

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

Reference Number: CP.CPA.332

Effective Date: 06.01.18

Last Review Date: 05.26

Line of Business: Commercial

[Coding Implications](#)[Revision Log](#)

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

**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.*

It is the policy of health plans affiliated with Centene Corporation<sup>®</sup> 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 (a, b, or c):
  - a. Body mass index (BMI)  $\geq 30$  kg/m<sup>2</sup>;
  - b. 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);
  - c. If age is between 12 and 17 years, both of the following (i and ii):
    - i. Body weight  $> 60$  kg;
    - ii. BMI  $\geq 95^{\text{th}}$  percentile standardized for age and sex (*see Appendix D*);
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 T2DM, both of the following (a and b):
  - a. Member has received optimal diabetic standard of care therapy as evidenced by a trial 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 member is currently receiving a GLP-1 receptor agonist and is requesting to switching to liraglutide (Saxenda), medical justification\* supports necessity for liraglutide (Saxenda);

*\*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 plan-approved weight loss program (*see Appendix E*) or other weight loss programs recommended by the prescriber that involves a reduced calorie diet, increased physical activity, and behavioral modification that meets both of the following (a and b):
  - a. Been actively enrolled in a Health plan-approved weight loss program (*see Appendix E*) or other weight loss programs recommended by the prescriber for at least 6 months;
  - 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 baseline body weight in kg;
8. 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) or PDL (Medicaid), 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) or PDL (Medicaid), 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.

## II. Continued Therapy

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

1. Member meets one of the following (a or b):
  - a. Currently receiving medication via Centene benefit or member has previously met initial approval criteria;
  - b. 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, one of the following (i or ii):
    - i. For age  $\geq$  18 years: Member has lost weight and/or maintained weight loss on therapy;
    - ii. For age  $<$  18 years: Member has achieved BMI reduction and/or maintained BMI on therapy;
3. Liraglutide (Saxenda) is not prescribed concurrently with other liraglutide -containing products or any other GLP-1 receptor agonist(s);
4. Documentation that member is actively enrolled in a Health plan-approved or physician-directed weight loss program that involves a reduced calorie diet, increased physical activity, and behavioral modification adjunct to therapy;
5. For Saxenda requests, member must use liraglutide (generic Saxenda), unless contraindicated or clinically significant adverse effects are experienced;
6. Documentation of member's current body weight in kg;
7. 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:** 6 months or to the member's renewal date, whichever is longer

### 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) or PDL (Medicaid), 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) or PDL (Medicaid), 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: Therapeutic Alternatives*

*This table provides a listing of preferred alternative therapy recommended in the approval criteria. The drugs listed here may not be a formulary agent for all relevant lines of business and may require prior authorization.*

<b>Drug Name</b>	<b>Dosing Regimen</b>	<b>Dose Limit/ Maximum Dose</b>
Ozempic <sup>®</sup> (semaglutide)*	<p>Injection:</p> <ul style="list-style-type: none"> <li>• 0.25 mg to 2 mg SC once weekly, increased no more frequently than every 4 weeks</li> <li>• For patients with type 2 diabetes and chronic kidney disease, the dosage should be increased to the maintenance dose of 1 mg once weekly after at least 4 weeks on the 0.5 mg dosage</li> </ul> <p>Tablet: Initial dose: 1.5 mg PO QD. After 30 days on the 1.5 mg dose, increase to 4 mg PO QD. May increase to 9 mg PO QD if needed after at least 30 days on the 4 mg dose</p>	<p>Injection: 2 mg/week</p> <p>9 mg/day</p>
Rybelsus <sup>®</sup> (semaglutide)*	Initial dose: 3 mg PO QD. After 30 days on the 3 mg dose, increase to 7 mg PO QD. May increase to 14 mg PO QD if needed after at least 30 days on the 7 mg dose	14 mg/day

Drug Name	Dosing Regimen	Dose Limit/ Maximum Dose
Trulicity <sup>®</sup> (dulaglutide)	0.75 mg to 1.5 mg SC once weekly  May increase to 3 mg once weekly if needed after at least 4 weeks on 1.5 mg dose. May further increase to 4.5 mg once weekly if needed after at least 4 weeks on 3 mg dose.	4.5 mg/week
liraglutide (Victoza <sup>®</sup> )	Initial: 0.6 mg SC QD for 7 days Maintenance: 1.2 mg to 1.8 mg SC QD	1.8 mg/day
Mounjaro <sup>®</sup> (tirzepatide)	Initial dose: 2.5 mg SC once weekly. May increase by 2.5 mg every 4 weeks up to 15 mg once weekly for adults and 10 mg once weekly for pediatrics	15 mg/week

Therapeutic alternatives are listed as Brand name<sup>®</sup> (generic) when the drug is available by brand name only and generic (Brand name<sup>®</sup>) when the drug is available by both brand and generic.

\*Ozempic and Rybelsus tablets are not substitutable on a mg per mg basis. Use either formulation, but do not use both formulations at the same time. Patients may switch between formulations after 30 days of treatment (i.e., after the initiation phase). When switching between the formulations, initiate the other formulation the day after discontinuing the previous formulation.

*Appendix C: Contraindications / Boxed Warnings*

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

Age (in years)	95 <sup>th</sup> Percentile BMI Value	
	Male	Female
16	27.5	28.9
16.5	27.9	29.3
17	28.2	29.6
17.5	28.6	30.0

*Appendix E: Health Plan-Approved Weight Loss Program*

Health Plan	Approved Weight Loss Program
CA	Weight watchers, Active&Fit

**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 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>	3 mg/day

**VI. Product Availability**

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

**VII. References**

1. Saxenda Prescribing Information. Plainsboro, NJ: Novo Nordisk Inc.; October 2025. Available at: [www.saxenda.com](http://www.saxenda.com). Accessed: January 23, 2026.
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.

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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.
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9. Grunvald E, Shah R, Hernaez R et al. AGA clinical practice guidelines on pharmacological interventions for adults with obesity. *Gastroenterology* 2022;163:1198-1225.
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12. Celletti F, Farrar J, De Regil L. World Health Organization guideline on the use and indications of glucagon-like peptide-1 therapies for the treatment of obesity in adults. *JAMA.* 2026;335(5):434-438.
13. American Diabetes Association Professional Practice Committee for Diabetes\*; 8. Obesity and weight management for the prevention and treatment of diabetes: Standards of care in diabetes–2026. *Diabetes Care* 1 January 2026; 49 (Supplement\_1): S166–S182.
14. American Diabetes Association Professional Practice Committee for Obesity\*; Pharmacologic treatment of obesity in adults: Standards of care in overweight and obesity. *DOCM CARE* 11 February 2026; 1 (1): 5–36.

**Coding Implications**

Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

HCPCS Codes	Description
J3490	Unclassified drugs

Reviews, Revisions, and Approvals	Date	P&T Approval Date
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 ≥ 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
2Q 2025 annual review: clarified for members with concurrent T2DM, age ≥ 18 years; added redirection criteria for members with concurrent T2DM, failure of Ozempic or Rybelsus, Trulicity and Victoza and provider documentation for medical necessity if currently receiving a GLP-1 receptor agonist; added criterion, “Saxenda is not prescribed concurrently with other liraglutide-containing products or any other GLP-1 receptor agonist(s)”; revised language from “Health Net approved weight loss program” to “Health plan-approved weight loss program” with reference to Appendix E; references reviewed and updated.	01.14.25	05.25
RT4: 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, removed combination usage with other intended for weight loss from limitation(s) of use section, and removed pregnancy from contraindications per updated PI; for pediatrics criteria, with removal of BMI thresholds from PI, revised obesity definition to BMI ≥ 95 <sup>th</sup> percentile standardized for age and sex aligning with guidelines.	06.11.25	
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).’	09.23.25	12.01.25

Reviews, Revisions, and Approvals	Date	P&T Approval Date
<p>2Q 2026 annual review: revised language for members with concurrent T2DM language from "failure" to "member has received optimal diabetic standard of care therapy as evidenced by a trial" to align with drug class; for continued weight management therapy for second or subsequent renewal requests, clarified criteria for age <math>\geq</math> 18 years and added criteria for age <math>&lt;</math> 18 years, "Member has achieved BMI reduction and/or maintained BMI on therapy."; added requirement for documentation of baseline body weight in kg and current body weight in kg to initial and continued criteria, respectively; revised continued therapy approval duration to standard language of "6 months or to the member's renewal date, whichever is longer"; added coding implications section with HCPCS code [J3490]; references reviewed and updated. Added table with therapeutic alternatives to Appendix B.</p>	04.16.26	05.26

**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 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.

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