

GLUCAGON-LIKE PEPTIDE 1 (GLP-1) & GLUCOSE-DEPENDENT INSULINOTROPIC POLYPEPTIDE (GIP) AGONIST DRUGS FOR NON-DIABETES INDICATIONS



Included Products: Wegovy (semaglutide), Zepbound (tirzepatide)

Created: 07/11/2024 Revised: 01/08/2026 Reviewed: 01/08/2026 Updated: 02/01/2026

Chronic Weight Management-Pediatrics			
Initial Criteria: All Diagnoses		If yes	If no
1.	Is the member between 12 and 20 years of age?	Continue to #2.	Deny for Guideline Note. Medications for purposes of weight loss not covered in adults.
2.	Does the member have severe obesity defined as one of the following: <ul style="list-style-type: none"> a. Body Mass Index (BMI) of greater than or equal to 35kg/m²; or b. Equal to or greater than 120% of the 95th percentile for age and sex 	Continue to #3.	Do not approve.
3.	Has the member failed Qsymia?	Continue to #4.	Do not approve.
4.	Is there documentation that all of the following have been maximized and failed: <ul style="list-style-type: none"> a. Motivational Interviewing b. Health Behavior and Lifestyle Interventions including face-to-face, family based counseling on nutrition and physical activity delivering 26 or more hours over a 3 to 12 month period. c. Physical activity goals such as daily exercise or reduction in sedentary behavior. 	Approve for 6 months.	Review with a medical director for an assessment of medical necessity/appropriateness.

	d. Nutrition education/modifications such as reduction of sugar-sweetened beverages and improvements in health eating.		
Renewal Criteria		If yes	If no
1.	Is there documentation of weight loss of at least 5% of baseline BMI?	Continue to #2.	Do not approve.
2.	Approve for 12 months.		

Noncirrhotic Metabolic Dysfunction-Associated Steatohepatitis (MASH)

Initial Criteria: All Diagnoses		If yes	If no
1.	Does the member have MASH with F2 or F3 fibrosis as determined by a liver biopsy OR one of the following non-invasive tests? <ul style="list-style-type: none"> - VCTE of 8 – 15 kPa - MRE of 3.1 – 4.4 kPa - ELF of 9.2 – 10.5 kPa 	Continue to #2.	Do not approve.
2.	Does the member have ongoing or recent history (within 2 years) of significant alcohol use? Note: significant alcohol use can be patient specific but is typically defined as greater than 21 drinks/week (or >30 g/day) in men and greater than 14 drinks/week (or >20 g/day) in women.	Do not approve.	Continue to #3.
3.	Is the member engaged in dietary changes and increased physical activity/exercise?	Continue to #4.	Do not approve.
4.	Will Wegovy be used in combination with Rezdifra?	Do not approve.	Continue to #5.
5.	Approve for 6 months		
Renewal Criteria		If yes	If no
1.	Is there clinical documentation showing improvement or stable liver fibrosis or steatohepatitis?	Approve for 12 months.	Do not approve.

Obstructive Sleep Apnea

Initial Criteria		If yes	If no
1.	Is the request for Zepbound?	Continue to #2.	Do not approve.
2.	Does the member have a diagnosis of type 2 diabetes?	Do not approve.	Continue to #3.
3.	Does the member have a BMI of 30kg/m ² or greater?	Continue to #4.	Do not approve.
4.	Does the member have confirmation of a diagnosis of moderate to severe obstructive sleep apnea via polysomnography?	Continue to #5.	Do not approve.
5.	Has the member fully maximized the use of positive airway pressure therapy; or has a documented inability to tolerate it?	Continue to #6.	Do not approve.
6.	Has the member tried a weight loss treatment plan administered by a health care provider (such as a diet and exercise program, nutritional counseling, or a calorie restricted diet) for at least a 3-month period within the past 6 months?	Continue to #7.	Do not approve.
7.	Approve for 6 months		
Renewal Criteria		If yes	If no
1.	Is there documentation of a reduction in sleep-related impairment?	Continue to #2.	Do not approve.
2.	Is the member continuing treatment with positive airway pressure therapy?	Continue to #3.	Do not approve.
3.	Has the member lost or maintained a BMI reduction of 5% or more?	Continue to #4.	Do not approve.
4.	Approve for 12 months.		

Prevention of Secondary Cardiovascular Events in Overweight and Obesity

Initial Criteria:		If yes	If no
1.	Is the request for the indication of reducing the risk of major cardiovascular events in an adult with established cardiovascular disease and either obesity or overweight?	Continue to #2.	Do not approve. Medications for purposes of weight loss not covered in adults.
2.	Has the member been screen for diabetes in the past 12 months and results show the member does not have diabetes (such as A1c <6.5% or fasting blood glucose <126 mg/dL)?	Continue to #3.	Do not approve.
3.	Is the member 45 years of age or older?	Continue to #4.	Do not approve.
4.	Does the member have a BMI of 27 kg/m ² or greater?	Continue to #5.	Do not approve.
5.	Does the member have established cardiovascular disease by at least one of the following? <ul style="list-style-type: none"> a. History of myocardial infarction: Defined as documentation of myocardial necrosis (such as changes in cardiac biomarkers) and supporting evidence from clinical presentation, electrocardiographic changes or coronary artery imaging. b. History of stroke (ischemic or hemorrhagic) with confirmation of stroke by imaging. c. Symptomatic peripheral arterial disease with evidence of one of the following: intermittent claudication with ankle-brachial index (ABI) < 0.85 (at rest), or peripheral arterial revascularization procedure, or amputation due to atherosclerotic disease. 	Continue to #6.	Do not approve.
6.	Has the member tried a weight loss treatment plan administered by a health care provider (such as a diet and exercise program, nutritional counseling, or a calorie restricted diet) for at least a 3-month period within the past 6 months?	Continue to #7.	Do not approve.

7.	Is the member prescribed and taking other recommended drugs for secondary cardiovascular prevention, such as a high intensity statin (such as atorvastatin 40-80 mg or rosuvastatin 20-40 mg) and/or antiplatelet therapy (aspirin or clopidogrel) OR is there a reason these are medically inappropriate for the member?	Continue to #8.	Recommend adding if appropriate and continue to #8.
8.	Approve for 6 months		
Renewal Criteria		If yes	If no
1.	Has the member lost or maintained a BMI reduction of 5% or more?	Continue to #3.	Do not approve.
2.	Is the member continuing with a weight loss treatment plan (diet and exercise program, nutritional counseling, or calorie restricted diet)?	Continue to #4.	Do not approve.
3.	Approve for 12 months.		