss course of therapy AND 2. 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 3. The patient meets ONE of the following: <ol style="list-style-type: none"> A. If the requested agent is Saxenda, then ONE of the following: <ol style="list-style-type: none"> 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 B. If the requested agent is Wegovy, then ONE of the following: <ol style="list-style-type: none"> 1. The patient has received less than 52 weeks of therapy on the maximum-tolerated dose OR 2. If the requested agent is Wegovy injection for a pediatric patient (12 to 17 years of age), then the patient has achieved and maintained a reduction in BMI of at least 5% from baseline (prior to initiation of pharmacotherapy) OR

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	<p data-bbox="565 180 1406 239">C. If the requested agent is Zepbound, the patient has received less than 52 weeks of therapy on the maximum-tolerated dose OR</p> <p data-bbox="565 239 1373 323">D. 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</p> <p data-bbox="375 323 1406 382">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</p> <p data-bbox="280 382 1369 441">3. The patient will NOT be using the requested agent in combination with another weight loss agent (e.g., Contrave, phentermine, Qsymia, Xenical) AND</p> <p data-bbox="280 441 602 470">4. BOTH of the following:</p> <p data-bbox="375 470 1382 529">A. The patient is currently on a weight management regimen of a low-calorie diet, increased physical activity, and behavioral modifications AND</p> <p data-bbox="375 529 1373 588">B. The patient will continue the weight management regimen in combination with the requested agent AND</p> <p data-bbox="280 588 1360 672">5. The patient will NOT be using the requested agent in combination with another GLP-1 receptor agonist (e.g., Saxenda, Wegovy, Zepbound, Bydureon, Byetta, Mounjaro, Ozempic, Rybelsus, Trulicity, Victoza) AND</p> <p data-bbox="280 672 1357 701">6. The patient does NOT have any FDA labeled contraindications to the requested agent</p> <p data-bbox="232 739 646 768">Length of Approval: 12 months</p> <p data-bbox="232 806 1084 835">NOTE: If Quantity Limit applies, please refer to Quantity Limit Criteria.</p> <p data-bbox="232 932 1268 961">The requested agent will also be approved when ONE of the following is met:</p> <p data-bbox="280 999 1401 1083">1. The request is for a BCBS NM Fully Insured or NM HIM member and ALL of the following:</p> <p data-bbox="375 1029 1373 1087">A. The patient does NOT have any FDA labeled contraindications to the requested agent AND</p> <p data-bbox="375 1087 992 1117">B. The requested indication is a rare disease AND</p> <p data-bbox="375 1117 678 1146">C. ONE of the following:</p> <p data-bbox="472 1146 1377 1205">1. The patient has another FDA labeled indication for the requested agent and route of administration OR</p> <p data-bbox="472 1205 1401 1264">2. The patient has another indication that is supported in compendia for the requested agent and route of administration OR</p> <p data-bbox="280 1264 574 1293">2. ALL of the following:</p> <p data-bbox="375 1293 829 1323">A. The member resides in Ohio AND</p> <p data-bbox="375 1323 1008 1352">B. The plan is Fully Insured or HIM Shop (SG) AND</p> <p data-bbox="375 1352 1373 1411">C. The patient does NOT have any FDA labeled contraindications to the requested agent AND</p> <p data-bbox="375 1411 678 1440">D. ONE of the following:</p> <p data-bbox="472 1440 1377 1499">1. The patient has another FDA labeled indication for the requested agent and route of administration OR</p> <p data-bbox="472 1499 1401 1558">2. The patient has another indication that is supported in compendia for the requested agent and route of administration OR</p> <p data-bbox="472 1558 1401 1755">3. The prescriber has submitted TWO articles from major peer-reviewed professional medical journals [e.g., Journal of American Medical Association (JAMA), New England Journal of Medicine (NEJM), Lancet] supporting the proposed use(s) as generally safe and effective. Accepted study designs may include, but are not limited to, randomized, double blind, placebo controlled clinical trials. NOTE: Case studies are not acceptable [journal articles required]</p> <p data-bbox="232 1793 1393 1852">Non-oncology compendia allowed: DrugDex level 1, 2A or 2B, AHFS-DI (narrative text must be supportive)</p>

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	<p>Oncology compendia allowed: NCCN 1 or 2A, AHFS-DI (narrative text must be supportive), DrugDex level 1, 2A, or 2B, or Clinical Pharmacology (narrative text must be supportive), Lexi-Drugs evidence level A, peer-reviewed medical literature</p> <p>Length of Approval: 12 months</p> <p>NOTE: If Quantity Limit applies, please refer to Quantity Limit Criteria.</p>

QUANTITY LIMIT CLINICAL CRITERIA FOR APPROVAL

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QL	<p>Quantity Limit for the Target Agent(s) will be approved when ONE of the following is met:</p> <ol style="list-style-type: none"> 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: <ol style="list-style-type: none"> A. If the requested agent is Wegovy tablets, then requested dose does not exceed 1 tablet per day AND B. ONE of the following: <ol style="list-style-type: none"> 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: <ol style="list-style-type: none"> A. The patient has an inability to use an FDA labeled strength indicated for maintenance therapy AND B. The patient has had clinical benefit 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: <ol style="list-style-type: none"> A. The patient has an inability to use an FDA labeled strength indicated for maintenance therapy AND B. The patient has had clinical benefit on the lower requested strength from baseline (prior to initiation of pharmacotherapy) OR 3. BOTH of the following: <ol style="list-style-type: none"> 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: <ol style="list-style-type: none"> 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: <ol style="list-style-type: none"> 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 <p>Length of Approval:</p> <ul style="list-style-type: none"> • BCBS IL HIM/FI/ASO Cost (BBF): 12 months • ALL other plans (including BCBSIL ASO): <ul style="list-style-type: none"> ○ INITIAL: <ul style="list-style-type: none"> ▪ For Wegovy, Zepbound: 12 months ▪ For Saxenda: Pediatric patients (12 to 17 years of age): 5 months; Adults: 4 months ○ RENEWAL: 12 months

