

## Clinical Policy: Liraglutide for Weight Loss (Saxenda)

Reference Number: HNCA.CP.CPA.332

Effective Date: 09.24

Last Review Date: 11.25

Line of Business: Commercial, HIM

[Revision Log](#)

See [Important Reminder](#) at the end of this policy for important regulatory and legal information.

**Check member's benefits for coverage of weight loss drugs. Some large Groups may have different BMI requirements; Some PPO plans may not have coverage. Compounded medications and samples are excluded from coverage.**

### Description

Liraglutide (Saxenda<sup>®</sup>) is a glucagon-like peptide-1 (GLP-1) receptor agonist.

### FDA Approved Indication(s)

Liraglutide (Saxenda) is indicated in combination with a reduced calorie diet and increased physical activity to reduce excess body weight and maintain weight reduction long term in:

- Adults and pediatric patients aged 12 years and older with body weight greater than 60 kg and obesity
- Adults with overweight in the presence of at least one weight-related comorbid condition

Limitation(s) of use:

- Liraglutide (Saxenda) contains liraglutide and should not be coadministered with other liraglutide-containing products or with any other GLP-1 receptor agonists.
- The safety and effectiveness of Liraglutide (Saxenda) in pediatric patients with type 2 diabetes have not been established.

### Policy/Criteria

Provider must submit documentation (such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria:

- Body Mass Index requirements (*see Appendix B*)
- Participation in an approved weight loss program for at least 6 months prior to use of GLP-1 agonist, which includes:
  - A reduced calorie diet
  - Increased physical activity
- Behavioral modification program
- Member must agree to continue the behavioral modification program throughout treatment with weight loss medication.

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It is the policy of Health Net of California that liraglutide and Saxenda are **medically necessary** when the following criteria are met:

#### I. Initial Approval Criteria

##### A. Weight Management (must meet all):

1. Member meets one of the following BMI requirements:

Large Group	
Enhanced Coverage	Standard Coverage
BMI $\geq 30$ kg/m <sup>2</sup> or BMI $\geq 27$ kg/m <sup>2</sup> with at least one indicator of increased cardiovascular risk (e.g., coronary artery/heart disease, hypertension, dyslipidemia, diabetes, elevated waist circumference) or other obesity-related medical condition (e.g., sleep apnea)	BMI $\geq 40$ kg/m <sup>2</sup>
Small Group	
BMI $\geq 30$ kg/m <sup>2</sup> or BMI $\geq 27$ kg/m <sup>2</sup> with at least one indicator of increased cardiovascular risk (e.g., coronary artery/heart disease, hypertension, dyslipidemia, diabetes, elevated waist circumference) or other obesity-related medical condition (e.g., sleep apnea)	
Marketplace	
BMI $\geq 40$ kg/m <sup>2</sup>	
Pediatric Coverage (All Groups)	
If age is between 12 and 17 years, both of the following (i and ii): <ol style="list-style-type: none"> <li>i. Body weight &gt; 60 kg;</li> <li>ii. BMI <math>\geq 95^{\text{th}}</math> percentile standardized for age and sex (<i>see Appendix D</i>)</li> </ol>	

2. One of the following (a or b):
  - a. Members with concurrent type 2 diabetes mellitus (T2DM): Age  $\geq 18$  years;
  - b. Members without concurrent T2DM: Age  $\geq 12$  years;
3. For members with concurrent type 2 diabetes mellitus, both of the following (a and b):
  - a. Failure of  $\geq 3$  consecutive months each of all of the following (i, ii, iii, and iv), unless clinically significant adverse effects are experienced or all are contraindicated; \*
    - i. Ozempic<sup>®</sup> or Rybelsus<sup>®</sup>;
    - ii. Trulicity<sup>®</sup>;
    - iii. Liraglutide (generic Victoza<sup>®</sup>);
    - iv. Mounjaro<sup>®</sup>;

*\*Prior authorization may be required*
  - b. If an existing member is currently receiving a GLP-1 receptor agonist and is requesting to switch to liraglutide (Saxenda), medical justification\* supports necessity for liraglutide (Saxenda);

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*\*Intolerance due to common adverse effects of the GLP-1 receptor agonists class such as gastrointestinal symptoms is not considered acceptable medical justification*

4. Liraglutide (Saxenda) is not prescribed concurrently with other liraglutide-containing products or any other GLP-1 receptor agonist(s);
5. Documentation supports member's participation in a Health Net approved weight loss program (e.g., Weight Watchers, Active&Fit) or other lifestyle modification plan recommended by the prescriber that involves a reduced calorie diet, increased physical activity, and behavioral modification that meets all of the following (a and b):
  - a. Active participation in a weight loss program for at least 6 months prior to use of liraglutide (Saxenda);
  - b. Will continue to be actively enrolled in a weight loss program while concomitantly prescribed liraglutide (Saxenda);
6. For Saxenda requests, member must use liraglutide (generic Saxenda), unless contraindicated or clinically significant adverse effects are experienced;
7. Documentation of member's current height and body weight to calculate BMI within the last 30 days;
8. Follow-up visits are planned to assess adherence and response to the treatment plan;
9. Request meets both of the following (a and b):
  - a. Dose does not exceed 3 mg per day (5 pens per month);
  - b. After the initial dose escalation period (*see Section V*), one of the following (i or ii):
    - i. For age  $\geq$  18 years: Maintenance dose is 3 mg per day;
    - ii. For age  $<$  18 years: Maintenance dose is at least 2.4 mg per day.

**Approval duration: 16 weeks**

#### **B. Other diagnoses/indications (must meet 1 or 2):**

1. If this drug has recently (within the last 6 months) undergone a label change (e.g., newly approved indication, age expansion, new dosing regimen) that is not yet reflected in this policy, refer to one of the following policies (a or b):
  - a. For drugs on the formulary (commercial, health insurance marketplace), the no coverage criteria policy for the relevant line of business: CP.CPA.190 for commercial; or
  - b. For drugs NOT on the formulary (commercial, health insurance marketplace), the non-formulary policy for the relevant line of business: CP.CPA.190 for commercial; or
2. If the requested use (e.g., diagnosis, age, dosing regimen) is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized) AND criterion 1 above does not apply, refer to the off-label use policy for the relevant line of business: CP.CPA.09 for commercial.

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#### II. Continued Therapy

##### A. Weight Management (must meet all):

1. Member meets one of the following:
  - a. Currently receiving medication via Centene benefit or member has previously met initial approval criteria;
  - b. New members transitioning to Health Net from another health plan will not be grandfathered; refer to the Initial Therapy criteria above;
  - c. Current Health Net Members Transitioning to a new benefit plan that has higher BMI threshold will be (i or ii):
    - i. “Grandfathered” so they do not need to meet the higher BMI threshold;
    - ii. If the member stops taking the weight loss drug for > 60 days, a new authorization will be required at their current benefit, including the higher BMI of  $\geq 40$ , if applicable;
  - d. Member is currently receiving medication and is enrolled in a state and product with continuity of care regulations (*refer to state specific addendums for CC.PHARM.03A and CC.PHARM.03B*);
2. Member is responding positively to therapy as evidenced by one of the following (a or b):
  - a. If this is the first renewal request, one of the following (i or ii):
    - i. For age  $\geq 18$  years: Member has lost  $\geq 4\%$  of baseline body weight;
    - ii. For age  $< 18$  years: Member has lost  $\geq 1\%$  of baseline BMI;
  - b. If this is a second or subsequent renewal request, member has lost weight and/or maintained weight loss on therapy;
3. Documentation of member’s current weight within the last 30 days;
4. Follow-up visits are planned to assess adherence and response to the treatment plan;
5. Liraglutide (Saxenda) is not prescribed concurrently with other liraglutide-containing products or any other GLP-1 receptor agonist(s);
6. For Saxenda requests, member must use liraglutide (generic Saxenda), unless contraindicated or clinically significant adverse effects are experienced;
7. Documentation that member is actively enrolled in a Health Net approved weight loss program (e.g., Weight Watchers, Active&Fit) or other life style modification plan recommended by the prescriber that involves a reduced calorie diet, increased physical activity, and behavioral modification adjunct to therapy;
8. Request meets both of the following (a and b):
  - a. If request is for a dose increase, new dose does not exceed 3 mg per day (5 pens per month);
  - b. One of the following (i or ii):
    - i. For age  $\geq 18$  years: Maintenance dose is 3 mg per day;
    - ii. For age  $< 18$  years: Maintenance dose is at least 2.4 mg per day.

**Approval duration: 16 weeks**

##### B. Other diagnoses/indications (must meet 1 or 2):

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1. If this drug has recently (within the last 6 months) undergone a label change (e.g., newly approved indication, age expansion, new dosing regimen) that is not yet reflected in this policy, refer to one of the following policies (a or b):
  - a. For drugs on the formulary (commercial, health insurance marketplace), the no coverage criteria policy for the relevant line of business: CP.CPA.190 for commercial; or
  - b. For drugs NOT on the formulary (commercial, health insurance marketplace), the non-formulary policy for the relevant line of business: CP.CPA.190 for commercial; or
2. If the requested use (e.g., diagnosis, age, dosing regimen) is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized) AND criterion 1 above does not apply, refer to the off-label use policy for the relevant line of business: CP.CPA.09 for commercial.

#### III. Diagnoses/Indications for which coverage is NOT authorized:

- A. Non-FDA approved indications, which are not addressed in this policy, unless there is sufficient documentation of efficacy and safety according to the off-label use policy – CP.CPA.09 or evidence of coverage documents.

#### IV. Appendices/General Information

##### *Appendix A: Abbreviation/Acronym Key*

BMI: body mass index  
 FDA: Food and Drug Administration  
 GLP-1: glucagon-like peptide-1  
 T2DM: type 2 diabetes mellitus

##### *Appendix B: WHO Classification of Weight Status*

Weight Status	Body Mass Index (BMT), kg/m <sup>2</sup>
Underweight	<18.5
Normal range	18.5 - 24.9
Overweight	25.0 - 29.9
Obese	≥30
Class I	30.0 – 34.9
Class II	35.0 – 39.9
Class III	≥40

##### *Appendix C: Contraindications / Boxed Warnings*

- Contraindication(s): personal or family history of medullary thyroid carcinoma (MTC) or with multiple endocrine neoplasia syndrome type 2 (MEN 2), prior hypersensitivity reaction to liraglutide or to any of the excipients in Saxenda.

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- Boxed warning(s): risk of thyroid C-cell tumors

#### *Appendix D: General Information*

- BMI = 703 x [weight (lbs)/height (inches)<sup>2</sup>]
- Examples of coronary artery/heart disease include: coronary artery bypass graft, angina, history of myocardial infarction or stroke.
- Saxenda’s prescribing information recommends that change in body weight is evaluated 16 weeks after initiation of therapy. Saxenda should be discontinued if the patient has not lost at least 4% of baseline body weight, since it is unlikely that the patient will achieve and sustain clinically meaningful weight loss with continued treatment.
- BMI cut-offs (95<sup>th</sup> percentile) for obesity by age and sex for pediatric patients aged ≥ 12 years:

Age (in years)	95 <sup>th</sup> Percentile BMI Value	
	Male	Female
12	24.2	25.2
12.5	24.7	25.7
13	25.1	26.3
13.5	25.6	26.8
14	26.0	27.2
14.5	26.4	27.7
15	26.8	28.1
15.5	27.2	28.5
16	27.5	28.9
16.5	27.9	29.3
17	28.2	29.6
17.5	28.6	30.0

## V. Dosage and Administration

Indication	Dosing Regimen	Maximum Dose
Weight management	<p><b>Dose escalation schedule:</b></p> <ul style="list-style-type: none"> <li>• Week 1: 0.6 mg SC QD</li> <li>• Week 2: 1.2 mg SC QD</li> <li>• Week 3: 1.8 mg SC QD</li> <li>• Week 4: 2.4 mg SC QD</li> <li>• Week 5 and onward: 3 mg SC QD</li> </ul> <p><b>Adult patients:</b> If patients do not tolerate an increased dose during dose escalation, consider delaying dose escalation for approximately one</p>	3 mg/day

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Indication	Dosing Regimen	Maximum Dose
	<p>additional week. Discontinue liraglutide (Saxenda) if the patient cannot tolerate the 3 mg dose.</p> <p><b>Pediatric patients:</b> Dose escalation for pediatric patients may take up to 8 weeks. Pediatric patients who do not tolerate 3 mg daily may have their dose reduced to 2.4 mg daily. Discontinue liraglutide (Saxenda) if the patient cannot tolerate the 2.4 mg dose.</p>	

#### VI. Product Availability

Pre-filled, multi-dose pen: 0.6 mg, 1.2 mg, 1.8 mg, 2.4 mg, or 3 mg (6 mg/mL, 3 mL)

#### VII. References

1. Saxenda Prescribing Information. Plainsboro, NJ: Novo Nordisk Inc.; April 2023. Available at: [www.saxenda.com](http://www.saxenda.com). Accessed August 22, 2025.
2. Jensen MD, Ryan DH, Apovian CM, et al. 2013 AHA/ACC/TOS guideline for the management of overweight and obesity in adults: a report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines and The Obesity Society. *Circulation*. 2014; 129 (suppl 2): S102–S138.
3. Apovian CM, Aronne LJ, Bessesen DH, et al. Pharmacological management of obesity: an Endocrine Society clinical practice guideline. *J Clin Endocrinol Metab*. 2015; 100(2): 42-362.
4. Kelly AS, Auerbach P, Barrientos-Perez M, Gies I, Hale PM, Marcus C, Mastrandrea LD, Prabhu N, Arslanian S, et al. A Randomized, Controlled Trial of Liraglutide for Adolescents with Obesity. *N Engl J Med*. 2020 May 28;382(22):2117-2128.
5. Cole TJ, Bellizzi MC, Flegal KM, Dietz WH. Establishing a standard definition for child overweight and obesity worldwide: international survey. *BMJ* 2000;320:1240-1243.
6. Barlow SE and the Expert Committee. Expert committee recommendations regarding the prevention, assessment, and treatment of child and adolescent overweight and obesity: summary report. *Pediatrics* 2007; 120 Supplement December 2007:S164-S192.
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8. Grunvald E, Shah R, Hernaez R et al. AGA clinical practice guidelines on pharmacological interventions for adults with obesity. *Gastroenterology* 2022;163:1198-1225.
9. Hampl SE, Hassink SG, Skinner AC, et al. Clinical practice guideline for the evaluation and treatment of children and adolescents with obesity [published online ahead of print, 2023 Jan 9]. *Pediatrics*. 2023;e2022060640.
10. Data Table of BMI-for-Age Charts. CDC National Center for Health Statistics. Available at: <https://www.cdc.gov/growthcharts/cdc-charts.htm>. Accessed August 22, 2025.

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Reviews, Revisions, and Approvals	Date	P&T Approval Date
2Q 2020 annual review: removed limitations of use “Saxenda has not been studied in patients taking insulin. Saxenda and insulin should not be used together”; references reviewed and updated.	04.07.20	05.20
Criteria added requiring documentation that member is actively enrolled in a weight loss program that involves a reduced calorie diet and increased physical activity adjunct to therapy as per FDA label.	05.26.20	08.20
2Q 2021 annual review: added pediatric indication for 12 years and older body weight above 60 kg and an initial BMI corresponding to 30 kg/m for adults (obese) by international cut-offs; references reviewed and updated.	01.29.21	05.21
Clarified minimum dosing requirements per PI.	05.27.21	
2Q 2022 annual review: added “For age < 18 years: Member has lost > 1% of baseline body weight” to criteria defining positive response to therapy for age < 18 years per PI; updated limitations of use per PI; updated international cut-offs for pediatric patients in Appendix D per PI; references reviewed and updated.	01.20.22	05.22
Template changes applied to other diagnoses/indications and continued therapy section.	11.23.22	
2Q 2023 annual review: revised “age < 18 years: member has lost > 1% of baseline body weight” to baseline BMI per PI; removed continued therapy criterion of BMI $\geq$ 25 kg/m <sup>2</sup> ; references reviewed and updated.	01.11.23	05.23
For documentation of weight loss program, added members has been actively enrolled for at least 6 months, added a weight loss program that also involves behavioral modification, clarified weight loss program to be either a Health Net approved weight loss program or a weight loss program recommended by the prescriber.	12.12.23	02.24
2Q 2024 annual review: no significant changes; references reviewed and updated.	01.26.24	05.24
New CA policy <ul style="list-style-type: none"> <li>- Added documentation is required that shows member has been enrolled in a weight loss program for at least 6 months prior to use of GLP-1.</li> <li>- Documentation of baseline and current height and weight within the last 30 days.</li> <li>- Documentation that member will have f/u visit every 4 months to assess adherence and response to therapy.</li> <li>- Approval durations shortened to 16 weeks.</li> </ul>	07.10.24	08.24

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Added Active&Fit as additional example of HN approved weight loss program. Removed every 4 months f/u visit requirement from initial criteria.	11.08.24	12.24
Added concurrent diabetes criteria with redirection to preferred GLP-1 agonists	02.14.25	03.25
<ul style="list-style-type: none"> <li>- Added Rybelsus to preferred GLP-1 agonists for concurrent DM.</li> <li>- Removed current height from reauth criteria.</li> <li>- Added weight loss program name and start date requirement to initial criteria.</li> </ul>	05.09.25	05.25
<p>Q3 review:</p> <ul style="list-style-type: none"> <li>- Added compounded medications and samples exclusion.</li> <li>- Removed name and start date of weight loss program from initial criteria.</li> <li>- Clarified for members with concurrent T2DM, age <math>\geq</math> 18 years;</li> <li>- Updated FDA Approved Indication(s) with revised label language from “chronic weight management” to “reduce excess body weight and maintain weight reduction long term” and removal of BMI thresholds.</li> <li>- Removed combination usage with other intended for weight loss from limitation(s) of use section.</li> <li>- Removed pregnancy from contraindications per updated PI.</li> <li>- For pediatrics criteria, with removal of BMI thresholds from PI, revised obesity definition to BMI <math>\geq</math> 95<sup>th</sup> percentile standardized for age and sex aligning with guidelines.</li> <li>- Added WHO Classification of Weight Status in Appendix B.</li> <li>- References updated.</li> </ul>	08.22.25	

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<p>Added HIM (or Marketplace) LOB;          Added specific BMI requirements for Large Group, Small Group, and Marketplace;          Continued Approval: Added “grandfathering” clarification and BMI requirements for transitioning new and current members to higher benefit plan;          Added new PA is required at current benefit if member has &gt;60 days gap in therapy;          References updated. Per September SDC, for brand Saxenda added requirement that member must use generic liraglutide; added Mounjaro as an additional required redirection for members with concurrent T2DM. Modified preferred liraglutide product to state ‘liraglutide (generic Victoza).’ Every 4 months removed from COC section for follow up to be consistent with the initial approval criteria. Lifestyle modification plan added;</p>	<p>11.10.25</p>	<p>11.25</p>
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#### **Important Reminders**

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. “Health Plan” means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan’s affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions, and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or

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regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment, or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members. This clinical policy is not intended to recommend treatment for members. Members should consult with their treating physician in connection with diagnosis and treatment decisions. Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom the Health Plan has no control or right of control. Providers are not agents or employees of the Health Plan.

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