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Wegovy (semaglutide), Zepbound (tirzepatide)

Prior Authorization Guideline

Guideline Name	Wegovy (semaglutide), Zepbound (tirzepatide)
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Guideline Note:

Effective Date:	7/1/2026
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1 . Criteria

Product Name:Wegovy	
Diagnosis	Chronic weight management - Pediatrics
Approval Length	6 month(s)
Therapy Stage	Initial Authorization
Guideline Type	Prior Authorization
Approval Criteria 1 - Treatment is for chronic weight management AND	

2 - Patient is between 12 and 20 years of age

AND

3 - Patient has a Body Mass Index (BMI) corresponding to one of the following::

- Greater than or equal to 30kg/m²
- Greater than or equal to 25 kg/m² and comorbid conditions [e.g., diabetes mellitus, hypertension, dyslipidemia, fatty liver disease, or cardiovascular disease]
- Greater than or equal to the 95th percentile for age and sex

AND

4 – One of the following

4.1 Trial and failure of Qsymia

OR

4.2 Documentation of a medical reason to avoid Qsymia.

AND

5 - Submission of medical records (e.g., chart notes) documenting that all of the following have been maximized and failed:

5.1 Motivational interviewing

AND

5.2 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

AND

5.3 Physical activity goals such as daily exercise or reduction in sedentary behavior

AND

5.4 Nutrition education/modifications such as reduction of sugar-sweetened beverages and improvements in health eating

Product Name:Wegovy

Diagnosis	Chronic weight management - Pediatrics
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Approval Length	12 month(s)
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Therapy Stage	Reauthorization
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Guideline Type	Prior Authorization
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Approval Criteria

1 - Submission of medical records (e.g., chart notes) documenting weight loss of at least 5% of baseline BMI

Product Name:Wegovy

Diagnosis	Noncirrhotic Metabolic Dysfunction-Associated Steatohepatitis (MASH)
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Approval Length	6 month(s)
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Therapy Stage	Initial Authorization
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Guideline Type	Prior Authorization
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Approval Criteria

1 - Diagnosis of noncirrhotic metabolic dysfunction-associated steatohepatitis (MASH)

AND

2 - Patient has MASH with F2 or F3 fibrosis as determined by one of the following:

- Vibration controlled transient elastography (VCTE) of 8 – 15 kPa
- Magnetic resonance elastography (MRE) of 3.1 – 4.4 kPa
- Enhanced liver fibrosis (ELF) of 9.2 – 10.5 kPa
- Liver biopsy

AND	
3 - Patient does not have ongoing or recent history (within 2 years) history of significant alcohol use*	
AND	
4 - Patient is engaged in dietary changes and increased physical activity/exercise	
Notes	*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.

Product Name:Wegovy	
Diagnosis	Noncirrhotic Metabolic Dysfunction-Associated Steatohepatitis (MASH)
Approval Length	12 month(s)
Therapy Stage	Reauthorization
Guideline Type	Prior Authorization
Approval Criteria 1 - Submission of medical records (e.g., chart notes) documenting improvement or stable liver fibrosis or steatohepatitis (such as stable liver function or non-invasive test results)	

Product Name:Wegovy	
Diagnosis	Prevention of secondary cardiovascular events in overweight and obesity
Approval Length	6 month(s)
Therapy Stage	Initial Authorization
Guideline Type	Prior Authorization
Approval Criteria	

1 - Treatment is being requested to reduce the risk of major cardiovascular events in an adult with established cardiovascular disease and either obesity or overweight

AND

2 - Patient has been screened for diabetes in the past 12 months and results show the patient does not have diabetes (e.g, A1c less than 6.5% or fasting blood glucose less than 126 mg/dL)

AND

3 - Patient is 45 years of age or older

AND

4 - Patient has a Body Mass Index (BMI) corresponding to one of the following:

- Greater than or equal to 30 kg/m²
- Greater than or equal to 25 kg/m² and comorbid conditions [e.g., diabetes mellitus, hypertension, dyslipidemia, fatty liver disease, or cardiovascular disease]
- Greater than or equal to the 95th percentile for age and sex

AND

5 - Patient has established cardiovascular disease as evidenced by one of the following:

5.1 Submission of medical records (e.g., chart notes) documenting a history of myocardial infarction defined as myocardial necrosis (e.g., changes in cardiac biomarkers) and supporting evidence from clinical presentation, electrocardiographic changes or coronary artery imaging

OR

5.2 History of stroke (ischemic or hemorrhagic) with confirmation of stroke by imaging

OR

5.3 Symptomatic peripheral arterial disease with evidence by one of the following:

- Intermittent claudication with ankle-brachial index (ABI) greater than 0.85 (at rest)
- Peripheral arterial revascularization procedure
- Amputation due to atherosclerotic disease

AND

6 - Patient has tried a weight loss treatment plan administered by a health care provider (e.g., a diet and exercise program, nutritional counseling, or a calorie restricted diet) for at least a 3-month period within the past 6 months

AND

7 - One of the following:

7.1 Patient is currently prescribed and taking other recommended drugs for secondary cardiovascular prevention, such as a high intensity statin (e.g., atorvastatin 40-80 mg or rosuvastatin 20-40 mg) and/or antiplatelet therapy (aspirin or clopidogrel)

OR

7.2 Provider attests there is a reason these are medically inappropriate for the patient

Product Name: Wegovy

Diagnosis	Prevention of secondary cardiovascular events in overweight and obesity
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Approval Length	12 month(s)
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Therapy Stage	Reauthorization
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Guideline Type	Prior Authorization
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Approval Criteria

1 - Patient has lost or maintained a BMI reduction of 5% or more

AND

2 - Patient is continuing with a weight loss treatment plan (e.g., diet and exercise program, nutritional counseling, or calorie restricted diet)

Product Name:Zepbound

Diagnosis	Obstructive Sleep Apnea
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Approval Length	6 month(s)
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Therapy Stage	Initial Authorization
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Guideline Type	Prior Authorization
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Approval Criteria

1 - Diagnosis of moderate to severe obstructive sleep apnea as confirmed by polysomnography

AND

2 - Patient does not have Type 2 Diabetes

AND

3 - Patient has a Body Mass Index (BMI) corresponding to one of the following:

- Greater than or equal to 30 kg/m²
- Greater than or equal to 25 kg/m² and comorbid conditions [e.g., diabetes mellitus, hypertension, dyslipidemia, fatty liver disease, or cardiovascular disease]
- Greater than or equal to the 95th percentile for age and sex

AND

4 - One of the following:

4.1 Patient has fully maximized the use of positive airway pressure therapy

OR

4.2 Submission of medical records (e.g., chart notes) documenting an inability to tolerate positive airway pressure therapy

AND

5 - Patient has tried a weight loss treatment plan administered by a health care provider (e.g., diet and exercise program, nutritional counseling, or a calorie restricted diet) for at least a 3-month period within the past 6 months

Product Name:Zepbound	
Diagnosis	Obstructive Sleep Apnea
Approval Length	12 month(s)
Therapy Stage	Reauthorization
Guideline Type	Prior Authorization
Approval Criteria 1 - Submission of medical records (e.g., chart notes) documenting a reduction in sleep-related impairment AND 2 - Patient will be continuing treatment with positive airway pressure therapy AND 3 - Patient has lost or maintained a BMI reduction of 5% or more	