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Section:	Prescription Drugs	**Effective Date:**	July 1, 2026
Subsection:	Miscellaneous Products	**Original Policy Date:**	September 9, 2022
Subject:	Saxenda Wegovy	**Page:**	1 of 11

Last Review Date: June 11, 2026

Saxenda Wegovy

Description

Saxenda (liraglutide)
Wegovy (semaglutide)

Background

Obesity rates have increased dramatically in the 21st century and obesity contributes to increased morbidity, mortality, and the burden of healthcare costs. There are anti-obesity medications approved by the FDA for the long and short-term treatment of obesity. These medications for weight loss are indicated in combination with lifestyle modification for the management of obesity, and some are indicated for use in children as young as 12 years of age. Wegovy is also indicated for noncirrhotic metabolic dysfunction-associated steatohepatitis (MASH), formerly known as nonalcoholic steatohepatitis (NASH) (1-5).

Regulatory Status

FDA-approved indications: (4-5)

- Saxenda is indicated as an adjunct to a reduced-calorie diet and increased physical activity for chronic weight management in patients with an initial body mass index (BMI) of:
  - 30 kg/m^2 or greater (obese) or
  - 27 kg/m^2 or greater (overweight) in the presence of at least one weight-related comorbidity (e.g., hypertension, type 2 diabetes mellitus, or dyslipidemia)
- Wegovy injection is indicated in combination with a reduced-calorie diet and increased physical activity:
  - To reduce the risk of major adverse cardiovascular events in adults with established cardiovascular 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 with 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
- Wegovy tablets are indicated in combination with a reduced-calorie diet and increased physical activity:
    - To reduce the risk of major adverse cardiovascular events in adults with established cardiovascular 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

Limitations of Use: (4-5)

- The safety and effectiveness of Weight Loss Management Medications in combination with other products intended for weight loss, including prescription and over-the-counter drugs, and herbal preparations, have not been established.

Saxenda and Wegovy contain a boxed warning regarding the development of thyroid C-cell tumors, including medullary thyroid carcinoma (MTC), in both genders of rats. The relevance of this to the development of human thyroid C-cell tumors is unknown. Saxenda and Wegovy are contraindicated in patients with a personal or family history of MTC and in patients with Multiple Endocrine Neoplasia syndrome type 2 (MEN 2). Counsel patients regarding the potential risk of MTC with use of Saxenda and Wegovy and inform them of symptoms of thyroid tumors (e.g., a mass in the neck, dysphagia, dyspnea, persistent hoarseness) (4-5).

Patients should be periodically assessed for response to therapy. Evaluate decrease in BMI after 12-16 weeks of treatment. If a patient has not shown an appropriate decrease in BMI, discontinue the medication as it is unlikely that the patient will achieve and sustain clinically meaningful decrease in BMI with continued treatment (4-5).

The safety and effectiveness of Saxenda and Wegovy injections in pediatric patients less than 12 years of age for weight management have not been established. The safety and effectiveness of Wegovy tablets in pediatric patients less than 18 years of age have not been established. The safety and effectiveness of Wegovy injections in pediatric patients less than 18 years of age for MASH have not been established. (4-5).

Related policies
Imcivree, Weight Loss Medications

Policy

This policy statement applies to clinical review performed for pre-service (Prior Approval, Precertification, Advanced Benefit Determination, etc.) and/or post-service claims.

Saxenda and Wegovy may be considered **medically necessary** if the conditions indicated below are met.

Saxenda and Wegovy may be considered **investigational** for all other indications.

Prior-Approval Requirements

Saxenda and Wegovy injection only

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/m^2
        ii. Body mass index (BMI) ≥ 27 kg/m^2 **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) ≥95th 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)

Wegovy tablets only

Age 18 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. Body mass index (BMI) ≥ 30 kg/m^2
   b. Body mass index (BMI) ≥ 27 kg/m^2 **AND ONE** of the following:
      i. 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)
      ii. Patient has at least one weight related comorbid condition (e.g., type 2 diabetes mellitus, dyslipidemia, or hypertension)
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)

Wegovy injection only

Age 18 years of age or older

Diagnosis

Patient must have the following:

Noncirrhotic metabolic dysfunction-associated steatohepatitis (MASH) [formerly known as noncirrhotic nonalcoholic steatohepatitis (NASH)]

AND ALL of the following:

1. Moderate to advanced liver fibrosis (stages F2 to F3) as confirmed by **ONE** of the following:
    a. Liver biopsy, performed within the last 6 months
        i. Nonalcoholic Fatty Liver Disease Activity Score (NAS) ≥ 4 **OR** if NAS < 4, hepatocyte ballooning and steatosis are present
    b. Elastography (e.g., Fibroscan), computed tomography, or magnetic resonance imaging within the last 3 months
2. Patient is being monitored and/or treated for any comorbid conditions (e.g., cardiovascular disease, diabetes, dyslipidemia, hypertension)
3. Prescribed by, or in consultation with, an endocrinologist, gastroenterologist, or hepatologist
4. Used in conjunction with diet and exercise

AND NONE of the following:

1. Stage F4 liver fibrosis (cirrhosis)
2. Significant alcohol consumption (≥ 2 alcoholic drinks per day) for a duration of more than 3 months in the last year
3. Diagnosis of hepatocellular carcinoma (HCC)

4. Chronic liver diseases (e.g., primary biliary cholangitis, primary sclerosing cholangitis, Hepatitis B positive, Active Hepatitis C, etc.)

Prior – Approval *Renewal* Requirements

Saxenda and Wegovy injection only

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)

Wegovy tablets only

Age 18 years of age or older

Diagnosis

Patient must be using for the following:

Chronic weight management

AND ALL of the following:

1. 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. 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)

Wegovy injection only

Age 18 years of age or older

Diagnosis

Patient must have the following:

Noncirrhotic metabolic dysfunction-associated steatohepatitis (MASH) [formerly known as noncirrhotic nonalcoholic steatohepatitis (NASH)]

AND ALL of the following:

1. Improvement in fibrosis by at least 1 stage within 1 year of treatment **OR** patient has had no worsening of fibrosis after 2 years or more of therapy
2. Patient has not progressed to stage F4 (cirrhosis)
3. Metabolic risks are managed to standard of care
4. Used in conjunction with diet and exercise

AND NONE of the following:

1. Significant alcohol consumption (≥ 2 alcoholic drinks per day) for a duration of more than 3 months in the last year
2. Diagnosis of hepatocellular carcinoma (HCC)
3. Chronic liver diseases (e.g., primary biliary cholangitis, primary sclerosing cholangitis, Hepatitis B positive, Active Hepatitis C, etc.)

Policy Guidelines

Pre – PA Allowance

None

Prior – Approval Limits

Quantity

Age (years)	Diagnosis	Medication	Strength	Quantity Limit
12 and older	Weight loss	Saxenda	All	15 pre-filled pens per 90 days **OR**
12 through 17	Weight loss	Wegovy injection	0.25 mg 0.5 mg 1 mg 1.7 mg 2.4 mg	12 single-dose pens per 84 days **OR**
18 and older	MASH	Wegovy injection	0.25 mg 0.5 mg 1 mg 1.7 mg 2.4 mg	12 single-dose pens per 84 days **OR**
18 and older	Weight loss	Wegovy injection	0.25 mg 0.5 mg 1 mg 1.7 mg 2.4 mg 7.2 mg	12 single-dose pens per 84 days **OR**
18 and older	Weight loss	Wegovy tablets	All	90 tablets per 90 days

Duration 6 months for chronic weight management
12 months for MASH

Prior – Approval *Renewal* Limits

Quantity Same as above

Duration 12 months

Rationale

Summary
Weight loss is a pathway to health improvement for patients with obesity-associated risk factors and comorbidities. Medications approved for chronic weight management can be useful adjuncts to lifestyle change for patients who have been unsuccessful with diet and exercise alone. Wegovy is also indicated for use in noncirrhotic metabolic dysfunction-associated steatohepatitis (MASH) (1-2, 5).

Prior authorization is required to ensure the safe, clinically appropriate, and cost-effective use of Saxenda and Wegovy while maintaining optimal therapeutic outcomes.

References

1. Tchang BG, Aras M, Kumar RB, Aronne LJ. Pharmacologic Treatment of Overweight and Obesity in Adults. 2021 Aug 2. South Dartmouth (MA): MDText.com, Inc.; 2000. PMID: 25905267.
2. Apovian CM, Aronne LJ, Bessesen DH, McDonnell ME, M. Hassan M, Uberto Pagotto, Ryan DH, Still CD. Pharmacological Management of Obesity: An Endocrine Society Clinical Practice Guideline, The Journal of Clinical Endocrinology & Metabolism, Volume 100, Issue 2, 1 February 2015, Pages 342–362.
3. Hampl SE, Hassink SG, Skinner AC, et al. Clinical Practice Guideline for the Evaluation and Treatment of Children and Adolescents With Obesity. Pediatrics. 2023;151(2):e2022060640. Doi:10.1542/peds.2022-060640
4. Saxenda [package insert]. Plainsboro, NJ: Novo Nordisk Inc.; October 2025.
5. Wegovy [package insert]. Plainsboro, NJ: Novo Nordisk Inc.; March 2026.

Policy History

Date	Action
January 2023	Addition to PA
February 2023	Per PI update: Wegovy age expanded to 12 years of age and older
March 2023	Annual review
December 2023	Annual review. Pediatric reference added. Added initiation requirement to participate in comprehensive weight management program that encourages behavioral modification, reduced calorie diet, and increased physical activity
January 2024	Addition of Zepbound to policy as non-preferred option on MedEx

March 2024	Annual review
April 2024	Revised indication to include established CVD for overweight patients. Per FEP, made the list of co-morbid and established cardiovascular conditions specific
September 2024	Annual review
December 2024	Annual review. Per FEP, placed Wegovy and Saxenda on their own policy 5.99.030, from 5.99.027. Added behavior modification requirement for initiation and continuation, changed requirement for adults to have a 5% BMI reduction and pediatrics to have clinically significant weight loss for continuation
February 2025	Per FEP, added boxed warning to criteria for GLP1s thyroid cancer risk
November 2025	Per PI update, added diagnosis of MASH for Wegovy
December 2025	Annual review and reference update
February 2026	Addition of Wegovy tablets to policy
April 2026	Revised quantity chart to reflect Wegovy 7.2 mg injections
June 2026	Annual review

Keywords

This policy was approved by the FEP® Pharmacy and Medical Policy Committee on June 11, 2026 and is effective on July 1, 2026.

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