

UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

Program Number	2026 P 1114-20
Program	Prior Authorization/Notification - Plans with Weight Loss/Appetite Suppression Medication Coverage
Medication	Includes both brand and generic versions and all formulations of the listed products unless otherwise noted: Weight Loss/Appetite Suppression – phentermine (all brand products including Adipex-P® and Lomaira™), benzphetamine, Contrave® (naltrexone HCl and bupropion HCl, diethylpropion, Imcivree® (setmelanotide), phendimetrazine, orlistat (Xenical®), Qsymia® (phentermine and topiramate extended-release), Saxenda® (liraglutide), Vykat XR™ (diazoxide choline), Wegovy® (semaglutide) injection, Wegovy® (semaglutide) tablet and Zepbound™ (tirzepatide)
P&T Approval Date	1/08, 1/2010, 1/2011, 1/2012, 11/2012, 11/2013, 11/2014, 7/2015, 9/2016, 9/2017, 9/2018, 9/2019, 9/2020, 4/2021, 9/2021, 9/2022, 2/2023, 12/2023, 5/2024, 7/2024, 3/2025, 5/2025, 6/2025, 11/2025, 2/2026
Effective Date	5/1/2026

1. Background:

This is an optional program that is put in place for clients or businesses that have elected to cover weight loss products with Prior Authorization/Notification. It is also designed to meet regulatory requirements for coverage of weight loss medications in California, New Mexico, North Dakota Essential Health Benefits (EHB) and New York.

Classification	BMI(kg/m ²)
Underweight	< 18.50
Normal range	18.50 - 24.99
Overweight	≥ 25.00
Obese	≥ 30.00
Obese class I	30.00 - 34.99
Obese class II	35.00 - 39.99
Obese class III	≥ 40.00

Section Overview

Section 2: General coverage criteria

Section 3: Coverage criteria for North Dakota Fully Insured EHB (Small Group and Individual) Plans

2. Coverage Criteria^a:

<p>A. <u>Initial Authorization</u></p> <p>1. benzphetamine, Contrave, diethylpropion, phentermine, phendimetrazine, Qsymia, Saxenda, Wegovy injection, Wegovy tablet, Xenical or Zepbound (Includes both</p>

brand and generic versions and all formulations of the listed products unless otherwise noted) will be approved based on **all** of the following criteria:

a. **One** of the following:

- (1) Treatment is being requested for appetite suppression or weight loss
- (2) Wegovy injection or tablet is being requested for risk reduction of major adverse cardiovascular events with established cardiovascular disease (i.e. prior myocardial infarction, ischemic or hemorrhagic stroke, or peripheral arterial disease)^b
- (3) Wegovy injection is being requested for treatment of metabolic dysfunction-associated steatohepatitis (MASH) [formerly known as nonalcoholic steatohepatitis (NASH)] with moderate to advanced liver fibrosis (i.e., fibrosis stage F2 or F3)^b
- (4) Zepbound is being requested for moderate to severe obstructive sleep apnea^c

-AND-

b. **One** of the following:

- (1) Patient is ≥ 12 years of age (for Qsymia, Saxenda, Wegovy injection and Xenical)
- (2) Patient is > 16 years of age (for all other medications)

-AND-

c. Used as an adjunct to lifestyle modification (e.g., dietary or caloric restriction, exercise, behavioral support, community-based program)

-AND-

d. **One** of the following:

- (1) Body Mass Index (BMI) ≥ 30 kg/m² or for pediatric patients a BMI $\geq 95^{\text{th}}$ percentile

-OR-

(2) **Both** of the following:

- (a) BMI ≥ 27 kg/m²

-AND-

- (b) Patient has a weight-related comorbidity (e.g., dyslipidemia, hypertension, type 2 diabetes, sleep apnea)

-OR-

(c) Wegovy injection is being requested for treatment of MASH

benzphetamine, diethylpropion, phendimetrazine, phentermine: Authorization will be issued for 3 months.

Contrave, Qsymia or Saxenda: Authorization will be issued for 4 months.

Wegovy injection or tablet: Authorization will be issued for 5 months.

Xenical or Zepbound: Authorization will be issued for 6 months.

2. **Imcivree** will be approved based on **all** of the following criteria:

a. **One** of the following:

(1) Diagnosis of obesity is due to POMC, PCSK1, or LEPR gene deficiency confirmed with genetic testing interpreted as pathogenic, likely pathogenic, or of uncertain significance

-OR-

(2) Diagnosis of Bardet-Biedl syndrome

-AND-

b. **One** of the following:

(1) Adult patient with BMI ≥ 30 kg/m²

-OR-

(2) Pediatric patient with weight $>95^{\text{th}}$ percentile for age on growth chart assessment

-AND-

c. Patient is currently enrolled in or has history of a weight loss management program

Authorization will be issued for 6 months.

3. **Vykat XR** will be approved based on **all** of the following criteria:

a. Diagnosis of hyperphagia associated with Prader-Willi Syndrome

-AND-

b. Prader-Willi Syndrome is confirmed by genetic testing

-AND-

c. Patient is at least 4 years of age and older

Authorization will be issued for 12 months.

B. Reauthorization

1. **benzphetamine Contrave, diethylpropion, phentermine, phendimetrazine, Qsymia, Saxenda, Wegovy injection or tablet, Xenical or Zepbound (Includes both brand and generic versions and all formulations of the listed products unless otherwise noted)** will be approved based on **both** of the following criteria:

a. One of the following:

- (1) Weight loss of $\geq 3\%$ of baseline body weight for Qsymia
- (2) Weight loss of $\geq 4\%$ of baseline body weight for Saxenda
- (3) One of the following for Wegovy:
 - (a) For Wegovy injection, all of the following:
 - i. Requested for the treatment of metabolic dysfunction-associated steatohepatitis (MASH) [formerly known as nonalcoholic steatohepatitis (NASH)]^b
 - ii. Documentation of positive clinical response to Wegovy injection (e.g., improvement in or stabilization of fibrosis)
 - iii. Patient has not progressed to cirrhosis
 - (b) For Wegovy injection or tablet, weight loss of $\geq 5\%$ of baseline body weight
- (4) Weight loss of $\geq 5\%$ of baseline body weight for all other appetite suppressants

-AND-

b. Continuation of lifestyle modification

Authorization for Contrave, Qsymia, Saxenda, Wegovy injection or tablet, Xenical or Zepbound will be issued for 12 months.

Authorization for benzphetamine, diethylpropion, phentermine or phendimetrazine or will be issued for 6 months.

2. **Imcivree** will be approved based on **one** of the following criteria:

a. If on therapy for less than 12 months, documentation of a positive clinical response to Imcivree therapy defined as weight loss $\geq 5\%$ of baseline weight

-OR-

b. If on therapy for ≥ 12 months, documentation of a positive clinical response to Imcivree therapy defined as $\geq 10\%$ weight loss from baseline

Authorization will be issued for 12 months.

3. **Vykat XR** will be approved based on the following criterion:

a. Documentation of positive clinical response to Vykat XR therapy

Authorization will be issued for 12 months.

^a State mandates may apply. Any federal regulatory requirements and the member specific benefit plan coverage may also impact coverage criteria. Other policies and utilization management programs may apply.

^b Refer to Nonformulary Wegovy criteria for plans that do not cover weight loss medications.

^c Refer to Nonformulary Zepbound criteria for plans that do not cover weight loss medications.

3. Coverage Criteria for North Dakota Fully Insured EHB (Small Group and Individual) Plans^a:

A. Initial Authorization

1. **Wegovy injection or tablet, or Zepbound** will be approved based on **all** of the following criteria:

a. **One** of the following:

- (1) Treatment is being requested for appetite suppression or weight loss
- (2) Wegovy injection or tablet is being requested for risk reduction of major adverse cardiovascular events with established cardiovascular disease (i.e. prior myocardial infarction, ischemic or hemorrhagic stroke, or peripheral arterial disease)^b
- (3) Wegovy injection is being requested for treatment of metabolic dysfunction-associated steatohepatitis (MASH) [formerly known as nonalcoholic steatohepatitis (NASH)] with moderate to advanced liver fibrosis (i.e., fibrosis stage F2 or F3)^b
- (4) Zepbound is being requested for moderate to severe obstructive sleep apnea^c

-AND-

b. **One** of the following:

- (1) Patient is ≥ 12 years of age for Wegovy injection
- (2) Patient is > 16 years of age for Wegovy tablet and Zepbound

-AND-

c. Used as an adjunct to lifestyle modification (e.g., dietary or caloric restriction, exercise, behavioral support, community-based program)

-AND-

d. **One** of the following:

- (1) Body Mass Index (BMI) ≥ 40 kg/m² or for pediatric patients a BMI $\geq 120\%$ of 95th percentile

-OR-

(2) Wegovy injection is being requested for treatment of MASH^b

Wegovy injection or tablet: Authorization will be issued for 5 months.

Zepbound: Authorization will be issued for 6 months.

B. Reauthorization

1. **Wegovy injection or tablet, or Zepbound** will be approved based on **both** of the following criteria:

a. One of the following:

(1) Weight loss of $\geq 5\%$ of baseline body weight for Zepbound

-OR-

(2) One of the following for Wegovy:

(a) For Wegovy injection, all of the following:

- i. Requested for the treatment of MASH^b
- ii. Documentation of positive clinical response to Wegovy injection (e.g., improvement in or stabilization of fibrosis)
- iii. Patient has not progressed to cirrhosis

(b) For Wegovy injection or tablet, weight loss of $\geq 5\%$ of baseline body weight

-AND-

b. Continuation of lifestyle modification

Authorization will be issued for 12 months.

^a State mandates may apply. Any federal regulatory requirements and the member specific benefit plan coverage may also impact coverage criteria. Other policies and utilization management programs may apply.

^b Refer to Nonformulary Wegovy criteria for plans that do not cover weight loss medications.

^c Refer to Nonformulary Zepbound criteria for plans that do not cover weight loss medications.

4. **Additional Clinical Rules:**

- Supply limits may be in place.

5. **References:**

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7. Qsymia [package insert]. Moutain View, CA. Vivus, Inc ; September 2024.
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20. Rinella ME, Neuschwander-Tetri BA, Siddiqui MS, et al. AASLD Practice Guidance on the clinical assessment and management of nonalcoholic fatty liver disease. *Hepatology*. 2023;77(5):1797-1835. doi:10.1097/HEP.0000000000000323

Program	Plans with Weight Loss/Appetite Suppression Medication Coverage
Change Control	
Date	Change
11/2013	Reformatted to standard and updated references. Clarified risk factors required in addition to BMI of 27-29. Removed criteria that coverage would not be provided if used in combination with other weight loss agents. Shortened initial authorization for sympathomimetics to 3 months based on PI recommendations for short-term use. Added reauthorization criteria for 6 months, changed initial authorization period of Xenical from 4 months to 3 months, and shortened reauthorization of Belviq and Xenical to 12 months for alignment with OptumRx.
11/2014	Added Contrave to guideline.
7/2015	Added Saxenda to guideline.
9/2016	Annual Review. Added Belviq XR to guideline. Revised authorization period for Xenical. Removed ASO from title- program will remain as ASO option.
9/2017	Annual Review. Added Lomaira. Updated references. Revised weightloss percentage for Saxenda per PI.

9/2018	Annual Review. Updated references.
9/2019	Annual Review. Revised background section. Revised list of modifications of weight related comorbidity.
9/2020	Annual review. Updated references. Removed Belviq/Belviq XR.
4/2021	Added Imcivree as in scope. Added Imcivree criteria. Updated references. Formatting changes.
9/2021	Added Wegovy to criteria. Updated Saxenda criteria to allow for coverage for 12 years and older. Updated Qsymia weight loss goal to greater than 3 percent per label and changed initial authorization to 4 months. Updated references.
9/2022	Added background note that this program is intended to meet regulatory requirements for coverage of weight loss medications in California, Maryland, New Mexico and New York. This program is replacing policy P 1172-8. Changed Qsymia age requirement to 12 or older due to new pediatric labeling. Updated Imcivree to include new FDA approved indication for Bardet-Biedl syndrome. Updated references.
2/2023	Updated Wegovy criteria to include pediatric patients based on new labeling. Added state mandate language.
12/2023	Added Zepbound to criteria. Removed Maryland from background.
5/2024	Removed notation that Zepbound may be excluded at launch. Added coverage for secondary cardiovascular risk reduction for Wegovy.
7/2024	Added coverage requirements for North Dakota EHB.
3/2025	Added coverage for obstructive sleep apnea for Zepbound.
5/2025	Updated Wegovy initial authorization duration to 5 months.
6/2025	Added Vykate XR as in scope. Added Vykate XR criteria and updated program name to include appetite suppressants. Updated references. Formatting changes.
11/2025	Added coverage for MASH for Wegovy. Updated references.
2/2026	Updated to add Wegovy tablet and differentiate by indication.