DRUG QUANTITY MANAGEMENT POLICY – CLAIM PER DAYS

POLICY: Weight Loss – Glucagon-Like Peptide-1 Agonists Drug Quantity Management Policy – Claim Per Days
- Foundayo™ (orforglipron tablets – Eli Lilly)
- Saxenda® (liraglutide subcutaneous injection – Novo Nordisk, generic)
- Wegovy®/Wegovy® HD (semaglutide tablet and subcutaneous injection – Novo Nordisk)
- Zepbound® (tirzepatide subcutaneous injection – Eli Lilly)

REVIEW DATE: 01/07/2026; selected revisions 02/04/2026 and 04/08/2026

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), Foundayo, Wegovy, and Zepbound are glucagon-like peptide-1 (GLP-1) receptor agonists; Zepbound is also a glucose-dependent insulinotropic polypeptide (GIP) receptor agonist.[1-4]

Liraglutide, Foundayo, **Wegovy injection, Wegovy tablet, and Zepbound** are indicated in combination with a reduced-calorie diet and increased physical activity:[1-4]

- To **reduce excess body weight and maintain weight reduction long term** in:
  - **Liraglutide, Foundayo, Wegovy injection, Wegovy tablet, and Zepbound:** Adults with overweight in the presence of at least one weight-related comorbid condition.
  - **Liraglutide, Foundayo, Wegovy injection, Wegovy tablet, and Zepbound:** Adults with obesity.
  - **Liraglutide:** Pediatric patients ≥ 12 years of age and ≥ 60 kg with obesity.
  - **Wegovy injection:** Pediatric patients ≥ 12 years of age with obesity.

Wegovy injection and Wegovy tablet are indicated in combination with a reduced-calorie diet and increased physical activity:[2]
- To **reduce the risk of major adverse cardiovascular (CV) events (MACE)** [CV death, non-fatal myocardial infarction {MI}, or non-fatal stroke] in adults with established CV disease and either **obesity or overweight**.

Wegovy injection is indicated in combination with a reduced-calorie diet and increased physical activity:[2]
- For the treatment of **non-cirrhotic metabolic dysfunction-associated steatohepatitis (MASH)**, formerly known as non-alcoholic steatohepatitis (NASH), with moderate to advanced liver fibrosis (consistent with stages F2 to F3 fibrosis) in adults.

Zepbound is indicated in combination with a reduced-calorie diet and increased physical activity:[3]
- To treat **moderate to severe obstructive sleep apnea** (OSA) in adults with **obesity**.

The GLP-1 agonists and GLP-1/GIP agonists should not be combined with each other or with any other GLP-1 agonists or GLP-1/GIP agonists.[1-4] There are other GLP-1 and GLP-1/GIP agonist products not included in this policy that are FDA-approved for type 2 diabetes. Refer to Appendix A for a list of GLP-1 agonists and GLP-1/GIP agonists addressed in the Claim Per Days limit.

POLICY STATEMENT

This Drug Quantity Management program has been developed to promote the safe, effective, and economic use of the GLP-1 agonists and the GLP-1/GIP agonists. The Claim Per Days quantity limits outlined below can be applied alone or in conjunction with the standard Per Days limits that are in place for each individual medication. Of note, the Claim Per Days quantity limits apply only to retail fills but look across retail and mail history for accumulation. For details regarding each product's Per Days quantity limits, refer to each respective Per Days Drug Quantity Management policy.

Claim Per Days Quantity Limit

Product	Strength and Form	Retail Maximum Quantity
Saxenda® (liraglutide SC injection, generic)	18 mg/3 mL prefilled pens	**ONE claim collectively for ONE GLP-1 agonist or GLP-1/GIP agonist may be approved every 21 days.**[α,β]
Foundayo™ (orforglipron tablets)	0.8 mg tablets	
	2.5 mg tablets	
	5.5 mg tablets	
	9 mg tablets	
	14.5 mg tablets	
	17.2 mg tablets	
Wegovy®/Wegovy® HD (semaglutide SC injection)	0.25 mg/0.5 mL pens	
	0.5 mg/0.5 mL pens	
	1 mg/0.5 mL pens	
	1.7 mg/0.75 mL pens	
	2.4 mg/0.75 mL pens	
	7.2 mg/0.75 mL pens (Wegovy HD)	
Wegovy (semaglutide tablets)	1.5 mg tablets	
	4 mg tablets	
	9 mg tablets	
	25 mg tablets	
Zepbound® (tirzepatide SC injection)	2.5 mg/0.5 mL pens and vials	
	2.5 mg/dose (10 mg/2.4 mL) KwikPens	
	5 mg/0.5 mL pens and vials	
	5 mg/dose (20 mg/2.4 mL) KwikPens	
	7.5 mg/0.5 mL pens and vials	
	7.5 mg/dose (30 mg/2.4 mL) KwikPens	
	10 mg/0.5 mL pens and vials	
	10 mg/dose (40 mg/2.4 mL) KwikPens	
	12.5 mg/0.5 mL pens and vials	
	12.5 mg/dose (50 mg/2.4 mL) KwikPens	
	15 mg/0.5 mL pens and vials	
	15 mg/dose (60 mg/2.4 mL) KwikPens	

SC – Subcutaneous; GLP-1 – Glucagon-like peptide-1; GIP – Glucose-dependent insulinotropic peptide
[α] Refer to Appendix A for a list of the drugs included in this limit; [β] This quantity limit rule only applies to claims for ≥ 28-day supply.

CRITERIA

Saxenda pens
No overrides recommended.

Foundayo tablets (all strengths)
No overrides recommended.

Wegovy/Wegovy HD pens (all strengths)
No overrides recommended.

Wegovy tablets (all strengths)
No overrides recommended.

Zepbound pens/vials/KwikPens (all strengths)
No overrides recommended.

REFERENCES

1. Saxenda® subcutaneous injection [prescribing information]. Plainsboro, NJ: Novo Nordisk; February 2026.
2. Wegovy® subcutaneous injection and tablets [prescribing information]. Plainsboro, NJ: Novo Nordisk; March 2026.
3. Zepbound® subcutaneous injection [prescribing information]. Indianapolis, IN: Eli Lilly; February 2026.
4. Foundayo™ tablets [prescribing information]. Indianapolis, IN: Eli Lilly; April 2026.

HISTORY

Type of Revision	Summary of Changes	Review Date
New Policy	--	10/30/2024
Selected Revision	Overview was updated reflect new obstructive sleep apnea indication for Zepbound.	01/07/2025
Early Annual Revision	The **Policy Statement** was updated to indicate that the Claim Per Days quantity limits apply only to retail fills, but look across retail and mail history for accumulation. The Claim Per Days quantity limits were removed for home delivery for all products. No overrides continue to apply.	05/21/2025
Selected Revision	**Zepbound 7.5 mg/0.5 mL vials, 10 mg/0.5 mL vials, 12.5 mg/0.5 mL vials, and 15 mg/0.5 mL vials** were added to the policy. The same limit of ONE claim collectively for ONE GLP-1 agonist or GLP-1/GIP agonist may be approved every 21 days applies to these Zepbound vials as apply to the other Zepbound products.	07/16/2025
Early Annual Revision	**Liraglutide 18 mg/3 mL pens (generic to Saxenda)** were added to the policy. The same limit of ONE claim collectively for ONE GLP-1 agonist or GLP-1/GIP agonist may be approved every 21 days applies to these liraglutide pens as apply to the brand Saxenda pens. **Wegovy 1.5 mg, 4 mg, 9 mg, and 25 mg tablets** were added to the policy. The same limit of ONE claim collectively for ONE GLP-1 agonist or GLP-1/GIP agonist may be approved every 21 days applies to these Wegovy tablets as apply to the Wegovy subcutaneous injection.	01/07/2026

	Adlyxin 10-20 mcg Starter Pack and 20 mcg Maintenance Pack: Adlyxin was removed from the Appendix table (obsolete).	
Selected Revision	**Zepbound 2.5 mg/dose KwikPens, 5 mg/dose KwikPens, 7.5 mg/dose KwikPens, 10 mg/dose KwikPens, 12.5 mg/dose KwikPens, and 15 mg/dose KwikPens** were added to the policy. The same limit of ONE claim collectively for ONE GLP-1 agonist or GLP-1/GIP agonist may be approved every 21 days applies to these Zepbound KwikPens as apply to the Zepbound pens and vials.	02/04/2026
Selected Revision	**Wegovy HD 7.2 mg/0.75 mL pens** were added to the policy. The same limit of ONE claim collectively for ONE GLP-1 agonist or GLP-1/GIP agonist may be approved every 21 days applies to these Wegovy HD pens as apply to the other products in this policy. **Foundayo 0.8 mg, 2.5 mg, 5.5 mg, 9 mg, 14.5 mg, and 17.2 mg tablets** were added to the policy. The same limit of ONE claim collectively for ONE GLP-1 agonist or GLP-1/GIP agonist may be approved every 21 days applies to these Foundayo tablets as apply to the other products in this policy.	04/08/2026

APPENDIX A

Table 1. GLP-1 Agonists and GLP-1/GIP Agonists.

Brand (Generic Name)	Dosage Form
Bydureon BCise® (exenatide extended-release SC injection)	2 mg/0.85 mL prefilled auto-injector (discontinued)
Byetta® (exenatide SC injection, generic [to 10 mcg pen only])	5 mcg/0.02 mL dose pen (1.2 mL) [discontinued] 10 mcg/0.04 mL dose pen (2.4 mL) [discontinued]
Foundayo™ (orforglipron tablets)	0.8 mg tablet 2.5 mg tablet 5.5 mg tablet 9 mg tablet 14.5 mg tablet 17.2 mg tablet
Mounjaro® (tirzepatide SC injection)	2.5 mg/0.5 mL pen 5 mg/0.5 mL pen 7.5 mg/0.5 mL pen 10 mg/0.5 mg pen 12.5 mg/0.5 mL pen 15 mg/0.5 mL pen
Ozempic® (semaglutide SC injection)	0.25 mg and 0.5 mg dose pen (2 mg/1.5 mL) [discontinued] 0.25 mg and 0.5 mg dose pen (2 mg/3 mL) 1 mg dose pen (4 mg/3 mL) 2 mg dose pen (8 mg/3 mL)
Rybelsus® (semaglutide tablets)	3 mg tablet 7 mg tablet 14 mg tablet
Saxenda® (liraglutide SC injection, generic)	18 mg/3 mL pen
Trulicity® (dulaglutide SC injection)	0.75 mg/0.5 mL pen 1.5 mg/0.5 mL pen 3 mg/0.5 mL pen 4.5 mg/0.5 mL pen
Victoza® (liraglutide SC injection, generic)	18 mg/3 mL pen (2-pack) 18 mg/3 mL pen (3-pack)
Wegovy®/Wegovy® HD (semaglutide SC injection)	0.25 mg/0.5 mL pen 0.5 mg/0.5 mL pen 1 mg/0.5 mL pen 1.7 mg/0.75 mL pen 2.4 mg/0.75 mL pen 7.2 mg/0.75 mL pen (Wegovy HD)
Wegovy® (semaglutide tablets)	1.5 mg tablets 4 mg tablets 9 mg tablets 25 mg tablets
Zepbound® (tirzepatide SC injection)	2.5 mg/0.5 mL pen, KwikPen, and vial 5 mg/0.5 mL pen KwikPen, and vial 7.5 mg/0.5 mL pen KwikPen, and vial 10 mg/0.5 mL pen KwikPen, and vial 12.5 mg/0.5 mL pen KwikPen, and vial 15 mg/0.5 mL pen KwikPen, and vial

GLP – Glucagon-like peptide-1; GIP – Glucose-dependent insulinotropic polypeptide; SC – Subcutaneous.

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