

Utilization Management Policy Name: Anti-Obesity Agents – NC Standard

Restricted Product(s): Restriction applies to brand and generic products

- Adipex-P (phentermine)
- Benzphetamine
- Contrave (bupropion/naltrexone extended release)
- Diethylpropion
- Foundayo (orforglipron)
- Lomaira (phentermine)
- Phendimetrazine
- Qsymia (phentermine/topiramate extended release)
- Saxenda (liraglutide)
- Wegovy (semaglutide)
- Zepbound (tirzepatide)

FDA Approved Use:

- Adipex-P, Benzphetamine, Diethylpropion, Lomaira, Phendimetrazine
 - As an adjunct to a reduced-calorie diet and increased physical activity for chronic weight management in adult patients with an initial body mass index (BMI) of 30 kg/m² or greater (obesity) or 27 kg/m² or greater (overweight) in the presence of at least one weight-related comorbid condition (e.g., hypertension, type 2 diabetes mellitus, or dyslipidemia).
- Contrave, Qsymia
 - As an adjunct to a reduced-calorie diet and increased physical activity for chronic weight management in adult patients with an initial body mass index (BMI) of 30 kg/m² or greater (obesity) or 27 kg/m² or greater (overweight) in the presence of at least one weight-related comorbid condition (e.g., hypertension, type 2 diabetes mellitus, or dyslipidemia) and pediatric patients ≥ 12 years of age with an initial BMI in the ≥95th percentile standardized for age and sex.
- Foundayo
 - As an adjunct to a reduced-calorie diet and increased physical activity to reduce excess body weight and maintain weight reduction long term in adults with obesity or adults with overweight in the presence of at least one weight-related comorbid condition.
- Saxenda
 - As an adjunct to a reduced-calorie diet and increased physical activity to reduce excess body weight and maintain weight reduction long term in adults and pediatric patients ≥12 years of age with body weight >60 kg and obesity, or adults with overweight in the presence of at least one weight-related comorbid condition.
- Wegovy injection
 - As an adjunct to a reduced-calorie diet and increased physical activity to reduce excess body weight and maintain weight reduction long term in adults and pediatric patients ≥12 years of age with obesity, or in adults with overweight and at least one weight-related comorbid condition (e.g., dyslipidemia, hypertension, type 2 diabetes mellitus)

BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans. Blue Cross NC is an independent licensee of the Blue Cross and Blue Shield Association. All other marks are the property of their respective owners.

- As an adjunct to a reduced-calorie diet and increased physical activity 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 an initial BMI of ≥ 30 kg/m² (obesity), or ≥ 27 kg/m² (overweight)
- As an adjunct to diet and exercise for the treatment of noncirrhotic metabolic dysfunction–associated steatohepatitis in adults with moderate to advanced liver fibrosis (stages F2 to F3).
- Wegovy HD injection
 - As an adjunct to a reduced-calorie diet and increased physical activity to reduce excess body weight and maintain weight reduction long term in adults with obesity, or in adults with overweight and at least one weight-related comorbid condition (e.g., dyslipidemia, hypertension, type 2 diabetes mellitus);
- Wegovy tablets
 - As an adjunct to a reduced-calorie diet and increased physical activity to reduce excess body weight and maintain weight reduction long term in adults with obesity, or in adults with overweight and at least one weight-related comorbid condition (e.g., dyslipidemia, hypertension, type 2 diabetes mellitus);
 - As an adjunct to a reduced-calorie diet and increased physical activity 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 an initial BMI of ≥ 30 kg/m² (obesity), or ≥ 27 kg/m² (overweight)
- Zepbound
 - As an adjunct to a reduced-calorie diet and increased physical activity to reduce excess body weight and maintain weight reduction long-term in adults with obesity, or in adults with overweight in the presence of ≥ 1 weight-related comorbid condition (e.g., cardiovascular disease, dyslipidemia, hypertension, obstructive sleep apnea, type 2 diabetes mellitus).
 - To treat moderate to severe obstructive sleep apnea (OSA) in adults with obesity

Criteria for Approval of Restricted Product(s):

Foundayo, Saxenda, Wegovy, and Zepbound

Initial Coverage Criteria

1. The patient is 18 years of age or older; **AND**
 - a. The request is for Foundayo (orforglipron); **AND**
 - i. The patient has ONE of the following:
 1. A diagnosis of obesity and a BMI ≥ 30 kg/m²; **OR**

BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans. Blue Cross NC is an independent licensee of the Blue Cross and Blue Shield Association. All other marks are the property of their respective owners.

2. A diagnosis of obesity and a BMI ≥ 25 kg/m² and the patient is of South Asian, Southeast Asian, or East Asian descent; **OR**
3. The patient has a documented BMI ≥ 27 kg/m² with at least one weight-related comorbidity/risk factor/complication (e.g. cardiovascular disease, coronary artery disease, hypertension, sleep apnea, knee-osteoarthritis, type II diabetes, dyslipidemia, polycystic ovarian syndrome, non-alcoholic steatohepatitis/non-alcoholic fatty liver disease, asthma, and chronic obstructive pulmonary disease); **OR**
- b. The request is for Saxenda (liraglutide); **AND**
 - i. The patient has ONE of the following:
 1. A diagnosis of obesity and a BMI ≥ 30 kg/m²; **OR**
 2. A diagnosis of obesity and a BMI ≥ 25 kg/m² and the patient is of South Asian, Southeast Asian, or East Asian descent; **OR**
 3. The patient has a documented BMI ≥ 27 kg/m² with at least one weight-related comorbidity/risk factor/complication (e.g. cardiovascular disease, coronary artery disease, hypertension, sleep apnea, knee-osteoarthritis, type II diabetes, dyslipidemia, polycystic ovarian syndrome, non-alcoholic steatohepatitis/non-alcoholic fatty liver disease, asthma, and chronic obstructive pulmonary disease); **OR**
 - c. The request is for Wegovy (semaglutide) 0.25mg, 0.5mg, 1mg, 1.7mg, or 2.4mg injection; **AND**
 - i. The patient has ONE of the following:
 1. A diagnosis of obesity and a BMI ≥ 30 kg/m²; **OR**
 2. A diagnosis of obesity and a BMI ≥ 25 kg/m² and the patient is of South Asian, Southeast Asian, or East Asian descent; **OR**
 3. The patient has a documented BMI ≥ 27 kg/m² with at least one weight-related comorbidity/risk factor/complication (e.g. cardiovascular disease, coronary artery disease, hypertension, sleep apnea, knee-osteoarthritis, type II diabetes, dyslipidemia, polycystic ovarian syndrome, non-alcoholic steatohepatitis/non-alcoholic fatty liver disease, asthma, and chronic obstructive pulmonary disease); **OR**
 - ii. The patient is using the medication 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 (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**
 1. The patient has a history of ONE of the following:
 - 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, peripheral arterial revascularization procedure, or amputation due to atherosclerotic disease; **AND**
 - 2. The patient has a BMI ≥ 27 kg/m²; **AND**
 - 3. The patient will use optimized pharmacotherapy for established cardiovascular disease in combination with Wegovy; **OR**
- iii. The patient has a diagnosis of Metabolic Dysfunction-Associated Steatohepatitis (MASH); **AND**
 - 1. The patient has moderate to advanced liver fibrosis consistent with fibrosis stage F2 or F3 as confirmed by ONE of the following:
 - 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 patient does NOT have ANY of the following:
 - a. Significant alcohol consumption
 - b. Decompensated cirrhosis
 - c. Any other liver disease (e.g., Wilson's disease, hepatocellular carcinoma, hepatitis); **AND**
 - 3. 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**
- d. The request is for Wegovy (semaglutide) HD 7.2mg injection; **AND**
 - i. The patient has ONE of the following:
 - 1. A diagnosis of obesity and a BMI ≥ 30 kg/m²; **OR**
 - 2. A diagnosis of obesity and a BMI ≥ 25 kg/m² and the patient is of South Asian, Southeast Asian, or East Asian descent; **OR**
 - 3. The patient has a documented BMI ≥ 27 kg/m² with at least one weight-related comorbidity/risk factor/complication (e.g. cardiovascular disease, coronary artery disease, hypertension, sleep apnea, knee-osteoarthritis, type II diabetes, dyslipidemia, polycystic ovarian syndrome, non-alcoholic steatohepatitis/non-alcoholic fatty liver disease, asthma, and chronic obstructive pulmonary disease); **OR**
- e. The request is for Wegovy (semaglutide) tablets; **AND**
 - i. The patient has ONE of the following:
 - 1. A diagnosis of obesity and a BMI ≥ 30 kg/m²; **OR**
 - 2. A diagnosis of obesity and a BMI ≥ 25 kg/m² and the patient is of South Asian, Southeast Asian, or East Asian descent; **OR**

3. The patient has a documented BMI ≥ 27 kg/m² with at least one weight-related comorbidity/risk factor/complication (e.g. cardiovascular disease, coronary artery disease, hypertension, sleep apnea, knee-osteoarthritis, type II diabetes, dyslipidemia, polycystic ovarian syndrome, non-alcoholic steatohepatitis/non-alcoholic fatty liver disease, asthma, and chronic obstructive pulmonary disease); **OR**
- ii. The patient is using the medication 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 (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**
 1. The patient has a history of ONE of the following:
 - 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, peripheral arterial revascularization procedure, or amputation due to atherosclerotic disease; **AND**
 2. The patient has a BMI ≥ 27 kg/m²; **AND**
 3. The patient will use optimized pharmacotherapy for established cardiovascular disease in combination with Wegovy; **OR**
- f. The request is for Zepbound (tirzepatide); **AND**
 - i. The patient has ONE of the following:
 1. A diagnosis of obesity and a BMI ≥ 30 kg/m²; **OR**
 2. A diagnosis of obesity and a BMI ≥ 25 kg/m² and the patient is of South Asian, Southeast Asian, or East Asian descent; **OR**
 3. The patient has a documented BMI ≥ 27 kg/m² with at least one weight-related comorbidity/risk factor/complication (e.g. cardiovascular disease, coronary artery disease, hypertension, sleep apnea, knee-osteoarthritis, type II diabetes, dyslipidemia, polycystic ovarian syndrome, non-alcoholic steatohepatitis/non-alcoholic fatty liver disease, asthma, and chronic obstructive pulmonary disease); **OR**
 - ii. The patient has a diagnosis of moderate to severe obstructive sleep apnea; **AND**
 1. The patient has a BMI ≥ 30 kg/m²; **AND**
 2. The patient has had a polysomnography (PSG) or home sleep apnea test; **AND**
 3. The patient has an apnea hypopnea index (AHI) ≥ 15 at baseline; **OR**
2. The patient is 12 – 17 years of age; **AND**
 - a. The request is for Saxenda (liraglutide); **AND**

- i. The patient has a body weight of > 60 kg; **AND**
 - ii. The patient has a diagnosis of obesity and a BMI corresponding to $\geq 30 \text{ kg/m}^2$ for adults by international cut-offs; **OR**
- b. The request is for Wegovy (semaglutide) 0.25mg, 0.5mg, 1mg, 1.7mg, or 2.4mg injection; **AND**
 - i. The patient has a diagnosis of obesity and a BMI $\geq 95^{\text{th}}$ percentile for age and sex; **AND**
- 3. The requested medication will NOT be used concurrently with another GLP-1 receptor agonist medication; **AND**
- 4. The requested medication will NOT be used concurrently with another weight loss medication; **AND**
- 5. The provider has addressed the requirement for lifestyle modifications (calorie restrictions and increased activity) while taking the requested medication; **AND**
- 6. The patient was unable to achieve acceptable weight loss through lifestyle modifications (defined as a 1lb per week weight loss through calorie restriction, increased activity, and behavioral modifications in a 6 month period); **OR**
 - a. The patient has a weight-related comorbidity/risk factor/complication (e.g. cardiovascular disease, coronary artery disease, hypertension, sleep apnea, knee-osteoarthritis, type II diabetes, dyslipidemia, polycystic ovarian syndrome, non-alcoholic steatohepatitis/non-alcoholic fatty liver disease, asthma, and chronic obstructive pulmonary disease) that warrants medication interventions immediately; **AND**
- 7. The patient has anti-obesity medication coverage benefits; **AND**
- 8. For formularies that exclude (non-formulary) the requested medication, Non-formulary Exception Criteria applies.

Duration of Approval: 180 days (6 months)

Continuation Coverage Criteria

- 1. The patient was approved through Blue Cross NC initial coverage criteria; **OR**
 - a. The patient would have met criteria for approval at the time they started therapy; **AND**
- 2. The patient is 18 years of age or older; **AND**
 - a. The request is for Foundayo (orforglipron); **AND**
 - i. The patient has achieved and maintained a weight loss of $\geq 5\%$ from baseline (prior to the initiation of requested medication); **OR**
 - b. The request is for Saxenda (liraglutide); **AND**
 - i. The patient has achieved and maintained a weight loss of $\geq 4\%$ from baseline (prior to the initiation of requested medication); **OR**
 - c. The request is for Wegovy (semaglutide) 0.25mg, 0.5mg, 1mg, 1.7mg, or 2.4mg injection; **AND**
 - i. The patient has achieved and maintained a weight loss of $\geq 5\%$ from baseline (prior to the initiation of requested medication); **OR**

BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans. Blue Cross NC is an independent licensee of the Blue Cross and Blue Shield Association. All other marks are the property of their respective owners.

- ii. The patient is using the medication 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 (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**
 - 1. The patient will use optimized pharmacotherapy for established cardiovascular disease in combination with Wegovy; **AND**
 - 2. The patient has demonstrated a positive clinical response while using the medication; **OR**
- iii. The patient is using the medication to treat Metabolic Dysfunction-Associated Steatohepatitis (MASH); **AND**
 - 1. The patient has demonstrated a positive clinical response while using the medication; **AND**
 - 2. The patient does NOT have ANY of the following:
 - a. Significant alcohol consumption
 - b. Decompensated cirrhosis
 - c. Any other liver disease (e.g., Wilson's disease, hepatocellular carcinoma, hepatitis); **AND**
 - 3. 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**
- d. The request is for Wegovy (semaglutide) HD 7.2mg injection; **AND**
 - i. The patient has achieved and maintained a weight loss of $\geq 5\%$ from baseline (prior to the initiation of requested medication); **OR**
- e. The request is for Wegovy (semaglutide) tablet; **AND**
 - i. The patient has achieved and maintained a weight loss of $\geq 5\%$ from baseline (prior to the initiation of requested medication); **OR**
 - ii. The patient is using the medication 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 (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**
 - 1. The patient will use optimized pharmacotherapy for established cardiovascular disease in combination with Wegovy; **AND**
 - 2. The patient has demonstrated a positive clinical response while using the medication; **OR**
- f. The request is for Zepbound (tirzepatide); **AND**

- i. The patient has achieved and maintained a weight loss of $\geq 5\%$ from baseline (prior to the initiation of requested medication); **OR**
- ii. The patient has a diagnosis of moderate to severe obstructive sleep apnea; **AND**
 - 1. The patient has demonstrated a positive clinical response while using the medication; **OR**
- 3. The patient is 12 – 17 years of age; **AND**
 - a. The request is for Saxenda (liraglutide); **AND**
 - i. The patient has achieved and maintained a BMI reduction of $\geq 1\%$ from baseline (prior to the initiation of requested medication); **OR**
 - b. The request is for Wegovy (semaglutide) 0.25mg, 0.5mg, 1mg, 1.7mg, or 2.4mg injection; **AND**
 - i. The patient has achieved and maintained a BMI reduction of $\geq 5\%$ from baseline (prior to the initiation of requested medication); **AND**
- 4. The patient has anti-obesity medication coverage benefits.

Duration of Approval: 365 days (1 year)

Contrave and Qsymia

Initial Coverage Criteria

- 1. ONE of the following
 - a. The patient is 12 -17 years of age; **AND**
 - i. The patient has a diagnosis of obesity and a BMI $\geq 95^{\text{th}}$ percentile when standardized for age and sex; **OR**
 - b. The patient is 18 years of age or older; **AND**
 - i. The patient has one of following:
 - 1. A diagnosis of obesity and a BMI $\geq 30 \text{ kg/m}^2$; **OR**
 - 2. A diagnosis of obesity and a BMI $\geq 25 \text{ kg/m}^2$ and the patient is of South Asian, Southeast Asian, or East Asian descent; **OR**
 - 3. The patient has a documented BMI $\geq 27 \text{ kg/m}^2$ with at least one weight-related comorbidity/risk factor/complication (e.g. cardiovascular disease, coronary artery disease, hypertension, sleep apnea, knee-osteoarthritis, type II diabetes, dyslipidemia, polycystic ovarian syndrome, non-alcoholic steatohepatitis/non-alcoholic fatty liver disease, asthma, and chronic obstructive pulmonary disease); **AND**
- 2. The requested medication will NOT be used concurrently with another weight loss medication; **AND**

BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans. Blue Cross NC is an independent licensee of the Blue Cross and Blue Shield Association. All other marks are the property of their respective owners.

3. The provider has addressed the requirement for lifestyle modifications (calorie restrictions and increased activity) while taking the requested medication; **AND**
4. The patient was unable to achieve acceptable weight loss through lifestyle modifications (defined as a 1lb per week weight loss through calorie restriction, increased activity, and behavioral modifications in a 6 month period); **OR**
 - a. The patient has a weight-related comorbidity/risk factor/complication (e.g. cardiovascular disease, coronary artery disease, hypertension, sleep apnea, knee-osteoarthritis, type II diabetes, dyslipidemia, polycystic ovarian syndrome, non-alcoholic steatohepatitis/non-alcoholic fatty liver disease, asthma, and chronic obstructive pulmonary disease) that warrants medication interventions immediately; **AND**
5. The patient has anti-obesity medication coverage benefits; **AND**
6. For formularies that exclude (non-formulary) the requested medication, Non-formulary Exception Criteria applies.

Duration of Approval: 180 days (6 months)

Continuation Coverage Criteria (after 6 months of therapy)

1. The patient was approved through Blue Cross NC initial coverage criteria; **OR**
 - a. The patient would have met criteria for approval at the time they started therapy; **AND**
2. The patient has achieved and maintained a weight loss of $\geq 5\%$ from baseline (prior to the initiation of requested medication); **AND**
3. The patient has anti-obesity medication coverage benefits.

Duration of Approval: 365 days (1 year)

Adipex-P, Benzphetamine, Diethylpropion, Lomaira, Phendimetrazine

1. The patient is 17 years of age or older; **AND**
2. The patient has one of following:
 - a. A diagnosis of obesity and a BMI ≥ 30 kg/m²; **OR**
 - b. A diagnosis of obesity and a BMI ≥ 25 kg/m² and the patient is of South Asian, Southeast Asian, or East Asian descent; **OR**
 - c. The patient has a documented BMI ≥ 27 kg/m² with at least one weight-related comorbidity/risk factor/complication (e.g. cardiovascular disease, coronary artery disease, hypertension, sleep apnea, knee-osteoarthritis, type II diabetes, dyslipidemia, polycystic ovarian syndrome, non-alcoholic steatohepatitis/non-alcoholic fatty liver disease, asthma, and chronic obstructive pulmonary disease); **AND**

BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans. Blue Cross NC is an independent licensee of the Blue Cross and Blue Shield Association. All other marks are the property of their respective owners.

3. The requested medication will NOT be used concurrently with another weight loss medication; **AND**
4. The provider has addressed the requirement for lifestyle modifications (calorie restrictions and increased activity) while taking the requested medication; **AND**
5. The patient was unable to achieve acceptable weight loss through lifestyle modifications (defined as a 1lb per week weight loss through calorie restriction, increased activity, and behavioral modifications in a 6 month period); **OR**
 - a. The patient has a weight-related comorbidity/risk factor/complication (e.g. cardiovascular disease, coronary artery disease, hypertension, sleep apnea, knee-osteoarthritis, type II diabetes, dyslipidemia, polycystic ovarian syndrome, non-alcoholic steatohepatitis/non-alcoholic fatty liver disease, asthma, and chronic obstructive pulmonary disease) that warrants medication interventions immediately; **AND**
6. The patient does NOT have any of the following:
 - a. History of cardiovascular disease (e.g. coronary artery disease, stroke, arrhythmias, congestive heart failure, uncontrolled hypertension)
 - b. Concomitant use of a monoamine oxidase inhibitor therapy within the last 14 days (i.e., Marplan, Nardil, etc.)
 - c. Concomitant use of other central nervous system stimulants (i.e., Provigil, Nuvigil, Adderall, Concerta, Vyvanse etc.)
 - d. Concomitant use of other serotonergic medications (i.e., Zoloft, Prozac, Cymbalta, Pristiq etc.)
 - e. Hyperthyroidism
 - f. Glaucoma
 - g. Agitated states
 - h. History of drug abuse
 - i. Pregnancy and/or Nursing
 - j. Hypersensitivity or idiosyncrasy to sympathomimetic amines; **AND**
7. The patient has anti-obesity medication coverage benefits; **AND**
8. For formularies that exclude (non-formulary) the requested medication, Non-formulary Exception Criteria applies.

Duration of Approval: 365 days (1 year)

Quantity Limitations: quantity limitations apply to brand and associated generic products.

Medication	Quantity Limit
Contrave (naltrexone-bupropion ER 12HR) 8-90 mg tablet	4 tablets per day
Foundayo (orforglipron) 0.8 mg tablet	1 tablet per day
Foundayo (orforglipron) 2.5 mg tablet	1 tablet per day
Qsymia (phentermine-topiramate) 3.75-23 mg capsule	1 capsule per day

BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans. Blue Cross NC is an independent licensee of the Blue Cross and Blue Shield Association. All other marks are the property of their respective owners.

Qsymia (phentermine-topiramate) 7.5-46 mg capsule	1 capsule per day
Qsymia (phentermine-topiramate) 11.25-69 mg capsule	1 capsule per day
Qsymia (phentermine-topiramate) 15-92 mg capsule	1 capsule per day
Saxenda (liraglutide) 6 mg/mL, 3 mL/pen	5 pens per 30 days
Wegovy (semaglutide) 0.25 mg/0.5 mL, 0.5 mL/pen	4 pens per 28 days
Wegovy (semaglutide) 0.5 mg/0.5 mL, 0.5 mL/pen	4 pens per 28 days
Wegovy (semaglutide) 1 mg/0.5 mL, 0.5 mL/pen	4 pens per 28 days
Wegovy (semaglutide) 1.5 mg tablet	1 tablet per day
Wegovy (semaglutide) 4 mg tablet	1 tablet per day
Wegovy (semaglutide) 9 mg tablet	1 tablet per day
Zepbound (tirzepatide) 2.5 mg/0.5 mL, 0.5 mL/pen	4 pens per 28 days

Quantity Limit Exception Criteria:

1. The quantity (dose) requested is for documented titration purposes at the initiation of therapy (authorization for a 90 day titration period); **AND**
2. The prescribed dose cannot be achieved using a lesser quantity of a higher strength; **AND**
3. The quantity (dose) requested does not exceed the maximum FDA labeled dose, when specified, or to the safest studied dose per the manufacturer's product insert; **OR**
4. If the quantity (dose) requested exceeds the maximum FDA labeled dose, when specified, or to the safest studied dose per the manufacturer's product insert, then the prescriber must submit documentation in support of therapy with a higher dose for the intended diagnosis (submitted documentation may include medical records OR fax form which reflects medical record documentation that shows the length of time the requested dose has been used, and what other medications and doses have been tried and failed).

Duration of Approval: 365 days (1 year)

References: all information referenced is from FDA package insert unless otherwise noted below.

Misra, Anoop. "Ethnic-Specific Criteria for Classification of Body Mass Index: A Perspective for Asian Indians and American Diabetes Association Position Statement." *Diabetes technology & therapeutics* vol. 17,9 (2015): 667-71. doi:10.1089/dia.2015.0007

Policy Implementation/Update Information: Criteria and treatment protocols are reviewed annually by the Blue Cross NC P&T Committee, regardless of change. This policy is reviewed in Q1 annually.

July 2026: Criteria change (Foundayo): Removed the step requirement from Foundayo.

April 2026: Criteria update: Added new to market Foundayo and Wegovy HD to policy. Reformatted GLP1 section of policy.

January 2026: Criteria update: Added new to market Wegovy tablets to policy.

January 2026: Criteria change (Wegovy, Contrave, Qsymia): Updated initial and continuation criteria to allow coverage for MASH. Updated list of comorbidity/risk factor/complications throughout policy. Added QL to Contrave and Qsymia.

June 2025: Criteria update: Added definition of established cardiovascular disease to Wegovy criteria.

April 2025: Criteria change (Zepbound): Updated Zepbound initial criteria for obstructive sleep apnea in adults with obesity. Updated duration of approval for Contrave, Qsymia, Saxenda, Wegovy, and Zepbound initial criteria to 180 days.

January 2025: Criteria change (Zepbound): Updated Zepbound initial and continuation criteria to allow coverage for obstructive sleep apnea in adults with obesity

October 2024: Criteria change (Wegovy): Updated Wegovy's initial and continuation criteria to allow coverage to reduce risk of major adverse events in adults with established cardiovascular disease.

July 2024: Criteria change (Wegovy, Zepbound): Updated Wegovy's and Zepbound's continuation coverage for adults to require a weight loss reduction of $\geq 5\%$ from baseline. Updated QL for titration doses of Wegovy and Zepbound. Updated duration of approval for Quantity Limit Exception criteria to 365 days.

May 2024: Criteria update: Removed QL from maintenance doses of Wegovy and Zepbound

April 2024: Criteria change (Saxenda, Wegovy, Zepbound): Removed criteria point restricting concurrent use with insulin. Removed the step requirement from Zepbound.

March 2024: Criteria update: Added new FDA approved indication for Wegovy.

November 2023: Criteria update: Added new to market Zepbound to the policy.

September 2023: Criteria change (Wegovy): Updated Wegovy's QL for the 1.7 mg strength to allow coverage for maintenance dosing.

April 2023: Criteria change: Updated Saxenda's continuation coverage for ages 12-17 to a BMI reduction from baseline. Removed criteria point regarding previous weight loss medication trials in the last 12 months.

February 2023: Criteria change (Wegovy): Updated Wegovy to allow coverage for ages 12-17 due to expanded indication.

January 2023: Criteria change: Members required to have anti-obesity medication coverage benefits. Created one Anti-Obesity Agents policy.

July 2022: Criteria change (Contrave & Qsymia): Updated Qsymia to allow coverage for ages 12-17 due to expanded indication. Belviq removed from policy (obsolete product). Policy updated to NC Standard.

Historical policy changes prior to 2022 can be obtained from BCBSNC Corporate Pharmacy