Mass General Brigham
Health Plan

# Weight Loss Medications:
# Contrave (naltrexone/bupropion)
# Liraglutide (Saxenda)
# Wegovy (semaglutide) injection
# Zepbound (tirzepatide)
# Effective 07/01/2026

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|---|---|---|---|
| **Plan** | ☐ MassHealth UPPL<br>☒Commercial/Exchange | **Program Type** | ☒ Prior Authorization<br>☐ Quantity Limit<br>☐ Step Therapy |
| **Benefit** | ☒ Pharmacy Benefit<br>☐ Medical Benefit | | |
| **Specialty Limitations** | N/A | | |
| **Contact Information** | **Medical Benefit**<br>**Pharmacy Benefit** | Phone: 833-895-2611<br>Phone: 800-711-4555 | Fax: 888-656-6671<br>Fax: 844-403-1029 |
| **Exceptions** | Coverage for GLP-1s indicated for weight management or obesity may vary depending on the member's plan. Refer to the members' plan documents for additional details or exclusions. | | |

**Overview**

**Contrave** is a combination of naltrexone, an opioid antagonist, and bupropion, an aminoketone antidepressant, indicated as an adjunct to a reduced-calorie diet and increased physical activity for chronic weight management in adults with an initial body mass index (BMI) of 30 kg/m$^2$ or greater (obese) or 27 kg/m$^2$ or greater (overweight) in the presence of at least one weight-related comorbidity.

**Liraglutide (generic Saxenda)** is a glucagon-like peptide-1 (GLP-1) receptor agonist indicated as an adjunct to a reduced-calorie diet and increased physical activity for chronic weight management in adult patients with an initial body mass index (BMI) of 30 kg/m$^2$ or greater (obese) or 27 kg/m$^2$ or greater (overweight) in the presence of at least one weight-related comorbidity.

**Wegovy (semaglutide) injection** is a selective glucagon-like peptide-1 (GLP-1) receptor agonist indicated as an adjunct to a reduced-calorie diet and increased physical activity to reduce:

- the risk of major cardiovascular events (cardiovascular death, nonfatal myocardial infarction, or non-fatal stroke) in adults with established cardiovascular disease and either obesity or overweight
- excess body weight and maintain weight reduction long-term in adults and pediatric patients 12 years of age and older with obesity or adults with overweight in the presence of at least one weight-related comorbid condition (e.g., hypertension, type 2 diabetes mellitus, dyslipidemia).

In the SELECT Trial, Wegovy injection was evaluated in patients with a BMI ≥ 27 kg/m$^2$ with established cardiovascular disease, as evidenced by at least one of the following: prior myocardial infarction, prior stroke (ischemic or hemorrhagic), symptomatic peripheral arterial disease (as evidenced by at last one of the following: intermittent claudication with ABI <0.85, peripheral arterial revascularization procedure, amputation due to atherosclerotic disease).

Wegovy injection is also indicated for the treatment of noncirrhotic metabolic dysfunction-associated steatohepatitis (MASH), formerly known as nonalcoholic steatohepatitis (NASH), with moderate to advanced liver fibrosis (consistent with stages F2 to F3 fibrosis) in adults.

**Zepbound (tirzepatide)** is a glucose-dependent insulinotropic polypeptide (GIP) receptor and glucagon-like peptide (GLP-1) receptor agonist 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 with obesity or adults with overweight in the presence of at least one weight-related comorbid condition.

**Coverage Guidelines**
If member is new to the plan (as evidenced by coverage effective date of less than or equal to 90 days), submission of medical records documenting that the member is currently receiving treatment with the requested drug, excluding when the product is obtained as samples or via manufacturer's patient assistance programs
**OR**
Authorization may be granted when all of the following diagnosis-specific criteria are met:

***Weight Loss***
**Contrave, Liraglutide (Saxenda), Wegovy injection, Zepbound**

1. **For Wegovy injection:** member is **12 – 17 years of age** and submission of MEDICAL RECORDS (e.g., chart notes) documenting the member meets ALL the following criteria:
    a. Medication is being used for appetite suppression or weight loss
    b. Baseline BMI at the 95$^{th}$ percentile or greater for age and sex (obesity)
    c. Member is currently participating in a behavior modification program (e.g., health coaching, nutritional counseling, community-based program)
    d. Member will not use requested medication in combination with a GLP-1 agonist indicated for the treatment of type 2 diabetes (e.g., liraglutide, Mounjaro, Ozempic, Rybelsus, Trulicity)
2. **For Liraglutide (Saxenda):** member is **12 – 17 years of age** and submission of MEDICAL RECORDS (e.g., chart notes) documenting the member meets ALL the following criteria:
    a. Medication is being used for appetite suppression or weight loss
    b. Body weight above 60kg
    c. Baseline BMI corresponding to 30kg/m$^2$ for adults (obese) by international cut-offs (e.g., Cole Criteria)
    d. Member is currently participating in a behavior modification program (e.g., health coaching, nutritional counseling, community-based program)
    e. Member will not use requested medication in combination with a GLP-1 agonist indicated for the treatment of type 2 diabetes (e.g., liraglutide, Mounjaro, Ozempic, Rybelsus, Trulicity)
3. **For all medications when member is ≥ 18 years of age** with submission of MEDICAL RECORDS (e.g. chart notes) documenting ALL of the following:
    a. Medication is being used for appetite suppression or weight loss
    b. Member meets ONE of the following:
        i. BMI greater than or equal to 30 kg/m$^2$
        ii. BMI greater than or equal to 27 kg/m$^2$ with at least ONE of the following comorbid conditions:
            - Coronary heart disease
            - Hypertension
            - Dyslipidemia

- Type 2 diabetes mellitus
- Obstructive sleep apnea
- Obesity hypoventilation syndrome
- Pseudotumor cerebri
- Obesity related cardiomyopathy
- Metabolic dysfunction-associated steatohepatitis (MASH), formerly known as nonalcoholic steatohepatitis (NASH)

c. Member is currently participating in a behavior modification program (e.g., health coaching, nutritional counseling, community-based program)

d. **Liraglutide (Saxenda), Wegovy injection, Zepbound:** Member will not use requested medication in combination with a GLP-1 agonits indicated for the treatment of type 2 diabetes (e.g., liraglutide, Mounjaro, Ozempic, Rybelsus, Trulicity)

***Reduction of Risk of Major Adverse Cardiovascular Events***

**Wegovy injection**

Submission of MEDICAL RECORDS (e.g., chart notes) documenting ALL of the following:

1. Treatment is being requested to reduce the risk of major adverse cardiovascular events (cardiovascular death, nonfatal myocardial infarction, or nonfatal stroke)
2. Member is 18 years of age or older
3. Member has established cardiovascular disease as evidenced by at least ONE of the following:
    a. Prior myocardial infarction (MI)
    b. Prior stroke (i.e., transient ischemic attack, ischemic or hemorrhagic stroke)
    c. Peripheral arterial disease (i.e., intermittent claudication with ankle-brachial index < 0.85, peripheral revascularization procedure, or amputation due to atherosclerotic disease)
4. Requested medication will be used as an adjunct to lifestyle modification (e.g., dietary or caloric restriction, exercise, behavioral support, community-based program)
5. Body mass index (BMI) is greater than or equal to 27 $kg/m^2$
6. Member will not use requested medication in combination with a GLP-1 agonist indicated for the treatment of type 2 diabetes (e.g., liraglutide, Mounjaro, Ozempic, Rybelsus, Trulicity)

***Metabolic Dysfunction-Associated Steatohepatitis (MASH), formerly known as nonalcoholic steatohepatitis (NASH)***

**Wegovy injection**

Submission of MEDICAL RECORDS (e.g., chart notes) documenting ALL of the following:

1. Diagnosis of metabolic dysfunction-associated steatohepatitis (MASH), formerly known as nonalcoholic steatohepatitis (NASH)
2. Member does not have cirrhosis (e.g., decompensated cirrhosis)
3. Member is 18 years of age or older
4. Disease is fibrosis stage F2 or F3 as confirmed by one of the following:
    a. Both of the following:
        i. Fibrosis 4 index (FIB-4) score greater than or equal to 1.3
        ii. One of the following:
            1. Enhanced liver fibrosis (ELF) test
            2. Liver stiffness measurement (LSM) by vibration-controlled transient elastography (VCTE) (e.g., FibroScan)
    b. One of the following:
        i. FibroScan aspartate aminotransferase (FAST)

ii. MRI aspartate aminotransferase (MAST)
iii. Magnetic Resonance Elastography combined with fibrosis-4 index (MEFIB)
iv. Liver biopsy within the past 12 months

5. Used as an adjunct to lifestyle modification (e.g., dietary or caloric restriction, exercise, behavioral support, community-based program)
6. Member has presence of at least one metabolic risk factor (e.g., type 2 diabetes, hypertension, obesity, reduced HDL cholesterol, raised cholesterol)
7. Prescribed by or in consultation with one of the following:
    a. Gastroenterologist
    b. Hepatologist
    c. Endocrinologist
8. Member has been counseled on limiting alcohol consumption
9. Member will not use requested medication in combination with a GLP-1 agonist indicated for the treatment of type 2 diabetes (e.g., liraglutide, Mounjaro, Ozempic, Rybelsus, Trulicity)
10. Requested medication will not be used in combination with Rezdiffra (resmetirom) for the treatment of MASH

**Continuation of Therapy**

Requests for reauthorization will be approved when all of the following diagnosis-specific criteria are met:

***Weight Loss***

**Contrave, Liraglutide (Saxenda), Wegovy injection, Zepbound**

Submission of MEDICAL RECORDS (e.g., chart notes) documenting all of the following:

1. Treatment is being requested for appetite suppression or weight loss
2. Member is continuing to participate in a behavioral modification program
3. **For requests for liraglutide (Saxenda):** member meets ALL of the following:
    a. Member meets ONE of the following:
        i. Member is 12 – 17 years of age and meets ONE of the following:
            a. Member has been administering liraglutide (Saxenda) for up to 6 months and has had a weight loss of at least 1% from baseline body weight or BMI
            b. Member has been administering liraglutide (Saxenda) for more than 6 months and is continuing to experience or maintain weight loss of at least 1% from baseline body weight or BMI
        ii. Member is 18 years of age or older and meets ONE of the following:
            a. Member has been administering liraglutide (Saxenda) for up to 6 months and has had a weight loss of greater than or equal to 4% of baseline body weight
            b. Member has been administering liraglutide (Saxenda) for greater than 6 months and is continuing to experience or maintain weight loss greater than or equal to 4% of baseline body weight
    b. Member will not use requested medication in combination with a GLP-1 agonist indicated for the treatment of type 2 diabetes (e.g., liraglutide, Mounjaro, Ozempic, Rybelsus, Trulicity)
4. **For requests for Contrave, Wegovy injection, and Zepbound:** member meets ALL of the following:
    a. Member meets ONE of the following:
        i. Member has been administering the requested medication for up to 6 months and has had a weight loss of greater than or equal to 5% of baseline body weight
        ii. Member has been administering the requested medication for greater than 6 months and is continuing to experience or maintain weight loss greater than or equal to 5% of baseline body weight

b. **Wegovy injection and Zepbound:** Member will not use requested medication in combination with a GLP-1 agonist indicated for the treatment of type 2 diabetes (e.g., liraglutide, Mounjaro, Ozempic, Rybelsus, Trulicity)

***Reduction of Risk of Major Adverse Cardiovascular Events***

**Wegovy injection**

Submission of MEDICAL RECORDS (e.g., chart notes) documenting all of the following:

1. Treatment is being requested to reduce the risk of major adverse cardiovascular events (cardiovascular death, non-fatal myocardial infarction, nonfatal stroke)
2. Requested medication is being used as an adjunct to lifestyle modification (e.g., dietary or caloric restriction, exercise, behavioral support, community-based program)
3. Member will not use requested medication in combination with a GLP-1 agonist indicated for the treatment of type 2 diabetes (e.g., liraglutide, Mounjaro, Ozempic, Rybelsus, Trulicity)

***MASH***

**Wegovy injection**

Submission of MEDICAL RECORDS (e.g., chart notes) documenting ALL of the following:

1. Positive clinical response to therapy, or ongoing stability (e.g., improvement in liver function tests (LFTs), fibrosis stage improvement, improvement from baseline on MASH-specific imaging [VCTE >/= 25%, MRE >/= 20%, etc.], etc.)
2. Requested medication will continue to be used as an adjunct to lifestyle modification (e.g. dietary or caloric restriction, exercise, behavioral support, community-based program)
3. Member has not progressed to cirrhosis
4. Requested medication is not being co-administered with Rezdiffra (resmetirom) for the treatment of MASH
5. Requested medication is not being used in combination with a GLP-1 agonist indicated for the treatment of type 2 diabetes (e.g., liraglutide, Mounjaro, Ozempic, Rybelsus, Trulicity)
6. Prescribed by or in consultation with one of the following:
    a. Gastroenterologist
    b. Hepatologist
    c. Endocrinologist

**Limitations**

1. Weight Loss, Reduction of Risk of Cardiovascular Events:
    a. Initial approvals and reauthorizations will be granted for 6 months
2. MASH:
    a. Initial approvals and reauthorizations will be granted for 12 months
3. Only Wegovy (semaglutide) injection will be approved for the reduction of risk of major adverse cardiovascular events (cardiovascular death, non-fatal myocardial infarction, or non-fatal stroke) or MASH
4. Members are restricted from filling more than one GLP-1 agonist or more than one GLP-1 agonist strength at one time.
5. The following quantity limitations apply:

| Drug Name and Dosage Form | Quantity Limit |
|---|---|
| Contrave tablet | 4 tablets per day |
| Liraglutide (Saxenda) pen | 5 pens per 30 days |
| Wegovy pen | 4 pens per 28 days |
| Zepbound pen | 4 pens per 28 days |

**References**


1. Caixàs A, Albert L, Capel I, Rigla M. Naltrexone sustained-release/bupropion sustained-release for the management of obesity: review of the data to date. Drug Des Devel Ther 2014; 8:1419
2. Contrave (naltrexone/bupropion) [prescribing information]. Brentwood, TN: Currax Pharmaceuticals LLC; May 2024.
3. le Roux CW, Astrup A, Fujioka K, et al. 3 years of liraglutide versus placebo for type 2 diabetes risk reduction and weight management in individuals with prediabetes: a randomised, double-blind trial. Lancet 2017; 389:1399
4. Lincoff AM, Brown-Frandsen K, Colhoun HM, et al. Semaglutide and cardiovascular outcomes in obesity without diabetes. *NEJM*;2023:2221-32.
5. Saxenda (liraglutide) [prescribing information]. Plainsboro, NJ: Novo Nordisk Inc; November 2024.
6. Wadden TA, Volger S, Sarwer DB, Vetter ML, Tsai AG, Berkowitz RI et al. A Two-year randomized trial of obesity treatment in primary care practice. NEJM. 2011;365(21):1969-79.
7. Wegovy (semaglutide) [prescribing information]. Plainsboro, NJ: Novo Nordisk Inc; March 2026.
8. Zepbound (tirzepatide) [prescribing information]. Indianapolis, Indiana: Eli Lilly and Company; December 2024.


**Review History**

09/25/2006: Reviewed & Revised
09/24/2007: Reviewed & Revised
09/22/2008: Reviewed
09/21/2009: Reviewed & Revised
09/27/2010: Reviewed & Revised
02/28/2011: Reviewed
02/27/2012: Reviewed
02/25/2013: Reviewed & Revised P&T Mtg
06/03/2013: Updated (Remove Xenical Rx coverage; 04/2013 P&T discussion)
02/24/2014: Reviewed P&T
11/28/2016: Reviewed
11/27/2017: Reviewed P&T
11/26/2018: Updated
07/22/2020: Review and Updated July P&T; removal of Belviq and Belviq XR from criteria due to removal from market. Effective 10/01/20
07/19/2021: Reviewed July P&T; No changes
09/22/2021: Reviewed September P&T; added Wegovy to criteria; references updated. Effective 11/01/2021
03/16/2022: Reviewed and Updated for March P&T; administrative changes to criteria. No clinical changes.
9/21/2022: Reviewed and Updated for Sept P&T; removed requirement of CV risk factors. Removed requirement of 3-month participation in the outpatient weight loss program. 11/1/2022.
6/21/2023: Reviewed and Updated for July P&T; Added age requirement for all medications per FDA label. Clarified outpatient weight loss program/lifestyle modifications. Effective: 9/1/23
10/11/2023: reviewed and Updated for Oct P&T; clarified reauthorization criteria for Saxenda by age; clarified reauthorization criteria weight loss is % loss from baseline weight; removed “failed to lose 5% weight loss” from outpatient weight loss program; Effective 1/1/2024
6/12/2024: Reviewed and updated for June P&T; updated to include authorization for members who are new to plan and stable.
07/10/2024: Reviewed and updated for July P&T; added Zepbound to criteria; added criteria for Qsymia for members 12 – 17 years of age; removed requirement for Qsymia that member step through individual agents; updated length of approval from 90 days to 6 months; removed “without comorbid condition” from the BMI ≥

30 kg/$m^2$ parameter; for members 18 years of age and older updated language for lifestyle modifications to remove documentation requirement; clarified that members are considered new to the Plan if they joined within the last 90 days; Effective 09/01/2024.
11/13/2024: Reviewed and updated for November P&T. Updated reauthorization criteria for Alli, Contrave, Qsymia, Saxenda, Wegovy and Zepbound to require that the member's weight loss is greater than or equal to 5% from baseline. Effective 12/1/2024.
12/11/2024: Reviewed and updated for December P&T. Added initial and reauthorization criteria for Wegovy for secondary cardiovascular prevention. Updated limitations section to indicate that only Wegovy will be approved for the reduction of risk of major cardiovascular events. Effective 01/19/2025.
02/12/2025 – Reviewed and updated for February P&T. Updated the weight loss reauthorization criteria to require that either the member has been administering the requested agent for up to six months and has achieved the minimum weight loss goal or has been treated for more than 6 months and is continuing to experience or maintain the expected weight loss goal. Added to weight loss reauthorization criteria the requirement that the member is using treatment as adjunct to lifestyle modifications. Updated limitations section to indicate that Plan will not authorize coverage of a GLP1 agonist used for the treatment of type 2 diabetes in combination with a GLP1 agonist used for the treatment of weight loss. Administrative update - added statement to the "Limitations" section to indicate that members are not able to fill multiple GLP1s or multiple GLP1 strengths at the same time. Effective 05/01/2025.
05/14/2025 – Reviewed and updated at May P&T. Administrative update – moved restriction in Limitations section requiring members not use requested GLP-1 indicated for weight loss in combination with a GLP-1 indicated for type 2 diabetes to the criteria section of the policy. Effective 07/01/2025.
06/11/2025 – Reviewed and updated at June P&T. Administrative update – added note to exceptions that obesity GLP1s will only be covered if the member's plan covers them; refer to the member's plan documents for more information. Effective 07/01/2025.
07/09/2025 – Reviewed and updated at July P&T. Administrative update – added quantity limits to the policy. Effective 09/01/2025.
10/08/2025 – Reviewed and updated at October P&T. Updated initial and reauthorization for all indications to require medical records confirming member meets criteria. Updated weight loss criteria to require that member is participating in a behavior modification program (e.g., health coaching, nutritional counseling, community-based program). Reflected generic availability of Saxenda. Effective 01/01/2026.
12/10/2025 – Reviewed and updated at December P&T. Removed Alli and Qsymia from policy, as these agents will no longer require prior authorization. Effective 03/01/2026.
04/15/2026 – Reviewed and updated at April P&T. Added criteria for supplemental indication of MASH for Wegovy injection. Effective 07/01/2026.