



DRUG QUANTITY MANAGEMENT POLICY – PER DAYS

POLICY: Weight Loss – Wegovy Drug Quantity Management Policy – Per Days

- Wegovy® (semaglutide subcutaneous injection – Novo Nordisk)

REVIEW DATE: 01/11/2023; selected revision 07/26/2023

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. 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

Wegovy is indicated as an adjunct to a reduced-calorie diet and increased physical activity for **chronic weight management** in:¹

- Adults with an initial body mass index (BMI) ≥ 30 kg/m² (obese), or ≥ 27 kg/m² (overweight) in the presence of at least one weight-related comorbid condition (e.g., hypertension, dyslipidemia, type 2 diabetes),
- Pediatric patients ≥ 12 years of age with an initial BMI at the 95th percentile or greater standardized for age and sex (obesity).

Dosing

Regardless of age, the initial dose of Wegovy is 0.25 mg injected subcutaneously (SC) once weekly. The dose should then be titrated as outlined in Table 1. If a patient does not tolerate a dose during dose escalation, consider delaying dose escalation for 4 weeks. The maintenance dose of Wegovy is 2.4 mg (recommended) or 1.7 mg SC once weekly. Weekly doses of 0.25 mg, 0.5 mg, or 1 mg are not approved as maintenance for chronic weight management. For pediatric patients ≥ 12 years of age, the same dose titration schedule is used, but the maintenance dose is 2.4 mg SC once weekly. However, if a patient does not tolerate the maintenance 2.4 mg once weekly dose, the maintenance dose may be

reduced to 1.7 mg once weekly. Discontinue Wegovy if the patient cannot tolerate the 1.7 mg dose.

Table 1. Wegovy Dose Escalation Schedule (Adults).¹

Weeks	Weekly Dose	
1 through 4	0.25 mg*	Dose Escalation
5 through 8	0.5 mg*	
9 through 12	1 mg*	
13 through 16	1.7 mg	
Week 17 and onward	1.7 mg OR 2.4 mg	Maintenance Dose

* Dose not approved as maintenance for chronic weight management.

Availability

Wegovy is supplied in prefilled, disposable, single-dose pen-injectors.¹ Available strengths are listed in the Drug Quantity Limits table below. A quantity of four 0.25 mg, 0.5 mg, 1 mg, and 1.7 mg prefilled pen-injectors will be covered per 365 days. This is enough drug for dose escalation to the maintenance dose. A quantity of four 2.4 mg prefilled pen-injectors will be covered per 28 days. This is enough drug to allow for once weekly maintenance dosing. One-time exceptions for missed doses, re-initiation of treatment, or temporary dose reduction are provided through coverage review.

POLICY STATEMENT

This Drug Quantity Management program has been developed to manage potential dose escalation of Wegovy. If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for 1 year in duration, unless otherwise noted below.

Drug Quantity Limits

Product	Strength and Form	Retail Maximum Quantity	Home Delivery Maximum Quantity
Wegovy® (semaglutide subcutaneous injection)	0.25 mg/0.5 mL pens	8 pens (4 mL) per 365 days	
	0.5 mg/0.5 mL pens	8 pens (4 mL) per 365 days	
	1 mg/0.5 mL pens	8 pens (4 mL) per 365 days	
	1.7 mg/0.75 mL pens	4 pens (3 mL) per 28 days	12 pens (9 mL) per 84 days
	2.4 mg/0.75 mL pens	4 pens (3 mL) per 28 days	12 pens (9 mL) per 84 days

Weight Loss – Wegovy Drug Quantity Management Policy – Per Days product(s) is(are) covered as medically necessary when the following criteria is(are) met. Any other exception is considered not medically necessary.

CRITERIA

Wegovy 0.25 mg/0.5mL prefilled pen-injector

1. If more than two consecutive doses are missed and re-initiation of treatment is needed, approve a one-time exception for 8 additional pens at retail or home delivery.

Wegovy 0.5 mg/0.5 mL prefilled pen-injector

1. If more than two consecutive doses are missed and re-initiation of treatment is needed, approve a one-time exception for 8 additional pens at retail or home delivery.

Wegovy 1 mg/0.5 mL prefilled pen-injector

1. If more than two consecutive doses are missed and re-initiation of treatment is needed, approve a one-time exception for 8 additional pens at retail or home delivery.

Wegovy 1.7 mg/0.75 mL prefilled pen-injector

No exceptions.

Wegovy 2.4 mg/0.75 mL prefilled pen-injector

No exceptions.

REFERENCES

1. Wegovy® subcutaneous injection [prescribing information]. Plainsboro, NJ: Novo Nordisk; July 2023.

HISTORY

Type of Revision	Summary of Changes	Review Date
Early Annual Revision	Criteria: For Wegovy 0.25, 0.5, 1, and 1.7 mg strengths, the criterion regarding intolerance during dose titration was reworded to “if the patient requires a delay in dose escalation of 4 additional weeks due to tolerability during dose titration, approve a one-time approval for four additional syringes.” Previously, the criterion only provided an override for a patient who did not tolerate the requested dose. Also for Wegovy 0.25, 0.5, 1, and 1.7 mg strengths, the criterion regarding re-initiation of treatment due to missed doses was revised to allow for a one-time override of four additional syringes regardless of which dosage strength was missed.	02/16/2022
Selected Revision	Quantity Limits: The quantity limits for Wegovy 0.25 mg, 0.5 mg, 1 mg, and 1.7 mg were updated to 8 syringes per 365 days; previously the limit was 4 syringes per 365 days. Criteria: For Wegovy 0.25 mg, 0.5 mg, 1 mg, and 1.7 mg strengths, the exception regarding a one-time override for four additional syringes if needed for tolerability was removed; this is no longer needed since initial quantity limits now provide a total of eight syringes. For the exception regarding an additional one-time override if re-initiation of titration is needed, the quantity was changed from four to eight syringes.	06/22/2022
Early Annual Revision	Policy was updated to include the existing quantity limits when the product is obtained via home delivery.	01/11/2023

	Wegovy 1.7 mg/0.75 mL prefilled pen-injector: An exception was added to approve 4 pens per 28 days at retail or 12 pens per 84 days at home delivery, if the patient is < 18 years of age and requires a maintenance dose of 1.7 mg once weekly. Additionally, the criteria providing for a one-time override for 4 pens (at retail or home delivery) if the patient does not tolerate the maintenance 2.4 mg once weekly dose and the dose needs to be temporarily decreased was updated to apply only to patients who are ≥ 18 years of age who require a temporary dose reduction to 1.7 mg weekly.	
Selected Revision	Wegovy 1.7 mg/0.75 mL prefilled pen-injector: Quantity limits were increased from 8 pens (6 mL) per 365 days at both retail and home delivery to 4 pens (3 mL) per 28 days at retail and 12 pens (9 mL) per 84 days at home delivery. Current overrides to the quantity limits were removed as they are no longer necessary with the higher base limits.	07/26/2023

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