



PRIOR AUTHORIZATION POLICY

POLICY: Weight Loss – Glucagon-Like Peptide-1 Agonists – Liraglutide Prior Authorization Policy

- Saxenda® (liraglutide subcutaneous injection – Novo Nordisk, generic)

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

Liraglutide (Saxenda, generic) 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** in¹:

- Adults with overweight in the presence of at least one weight-related comorbid condition.
- Adults with obesity.
- Pediatric patients ≥ 12 years of age and ≥ 60 kg with obesity.

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

Dosing

In the prescribing information for liraglutide, a recommended dose escalation schedule of 4 weeks is outlined.¹ If a patient does not tolerate an increased dose during dose escalation, consider delaying dose escalation for approximately 1 additional week. For adults, the prescribing information states to evaluate the change in body weight 16 weeks after initiating liraglutide and discontinue liraglutide if the patient has not lost $\geq 4\%$ of baseline body weight, since it is unlikely the patient will achieve and sustain clinically meaningful weight loss with continued treatment. For pediatric patients, evaluate the change in body mass index (BMI) after 12 weeks on the maintenance dose; if the patient has not had a reduction in BMI of $\geq 1\%$ from baseline, discontinue liraglutide as it is unlikely the patient will achieve and sustain clinically meaningful weight loss with continued treatment.

Guidelines

Adult

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 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/m²), Class I obesity (BMI ≥ 30.0 to ≤ 34.9 kg/m²), Class II obesity (BMI ≥ 35.0 to ≤ 39.9 kg/m²), or Class III obesity (BMI ≥ 40 kg/m²). 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 $\geq 5\%$ weight loss, longer-term efficacy will not likely be sufficient; a change in therapeutic approach is recommended. Individuals with weight reduction $\geq 5\%$ should continue with their current treatment. Patients who achieve $\geq 15\%$ 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 $\geq 5\%$ from baseline may achieve some clinically meaningful health benefits, while a sustained weight reduction of $\geq 10\%$ is recommended to manage many obesity-related diseases or complications. In some cases, $\geq 15\%$ 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 $\geq 5\%$ after 3 months) should continue medication long term.

Pediatric

Guidelines from the American Academy of Pediatrics on evaluation and treatment of children and adolescents with obesity (2023) note that pediatricians and other primary healthcare providers should offer adolescents ≥ 12 years of age with obesity ($\text{BMI} \geq 95^{\text{th}}$ percentile) weight loss pharmacotherapy, according to medication indications, risks, and benefits, as an adjunct to health behavior and lifestyle treatment.⁴

POLICY STATEMENT

Prior Authorization is recommended for prescription benefit coverage of liraglutide (Saxenda, generic). 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.

Saxenda® (liraglutide subcutaneous injection – Novo Nordisk, generic) 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 Indications

- 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 4 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 $\text{BMI} \geq 30 \text{ kg/m}^2$; 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 insulintropic polypeptide (GIP) receptor agonist (e.g., Zepbound).
 - b)** Patient meets BOTH of the following [(1) and (2)]:
 - (1)** At baseline, patient had a $\text{BMI} \geq 27 \text{ kg/m}^2$; 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 insulintropic 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 liraglutide (Saxenda, generic). 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 4 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/m²; 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 insulintropic 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/m²; 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 insulintropic polypeptide (GIP) receptor agonist (e.g., Zepbound).

iii. Patient has lost $\geq 4\%$ 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 insulintropic polypeptide (GIP) receptor agonist (e.g., Zepbound).

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

2. Weight Loss in a Pediatric Patient with Obesity. Approve for the duration noted if the patient meets ONE of the following (A or B):

A) Initial Therapy. Approve for 4 months if the patient meets ALL of the following (i, ii, iii, and iv):

i. Patient is ≥ 12 years of age and < 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. At baseline, patient had a BMI $\geq 95^{\text{th}}$ percentile for age and sex; 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 liraglutide (Saxenda, generic). 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 4 months of initial therapy, refer to Initial Therapy criteria above.

i. Patient is ≥ 12 years of age and < 18 years of age; AND

ii. At baseline, patient had a BMI $\geq 95^{\text{th}}$ percentile for age and sex; 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 had a reduction in BMI of $\geq 1\%$ from baseline; 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

Saxenda® (liraglutide subcutaneous injection – Novo Nordisk, generic) 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 liraglutide with another GLP-1 receptor agonist is not recommended.¹

REFERENCES

1. Saxenda® subcutaneous injection [prescribing information]. Plainsboro, NJ: Novo Nordisk; February 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].

4. Hampl SE, Hassink SG, Skinner AC, et al. Clinical Practice Guideline for the Evaluation and Treatment of Children and Adolescents with Obesity. *Pediatrics*. 2023;151(2):e2022060640.

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 – Liraglutide PA Policy. No criteria changes.	06/17/2026

"Cigna Companies" refers to operating subsidiaries of The Cigna Group. All products and services are provided exclusively by or through such operating subsidiaries, including Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, Evernorth Behavioral Health, Inc., Cigna Health Management, Inc., and HMO or service company subsidiaries of The Cigna Group. © 2026 The Cigna Group.