

**Clinical Oversight Review Board (CORB) Criteria for Prescribing/
Criteria-Based Consultation (CBC) Criteria for Coverage
KAISER PERMANENTE NORTHWEST REGION CRITERIA FOR
COVERAGE**

semaglutide (Wegovy injectable)

Notes:

- Wegovy injectable is covered under the prescription drug benefit for weight loss **ONLY for Kaiser Northwest members with coverage for medications used to treat weight loss**. Others pay member cash price.
- Contact Pharmacy Services in your home region to confirm your benefits for weight loss medications.
- Quantity Limits: Yes
- ^ Adequate trial is defined as a 3-month treatment duration
- * Intolerance excludes adverse drug reactions that are expected, mild in nature, resolve with continued treatment, and do not require medication discontinuation
- **Does not apply to Medicare Part D patients

Initiation (new start) criteria in adult patients for chronic weight management: Non-formulary **semaglutide (Wegovy injectable)** will be covered on the prescription drug benefit for 12 months when the following criteria are met:

- Patient has a prescription drug insurance benefit that covers medications used to lose weight; **AND**
- No personal or family history of medullary thyroid carcinoma (MTC) or Multi-Endocrine Neoplasia syndrome type 2 (MEN 2)
- Diagnosis for chronic weight management; **AND**
- Patient is 18 years of age or older; **AND**
- Patient's current weight and BMI has been documented within the last 30 days approximately; **AND**
- Patient is currently following a diet and exercise program; **AND**
- BMI greater than or equal to 30 kg/m² or BMI greater than or equal to 27 kg/m² **AND** has at least one of the following comorbid conditions documented:
 - Hypertension
 - Diabetes
 - Hyperlipidemia

-AND-

- Patient has failed an adequate trial[^] to at least two of the following medications or medication combination therapies, or patient has an allergy, intolerance, or contraindication to all the following therapies:
 - phentermine
 - diethylpropion
 - topiramate
 - phentermine + topiramate or phentermine/topiramate (Qsymia)

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- naltrexone + bupropion or naltrexone/bupropion (Contrave)

-AND-

- Patient has then failed an adequate trial of semaglutide (Ozempic)

Initiation (new start) criteria in pediatric patients for obesity: Non-formulary **semaglutide (Wegovy injectable)** will be covered on the prescription drug benefit for 12 months when the following criteria are met:

- Patient has a prescription drug insurance benefit that covers medications used to lose weight; **AND**
- No personal or family history of medullary thyroid carcinoma (MTC) or Multi-Endocrine Neoplasia syndrome type 2 (MEN 2)
- Diagnosis of class 2 or class 3 obesity; **AND**
- Patient is 12 to 17 years of age and is at least Tanner 2; **AND**
- Patient's current weight and BMI has been documented within the last 30 days approximately; **AND**
- Patient is currently following a diet and exercise program **AND**
- BMI greater than or equal to 35 kg/m² or at least 120% of 95th percentile

-AND-

- Patient has failed an adequate trial[^] to at least two of the following medications or medication combination therapies, or patient has an allergy, intolerance, or contraindication to all the following therapies:
 - phentermine
 - topiramate
 - phentermine + topiramate or phentermine/topiramate (Qsymia)

-AND-

- Patient has then failed an adequate trial or has an allergy, intolerance, or contraindication to semaglutide (Ozempic)

Initiation (new start) criteria for cardiovascular risk reduction: Non-formulary **semaglutide (Wegovy injectable)** will be covered on the prescription drug benefit for 12 months when the following criteria are met:

- No personal or family history of medullary thyroid carcinoma (MTC) or Multi-Endocrine Neoplasia syndrome type 2 (MEN 2)
- Patient does not have diabetes; **AND**

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- BMI 27 or greater; **AND**
- Patient is currently following a diet and exercise program; **AND**
- Patient is 55 to 74 years of age; **AND**
- Patient has a history of STEMI or Type 1 NSTEMI; **AND**
- Occurrence of a STEMI or Type 1 NSTEMI while on semaglutide (Ozempic) 2 mg**

Initiation (new start) criteria in patients for metabolic dysfunction-associated steatohepatitis (MASH): Non-formulary **semaglutide (Wegovy injectable)** will be covered on the prescription drug benefit for **12 months** when the following criteria are met:

- a) No personal or family history of medullary thyroid carcinoma (MTC) or Multi-Endocrine Neoplasia syndrome type 2 (MEN 2); **AND**
- b) Diagnosis of metabolic dysfunction-associated steatohepatitis; **AND**
- c) Hepatology provider consulted and endorsed use; **AND**
- d) Patient is 18 years of age or older; **AND**
- e) Patient has fibrosis stage F2 or F3 as determined by transient elastography (FibroScan), ultrasound elastography, magnetic resonance elastography (MRE), or liver biopsy within one year OR has history of known fibrosis stage F2 or F3 who is currently taking GLP-1 agonist and does not have fibrosis stage F4 (cirrhosis); **AND**
- f) Patient has at least one of the following:
 - o BMI \geq 30 kg/m² or BMI 27-29 kg/m² plus diabetes type 2, hypertension or hyperlipidemia **AND** failed an adequate trial[^] of at least two of the following medications or medication combination therapies with a goal of 7% to 10% weight loss, or patient has an allergy, intolerance, or contraindication to all the following therapies:**
 - Phentermine
 - Diethylpropion
 - Topiramate
 - phentermine + topiramate or phentermine/topiramate (Qsymia)
 - naltrexone + bupropion or naltrexone/bupropion (Contrave)
 - o Failed an adequate trial[^] of formal weight loss program (without the use of oral weight loss medication) **AND** hepatology provider recommends use
 - o Disease refractory to weight loss of 7-10%
 - o Currently taking GLP-1 agonist
- g) Patient has failed an adequate trial of semaglutide (Ozempic)**; **AND**
- h) Patient is not taking resmetirom; **AND**

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All plans offered and underwritten by
Kaiser Foundation Health Plan of the Northwest

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- i) Patient does not have any of the following:
 - o Regular use of drugs associated with metabolic dysfunction-associated steatotic liver disease (MASLD)
 - o ALT/AST > 5 times upper limit of normal (ULN) that is likely from other etiology of chronic liver disease
 - o Significant alcohol consumption defined as \geq 7 drinks per week for females and \geq 14 drinks for males
 - o Active, serious medical disease with a likely life expectancy <2 years

Continued use criteria (every 12 months) for patients previously reviewed and approved when used for chronic weight management: Non-formulary **semaglutide (Wegovy injectable)** will continue to be covered on the prescription drug benefit for 12 months when the following criteria are met:

- Patient's updated weight and BMI are recently documented; **AND**
- Achieved and maintained 5% or greater weight loss after starting semaglutide (Wegovy)

Continued use criteria (every 12 months) for patients previously reviewed and approved when used for MASH: Non-formulary **semaglutide (Wegovy injectable)** will continue to be covered on the prescription drug benefit for 12 months when the following criteria are met:

- a) Patient does not have any of the following:
 - o Fibrosis stage F4 or liver cirrhosis
 - o Progression of liver disease (i.e. increased fibrosis stage from baseline) and on semaglutide for \geq 18 months without further consultation with hepatology provider
 - o Regular use of drugs associated with metabolic dysfunction-associated steatotic liver disease (MASLD)
 - o Non-adherence to medication, recommended diet and lifestyle measures, abstinence of alcohol or follow-up labs and assessments
 - o Active, serious medical disease with a likely life expectancy <2 years
- b) Updated fibrosis staging determined by transient elastography (FibroScan), ultrasound elastography, magnetic resonance elastography (MRE), or liver biopsy **AND** hepatology provider follow-up within 2 years after semaglutide initiation

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Criteria for new members entering Kaiser Permanente already taking the medication who have not been reviewed previously: Non-formulary **semaglutide (Wegovy injectable)** will be covered on the prescription drug benefit for 12 months when the following criteria are met:

- Patient has a prescription drug insurance benefit that covers medications used to lose weight; **AND**
- Patient is using for chronic weight management/obesity; **AND**
- Patient has failed an adequate trial of semaglutide (Ozempic)

Criteria for new members entering Kaiser Permanente already taking the medication who have not been reviewed previously when used for MASH: Non-formulary **semaglutide (Wegovy injectable)** will be covered on the prescription drug benefit for

12 months when the following criteria are met:

- a) Patient is using for MASH; **AND**
- b) Patient has failed an adequate trial of semaglutide (Ozempic)**