# DRUG QUANTITY MANAGEMENT POLICY – PER DAYS

**POLICY:** Weight Loss – Wegovy Drug Quantity Management Policy – Per Days
- Wegovy® (semaglutide subcutaneous injection – Novo Nordisk)

**REVIEW DATE:** 07/17/2024

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***INSTRUCTIONS FOR USE***

*THE FOLLOWING COVERAGE POLICY APPLIES TO HEALTH BENEFIT PLANS ADMINISTERED BY CIGNA COMPANIES. CERTAIN CIGNA COMPANIES AND/OR LINES OF BUSINESS ONLY PROVIDE UTILIZATION REVIEW SERVICES TO CLIENTS AND DO NOT MAKE COVERAGE DETERMINATIONS. REFERENCES TO STANDARD BENEFIT PLAN LANGUAGE AND COVERAGE DETERMINATIONS DO NOT APPLY TO THOSE CLIENTS. COVERAGE POLICIES ARE INTENDED TO PROVIDE GUIDANCE IN INTERPRETING CERTAIN STANDARD BENEFIT PLANS ADMINISTERED BY CIGNA COMPANIES. PLEASE NOTE, THE TERMS OF A CUSTOMER'S PARTICULAR BENEFIT PLAN DOCUMENT [GROUP SERVICE AGREEMENT, EVIDENCE OF COVERAGE, CERTIFICATE OF COVERAGE, SUMMARY PLAN DESCRIPTION (SPD) OR SIMILAR PLAN DOCUMENT] MAY DIFFER SIGNIFICANTLY FROM THE STANDARD BENEFIT PLANS UPON WHICH THESE COVERAGE POLICIES ARE BASED. FOR EXAMPLE, A CUSTOMER'S BENEFIT PLAN DOCUMENT MAY CONTAIN A SPECIFIC EXCLUSION RELATED TO A TOPIC ADDRESSED IN A COVERAGE POLICY. IN THE EVENT OF A CONFLICT, A CUSTOMER'S BENEFIT PLAN DOCUMENT ALWAYS SUPERSEDES THE INFORMATION IN THE COVERAGE POLICIES. IN THE ABSENCE OF A CONTROLLING FEDERAL OR STATE COVERAGE MANDATE, BENEFITS ARE ULTIMATELY DETERMINED BY THE TERMS OF THE APPLICABLE BENEFIT PLAN DOCUMENT. COVERAGE DETERMINATIONS IN EACH SPECIFIC INSTANCE REQUIRE CONSIDERATION OF 1) THE TERMS OF THE APPLICABLE BENEFIT PLAN DOCUMENT IN EFFECT ON THE DATE OF SERVICE; 2) ANY APPLICABLE LAWS/REGULATIONS; 3) ANY RELEVANT COLLATERAL SOURCE MATERIALS INCLUDING COVERAGE POLICIES AND; 4) THE SPECIFIC FACTS OF THE PARTICULAR SITUATION. EACH COVERAGE REQUEST SHOULD BE REVIEWED ON ITS OWN MERITS. MEDICAL DIRECTORS ARE EXPECTED TO EXERCISE CLINICAL JUDGMENT AND HAVE DISCRETION IN MAKING INDIVIDUAL COVERAGE DETERMINATIONS. COVERAGE POLICIES RELATE EXCLUSIVELY TO THE ADMINISTRATION OF HEALTH BENEFIT PLANS. COVERAGE POLICIES ARE NOT RECOMMENDATIONS FOR TREATMENT AND SHOULD NEVER BE USED AS TREATMENT GUIDELINES. IN CERTAIN MARKETS, DELEGATED VENDOR GUIDELINES MAY BE USED TO SUPPORT MEDICAL NECESSITY AND OTHER COVERAGE DETERMINATIONS.*

## CIGNA NATIONAL FORMULARY COVERAGE:

### OVERVIEW

Wegovy is indicated in combination with a reduced-calorie diet and increased physical activity:[1]

- To **reduce the risk of major adverse cardiovascular (CV) events (MACE)** [cardiovascular death, non-fatal myocardial infarction, or non-fatal stroke] in adults with established CV disease and either obesity or overweight.
- To **reduce excess body weight and maintain weight reduction long term** in:
  - Adults with overweight in the presence of at least one weight-related comorbid condition.
  - Adults and pediatric patients ≥ 12 years of age with obesity.

### Dosing

*Adult Dosing*

The initial dose of Wegovy is 0.25 mg injected subcutaneously (SC) once weekly (QW).[1] The dose should then be titrated as outlined in Table 1. If a patient does not tolerate a dose during dose escalation, consider delaying dose escalation for 4 weeks. The maintenance dose of Wegovy in adults is 2.4 mg (recommended) or

1.7 mg SC QW. Treatment response and tolerability should be considered when selecting the maintenance dosage.

**Table 1. Wegovy Dose Escalation Schedule (Adults).[1]**

| Weeks | Weekly Dose | Dosing |
|---|---|---|
| 1 through 4 | 0.25 mg | Initiation |
| 5 through 8 | 0.5 mg | Dose Escalation |
| 9 through 12 | 1 mg | |
| 13 through 16 | 1.7 mg | |
| Week 17 and onward | 1.7 mg OR 2.4 mg | Maintenance Dose |

*Pediatric Dosing*

In pediatric patients ≥ 12 years of age, the initial dose is 0.25 mg SC QW, with titration as outlined in Table 2.[1] If a patient does not tolerate a dose during dose escalation, consider delaying dose escalation for 4 weeks. Weekly doses of 0.25 mg, 0.5 mg, or 1 mg are initiation and escalation doses and are not approved as maintenance doses. The maintenance dose of Wegovy in pediatric patients ≥ 12 years of age, the maintenance dose is 2.4 mg SC once weekly. However, if a patient does not tolerate the maintenance 2.4 mg once weekly dose, the maintenance dose may be reduced to 1.7 mg once weekly. Discontinue Wegovy if the patient cannot tolerate the 1.7 mg dose.

**Table 2. Wegovy Dose Escalation Schedule (Pediatric Patients ≥ 12 Years of age).[1]**

| Weeks | Weekly Dose | |
|---|---|---|
| 1 through 4 | 0.25 mg* | Initiation |
| 5 through 8 | 0.5 mg* | Dose Escalation |
| 9 through 12 | 1 mg* | |
| 13 through 16 | 1.7 mg | |
| Week 17 and onward | 2.4 mg | Maintenance Dose |

* Dose not approved as maintenance for chronic weight management.

*Missed Doses*

If one dose is missed and the next scheduled dose is more than 2 days away (48 hours), administer Wegovy as soon as possible.[1] If one dose is missed and the next scheduled dose is less than 2 days away (48 hours), do not administer the dose. Resume dosing on the regularly scheduled day of the week. If 2 or more consecutive doses are missed, resume dosing as scheduled or, if needed, reinitiate Wegovy and follow the dose escalation schedule, which may reduce the occurrence of gastrointestinal symptoms associated with reinitiation of treatment.

## Availability

Wegovy is supplied in prefilled, disposable, single-dose pen-injectors in the following strengths: 0.25 mg/0.5 mL, 0.5 mg/0.5 mL, 1 mg/0.5 mL, 1.7 mg/0.75 mL, and 2.4 mg/0.75 mL.[1]

## POLICY STATEMENT

This Drug Quantity Management program has been developed to manage potential dose escalation of Wegovy. Two quantity limits (Limit A and Limit B) are in place for Wegovy and are outlined below. If the Drug Quantity Management rules are not

met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for the duration noted below.

**Weight Loss – Wegovy Drug Quantity Management Policy – Per Days product(s) is(are) covered as medically necessary when the following criteria is(are) met. Any other exception is considered not medically necessary.**

**Drug Quantity Limit A**

| Product | Strength and Form | Retail Maximum Quantity | Home Delivery Maximum Quantity |
|---|---|---|---|
| Wegovy® (semaglutide SC injection) | 0.25 mg/0.5 mL pens | 4 mL (8 pens) per 365 days | |
| | 0.5 mg/0.5 mL pens | 4 mL (8 pens) per 365 days | |
| | 1 mg/0.5 mL pens | 4 mL (8 pens) per 365 days | |
| | 1.7 mg/0.75 mL pens | 3 mL (4 pens) per 28 days | 9 mL (12 pens) per 84 days |
| | 2.4 mg/0.75 mL pens | 4 pens (3 mL) per 28 days | 12 pens (9 mL) per 84 days |

SC – Subcutaneous.

**CRITERIA A**

Wegovy 0.25 mg/0.5mL pen

**1.** If more than two consecutive doses are missed and re-initiation of treatment is needed, approve a one-time override for 4 mL (8 pens) at retail or home delivery.

Wegovy 0.5 mg/0.5 mL pen

**1.** If more than two consecutive doses are missed and re-initiation of treatment is needed, approve a one-time override for 4 mL (8 pens) at retail or home delivery.

Wegovy 1 mg/0.5 mL pen

**1.** If more than two consecutive doses are missed and re-initiation of treatment is needed, approve a one-time override for 4 mL (8 pens) at retail or home delivery.

Wegovy 1.7 mg/0.75 mL pen

No overrides recommended.

Wegovy 2.4 mg/0.75 mL pen

No overrides recommended.

**Drug Quantity Limit B**

| Product | Strength and Form | Retail and Home Delivery Maximum Quantity Per 21 Days |
|---|---|---|

| | | |
|---|---|---|
| Wegovy® (semaglutide SC injection) | 0.25 mg/0.5 mL pens | **ONE claim collectively for ONE GLP-1 agonist or GLP-1/GIP agonist may be approved every 21 days**.[a] |
| | 0.5 mg/0.5 mL pens | |
| | 1 mg/0.5 mL pens | |
| | 1.7 mg/0.75 mL pens | |
| | 2.4 mg/0.75 mL pens | |

SC – Subcutaneous; GLP-1 – Glucagon-like peptide-1; GIP – Glucose-dependent insulinotropic peptide
[a] Refer to Appendix A for a list of the drugs included in this limit.

## CRITERIA B

Wegovy (all strengths)
No overrides recommended.

## REFERENCES

1. Wegovy® subcutaneous injection [prescribing information]. Plainsboro, NJ: Novo Nordisk; March 2024.

## HISTORY

| Type of Revision | Summary of Changes | Review Date |
|---|---|---|
| Annual Revision | No criteria changes. | 01/16/2024 |
| Early Annual Revision | Additional quantity limits were added to allow only ONE claim of ONE glucagon-like peptide-1 (GLP-1) agonist or GLP-1/glucose-dependent insulinotropic polypeptide (GIP) agonist to be dispensed every 21 days at retail or home delivery. No overrides apply. Existing "Per Days" quantity limits were not changed and existing override criteria were not changed. | 07/17/2024 |

## APPENDIX A

**Table 1. GLP-1 Agonists and GLP-1/GIP Agonists.**

| Brand (Generic Name) | Dosage Form |
|---|---|
| Adlyxin®<br>(lixisenatide SC injection) | 10-20 mcg Starter Pack (discontinued)<br>20 mcg Maintenance Pack (discontinued) |
| Bydureon®<br>(exenatide extended-release SC injection) | 2 mg/0.65 mL pen |
| Bydureon BCise®<br>(exenatide extended-release SC injection) | 2 mg/0.85 mL prefilled auto-injector |
| Byetta®<br>(exenatide SC injection) | 5 mcg/0.02 mL dose pen (1.2 mL)<br>10 mcg/0.04 mL dose pen (2.4 mL) |
| Mounjaro®<br>(tirzepatide SC injection) | 2.5 mg/0.5 mL pen<br>5 mg/0.5 mL pen<br>7.5 mg/0.5 mL pen<br>10 mg/0.5 mg pen<br>12.5 mg/0.5 mL pen<br>15 mg/0.5 mL pen |
| Ozempic®<br>(semaglutide SC injection) | 0.25 mg and 0.5 mg dose pen (2 mg/1.5 mL) [discontinued]<br>0.25 mg and 0.5 mg dose pen (2 mg/3 mL)<br>1 mg dose pen (2 mg/1.5 mL) [discontinued]<br>1 mg dose pen (4 mg/3 mL)<br>2 mg dose pen (8 mg/3 mL) |
| Rybelsus®<br>(semaglutide tablets) | 3 mg tablet<br>7 mg tablet<br>14 mg tablet |
| Saxenda®<br>(liraglutide SC injection) | 18 mg/3 mL pen |
| Trulicity®<br>(dulaglutide SC injection) | 0.75 mg/0.5 mL pen<br>1.5 mg/0.5 mL pen<br>3 mg/0.5 mL pen<br>4.5 mg/0.5 mL pen |
| Victoza®<br>(liraglutide SC injection, generic) | 18 mg/3 mL pen (2-pack)<br>18 mg/3 mL pen (3-pack) |
| Wegovy®<br>(semaglutide SC injection) | 0.25 mg/0.5 mL pen<br>0.5 mg/0.5 mL pen<br>1 mg/0.5 mL pen<br>1.7 mg/0.75 mL pen<br>2.4 mg/0.75 mL pen |
| Zepbound®<br>(tirzepatide SC injection) | 2.5 mg/0.5 mL pen<br>5 mg/0.5 mL pen<br>7.5 mg/0.5 mL pen<br>10 mg/0.5 mL pen<br>12.5 mg/0.5 mL pen<br>15 mg/0.5 mL pen |

GLP – Glucagon-like peptide-1; GIP – Glucose-dependent insulinotropic polypeptide; SC – Subcutaneous.