BlueCross BlueShield of Illinois
BlueCross BlueShield of Montana
BlueCross BlueShield of New Mexico
BlueCross BlueShield of Oklahoma
BlueCross BlueShield of Texas

Weight Management Prior Authorization with Quantity Limit Program Summary

POLICY REVIEW CYCLE

Effective Date
07-15-2024

Date of Origin
02-15-2024

POLICY AGENT SUMMARY PRIOR AUTHORIZATION

Target Brand Agent(s)	Target Generic Agent(s)	Strength	Targeted MSC	Available MSC	Final Age Limit	Preferred Status
Saxenda	liraglutide (weight mngmt) soln pen-inj	18 MG/3ML	M ; N ; O ; Y	N		
Wegovy	semaglutide (weight mngmt) soln auto-injector	0.25 MG/0.5ML ; 0.5 MG/0.5ML ; 1 MG/0.5ML ; 1.7 MG/0.75ML ; 2.4 MG/0.75ML	M ; N ; O ; Y	N		
Zepbound	tirzepatide (weight mngmt) soln auto-injector	10 MG/0.5ML ; 12.5 MG/0.5ML ; 15 MG/0.5ML ; 2.5 MG/0.5ML ; 5 MG/0.5ML ; 7.5 MG/0.5ML	M ; N ; O ; Y	N		

POLICY AGENT SUMMARY QUANTITY LIMIT

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	QL Amount	Dose Form	Day Supply	Duration	Addtl QL Info	Allowed Exceptions	Targeted NDCs When Exclusions Exist
Saxenda	Liraglutide (Weight Mngmt) Soln Pen-Inj 18 MG/3ML (6 MG/ML)	18 MG/3ML	15	mLs	30	DAYS			
Wegovy	Semaglutide (Weight Mngmt) Soln Auto-Injector	0.25 MG/0.5 ML	8	Pens	180	DAYS	*This strength is not approvable for maintenance dosing		
Wegovy	Semaglutide (Weight Mngmt) Soln Auto-Injector	0.5 MG/0.5 ML	8	Pens	180	DAYS	*This strength is not approvable for maintenance dosing		
Wegovy	Semaglutide (Weight Mngmt) Soln Auto-Injector	1 MG/0.5 ML	8	Pens	180	DAYS	*This strength is not approvable for		

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	QL Amount	Dose Form	Day Supply	Duration	Addtl QL Info	Allowed Exceptions	Targeted NDCs When Exclusions Exist
							maintenance dosing		
Wegovy	Semaglutide (Weight Mngmt) Soln Auto-Injector	1.7 MG/0.75 ML	4	Pens	28	DAYS			
Wegovy	Semaglutide (Weight Mngmt) Soln Auto-Injector	2.4 MG/0.75 ML	4	Pens	28	DAYS			
Zepbound	tirzepatide (weight mngmt) soln auto-injector	2.5 MG/0.5 ML	4	Pens	180	DAYS	*This strength is not approvable for maintenance dosing		
Zepbound	tirzepatide (weight mngmt) soln auto-injector	5 MG/0.5 ML	4	Pens	28	DAYS			
Zepbound	tirzepatide (weight mngmt) soln auto-injector	7.5 MG/0.5 ML	4	Pens	28	DAYS			
Zepbound	tirzepatide (weight mngmt) soln auto-injector	10 MG/0.5 ML	4	Pens	28	DAYS			
Zepbound	tirzepatide (weight mngmt) soln auto-injector	12.5 MG/0.5 ML	4	Pens	28	DAYS			
Zepbound	tirzepatide (weight mngmt) soln auto-injector	15 MG/0.5 ML	4	Pens	28	DAYS			

ADDITIONAL QUANTITY LIMIT INFORMATION

Wildcard	Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Additional QL Information	Targeted NDCs When Exclusions Exist	Effective Date	Term Date
6125207000D520	Wegovy	Semaglutide (Weight Mngmt) Soln Auto-Injector	0.25 MG/0.5 ML	*This strength is not approvable for maintenance dosing			
6125207000D525	Wegovy	Semaglutide (Weight Mngmt) Soln Auto-Injector	0.5 MG/0.5 ML	*This strength is not approvable for maintenance dosing			
6125207000D530	Wegovy	Semaglutide (Weight Mngmt) Soln Auto-Injector	1 MG/0.5 ML	*This strength is not approvable for maintenance dosing			
6125258000D520	Zepbound	tirzepatide (weight mngmt) soln auto-injector	2.5 MG/0.5 ML	*This strength is not approvable for maintenance dosing			

CLIENT SUMMARY – PRIOR AUTHORIZATION

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
Saxenda	liraglutide (weight mngmt) soln pen-inj	18 MG/3ML	Balanced ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2023 ; HIM Annual 2024 ; HIM Annual 2025 ;

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			Performance ; Performance Annual ; Performance Select
Wegovy	semaglutide (weight mngmt) soln auto-injector	0.25 MG/0.5ML ; 0.5 MG/0.5ML ; 1 MG/0.5ML ; 1.7 MG/0.75ML ; 2.4 MG/0.75ML	Balanced ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2023 ; HIM Annual 2024 ; HIM Annual 2025 ; Performance ; Performance Annual ; Performance Select
Zepbound	tirzepatide (weight mngmt) soln auto-injector	10 MG/0.5ML ; 12.5 MG/0.5ML ; 15 MG/0.5ML ; 2.5 MG/0.5ML ; 5 MG/0.5ML ; 7.5 MG/0.5ML	Balanced ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2023 ; HIM Annual 2024 ; HIM Annual 2025 ; Performance ; Performance Annual ; Performance Select

CLIENT SUMMARY – QUANTITY LIMITS

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
Saxenda	Liraglutide (Weight Mngmt) Soln Pen-Inj 18 MG/3ML (6 MG/ML)	18 MG/3ML	Balanced ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2023 ; HIM Annual 2024 ; HIM Annual 2025 ; Performance ; Performance Annual ; Performance Select
Wegovy	Semaglutide (Weight Mngmt) Soln Auto-Injector	1.7 MG/0.75ML	Balanced ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2023 ; HIM Annual 2024 ; HIM Annual 2025 ; Performance ; Performance Annual ; Performance Select
Wegovy	Semaglutide (Weight Mngmt) Soln Auto-Injector	0.5 MG/0.5ML	Balanced ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2023 ; HIM Annual 2024 ; HIM Annual 2025 ; Performance ; Performance Annual ; Performance Select
Wegovy	Semaglutide (Weight Mngmt) Soln Auto-Injector	2.4 MG/0.75ML	Balanced ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2023 ; HIM Annual 2024 ; HIM Annual 2025 ; Performance ; Performance Annual ; Performance Select
Wegovy	Semaglutide (Weight Mngmt) Soln Auto-Injector	1 MG/0.5ML	Balanced ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2023 ; HIM Annual 2024 ; HIM Annual 2025 ; Performance ; Performance Annual ; Performance Select
Wegovy	Semaglutide (Weight Mngmt) Soln Auto-Injector	0.25 MG/0.5ML	Balanced ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2023 ; HIM Annual 2024 ; HIM Annual 2025 ; Performance ; Performance Annual ; Performance Select
Zepbound	tirzepatide (weight mngmt) soln auto-injector	2.5 MG/0.5ML	Balanced ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			Annual 2023 ; HIM Annual 2024 ; HIM Annual 2025 ; Performance ; Performance Annual ; Performance Select
Zepbound	tirzepatide (weight mngmt) soln auto-injector	15 MG/0.5ML	Balanced ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2023 ; HIM Annual 2024 ; HIM Annual 2025 ; Performance ; Performance Annual ; Performance Select
Zepbound	tirzepatide (weight mngmt) soln auto-injector	7.5 MG/0.5ML	Balanced ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2023 ; HIM Annual 2024 ; HIM Annual 2025 ; Performance ; Performance Annual ; Performance Select
Zepbound	tirzepatide (weight mngmt) soln auto-injector	5 MG/0.5ML	Balanced ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2023 ; HIM Annual 2024 ; HIM Annual 2025 ; Performance ; Performance Annual ; Performance Select
Zepbound	tirzepatide (weight mngmt) soln auto-injector	12.5 MG/0.5ML	Balanced ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2023 ; HIM Annual 2024 ; HIM Annual 2025 ; Performance ; Performance Annual ; Performance Select
Zepbound	tirzepatide (weight mngmt) soln auto-injector	10 MG/0.5ML	Balanced ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2023 ; HIM Annual 2024 ; HIM Annual 2025 ; Performance ; Performance Annual ; Performance Select

QUANTITY LIMIT CLINICAL CRITERIA FOR APPROVAL

Module	Clinical Criteria for Approval
	Quantity limit for the Target Agent(s) will be approved when ONE of the following is met: 1. The requested quantity (dose) does NOT exceed the program quantity limit **OR** 2. The requested quantity (dose) exceeds the program quantity limit AND ONE of the following: A. BOTH of the following: 1. The requested agent does NOT have a maximum FDA labeled dose for the requested indication **AND** 2. There is support for therapy with a higher dose for the requested indication **OR** B. BOTH of the following: 1. The requested quantity (dose) does NOT exceed the maximum FDA labeled dose for the requested indication **AND** 2. There is support for why the requested quantity (dose) cannot be achieved with a lower quantity of a higher strength that does NOT exceed the program quantity limit **OR** C. BOTH of the following: 1. The requested quantity (dose) exceeds the maximum FDA labeled dose for the requested indication **AND**

Module	Clinical Criteria for Approval
	2. There is support for therapy with a higher dose for the requested indication **Length of Approval**: • BCBSIL FI & HIM: 12 months • ALL other plans (including BCBSIL ASO): o Initial Approval: ▪ For Wegovy, Zepbound: 12 months ▪ For Saxenda: Pediatric patients (age 12 to less than 18): 5 months; Adults: 4 months o Renewal Approval: 12 months

PRIOR AUTHORIZATION CLINICAL CRITERIA FOR APPROVAL

Module	Clinical Criteria for Approval
	Initial Evaluation **Target Agent(s)** will be approved when ALL the following are met: 1. ONE of the following: A. The requested use is to reduce the risk of major adverse cardiovascular events (cardiovascular death, non-fatal myocardial infarction, or non-fatal stroke) in adults with established cardiovascular disease and the patient is either obese or overweight AND ALL of the following: 1. The requested agent is FDA labeled for the requested indication and route of administration **AND** 2. The patient has a history of ONE of the following: A. Myocardial infarction **OR** B. Stroke **OR** C. Peripheral artery disease as defined by intermittent claudication with ankle-brachial index less than 0.85 at rest, or peripheral arterial revascularization procedure, or amputation due to atherosclerotic disease **AND** 3. The patient has a pretreatment BMI greater than or equal to 27 kg/m^2 **AND** 4. The patient will use optimized pharmacotherapy for established cardiovascular disease in combination with the requested agent **OR** B. The patient is overweight or obese and is using the requested agent for weight management and ALL of the following: 1. The patient is new to therapy, new to Prime, or attempting a repeat weight loss course of therapy **AND** 2. ONE of the following: A. The patient is 17 years of age or over and has ONE of the following: 1. A pretreatment BMI greater than or equal to 30 kg/m^2 **OR** 2. A pretreatment BMI greater than or equal to 25 kg/m^2 if the patient is of South Asian, Southeast Asian, or East Asian descent **OR** 3. A pretreatment BMI greater than or equal to 27 kg/m^2 with at least one weight-related comorbidity/risk factor/complication (e.g., hypertension, type 2 diabetes mellitus, obstructive sleep apnea, cardiovascular disease, dyslipidemia) **OR** B. The patient is 12 to 16 years of age and has ONE of the following: 1. A pretreatment BMI greater than or equal to 95th percentile for age and sex **OR**

Module	Clinical Criteria for Approval
	2. A pretreatment BMI greater than or equal to 30 kg/m^2 **OR** 3. A pretreatment BMI greater than or equal to 85th percentile for age and sex AND at least one severe weight-related comorbidity/risk factor/complication **AND** 3. The patient has been on and had an inadequate response to a weight loss regimen of a low-calorie diet, increased physical activity, and behavioral modifications for a minimum of 6 months prior to initiating therapy **AND** 4. If the requested agent is Saxenda, then ONE of the following: A. The patient is 18 years of age or over and ONE of the following: 1. The patient is newly starting therapy **OR** 2. The patient is currently being treated and has received less than 16 weeks (4 months) of therapy **OR** 3. The patient has achieved and maintained a weight loss of greater than or equal to 4% from baseline (prior to initiation of pharmacotherapy) **OR** B. The patient is pediatric (12 to less than 18 years of age) AND BOTH of the following: 1. The requested agent is NOT being used to treat type 2 diabetes **AND** 2. ONE of the following: A. The patient is newly starting therapy **OR** B. The patient is currently being treated and has received less than 20 weeks (5 months) of therapy **OR** C. The patient has achieved and maintained a reduction in BMI of greater than or equal to 1% from baseline (prior to initiation of pharmacotherapy) **AND** 5. If the requested agent is Wegovy, then ONE of the following: A. The patient is newly starting therapy **OR** B. The patient is currently being treated and has received less than 52 weeks (1 year) of therapy **OR** C. The patient is an adult AND has achieved and maintained a weight loss of greater than or equal to 5% from baseline (prior to initiation of pharmacotherapy) **OR** D. The patient is pediatric (12 to less than 18 years of age) AND has achieved and maintained a reduction in BMI of at least 5% from baseline (prior to initiation of pharmacotherapy) **AND** 6. If the requested agent is Zepbound, then ONE of the following: A. The patient is newly starting therapy **OR** B. The patient is currently being treated and has received less than 52 weeks (1 year) of therapy **OR** C. The patient has achieved and maintained a weight loss of greater than or equal to 5% from baseline (prior to initiation of pharmacotherapy) **OR** C. The patient has another FDA labeled indication for the requested agent and route of administration **AND** 2. The patient will NOT be using the requested agent in combination with another weight loss agent (e.g., Contrave, phentermine, Qsymia, Xenical) for the requested indication **AND** 3. BOTH of the following: A. The patient is currently on a weight loss regimen of a low-calorie diet, increased physical activity, and behavioral modifications **AND** B. The patient will continue the weight loss regimen in combination with the requested agent **AND** 4. If the patient has an FDA labeled indication, then ONE of the following: A. The patient's age is within FDA labeling for the requested indication for the requested agent **OR** B. There is support for using the requested agent for the patient's age for the requested indication **AND**

Module	Clinical Criteria for Approval
	5. The patient will NOT be using the requested agent in combination with another GLP-1 receptor agonist agent **AND** 6. The patient does NOT have any FDA labeled contraindications to the requested agent **Length of Approval:** • BCBSIL FI & HIM: 12 months • ALL other plans (including BCBSIL ASO): o For Wegovy, Zepbound: 12 months o For Saxenda: Pediatric patients (age 12 to less than 18): 5 months; Adults: 4 months NOTE: If Quantity Limit applies, please refer to Quantity Limit Criteria. **Renewal Evaluation** **Target Agent(s)** will be approved when ALL of the following are met: 1. The patient has been previously approved for the requested agent through the plan's Prior Authorization process [Note: patients not previously approved for the requested agent will require initial evaluation review] **AND** 2. ONE of the following: A. The requested use is to reduce the risk of major adverse cardiovascular events (cardiovascular death, non-fatal myocardial infarction, or non-fatal stroke) in adults with established cardiovascular disease AND BOTH of the following: 1. The patient will use optimized pharmacotherapy for established cardiovascular disease in combination with the requested agent **AND** 2. The patient has had clinical benefit with the requested agent **OR** B. The patient is overweight or obese and is using the requested agent for weight management and ALL of the following: 1. The patient is continuing a current weight loss course of therapy **AND** 2. If the patient is 12 to less than 18 years of age, then the current BMI is greater than 85th percentile for age and sex **AND** 3. If the requested agent is Saxenda, then BOTH of the following: A. The requested agent is NOT being used to treat type 2 diabetes **AND** B. ONE of the following: 1. The patient has achieved and maintained a weight loss greater than or equal to 5% from baseline (prior to initiation of pharmacotherapy) **OR** 2. The patient is 18 years of age or over AND has achieved and maintained a weight loss greater than or equal to 4% from baseline (prior to initiation of pharmacotherapy) **OR** 3. The patient is pediatric (12 to less than 18 years of age) AND has achieved and maintained a reduction in BMI of greater than or equal to 1% from baseline (prior to initiation of pharmacotherapy) **AND** 4. If the requested agent is Wegovy, then ONE of the following: A. The patient has achieved and maintained a weight loss greater than or equal to 5% from baseline (prior to initiation of pharmacotherapy) **OR** B. The patient is 12 years of age and over AND has received less than 52 weeks of therapy on the maximum-tolerated dose **OR** C. The patient is pediatric (12 to less than 18 years of age) AND has achieved and maintained a reduction in BMI of at least 5% from baseline (prior to initiation of pharmacotherapy) **AND** 5. If the requested agent is Zepbound, then ONE of the following:

Module	Clinical Criteria for Approval
	A. The patient has achieved and maintained a weight loss greater than or equal to 5% from baseline (prior to initiation of pharmacotherapy) **OR** B. The patient has received less than 52 weeks of therapy on the maximum-tolerated dose **OR** C. The patient has another FDA labeled indication for the requested agent and route of administration AND has had clinical benefit with the requested agent **AND** 3. The patient will NOT be using the requested agent in combination with another weight loss agent (e.g., Contrave, phentermine, Qsymia, Xenical) for the requested indication **AND** 4. BOTH of the following: A. The patient is currently on a weight loss regimen of a low-calorie diet, increased physical activity, and behavioral modifications **AND** B. The patient will continue the weight loss regimen in combination with the requested agent **AND** 5. The patient will NOT be using the requested agent in combination with another GLP-1 receptor agonist agent **AND** 6. The patient does NOT have any FDA labeled contraindications to the requested agent **Length of Approval:** 12 months NOTE: If Quantity Limit applies, please refer to Quantity Limit Criteria