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

semaglutide (Wegovy)

Notes:

- Wegovy 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)** 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/m^2 or BMI greater than or equal to 27 kg/m^2 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)

- 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)** 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/m^2 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)** 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**

- 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)** 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; **AND**

f) Patient has at least one of the following:

- BMI ≥ 30 kg/m^2 or BMI 27-29 kg/m^2 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)
- Failed an adequate trial^ of formal weight loss program (without the use of oral weight loss medication) AND hepatology provider recommends use

- Disease refractory to weight loss of 7-10%

g) Patient has failed an adequate trial of semaglutide (Ozempic)**; **AND**

h) Patient is not taking resmetirom; **AND**

i) Patient does not have any of the following:
   - Regular use of drugs associated with metabolic dysfunction-associated steatotic liver disease (MASLD)
   - ALT/AST > 5 times upper limit of normal (ULN) that is likely from other etiology of chronic liver disease
   - Significant alcohol consumption defined as ≥ 7 drinks per week for females and ≥ 14 drinks for males
   - 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)** 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)** 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:
   - Fibrosis stage F4 or liver cirrhosis
   - Progression of liver disease (i.e. increased fibrosis stage from baseline) and on semaglutide for ≥ 18 months without further consultation with hepatology provider
   - Regular use of drugs associated with metabolic dysfunction-associated steatotic liver disease (MASLD)

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- Non-adherence to medication, recommended diet and lifestyle measures, abstinence of alcohol or follow-up labs and assessments
- 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

Criteria for *new members* entering Kaiser Permanente already taking the medication who have not been reviewed previously: Non-formulary **semaglutide (Wegovy)** 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)** 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)**