Drug Coverage Policy

Effective Date……09/01/2026
Coverage Policy Number……BEO009
Policy Title……Wegovy Tablet Benefit Exclusion Overrides Policy BMI ≥ 32

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

- Wegovy® (semaglutide tablets – Novo Nordisk)

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
Wegovy tablet is a glucagon-like peptide-1 (GLP-1) receptor agonist indicated in combination with a reduced-calorie diet and increased physical activity to[1]:

- **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 with obesity.
- **Reduce the risk of major adverse cardiovascular (CV) events** (CV death, non-fatal myocardial infarction, or non-fatal stroke) in adults with established CV disease and either obesity or overweight.

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

Dosing
In the prescribing information for Wegovy tablet, a recommended dose escalation schedule of 90 days is outlined (the 25 mg dose would be reached at the start of Day 91).[1] If a patient does not tolerate a dose during dose escalation, consider delaying dose escalation. For CV risk reduction and weight reduction, the maintenance dose of Wegovy tablet is 25 mg orally once daily (QD). If the patient does not tolerate the 25 mg QD maintenance dosage, consider switching to Wegovy subcutaneous (SC) injection 1.7 mg once weekly (QW). If additional weight reduction is needed in patients with type 2 diabetes mellitus treated with Wegovy 25 mg tablet, consider switching to Wegovy 1.7 mg SC injection QW and follow the recommended dosage escalation for Wegovy SC injection.

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 Wegovy tablet 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. 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. Additionally, the policy authorizes coverage of non-weight loss based on FDA-approved indications as applicable (refer to authorization criteria for details). 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.

Wegovy tablet is considered medically necessary when ONE of the following are 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 8 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 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; OR
   - **B)** Patient is Currently Receiving Wegovy tablet, Wegovy injection, or Wegovy HD injection. 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 8 months of initial therapy with Wegovy tablet, Wegovy injection, and/or Wegovy HD injection, 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 ≥ 5% 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. **Major Adverse Cardiovascular Event(s) Risk Reduction in a Patient with Established Cardiovascular Disease with Overweight or Obesity.** Approve for 1 year if the patient meets ALL of the following (A, B, C, D, and E):

A) Patient is ≥ 18 years of age; AND

B) At baseline, patient had a BMI ≥ 27 kg/m^2 **[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).

C) Patient meets ONE of the following (i, ii, or iii) **[documentation required]**:

i. Patient has had a prior myocardial infarction; OR

ii. Patient has had a prior stroke; OR
Note: This does not include a transient ischemic attack (TIA).

iii. Patient has a history of symptomatic peripheral arterial disease as evidenced by ONE of the following [a, b, or c]:

a) Intermittent claudication with ankle-brachial index < 0.85; OR

b) Peripheral arterial revascularization procedure; OR

c) Amputation due to atherosclerotic disease; AND

D) According to the prescriber, the medication will be used in combination with optimized pharmacotherapy for established cardiovascular disease; AND

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

Conditions Not Covered

Wegovy tablet 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 Wegovy tablet with another GLP-1 receptor agonist is not recommended.[1]

References

1. Wegovy® tablet and subcutaneous injection [prescribing information]. Plainsboro, NJ: Novo Nordisk; March 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.

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