

# Criteria-Based Consultation Prescribing Program

## Kaiser Permanente Northwest Region Criteria for Drug 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
- # Hydrophilic statin includes pravastatin or rosuvastatin. Low intensity statin includes simvastatin 10 mg, lovastatin 20 mg, or pravastatin 10-20 mg

**Initiation (new start) criteria in adult patients for chronic weight management:** Non-formulary **semaglutide (Wegovy)** will be covered on the prescription drug benefit for 4 months when the following criteria are met:

- Patient has a prescription drug insurance benefit that covers medications used to lose weight; **AND**
- Diagnosis for chronic weight management; **AND**
- Patient is 18 years of age or older; **AND**
- Patient's current weight and BMI are documented in the encounter in which semaglutide (Wegovy) is ordered; **AND**
- Patient is currently following a diet and exercise program; **AND**
- BMI greater than or equal to 30 kg/m<sup>2</sup> or BMI greater than or equal to 27 kg/m<sup>2</sup> AND has at least one of the following comorbid conditions documented:
  - Hypertension
  - Diabetes
  - Hyperlipidemia
- AND**-
- Patient has failed an adequate trial<sup>^</sup> 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
  - phentermine + topiramate or phentermine/topiramate (Qsymia)
  - naltrexone + bupropion or naltrexone/bupropion (Contrave)
- AND**-
- Patient has then failed an adequate trial of semaglutide (Ozempic)

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**Initiation (new start) criteria in pediatric patients for obesity:** Non-formulary **semaglutide (Wegovy)** will be covered on the prescription drug benefit for 4 months when the following criteria are met:

- Patient has a prescription drug insurance benefit that covers medications used to lose weight; **AND**
- Diagnosis of class 2 or class 3 obesity; **AND**
- Patient is 12 to 17 years of age or older and is at least Tanner 2; **AND**
- Patient's current weight and BMI are documented within the last month from the date in which semaglutide (Wegovy) is ordered; **AND**
- Patient is currently following a diet and exercise program **AND**
- BMI greater than or equal to 35 kg/m<sup>2</sup> or at least 120% of 95<sup>th</sup> percentile

**-AND-**

- Patient has failed an adequate trial<sup>^</sup> 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:

- Patient does not have diabetes; **AND**
- BMI 27 or greater; **AND**
- Established cardiovascular disease defined as having at least one of the following:
  - History of myocardial infarction (MI)
  - History of stroke
  - Symptomatic peripheral arterial disease, as evidenced by intermittent claudication with ankle-brachial index less than 0.85, peripheral arterial revascularization procedure, or amputation due to atherosclerotic disease

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### AND

- Documentation of one of the following regarding statins:
  - Receiving maximally tolerated dose of statin therapy
  - History of statin intolerance defined as mild adverse effect to a trial of 3 or more statins or a trial of 2 statins comprised of 1 hydrophilic statin and 1 low intensity statin<sup>#</sup>
  - History of severe adverse effect to statin such as statin-induced rhabdomyolysis or statin-induced necrotizing myositis

### AND

- Occurrence of a cardiovascular event while on semaglutide (Ozempic)

**Continued use criteria (4 months after initiation and then every 12 months):** 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**
- Patient has achieved greater than 5% weight loss with the past 16 weeks from initiation (reviewed once); **OR**
- Maintains greater than 5% weight loss thereafter (reviewed every 12 months)

**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