

SmartPA Criteria Proposal

Drug/Drug Class:	Glucagon-Like Peptide-1 (GLP-1) Receptor Agonists Indicated for Obesity PDL Edit
First Implementation Date:	January 9, 2025
Proposed Date:	October 14, 2025
Prepared For:	MO HealthNet
Prepared By:	MO HealthNet/Conduent
Criteria Status:	Revision of Existing Criteria

Executive Summary

Purpose:	The MO HealthNet Pharmacy Program will implement a state-specific preferred drug list.
Why Issue Selected:	According to the U.S. Centers for Disease Control and Prevention (CDC), approximately 42% of adults and 20% of children and adolescents had obesity in 2020. Projections suggest that by 2030, about one-half of the adult population in the United States will have obesity. Historically, anti-obesity medications were excluded from MO HealthNet coverage; however, as obesity is increasingly being recognized as a complex disease requiring treatment, along with obesity related complications such as cardiovascular disease, type 2 diabetes mellitus, and obstructive sleep apnea, MO HealthNet is beginning coverage for select anti-obesity agents. Lifestyle modifications are the cornerstone of obesity management, but anti-obesity medications can help to attain a healthy weight in those for whom lifestyle modifications alone are inadequate. GLP-1 receptor agonists offer the greatest amount of efficacy for weight loss, achieving up to 15% – 20% average weight reduction. Medications indicated only for anti-obesity but not listed within this policy remain excluded from MO HealthNet coverage. GLP-1 receptor agonists indicated for the treatment of diabetes are in the Glucagon-Like Peptide-1 (GLP-1) Receptor Agonists & Combination Agents Indicated for Diabetes PDL Edit. Total program savings for the PDL classes will be regularly reviewed.
Preferred Agents:	• Zepbound®
Non-Preferred Agents:	• Wegovy®

Setting & Population

- Drug class for review: Glucagon-Like Peptide-1 (GLP-1) Receptor Agonists Indicated for Obesity
- Age range: All appropriate MO HealthNet participants aged 12 years or older

Approval Criteria

- Must meet all of the following:
 - Participant is aged ≥ 12 years;
 - Must meet one of the following:
 - Claim is for a preferred agent; **OR**
 - Reason of medical necessity as to why a preferred agent cannot be utilized; **AND**
 - Must meet one of the following:
 - Documented compliance to current preferred agent therapy;
 - For participants < 18 years of age: Documented participant baseline BMI $\geq 95^{\text{th}}$ percentile standardized for age and sex; **OR**
 - For participants ≥ 18 years of age – must meet one of the following:
 - Documented participant baseline BMI ≥ 30 kg/m²;
 - Documented participant baseline BMI ≥ 27 kg/m² with documentation of at least one weight-related comorbid condition (e.g., hypertension, dyslipidemia, obstructive sleep apnea, or cardiovascular disease); **OR**
 - Claim is for Wegovy:
 - Must meet all of the following:
 - Lack diagnosis of diabetes mellitus in the past 2 years;
 - Documented recent (within the past 3 months) A1C < 6.5 demonstrating lack of diagnosis of diabetes; **AND**
 - Lack of any history of anti-diabetic pharmaceutical therapy in past 2 years; **AND**
 - Must meet one of the following:
 - For reduction of the risk of major cardiovascular events (MACE):
 - Must meet all of the following:
 - Participant is aged ≥ 45 years;
 - Documented participant baseline BMI ≥ 27 kg/m²;
 - Documented diagnosis of one of the following:
 - Myocardial infarction;
 - Stroke; **OR**
 - Symptomatic peripheral arterial disease, as evidenced by one of the following:
 - Intermittent claudication with ABI < 0.85 (at rest);
 - Peripheral arterial revascularization procedure; **OR**
 - Amputation due to ASCVD;
 - Documentation of current pharmaceutical therapy for cardiovascular disease; **OR**
 - **For the treatment of noncirrhotic metabolic dysfunction associated steatohepatitis (MASH):**
 - **Must meet all of the following:**
 - **Participant is aged ≥ 18 years;**
 - **Recent liver biopsy or noninvasive techniques confirming diagnosis of metabolic dysfunction-associated steatohepatitis (MASH) demonstrating F2 or F3 fibrosis;**
 - **Documented current liver function tests (LFTs); AND**
 - **Prescribed by or in consultation with a gastroenterologist, hepatologist, or other specialist in the treated disease state.**
 - Initial approval is for 4 weeks only. Subsequent approvals will be required for each dose during the titration process. All approvals will be for only 4 weeks to allow for monitoring of proper dose escalation until maintenance therapy dosing is achieved (at least 1.7 mg/dose). An additional 4 weeks for each dose in the titration process may be approved one time with documentation of intolerable adverse effects during dose escalation.

Denial Criteria

- Therapy will deny with presence of one of the following:
 - Any approval criteria are not met;
 - Concurrent therapy with another GLP-1 receptor agonist;
 - For Wegovy: participant is unable to complete titration/dose escalation to at least 1.7 mg/dose within 6 months of beginning therapy; **OR**
 - Claim exceeds maximum dosing limitation for the following:

| Drug Description | Generic Equivalent | Maximum Dosing Limitation |
|-----------------------------|--------------------|---------------------------|
| WEGOVY 0.25 MG/0.5 ML PEN | SEMAGLUTIDE | 2 ML PER 28 DAYS |
| WEGOVY 0.5 MG/0.5 ML PEN | SEMAGLUTIDE | 2 ML PER 28 DAYS |
| WEGOVY 1.7 MG/0.75 ML PEN | SEMAGLUTIDE | 3 ML PER 28 DAYS |
| WEGOVY 1 MG/0.5 ML PEN | SEMAGLUTIDE | 2 ML PER 28 DAYS |
| WEGOVY 2.4 MG/0.75 ML PEN | SEMAGLUTIDE | 3 ML PER 28 DAYS |
| ZEPBOUND 10 MG/0.5 ML PEN | TIRZEPATIDE | 2 ML PER 28 DAYS |
| ZEPBOUND 12.5 MG/0.5 ML PEN | TIRZEPATIDE | 2 ML PER 28 DAYS |
| ZEPBOUND 15 MG/0.5 ML PEN | TIRZEPATIDE | 2 ML PER 28 DAYS |
| ZEPBOUND 2.5 MG/0.5 ML PEN | TIRZEPATIDE | 2 ML PER 28 DAYS |
| ZEPBOUND 5 MG/0.5 ML PEN | TIRZEPATIDE | 2 ML PER 28 DAYS |
| ZEPBOUND 7.5 MG/0.5 ML PEN | TIRZEPATIDE | 2 ML PER 28 DAYS |
| ZEPBOUND 5 MG/0.5 ML VIAL | TIRZEPATIDE | 2 ML PER 28 DAYS |
| ZEPBOUND 2.5 MG/0.5 ML VIAL | TIRZEPATIDE | 2 ML PER 28 DAYS |

Disposition of Edit

Denial: Exception Code "0160" (Preferred Drug List)
Rule Type: PDL

Default Approval Period

1 year

References

- Evidence-Based Medicine Analysis: "Anti-Obesity Agents", UMKC-DIC; June 2025.
- Evidence-Based Medicine and Fiscal Analysis: "Therapeutic Class Review: ENDOCRINE AND METABOLIC AGENTS: Antihyperglycemic, GLP-1 Receptor Agonists for Overweight/Obesity", Gainwell Technologies; Last updated August 14, 2025.
- Eduardo Grunvald, Raj Shah, et al. AGA Clinical Practice Guideline on Pharmacological Interventions for Adults With Obesity. *Gastroenterology*, Volume 163, Issue 5, 2022. <https://doi.org/10.1053/j.gastro.2022.08.045>.
- Hampl SE, Hassink SG, et al. Clinical Practice Guideline for the Evaluation and Treatment of Children and Adolescents With Obesity. *Pediatrics*. 2023;151(2):e2022060640
- IPD Analytics. Rx Insights: Endocrinology. Anti-Obesity Medication Management in State Medicaid Programs. August 2024.
- USPDI, Micromedex; 2025.
- Facts and Comparisons eAnswers (online); 2025 Clinical Drug Information, LLC.