



DRUG QUANTITY MANAGEMENT POLICY – PER DAYS

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

- Wegovy® (semaglutide subcutaneous injection – Novo Nordisk)

REVIEW DATE: 10/30/2024; selected revision 01/08/2025

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 AND HAVE DISCRETION IN MAKING INDIVIDUAL COVERAGE DETERMINATIONS. 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 in combination with a reduced-calorie diet and increased physical activity:¹

- To **reduce the risk of major adverse cardiovascular (CV) events (MACE)** [cardiovascular death, non-fatal myocardial infarction, or non-fatal stroke] in adults with established CV disease and either obesity or overweight.
- To **reduce excess body weight and maintain weight reduction long term** in:
 - Adults with overweight in the presence of at least one weight-related comorbid condition.
 - Adults and pediatric patients ≥ 12 years of age with obesity.

Dosing

The initial dose of Wegovy is 0.25 mg injected subcutaneously (SC) once weekly (QW).¹ 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 in adults is 2.4 mg (recommended) or 1.7 mg SC QW. Treatment response and tolerability should be considered when selecting the maintenance dosage.

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

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

Missed Doses

If one dose is missed and the next scheduled dose is more than 2 days away (48 hours), administer Wegovy as soon as possible.¹ If one dose is missed and the next scheduled dose is less than 2 days away (48 hours), do not administer the dose. Resume dosing on the regularly scheduled day of the week. If 2 or more consecutive doses are missed, resume dosing as scheduled or, if needed, reinitiate Wegovy and follow the dose escalation schedule, which may reduce the occurrence of gastrointestinal symptoms associated with reinitiation of treatment.

Availability

Wegovy is supplied in prefilled, disposable, single-dose pen-injectors in the following strengths: 0.25 mg/0.5 mL, 0.5 mg/0.5 mL, 1 mg/0.5 mL, 1.7 mg/0.75 mL, and 2.4 mg/0.75 mL.¹

POLICY STATEMENT

This Drug Quantity Management program has been developed to promote the safe, effective, and economic use of Wegovy. There are no overrides to the Per Days quantity limits outlined below.

Drug Quantity Limits

Product	Strength and Form	Retail Maximum Quantity	Home Delivery Maximum Quantity
Wegovy® (semaglutide SC injection)	0.25 mg/0.5 mL pens	2 mL (4 pens) per 28 days	6 mL (12 pens) per 84 days
	0.5 mg/0.5 mL pens	2 mL (4 pens) per 28 days	6 mL (12 pens) per 84 days
	1 mg/0.5 mL pens	2 mL (4 pens) per 28 days)	6 mL (12 pens) per 84 days
	1.7 mg/0.75 mL pens	3 mL (4 pens) per 28 days	9 mL (12 pens) per 84 days
	2.4 mg/0.75 mL pens	4 pens (3 mL) per 28 days	12 pens (9 mL) per 84 days

SC – Subcutaneous.

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 pen
No overrides recommended.

Wegovy 0.5 mg/0.5 mL pen
No overrides recommended.

Wegovy 1 mg/0.5 mL pen
No overrides recommended.

Wegovy 1.7 mg/0.75 mL pen
No overrides recommended.

Wegovy 2.4 mg/0.75 mL pen
No overrides recommended.

REFERENCES

1. Wegovy® subcutaneous injection [prescribing information]. Plainsboro, NJ: Novo Nordisk; November 2024.

HISTORY

Type of Revision	Summary of Changes	Review Date
Early Annual Revision	Additional quantity limits were added to allow only ONE claim of ONE glucagon-like peptide-1 (GLP-1) agonist or GLP-1/glucose-dependent insulinotropic polypeptide (GIP) agonist to be dispensed every 21 days at retail or home delivery. No overrides apply. Existing "Per Days" quantity limits were not changed and existing override criteria were not changed.	07/17/2024
Early Annual Revision	<p>The quantity limit of ONE claim of ONE glucagon-like peptide-1 (GLP-1) agonist or GLP-1/glucose-dependent insulinotropic polypeptide (GIP) agonist to be dispensed every 21 days at retail or home delivery was removed from this policy (refer to the "Weight Loss – Glucagon-Like Peptide-1 Agonists Drug Quantity Management Policy – Claim Per Days" document for additional information).</p> <p>Wegovy 0.25 mg/0.5 mL pens: The override criteria were updated to approve a one-time override for an additional 4 mL (8 pens) at retail or home delivery, if the patient requires re-initiation or re-titration of their Wegovy dose. Previously, this criterion approved if the patient missed more than two consecutive doses and re-initiation of treatment was needed. Existing "Per Days" quantity limits were not changed.</p> <p>Wegovy 0.5 mg/0.5 mL pens: The override criteria were updated to approve a one-time override for an additional 4 mL (8 pens) at retail or home delivery, if the patient requires re-initiation or re-titration of their Wegovy dose. Previously, this criterion approved if the patient missed more than two consecutive doses and re-initiation of treatment was needed. Existing "Per Days" quantity limits were not changed.</p> <p>Wegovy 1 mg/0.5 mL pens: The override criteria were updated to approve a one-time override for an additional 4 mL (8 pens) at retail or home delivery, if the patient requires re-initiation or re-titration of</p>	10/30/2024

	their Wegovy dose. Previously, this criterion approved if the patient missed more than two consecutive doses and re-initiation of treatment was needed. Existing "Per Days" quantity limits were not changed.	
Selected Revision	<p>Wegovy 0.25 mg/0.5 mL pens: Quantity limits were changed to 2 mL (4 pens) per 28 days at retail and 6 mL (12 pens) per 84 days at home delivery. Previously, the limits were 4 mL (8 pens) per 365 days at retail or home delivery. Override criteria were removed. No overrides apply to the updated quantity limits.</p> <p>Wegovy 0.5 mg/0.5 mL pens: Quantity limits were changed to 2 mL (4 pens) per 28 days at retail and 6 mL (12 pens) per 84 days at home delivery. Previously, the limits were 4 mL (8 pens) per 365 days at retail or home delivery. Override criteria were removed. No overrides apply to the updated quantity limits.</p> <p>Wegovy 1 mg/0.5 mL pens: Quantity limits were changed to 2 mL (4 pens) per 28 days at retail and 6 mL (12 pens) per 84 days at home delivery. Previously, the limits were 4 mL (8 pens) per 365 days at retail or home delivery. Override criteria were removed. No overrides apply to the updated quantity limits.</p>	01/08/2025

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