VENTURA COUNTY HEALTH CARE PLAN

**VCHCP Medical Policy 066: GLP-1 Medications for Weight Loss Policy**

Effective: 12/20/2026
Reviewed/Revised:
Reviewed/No Updates:

# GLP-1 Medications for Weight Loss Policy

## I. PURPOSE

To establish medical necessity criteria for coverage of anti-obesity medications prescribed for chronic weight management in accordance with applicable California law, Department of Managed Health Care (DMHC) requirements, FDA-approved indications, and current evidence-based clinical practice.

## II. POLICY

*Weight Loss Medications* are covered only when medically necessary and when all criteria outlined in this policy are met. Coverage is intended for treatment of chronic obesity as part of a comprehensive weight management program.

This program has been developed to encourage the use of a Step 1 Product prior to the use of a Step 2 Product for chronic weight management. If the Step Therapy rule is not met for a Step 2 Product at the point of service, coverage will be determined by the Step Therapy criteria below. Foundayo and Saxenda are not subject to the Step Therapy requirements of this policy and will be evaluated according to the applicable prior authorization criteria.
All products remain subject to applicable benefit coverage and prior authorization requirements.

**PRODUCTS**
Step 1 Products
- Wegovy (semaglutide) injection
- Wegovy (semaglutide) tablets

Step 2 Product
- Zepbound (tirzepatide) injection

Products Not Subject to Step Therapy*
- Foundayo (orforglipron) tablets
- Saxenda (liraglutide) injection

*Foundayo and Saxenda are subject to the applicable prior authorization criteria but are not included in the Step Therapy sequence described in this policy.

Zepbound is considered Step 2 product and may only be approved if the patient has tried Wegovy injection or Wegovy tablets and meets applicable prior authorization criteria are met. Note: A previous trial of Foundayo or Saxenda does not satisfy the Step 1 requirement for Zepbound unless an applicable Step Therapy exception is met.

# III. DEFINITIONS

## Anti-Obesity Medication
A prescription medication approved by the U.S. Food and Drug Administration (FDA) for chronic weight management.

## Clinical Benefit
Documented improvement attributable to anti-obesity medication demonstrated by one or more of the following:
- Continued weight loss;
- Maintenance of previously achieved weight loss;
- Improvement or stabilization of obesity-related medical conditions.

## Clinically Significant Weight Regain
Weight regain equal to or greater than 50% of the weight previously lost from the member's documented baseline weight, measured at the time of the continuation authorization request.

## Comprehensive Weight Management Program
A provider-supervised treatment plan including:
- Nutritional counseling
- Physical activity
- Behavioral modification
- Periodic clinical follow-up

## Continued Medical Necessity
Continued Medical Necessity means documentation demonstrates all the following:
- Continued *Clinical Benefit*;
- Medication remains clinically appropriate;
- Medication is well tolerated;
- Member remains adherent;
- Continued participation in a comprehensive weight management program;
- Continuation is expected to provide ongoing therapeutic benefit.

## Maintenance of Weight Loss
Maintenance of previously achieved therapeutic weight reduction without clinically significant weight regain.

### Medication Adherence
Medication is taken as prescribed.

### Obesity-Related Comorbidity
A medical condition associated with obesity including:
- Type 2 diabetes
- Hypertension
- Dyslipidemia
- Obstructive sleep apnea
- Coronary artery disease
- Obesity hypoventilation syndrome

### Therapeutic Failure
Failure to demonstrate continued *Clinical Benefit* despite appropriate therapy, medication adherence, and participation in a comprehensive weight management program.

## IV. INITIAL AUTHORIZATION
Initial authorization may be approved for **six (6) months** when all the following criteria are met.

A. The member meets the eligibility and medical-necessity criteria established in this policy, consistent with the members' Evidence of Coverage, applicable California law, FDA-approved labeling, and generally accepted standards of care. Coverage of weight loss medication must include the treatment of Class III or severe obesity. This is defined as a serious, chronic medical condition defined by a Body Mass Index (BMI) of 40 or higher, or a BMI of 35 - 39 paired with one or more of the *Obesity-Related Comorbidity* conditions.
B. Medication is prescribed for chronic weight management.
C. The member participates in a provider-supervised *Comprehensive Weight Management Program*.
D. Submission of completed "Prescription Drug Prior Authorization Request Form for Weight Loss Medication", which includes the Member's weight and height measurements, obtained and documented by a healthcare professional during an in-person physical examination.

# V. CONTINUATION AUTHORIZATION

Continuation may be approved for **an additional six (6) months** when all the following criteria are met.

A. *Continued Medical Necessity* is demonstrated.
B. Medication continues to be well tolerated.
C. The member demonstrates *Medication Adherence*
D. Member continues participation in a *Comprehensive Weight Management Program*.
E. Documentation demonstrates one of the following:
   - Continued weight loss since the previous authorization period; **or**
   - *Maintenance of Weight Loss* previously achieved; and
   - Without *Clinically Significant Weight Regain*.

E. Submission of completed "Prescription Drug Prior Authorization Request Form for Weight Loss Medication", which includes the Member's weight and height measurements, obtained and documented by a healthcare professional during an in-person physical examination.

# VI. NON-COVERED USES

Coverage is not provided when anti-obesity medications are prescribed solely for:

- Cosmetic weight loss;
- Appearance enhancement;
- Athletic performance;
- Members who do not satisfy medical necessity criteria;
- Any indication excluded under the member's Evidence of Coverage.

# VII. NON-COVERED SERVICES

The following services and supplies are not covered for weight reduction:

- Rice or other special diet supplements/substitutes (e.g., amino acid supplements, Optifast
- liquid protein meals, or NutriSystem pre-packaged foods)
- Human chorionic gonadotropin (HCG) or vitamin injections for weight loss
- Acupuncture for weight loss
- Hospital confinements for a weight reduction program
- Exercise programs or use of exercise equipment
- Weight Watchers, Jenny Craig, Diet Center, or similar programs
- Whole boy calorimetry (diagnostic study)
- Other devices, products, and services related to weight loss

# VIII. CLINICAL REVIEW LIMITATIONS

The following requests require review by an MD reviewer and will be automatically approved or denied through the afore-mentioned criteria:

1. BMI ≤18.5 kg/m²:
   If the patient's current documented BMI is 18.5 kg/m² or less, the request will be referred to an MD reviewer for clinical review.
2. Zepbound – Patient <18 Years of Age:
   If Zepbound is requested for a patient younger than 18 years of age, the request will be referred to an MD reviewer for clinical review.
3. Other Requests Outside Established Criteria:
   If the request falls outside the established coverage criteria or presents unusual clinical circumstances that cannot be appropriately adjudicated using the criteria, the request will be referred to an MD reviewer for determination.

# IX. REFERENCES


- California Department of Managed Health Care APL 25-004
- Applicable California Health & Safety Code
- FDA Prescribing Information
- Current obesity treatment clinical practice guidelines
- Current peer-reviewed literature


## History

Committee Review: UM: November 12, 2026; QAC: December 1, 2026
Reviewed/No Updates by**:** Robert Sterling, MD

| Revision Date | Content Revised (Yes/No) | Contributors | Review/Revision Notes |
|---|---|---|---|
| 9/30/2026 | Yes | Robert Sterling, MD; Christina Woods | New Policy (replacing Weight Reduction Medications and Programs policy) |
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