

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

semaglutide (Wegovy oral)

Notes:

- Wegovy oral 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 oral)** 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) followed by semaglutide (Wegovy injectable) unless patient has a documented needle phobia or is unable to safely inject due to visual impairment or physical disabilities (e.g. amputation, tremors/Parkinson's disease, rheumatoid arthritis)

Initiation (new start) criteria in pediatric patients for obesity: Non-formulary **semaglutide (Wegovy oral)** 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 trial¹ 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 of semaglutide (Ozempic) followed by semaglutide (Wegovy injectable) unless patient has a documented needle phobia or is unable to safely inject due to visual impairment or physical disabilities (e.g. amputation, tremors/Parkinson's disease, rheumatoid arthritis)

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Initiation (new start) criteria for cardiovascular risk reduction/MACE: Non-formulary semaglutide (Wegovy oral) 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**

-AND-

- Patient has then failed an adequate trial of semaglutide (Wegovy injectable) unless patient has a documented needle phobia or is unable to safely inject due to visual impairment or physical disabilities (e.g. amputation, tremors/Parkinson's disease, rheumatoid arthritis)

Continued use criteria (every 12 months) for patients previously reviewed and approved when used for chronic weight management: Non-formulary semaglutide (Wegovy oral) 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)

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

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- Patient has failed an adequate trial of semaglutide (Ozempic) followed by semaglutide (Wegovy injectable) unless patient has a documented needle phobia or is unable to safely inject due to visual impairment or physical disabilities (e.g. amputation, tremors/Parkinson's disease, rheumatoid arthritis)

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

- Patient is using for cardiovascular risk reduction/MACE; **AND**
- Patient has failed an adequate trial of semaglutide (Ozempic) followed by semaglutide (Wegovy injectable) unless patient has a documented needle phobia or is unable to safely inject due to visual impairment or physical disabilities (e.g. amputation, tremors/Parkinson's disease, rheumatoid arthritis)