PRIOR AUTHORIZATION POLICY

POLICY: Weight Loss – Glucagon-Like Peptide-1 Agonists – Foundayo Prior Authorization Policy
- Foundayo™ (orforglipron tablets – Eli Lilly)

REVIEW DATE: 06/17/2026

INSTRUCTIONS FOR USE

THE FOLLOWING COVERAGE POLICY APPLIES TO HEALTH BENEFIT PLANS ADMINISTERED BY CIGNA COMPANIES. CERTAIN CIGNA COMPANIES AND/OR LINES OF BUSINESS ONLY PROVIDE UTILIZATION REVIEW SERVICES TO CLIENTS AND DO NOT MAKE COVERAGE DETERMINATIONS. REFERENCES TO STANDARD BENEFIT PLAN LANGUAGE AND COVERAGE DETERMINATIONS DO NOT APPLY TO THOSE CLIENTS. COVERAGE POLICIES ARE INTENDED TO PROVIDE GUIDANCE IN INTERPRETING CERTAIN STANDARD BENEFIT PLANS ADMINISTERED BY CIGNA COMPANIES. PLEASE NOTE, THE TERMS OF A CUSTOMER'S PARTICULAR BENEFIT PLAN DOCUMENT [GROUP SERVICE AGREEMENT, EVIDENCE OF COVERAGE, CERTIFICATE OF COVERAGE, SUMMARY PLAN DESCRIPTION (SPD) OR SIMILAR PLAN DOCUMENT] MAY DIFFER SIGNIFICANTLY FROM THE STANDARD BENEFIT PLANS UPON WHICH THESE COVERAGE POLICIES ARE BASED. FOR EXAMPLE, A CUSTOMER'S BENEFIT PLAN DOCUMENT MAY CONTAIN A SPECIFIC EXCLUSION RELATED TO A TOPIC ADDRESSED IN A COVERAGE POLICY. IN THE EVENT OF A CONFLICT, A CUSTOMER'S BENEFIT PLAN DOCUMENT ALWAYS SUPERSEDES THE INFORMATION IN THE COVERAGE POLICIES. IN THE ABSENCE OF A CONTROLLING FEDERAL OR STATE COVERAGE MANDATE, BENEFITS ARE ULTIMATELY DETERMINED BY THE TERMS OF THE APPLICABLE BENEFIT PLAN DOCUMENT. COVERAGE DETERMINATIONS IN EACH SPECIFIC INSTANCE REQUIRE CONSIDERATION OF 1) THE TERMS OF THE APPLICABLE BENEFIT PLAN DOCUMENT IN EFFECT ON THE DATE OF SERVICE; 2) ANY APPLICABLE LAWS/REGULATIONS; 3) ANY RELEVANT COLLATERAL SOURCE MATERIALS INCLUDING COVERAGE POLICIES AND; 4) THE SPECIFIC FACTS OF THE PARTICULAR SITUATION. EACH COVERAGE REQUEST SHOULD BE REVIEWED ON ITS OWN MERITS. MEDICAL DIRECTORS ARE EXPECTED TO EXERCISE CLINICAL JUDGMENT WHERE APPROPRIATE AND HAVE DISCRETION IN MAKING INDIVIDUAL COVERAGE DETERMINATIONS. WHERE COVERAGE FOR CARE OR SERVICES DOES NOT DEPEND ON SPECIFIC CIRCUMSTANCES, REIMBURSEMENT WILL ONLY BE PROVIDED IF A REQUESTED SERVICE(S) IS SUBMITTED IN ACCORDANCE WITH THE RELEVANT CRITERIA OUTLINED IN THE APPLICABLE COVERAGE POLICY, INCLUDING COVERED DIAGNOSIS AND/OR PROCEDURE CODE(S). REIMBURSEMENT IS NOT ALLOWED FOR SERVICES WHEN BILLED FOR CONDITIONS OR DIAGNOSES THAT ARE NOT COVERED UNDER THIS COVERAGE POLICY (SEE "CODING INFORMATION" BELOW). WHEN BILLING, PROVIDERS MUST USE THE MOST APPROPRIATE CODES AS OF THE EFFECTIVE DATE OF THE SUBMISSION. CLAIMS SUBMITTED FOR SERVICES THAT ARE NOT ACCOMPANIED BY COVERED CODE(S) UNDER THE APPLICABLE COVERAGE POLICY WILL BE DENIED AS NOT COVERED. COVERAGE POLICIES RELATE EXCLUSIVELY TO THE ADMINISTRATION OF HEALTH BENEFIT PLANS. COVERAGE POLICIES ARE NOT RECOMMENDATIONS FOR TREATMENT AND SHOULD NEVER BE USED AS TREATMENT GUIDELINES. IN CERTAIN MARKETS, DELEGATED VENDOR GUIDELINES MAY BE USED TO SUPPORT MEDICAL NECESSITY AND OTHER COVERAGE DETERMINATIONS.

CIGNA NATIONAL FORMULARY COVERAGE:

OVERVIEW

Foundayo is a glucagon-like peptide-1 (GLP-1) receptor agonist indicated in combination with a reduced-calorie diet and increased physical activity to **reduce excess body weight and maintain weight reduction long term** in[1]:
- Adults with overweight in the presence of at least one weight-related comorbid condition.
- Adults with obesity.

Concomitant use with another GLP-1 receptor agonist is not recommended.[1]

Dosing

In the prescribing information for Foundayo, the recommended starting dose is 0.8 mg orally once daily (QD).[1] After ≥ 30 days on the 0.8 mg dose, increase the dose to 2.5 mg QD. After ≥ 30 days on the 2.5 mg dose, increase the dose to 5.5 mg

QD. The dose may be increased to the next dose level (9 mg, 14.5 mg, or 17.2 mg QD) after ≥ 30 days on the current dose based on treatment response and tolerability. The maximum dose is 17.2 mg QD (reached on Day 151).

Guidelines

Foundayo has not been addressed in guidelines.

The American Academy of Clinical Endocrinology Consensus Statement: Algorithm for the Evaluation and Treatment of Adults with Obesity/Adiposity-Based Chronic Disease (ABCD) [2025 update] places an emphasis on a complication-centric, person-centered care model.[2] Body mass index (BMI) is appropriate to screen for ABCD/obesity and is used to classify individuals into categories of overweight (BMI ≥ 25.0 to ≤ 29.9 kg/m^2), Class I obesity (BMI ≥ 30.0 to ≤ 34.9 kg/m^2), Class II obesity (BMI ≥ 35.0 to ≤ 39.9 kg/m^2), or Class III obesity (BMI ≥ 40 kg/m^2). Pharmacotherapy, in adjunct to lifestyle modification, is indicated to prevent, improve, or reverse obesity-related complications and diseases; not solely to reduce BMI. The choice of pharmacotherapy is based on obesity-related comorbidities. The degree of weight reduction with a given medication can serve as a guide toward improvement of various comorbidities. Response to pharmacologic therapy to therapy should be assessed after 3 months on a therapeutic dose. If treatment has not resulted in ≥ 5% weight loss, longer-term efficacy will not likely be sufficient; a change in therapeutic approach is recommended. Individuals with weight reduction ≥ 5% should continue with their current treatment. Patients who achieve ≥ 15% weight loss will have achieved a response to therapy that predictably prevents or improves a wide range of obesity-related comorbidities.

The American Diabetes Association Professional Practice Committee for Obesity (2026) Standards of Care in Overweight and Obesity prioritize obesity pharmacotherapy that is most likely to achieve and maintain intended treatment goals.[3] The treatment goal should be individualized based on the severity of obesity, obesity-related complications and diseases, and individual needs. A sustained weight reduction of ≥ 5% from baseline may achieve some clinically meaningful health benefits, while a sustained weight reduction of ≥ 10% is recommended to manage many obesity-related diseases or complications. In some cases, ≥ 15% weight reduction may be indicated to achieve greater therapeutic benefit. Medications should be continued after reaching treatment goals to maintain health benefits. When there is an inadequate response to therapy, dose escalation to the maximum dose is recommended. If the maximum dose has been reached and the response is inadequate, switching to an alternative medication, adding intensive lifestyle therapy, combining medications, or referring for metabolic surgery is recommended. Patients who achieve early weight reduction (usually ≥ 5% after 3 months) should continue medication long term.

POLICY STATEMENT

Prior Authorization is recommended for prescription benefit coverage of Foundayo. All approvals are provided for the duration noted below. In cases where the approval is authorized in months, 1 month is equal to 30 days.

Foundayo™ (orforglipron tablets – Eli Lilly) is(are) covered as medically necessary when the following criteria is(are) met for FDA-approved indication(s) or other uses with supportive evidence (if applicable):

FDA-Approved Indication

1. **Weight Loss in an Adult with Overweight or Obesity.** Approve for the duration noted if the patient meets ONE of the following (A or B):
   - **A)** Initial Therapy. Approve for 8 months if the patient meets ALL of the following (i, ii, iii, and iv):
     - **i.** Patient is ≥ 18 years of age; AND
     - **ii.** Patient has engaged in a trial of behavioral modification and dietary restriction for at least 3 months; AND
     - **iii.** Patient meets ONE of the following (a or b):
       - **a)** At baseline, patient had a BMI ≥ 30 kg/m^2; OR
         Note: This refers to baseline prior to any glucagon-like peptide-1 (GLP-1) agonist (e.g., liraglutide [Saxenda, generic], Wegovy) or GLP-1/glucose-dependent insulinotropic polypeptide (GIP) receptor agonist (e.g., Zepbound).
       - **b)** Patient meets BOTH of the following [(1) and (2)]:
         - **(1)** At baseline, patient had a BMI ≥ 27 kg/m^2; AND
         - **(2)** At baseline, patient had, or patient currently has, at least ONE of the following weight-related comorbidities: hypertension, type 2 diabetes, dyslipidemia, obstructive sleep apnea, cardiovascular disease, knee osteoarthritis, asthma, chronic obstructive pulmonary disease, metabolic dysfunction-associated steatotic liver disease/non-alcoholic fatty liver disease, polycystic ovarian syndrome, or coronary artery disease; AND

         Note: This refers to baseline prior to any glucagon-like peptide-1 (GLP-1) agonist (e.g., liraglutide [Saxenda, generic], Wegovy) or GLP-1/glucose-dependent insulinotropic polypeptide (GIP) receptor agonist (e.g., Zepbound).
     - **iv.** The medication will be used concomitantly with behavioral modification and a reduced-calorie diet; OR
   - **B)** Patient is Currently Receiving Foundayo. Approve for 1 year if the patient meets ALL of the following (i, ii, iii, and iv):
     Note: For a patient who has not completed 8 months of initial therapy, refer to Initial Therapy criteria above.
     - **i.** Patient is ≥ 18 years of age; AND
     - **ii.** Patient meets ONE of the following (a or b):
       - **a)** At baseline, patient had a BMI ≥ 30 kg/m^2; OR
         Note: This refers to baseline prior to any glucagon-like peptide-1 (GLP-1) agonist (e.g., liraglutide [Saxenda, generic], Wegovy) or GLP-1/glucose-dependent insulinotropic polypeptide (GIP) receptor agonist (e.g., Zepbound).

b) Patient meets BOTH of the following [(1) and (2)]:
(1) At baseline, patient had a BMI ≥ 27 kg/m^2; AND
(2) At baseline, patient had, or patient currently has, at least ONE of the following weight-related comorbidities: hypertension, type 2 diabetes, dyslipidemia, obstructive sleep apnea, cardiovascular disease, knee osteoarthritis, asthma, chronic obstructive pulmonary disease, metabolic dysfunction-associated steatotic liver disease/non-alcoholic fatty liver disease, polycystic ovarian syndrome, or coronary artery disease; AND

Note: This refers to baseline prior to any glucagon-like peptide-1 (GLP-1) agonist (e.g., liraglutide [Saxenda, generic], Wegovy) or GLP-1/glucose-dependent insulinotropic polypeptide (GIP) receptor agonist (e.g., Zepbound).

iii. Patient has lost ≥ 5% of baseline body weight; AND
Note: This refers to baseline prior to any glucagon-like peptide-1 (GLP-1) agonist (e.g., liraglutide [Saxenda, generic], Wegovy) or GLP-1/glucose-dependent insulinotropic polypeptide (GIP) receptor agonist (e.g., Zepbound).

iv. The medication will be used concomitantly with behavioral modification and a reduced-calorie diet.

CONDITIONS NOT COVERED

**Foundayo™ (orforglipron tablets – Eli Lilly)
is(are) considered not medically necessary for ANY other use(s) including the following (this list may not be all inclusive; criteria will be updated as new published data are available):**

1. **Concomitant Use with Glucagon-Like Peptide-1 (GLP-1) Agonists or GLP-1/ Glucose-Dependent Insulinotropic Polypeptide (GIP) Agonists.** Concomitant use of Foundayo with another GLP-1 receptor agonist is not recommended.[1]

REFERENCES

1. Foundayo™ tablets [prescribing information]. Indianapolis, IN: Eli Lilly; April 2026.
2. Nadolsky K, Garvey WT, Agarwal M, et al. American Association of Clinical Endocrinology consensus statement: algorithm for the evaluation and treatment of adults with obesity/adiposity-based chronic disease — 2025 Update. *Endocrine Practice*. 2025;31:1351–1394.
3. American Diabetes Association Professional Practice Committee for Obesity. Pharmacologic treatment of obesity in adults: Standards of care in overweight and obesity. *DOCM Care.* 13 Jan 2026 [Online ahead of print].

HISTORY

Type of Revision	Summary of Changes	Review Date

New Policy	The Weight Loss – Glucagon-Like Peptide-1 Agonists PA Policy was retired. A new Policy was created, the new Policy name is: Weight Loss – Glucagon-Like Peptide-1 Agonists – Foundayo PA Policy. No criteria changes.	06/17/2026