Drug Coverage Policy

Effective Date……09/01/2026
Coverage Policy Number……BEO007
Policy Title……Liraglutide Benefit Exclusion Overrides Policy BMI ≥ 32

Weight Loss – Glucagon-Like Peptide-1 Agonists – Liraglutide Benefit Exclusion Overrides Policy BMI ≥ 32

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

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.

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** in[1]:

- 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 ≥ 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 ≥ 1% from baseline, discontinue liraglutide as it is unlikely the patient will achieve and sustain clinically meaningful weight loss with continued treatment.

Body mass index (BMI) is appropriate to screen for adiposity-based chronic disease/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).[2]

Guidelines from the American Academy of Pediatrics on evaluation and treatment of children and adolescents with obesity (2023) classify obesity as BMI ≥ 95th percentile.[3]

Additional Benefit Coverage Requirement: Patient has been enrolled and engaged in standard lifestyle vendor and completes four weigh-ins per month and four app engagements per month. Engagements may include, but are not limited to lesson completion, recorded meals, weigh-ins, glucose readings, blood pressure readings, engaging with community resources, completing a lesson, or setting/achieving a goal.

Coverage Policy

POLICY STATEMENT
This Benefit Exclusion Overrides policy has been developed to authorize coverage of liraglutide (Saxenda, generic) for the treatment of weight loss in adults with a body mass index (BMI) of ≥ 27 kg/m^2 with at least two weight-related comorbidities, or with a body mass index of ≥ 32 kg/m^2, and for pediatric patients with a BMI ≥ 95th percentile for age and sex (see authorization

criteria for details). The BMI thresholds for the weight loss indications in adults are not based on clinical data but are provided in this product offering to allow a subset of patients to obtain these medications. 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.

Documentation: Documentation is required as noted in the criteria as **[documentation required]**. Documentation may include, but is not limited to, chart notes, prescription claims records, prescription receipts, and/or other information. All documentation must include patient-specific identifying information.

Liraglutide (Saxenda, generic) is considered medically necessary when ONE of the following is met (1 or 2):

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, iv and v):
     - **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 ≥ 32 kg/m^2 **[documentation required]**; 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 **[documentation required]**; AND
         (2) At baseline, patient had, or patient currently has, at least TWO 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 **[documentation required]**; 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; AND
     - **v.** Preferred product criteria is met for the product(s) as listed in the below table(s); 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 ≥ 32 kg/m^2 **[documentation required]**; 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 **[documentation required]**; AND
(2) At baseline, patient had, or patient currently has, at least TWO 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 **[documentation required]**; 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 ≥ 4% of baseline body weight **[documentation required]**; 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.

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, iv and v):

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 ≥ 95th percentile for age and sex **[documentation required]**; 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; AND

v. Preferred product criteria is met for the product(s) as listed in the below table(s); 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 ≥ 95th percentile for age and sex **[documentation required]**; 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 ≥ 1% from baseline **[documentation required]**; 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.

Employer Plans:

Product	Criteria
Saxenda (liraglutide subcutaneous injection)	The patient has tried the bioequivalent generic product, **liraglutide subcutaneous injection (generic for Saxenda)**, AND cannot take due to a formulation difference in the inactive ingredient(s) [e.g., difference in dyes, fillers, preservatives] between the brand and the bioequivalent generic product which, per the prescriber, would result in a significant allergy or serious adverse reaction. **[documentation required]**

Conditions Not Covered

Liraglutide (Saxenda, generic) for any other use is considered not medically necessary, 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. 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.

Revision Details

Summary of Changes	Review Date	Effective Date
New policy.	07/09/2026	09/01/2026

The policy effective date is in force until updated or retired.