

UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

Program Number	2026 P 4039-1
Program	Prior Authorization/Regulatory - California, New Mexico (Small Group and Individual), New York, North Dakota EHB (Small Group and Individual) Regulatory Fully Insured Program - Weight Loss
Medication	Includes both brand and generic versions and all formulations of the listed products unless otherwise noted: Weight Loss/Appetite Suppression – phentermine (all brand products including Adipex-P® and Lomaira™), benzphetamine, Contrave® (naltrexone HCl and bupropion HCl), diethylpropion, Foundayo™ (orforglipron)*, phendimetrazine, orlistat (Xenical®), Qsymia® (phentermine and topiramate extended-release), Saxenda® (liraglutide)*, Wegovy® (semaglutide) injection, Wegovy (semaglutide) tablet*, Wegovy HD (semaglutide) and Zepbound™ (tirzepatide)
P&T Approval Date	8/2026
Effective Date	10/1/2026

1. Background:

Anti-obesity agents are indicated in the management of obesity as an adjunct to lifestyle modifications including diet, exercise and behavioral modification. In addition, Wegovy is indicated to reduce the risk of cardiovascular (CV) events with established CV disease and obesity or overweight, and injectable Wegovy is indicated for noncirrhotic metabolic dysfunction-associated steatohepatitis (MASH) with moderate to advanced liver fibrosis. Zepbound is also indicated for moderate to severe obstructive sleep apnea (OSA) with obesity. Medication therapy may provide modest weight reduction in conjunction with lifestyle modifications and therapy selection may be based on a specific medications side effects and warnings.

Body Mass Index (BMI) uses weight and height to create an index of underweight, overweight or obesity in adults. The international classification is as follows:

Classification	BMI(kg/m ²)
Underweight	< 18.50
Normal range	18.50 - 24.99
Overweight	≥ 25.00
Obese	≥ 30.00
Obese class I	30.00 - 34.99
Obese class II	35.00 - 39.99
Obese class III	≥ 40.00

WHO Global Database on Body Mass Index

This program uses Obese Class II as a marker for coverage designed to meet regulatory requirements for coverage of weight loss medications in California, New Mexico and New York, and North Dakota EHB (Small Group and Individual) plans.

BMI calculators are available here for adult and pediatric patients:

- [Adult BMI Calculator | BMI | CDC](#)
- [Child and Teen BMI Calculator | BMI | CDC](#)

2. Coverage Criteria^a:

A. Initial Authorization for Weight Loss

1. **benzphetamine, Contrave, diethylpropion, Foundayo*, phentermine, phendimetrazine, Qsymia, Saxenda*, Wegovy injection, Wegovy tablet*, Wegovy HD, Xenical or Zepbound (Includes both brand and generic versions and all formulations of the listed products unless otherwise noted)** will be approved based on one of the following criteria:

- a. All of the following:

- (1) Treatment is being requested for appetite suppression or weight loss

-AND-

- (2) One of the following:

- (a) Patient is ≥ 12 years of age (for Qsymia, Saxenda, Wegovy injection and Xenical)
- (b) Patient is > 16 years of age (for all other medications)

-AND-

- (3) Used as an adjunct to lifestyle modification (e.g., dietary or caloric restriction, exercise, behavioral support, community-based program)

-AND-

- (4) Submission of medical records documenting Body Mass Index (BMI) ≥ 35 kg/m² or for pediatric patients a BMI of $\geq 120\%$ of the 95th percentile

-AND-

- (5) For **Wegovy tablets*** or **Foundayo*** submission of medical records documenting the patient is unable to inject medications (i.e. Wegovy injection or Zepbound) due to one of the following:

- (a) Physical impairment
- (b) Visual impairment
- (c) Documented needle-phobia to the degree that the patient has previously refused any injectable therapy or medical procedure (refer to

DSM-5 for specific phobia diagnostic criteria)

-OR-

b. **Both** of the following:

- (1) Currently on the requested medication as evidenced by paid claims in the past 120 days

-AND-

- (2) Continuation of lifestyle modification

benzphetamine, diethylpropion, phendimetrazine, phentermine: Authorization will be issued for 3 months.

Contrave, Qsymia or Saxenda*: Authorization will be issued for 4 months.

Wegovy injection or tablet*, Wegovy HD: Authorization will be issued for 5 months.

Foundayo*, Xenical or Zepbound: Authorization will be issued for 6 months.

B. Reauthorization for Weight Loss

1. **benzphetamine Contrave, diethylpropion, Foundayo*, phentermine, phendimetrazine, Qsymia, Saxenda*, Wegovy injection or tablet*, Wegovy HD, Xenical or Zepbound (Includes both brand and generic versions and all formulations of the listed products unless otherwise noted) will be approved based on the following criteria:**

a. **Both** of the following:

- (1) **One** of the following:

- (a) Weight loss of $\geq 3\%$ of baseline body weight for Qsymia
- (b) Weight loss of $\geq 4\%$ of baseline body weight for Saxenda
- (c) Weight loss of $\geq 5\%$ of baseline body weight for all other appetite suppressants
- (d) For Foundayo, Saxenda, Wegovy injection or tablet and Zepbound patient has been on therapy for six months or less and has not yet titrated to a maintenance dose[^]

-AND-

- (2) Continuation of lifestyle modification

Authorization for Contrave, Foundayo*, Qsymia, Saxenda*, Wegovy injection or tablet*, Wegovy HD, Xenical or Zepbound will be issued for 12 months.

Authorization for benzphetamine, diethylpropion, phentermine or phendimetrazine will be issued for 6 months.

^A one-time 6 month authorization will be issued to allow titration to maintenance dose.

C. Initial Authorization for Cardiovascular Risk Reduction

1. **Wegovy injection or tablet*** will be approved based on **one** of the following:

a. **All** of the following:

(1) **Wegovy injection or tablet*** is being requested to reduce the risk of major adverse cardiovascular events

-AND-

(2) Patient is 45 years of age or older

-AND-

(3) Submission of medical records documenting **all** the following:

(a) BMI ≥ 27 kg/m²

(b) Established cardiovascular disease as evidenced by **one** of the following:

- i. Prior myocardial infarction (MI)
- ii. Prior ischemic or hemorrhagic stroke
- iii. Symptomatic peripheral arterial disease (PAD) evidenced by **one** of the following:
 - Intermittent claudication with ankle-brachial index (ABI) less than 0.85 (at rest)
 - Peripheral arterial revascularization procedure
 - Amputation due to atherosclerotic disease

-AND-

(4) Used in combination with a reduced calorie diet and increased physical activity

-AND-

(5) **One** of the following:

(a) For patients with history of MI:

- i. Patient is on therapy from each of the following classes unless there is a contraindication or intolerance:

- cholesterol lowering medication (e.g., statin, PCSK9i)
- beta blocker (i.e., carvedilol, metoprolol, or bisoprolol)
- angiotensin-converting enzyme inhibitor (ACE-I), angiotensin II receptor blocker (ARB) or angiotensin II receptor blocker neprilysin inhibitor (ARNI)
- antiplatelet (e.g., aspirin, clopidogrel)

-OR

(b) For patients with history of ischemic or hemorrhagic stroke:

i. Patient is on therapy from each of the following classes unless there is a contraindication or intolerance:

- cholesterol lowering medication (e.g., statin, PCSK9)
- angiotensin-converting enzyme inhibitor (ACE-I), angiotensin II receptor blocker (ARB) or angiotensin II receptor blocker neprilysin inhibitor (ARNI)
- antiplatelet (e.g., aspirin, clopidogrel)

-OR-

(c) For patients with history of symptomatic PAD:

i. Patient is on therapy from each of the following classes unless there is a contraindication or intolerance:

- cholesterol lowering medication (e.g., statin, PCSK9)
- angiotensin-converting enzyme inhibitor (ACE-I), angiotensin II receptor blocker (ARB) or angiotensin II receptor blocker neprilysin inhibitor (ARNI)
- antiplatelet (e.g., aspirin, clopidogrel)

-AND-

(6) Patient does **not** have either of the following:

- (a) Diagnosis of diabetes or $HgA1c \geq 6.5\%$
- (b) New York Heart Association class IV heart failure

-OR-

b. Currently on the requested medication as evidenced by paid claims in the past 120 days

Authorization will be issued for 12 months.

D. Reauthorization for Cardiovascular Risk Reduction

1. **Wegovy injection or tablet*** will be approved based on **both** of the following criteria:

- a. Used in combination with a reduced calorie diet and increased physical activity

-AND-

- b. Patient does **not** have either of the following:

- (1) Diagnosis of diabetes or $HgA1c \geq 6.5\%$
- (2) New York Heart Association class IV heart failure

Authorization will be issued for 12 months.

E. Initial Authorization for MASH

1. **Wegovy injection** will be approved based on **one** of the following:

- a. **All** of the following:

- (1) Wegovy injection is being requested for the treatment of metabolic dysfunction-associated steatohepatitis (MASH) [formerly known as nonalcoholic steatohepatitis (NASH)]

-AND-

- (2) Submission of medical records documenting that disease is fibrosis stage F2 or F3 as confirmed by one of the following:

- (a) Liver stiffness measurement (LSM) by vibration-controlled transient elastography (VCTE) (e.g., FibroScan)
- (b) LSM by magnetic resonance elastography (MRE)
- (c) Liver biopsy within the past 12 months

-AND-

- (3) Used in combination with a reduced calorie diet and increased physical activity

-AND-

- (4) Provider attests Wegovy injection will not be initiated at the same time as Rezdiffra (resmetirom) for treatment of the same indication

-AND-

- (5) Prescribed by or in consultation with **one** of the following:

- (a) Gastroenterologist

(b) Hepatologist

-OR-

- b. Currently on the requested medication as evidenced by paid claims in the past 120 days

Authorization will be issued for 12 months.

F. Reauthorization for MASH

1. **Wegovy injection** will be approved based on all of the following criteria:

- a. Documentation of positive clinical response to Wegovy injection (e.g., improvement in or stabilization of fibrosis)

-AND-

- b. Patient has not progressed to cirrhosis

-AND-

- c. Used in combination with a reduced calorie diet and increased physical activity

-AND-

- d. Prescribed by or in consultation with **one** of the following:

- (1) Gastroenterologist
(2) Hepatologist

Authorization will be issued for 12 months.

G. Initial Authorization for OSA

1. **Zepbound** will be approved based on **one** of the following:

- a. **All** of the following:

- (1) Treatment is being requested for obstructive sleep apnea

-AND-

- (2) Patient is 18 years of age or older

-AND-

- (3) Submission of medical records documenting **all** the following:

(a) $\text{BMI} \geq 30 \text{ kg/m}^2$

(b) Moderate-to-severe obstructive sleep apnea evidenced by **both** of the following:

i. a sleep study

ii. **One** of the following:

- apnea-hypopnea index (AHI) ≥ 15 events per hour
- respiratory event index (REI) ≥ 15 events per hour
- respiratory disturbance index (RDI) ≥ 15 events per hour

-AND-

(4) At least one previous unsuccessful dietary effort to lose weight

-AND-

(5) One of the following:

(a) Patient has continued symptoms of OSA despite adherence to positive airway pressure (PAP) therapy. Adherence is defined as ≥ 4 hours of use per night for ≥ 70 percent of nights.

(b) Patient is not a candidate for PAP therapy (e.g. upper airway anatomic abnormalities, etc).

-AND-

(6) Used in combination with a reduced calorie diet and increased physical activity

-AND-

(7) Patient does **not** have a diagnosis of diabetes or $\text{HgA1c} \geq 6.5\%$

-AND-

(8) Provider attests to **both** of the following:

(a) Patient counseled on appropriate positional therapy

(b) Patient counseled on avoidance of alcohol and/or sedatives before bedtime

-AND-

(9) Prescriber attests the patient does not have **either** of the following:

(a) Planned surgery for sleep apnea or obesity

- (b) A diagnosis of predominant central or mixed sleep apnea (i.e. percent of mixed or central apneas/hypopneas $\geq$ 50% of all respiratory events)

-AND-

- (10) Prescribed by or in consultation with one of the following:

- (a) A sleep medicine specialist, pulmonologist or otolaryngologist
- (b) A physician experienced in the evaluation and management of obstructive sleep apnea

-OR-

- b. Currently on the requested medication as evidenced by paid claims in the past 120 days

Authorization will be issued for 6 months.

H. Reauthorization for OSA

1. **Zepbound** will be approved based on **all** of the following criteria:

- a. **One** of the following:

- (1) Patient is NOT on PAP therapy

-AND-

- a) **One** of the following:

- i. Both of the following:

- Patient has been on Zepbound for less than 52 weeks of consecutive therapy

-AND-

- Submission of medical records confirming a decrease from baseline after initiation of Zepbound in one of the following:

- Apnea Hypopnea Index (AHI)
- Respiratory Disturbance Index (RDI)
- Respiratory Event Index (REI)

-OR-

- ii. **Both** of the following:

- Patient has been on Zepbound for greater than or equal to 52 weeks of consecutive therapy

- Submission of medical records confirming a 50% decrease from baseline after initiation of Zepbound in one of the following:

- Apnea Hypopnea Index (AHI)
- Respiratory Disturbance Index (RDI)
- Respiratory Event Index (REI)

-OR-

(2) Patient is on PAP therapy

-AND-

b. Patient has had a weight loss of greater than or equal to 10% of baseline body weight

-AND-

c. Used in combination with a reduced calorie diet and increased physical activity

-AND-

d. Patient does **not** have a diagnosis of diabetes or $HgA1c \geq 6.5\%$

-AND-

e. Patient continues to require treatment for obstructive sleep apnea

Patients not on PAP who have been on Zepbound therapy for fewer than 52 weeks of consecutive therapy: Authorization of 6 months

Patients not on PAP who have been on Zepbound therapy for greater than or equal to 52 weeks of consecutive therapy: Authorization of 12 months

Patients on PAP therapy: Authorization is 12 months

^a State mandates may apply. Any federal regulatory requirements and the member specific benefit plan coverage may also impact coverage criteria. Other policies and utilization management programs may apply.

3. **Additional Clinical Rules:**

- Supply limits may be in place.

* Foundayo and Wegovy tablets are typically excluded. Saxenda (brand only) is typically excluded as of 1/1/2027.

4. **References:**

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Program	Prior Authorization/Regulatory - California, New Mexico, New York, North Dakota Regulatory Program - Weight Loss
Change Control	
Date	Change
8/2026	New program.