



AETNA BETTER HEALTH®  
Coverage Policy/Guideline

Name: Wegovy Cardiovascular and Zepbound OSA Page: 1 of 7

Effective Date: 10/21/2025 Last Review Date: 9/2025

Applies to:	<input type="checkbox"/> Illinois	<input checked="" type="checkbox"/> Florida	<input checked="" type="checkbox"/> Florida Kids
	<input type="checkbox"/> New Jersey	<input type="checkbox"/> Maryland	<input type="checkbox"/> Michigan
	<input checked="" type="checkbox"/> Pennsylvania Kids	<input type="checkbox"/> Virginia	<input type="checkbox"/> Kentucky PRMD

### Intent:

The intent of this policy/guideline is to provide information to the prescribing practitioner outlining the coverage criteria for Wegovy for Cardiovascular and Zepbound for Obstructive Sleep apnea, under the patient's prescription drug benefit.

### Description:

#### FDA-approved Indications

#### Wegovy

Wegovy is indicated in combination with a reduced calorie diet and increased physical activity:

- to reduce the risk of major adverse cardiovascular (CV) events (CV death, non-fatal myocardial infarction, or non-fatal stroke) in adults with established CV disease and either obesity or overweight.
- to reduce excess body weight and maintain weight reduction long term in:
  - Adults and pediatric patients aged 12 years and older with obesity (*not a covered benefit*)
  - Adults with overweight in the presence of at least one weight-related comorbid condition. (*not a covered benefit*)
- 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.

The indication for MASH is approved under accelerated approval based on improvement of MASH and fibrosis. Continued approval for this indication may be contingent upon the verification and description of clinical benefit in a confirmatory trial.

#### **Limitations of Use**

- Wegovy contains semaglutide. Coadministration with other semaglutide-containing products or with any other GLP-1 receptor agonist is not recommended.

#### Zepbound

Zepbound is indicated in combination with a reduced-calorie diet and increased physical activity:



AETNA BETTER HEALTH®  
Coverage Policy/Guideline

Name: Wegovy Cardiovascular and Zepbound OSA Page: 2 of 7

Effective Date: 10/21/2025 Last Review Date: 9/2025

Applies to:	<input type="checkbox"/> Illinois	<input checked="" type="checkbox"/> Florida	<input checked="" type="checkbox"/> Florida Kids
	<input type="checkbox"/> New Jersey	<input type="checkbox"/> Maryland	<input type="checkbox"/> Michigan
	<input checked="" type="checkbox"/> Pennsylvania Kids	<input type="checkbox"/> Virginia	<input type="checkbox"/> Kentucky PRMD

- 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.
- To treat moderate to severe obstructive sleep apnea (OSA) in adults with obesity.

### Limitations of Use

- Zepbound contains tirzepatide. Coadministration with other tirzepatide-containing products or with any glucagon-like peptide-1 (GLP-1) receptor agonist is not recommended.

Use of Wegovy or Zepbound for the indication of weight loss only is an excluded benefit and will not be covered.

### Applicable Drug List:

Wegovy  
Zepbound

### Policy/Guideline:

#### Coverage Criteria

#### Noncirrhotic Metabolic Dysfunction-Associated Steatohepatitis – Wegovy ONLY

Authorization may be granted when the requested drug is being prescribed 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 an adult when ALL of the following criteria are met:

- The request is for Wegovy (semaglutide).
- The requested drug is being used with a reduced-calorie diet AND increased physical activity.
- The requested drug is being prescribed by, or in consultation with, a gastroenterologist or hepatologist.
- The patient's moderate to advanced liver fibrosis (consistent with stages F2 to F3 fibrosis) at baseline has been confirmed by ONE of the following: non-invasive liver disease assessment (e.g., ultrasound-based elastography, magnetic resonance elastography [MRE]) OR historical liver biopsy. [ACTION REQUIRED: Documentation is required for approval.]



AETNA BETTER HEALTH®  
Coverage Policy/Guideline

Name: Wegovy Cardiovascular and Zepbound OSA Page: 3 of 7

Effective Date: 10/21/2025 Last Review Date: 9/2025

Applies to:  Illinois  Florida  Florida Kids  
 New Jersey  Maryland  Michigan  
 Pennsylvania Kids  Virginia  Kentucky PRMD

### Obstructive Sleep Apnea – Zepbound ONLY

Authorization may be granted when the requested drug is being used to treat moderate to severe obstructive sleep apnea (OSA) in an adult with obesity when ALL of the following criteria are met:

- The request is for Zepbound (tirzepatide).
- The requested drug is being used with a reduced-calorie diet AND increased physical activity.
- The patient has an established diagnosis of moderate to severe OSA with an apnea-hypopnea index (AHI) of at least 15 events per hour on polysomnography (PSG) or home sleep apnea test (HSAT) with a technically adequate device. [ACTION REQUIRED: Documentation is required for approval.]
- The patient has a current body mass index (BMI) greater than or equal to 30 kg/m<sup>2</sup>. [ACTION REQUIRED: Documentation is required for approval.]

### Risk Reduction of Major Adverse Cardiovascular Events – Wegovy ONLY

Authorization may be granted when the requested drug is being used to reduce the risk of major adverse cardiovascular events (cardiovascular death, non-fatal myocardial infarction (MI), or non-fatal stroke) in an adult with established cardiovascular disease AND either obesity or overweight when ALL of the following criteria are met:

- The request is for Wegovy (semaglutide).
- The requested drug is being used with a reduced-calorie diet AND increased physical activity.
- The patient has established cardiovascular disease with a history of ONE of the following: [ACTION REQUIRED: Documentation is required for approval.]
  - Previous MI.
  - Previous stroke.
  - Symptomatic peripheral arterial disease (PAD), as evidenced by intermittent claudication with ankle-brachial index (ABI) less than 0.85 (at rest), peripheral arterial revascularization procedure, or amputation due to atherosclerotic disease.
  - Prior history of revascularization (coronary artery bypass grafting (CABG), percutaneous coronary intervention (PCI), or angioplasty).
- The patient has a baseline body mass index (BMI) greater than or equal to 27 kg/m<sup>2</sup>. [ACTION REQUIRED: Documentation is required for approval.] [NOTE: If



AETNA BETTER HEALTH®  
Coverage Policy/Guideline

Name: Wegovy Cardiovascular and Zepbound OSA Page: 4 of 7

Effective Date: 10/21/2025 Last Review Date: 9/2025

Applies to:  Illinois  Florida  Florida Kids  
 New Jersey  Maryland  Michigan  
 Pennsylvania Kids  Virginia  Kentucky PRMD

the patient is transitioning from another drug therapy for weight loss, please consider their baseline BMI at the start of any drug therapy.]

- The patient does NOT have type 2 diabetes. [NOTE: Ozempic is indicated to reduce the risk of major cardiovascular events in adults with type 2 diabetes mellitus and established cardiovascular disease. Patients with type 2 diabetes may be treated for risk reduction of cardiovascular events with Ozempic.]
- The patient is currently receiving guideline-directed management and therapy (GDMT) for cardiovascular disease (e.g., lipid-lowering agent, antiplatelet, beta-blocker, renin-angiotensin inhibitor, etc.) OR the patient has clinical reason not to be treated with GDMT for cardiovascular disease. [ACTION REQUIRED: Documentation is required for approval.]

### **Continuation of Therapy**

#### Noncirrhotic Metabolic Dysfunction-Associated Steatohepatitis – Wegovy ONLY

Authorization may be granted when the requested drug is being prescribed 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 an adult when ALL of the following criteria are met:

- The request is for Wegovy (semaglutide).
- The requested drug is being used with a reduced-calorie diet AND increased physical activity.
- The patient has achieved or maintained a positive clinical response to the requested drug (e.g., improvement in liver function such as reduction in alanine aminotransferase [ALT], improvement in Enhanced Liver Fibrosis (ELF) score, improvement in liver stiffness measurement [LSM] by ultrasound-based elastography, magnetic resonance elastography [MRE]). [ACTION REQUIRED: Documentation is required for approval.]
- The patient is being treated with a maintenance dosage of the requested drug which is based on individual treatment response and tolerability.

#### Obstructive Sleep Apnea – Zepbound ONLY

Authorization may be granted when the requested drug is being used to treat moderate to severe obstructive sleep apnea (OSA) in an adult with obesity when ALL of the following criteria are met:

- The request is for Zepbound (tirzepatide).



AETNA BETTER HEALTH®  
Coverage Policy/Guideline

Name: Wegovy Cardiovascular and Zepbound OSA Page: 5 of 7

Effective Date: 10/21/2025 Last Review Date: 9/2025

Applies to:	<input type="checkbox"/> Illinois	<input checked="" type="checkbox"/> Florida	<input checked="" type="checkbox"/> Florida Kids
	<input type="checkbox"/> New Jersey	<input type="checkbox"/> Maryland	<input type="checkbox"/> Michigan
	<input checked="" type="checkbox"/> Pennsylvania Kids	<input type="checkbox"/> Virginia	<input type="checkbox"/> Kentucky PRMD

- The requested drug is being used with a reduced-calorie diet AND increased physical activity.
- The patient has an established diagnosis of moderate to severe OSA with an apnea-hypopnea index (AHI) of at least 15 events per hour on polysomnography (PSG) or home sleep apnea test (HSAT) with a technically adequate device. [ACTION REQUIRED: Documentation is required for approval.]
- The patient has achieved or maintained a positive response to treatment from baseline, evidenced by a decrease in OSA symptoms.
- The patient is being treated with a maintenance dosage of the requested drug which is based on individual treatment response and tolerability.

#### Risk Reduction of Major Adverse Cardiovascular Events – Wegovy ONLY

Authorization may be granted when the requested drug is being used to reduce the risk of major adverse cardiovascular events (cardiovascular death, non-fatal myocardial infarction (MI), or non-fatal stroke) in an adult with established cardiovascular disease AND either obesity or overweight when ALL of the following criteria are met:

- The request is for Wegovy (semaglutide).
- The requested drug is being used with a reduced-calorie diet AND increased physical activity.
- The patient has established cardiovascular disease with a history of ONE of the following: [ACTION REQUIRED: Documentation is required for approval.]
  - Previous MI.
  - Previous stroke.
  - Symptomatic peripheral arterial disease (PAD), as evidenced by intermittent claudication with ankle-brachial index (ABI) less than 0.85 (at rest), peripheral arterial revascularization procedure, or amputation due to atherosclerotic disease.
  - Prior history of revascularization (coronary artery bypass grafting (CABG), percutaneous coronary intervention (PCI), or angioplasty).
- The patient is being treated with a maintenance dosage of the requested drug.

#### **Approval Duration and Quantity Restrictions:**

**Initial Approval:** 7 months

**Renewal Approval:** 12 months



**AETNA BETTER HEALTH®**  
Coverage Policy/Guideline

Name: Wegovy Cardiovascular and Zepbound OSA Page: 6 of 7

Effective Date: 10/21/2025 Last Review Date: 9/2025

Applies to:  Illinois  Florida  Florida Kids  
 New Jersey  Maryland  Michigan  
 Pennsylvania Kids  Virginia  Kentucky PRMD

**Quantity Level Limit:**

Drug	Dosage	1 Month Limit	3 Months Limit
Wegovy (semaglutide)	0.25 mg / 0.5 mL	2 mL (1 package of 4 pens each) / 21 days	6 mL (3 packages of 4 pens each) / 63 days
Wegovy (semaglutide)	0.5 mg / 0.5 mL	2 mL (1 package of 4 pens each) / 21 days	6 mL (3 packages of 4 pens each) / 63 days
Wegovy (semaglutide)	1 mg / 0.5 mL	2 mL (1 package of 4 pens each) / 21 days	6 mL (3 packages of 4 pens each) / 63 days
Wegovy (semaglutide)	1.7 mg / 0.75 mL	3 mL (1 package of 4 pens each) / 21 days	9 mL (3 packages of 4 pens each) / 63 days
Wegovy (semaglutide)	2.4 mg / 0.75 mL	3 mL (1 package of 4 pens each) / 21 days	9 mL (3 packages of 4 pens each) / 63 days
Zepbound (tirzepatide)	2.5 mg / 0.5 mL	2 mL (1 package of 4 pens each or 4 single-dose vials) / 21 days	6 mL (3 packages of 4 pens each or 12 single-dose vials) / 63 days
Zepbound (tirzepatide)	5 mg / 0.5 mL	2 mL (1 package of 4 pens each or 4 single-dose vials) / 21 days	6 mL (3 packages of 4 pens each or 12 single-dose vials) / 63 days
Zepbound (tirzepatide)	7.5 mg / 0.5 mL	2 mL (1 package of 4 pens each or 4 single-dose vials) / 21 days	6 mL (3 packages of 4 pens each or 12 single-dose vials) / 63 days
Zepbound (tirzepatide)	10 mg / 0.5 mL	2 mL (1 package of 4 pens each or 4 single-dose vials) / 21 days	6 mL (3 packages of 4 pens each or 12 single-dose vials) / 63 days
Zepbound (tirzepatide)	12.5 mg / 0.5 mL	2 mL (1 package of 4 pens each or 4 single-dose vials) / 21 days	6 mL (3 packages of 4 pens each or 12 single-dose vials) / 63 days
Zepbound (tirzepatide)	15 mg / 0.5 mL	2 mL (1 package of 4 pens each or 4 single-dose vials) / 21 days	6 mL (3 packages of 4 pens each or 12 single-dose vials) / 63 days

**References:**

1. Wegovy [package insert]. Plainsboro, NJ: Novo Nordisk Inc.; August 2025.
2. Zepbound [package insert]. Indianapolis, IN: Lilly USA, LLC; December 2024.
3. Lexicomp Online, AHFS DI (Adult and Pediatric) Online. Waltham, MA: UpToDate, Inc.; 2025. <https://online.lexi.com>. Accessed March 27, 2025.



AETNA BETTER HEALTH®  
Coverage Policy/Guideline

Name: Wegovy Cardiovascular and Zepbound OSA Page: 7 of 7

Effective Date: 10/21/2025 Last Review Date: 9/2025

Applies to:  Illinois  Florida  Florida Kids  
 New Jersey  Maryland  Michigan  
 Pennsylvania Kids  Virginia  Kentucky PRMD

4. Micromedex® (electronic version). Merative, Ann Arbor, Michigan, USA. Available at: <https://www.micromedexsolutions.com/> (cited: 03/27/2025).
5. Lincoff AM, Brown-Frandsen K, Colhoun HM, et al. Semaglutide and Cardiovascular Outcomes in Obesity without Diabetes. *N Engl J Med.* 2023;389:2221-2232.
6. Virani SS, Newby LK, Arnold SV, et al. 2023 AHA/ACC/ACCP/ASPC/NLA/PCNA Guideline for the Management of Patients With Chronic Coronary Disease: A Report of the American Heart Association/American College of Cardiology Joint Committee on Clinical Practice Guidelines. *Circulation.* 2023;148:e9-e119.
7. Kleindorfer DO, Towfighi A, Chaturvedi S, et al. 2021 Guideline for the Prevention of Stroke in Patients With Stroke and Transient Ischemic Attack: A Guideline From the American Heart Association/American Stroke Association. *Stroke.* 2021;52(7):e364-e467.
8. Gornik HL, Aronow HD, Goodney PP, et al. 2024 ACC/AHA/AACVPR/APMA/ABC/SCAI/SVM/SVN/SVS/SIR/VESS Guideline for the Management of Lower Extremity Peripheral Artery Disease: A Report of the American College of Cardiology/American Heart Association Joint Committee on Clinical Practice Guidelines. *J Am Coll Cardiol.* 2024;83(24):2497-2604.
9. Malhorta A, Grunstein RR, Fietze I, et al. Tirzepatide for the Treatment of Obstructive Sleep Apnea and Obesity. *New Engl J Med.* 2024;391:1193-1205.
10. Kapur VK, Auckley DH, Chowdhuri S, et al. Clinical Practice Guideline for Diagnostic Testing for Adult Obstructive Sleep Apnea: An American Academy of Sleep Medicine Clinical Practice Guideline. *J Clin Sleep Med.* 2017;13(3):479-504.
11. Sanyal AJ, Newsome PN, Kliers I, et al. Phase 3 Trial of Semaglutide in Metabolic Dysfunction-Associated Steatohepatitis. *New Engl J Med.* 2025;392:2089-2099.
12. Chen VL, Morgan TR, Rotman Y, et al. Resmetirom therapy for metabolic dysfunction-associated steatotic liver disease: October 2024 updates to AASLD Practice Guidance. *Hepatology.* 2025;81(1):312-320.
13. Rinella ME, Neuschwander-Tetri BA, Siddiqui MS, et al. AASLD Practice Guidance on the clinical assessment and management of nonalcoholic fatty liver disease. *Hepatology.* 2023;77(5): 1797-1835.