



2026 Anti-obesity Guideline Update Summary for Fallon Health ACO Plans

January 5, 2026

- **Wegovy** – added new indication for coverage: Treatment of nonalcoholic steatohepatitis (NASH) or metabolic dysfunction-associated steatohepatitis (MASH), with moderate to advanced liver fibrosis.

February 17, 2026

- **Saxenda** for pediatric members (age 12 to < 18) with obesity/overweight – step through Wegovy added to existing criteria
- **Wegovy** for pediatric members (age 12 to <18) with obesity/overweight; criteria added for this indication
- **Wegovy and Zepbound** for ADULT members with obesity/overweight, risk reduction of major adverse cardiovascular events with established CVD and obesity/overweight, and treatment of moderate to severe OSA and obesity, will now be managed with the same criteria. Step through phentermine is removed.
 - BMI ≥ 35 kg/m² prior to initiation of pharmacotherapy for weight loss if member has no comorbidities
 - BMI ≥ 30 kg/m² prior to initiation of pharmacotherapy for weight loss and one of the following comorbidities:
 - Heart failure with preserved ejection fraction
 - Uncontrolled hypertension
 - Chronic kidney disease stage 3a or above
 - Moderate or severe obstructive sleep apnea
 - BMI \geq kg/m² prior to initiation of pharmacotherapy for weight loss and one of the following comorbidities:
 - Prediabetes (A1c $\geq 5.7\%$ and $< 6.5\%$) and documentation why member is NOT a candidate for antidiabetic GLP-1
 - History of myocardial infarction
 - History of stroke
 - Symptomatic peripheral artery disease
 - Type 2 diabetes mellitus
 - MASH with moderate to advanced liver fibrosis (F2 to F3 fibrosis)

For continuation of therapy:

- Weight loss of $\geq 5\%$ from baseline body weight **or**
- Member has documentation of established cardiovascular disease (history of MI, history of stroke, symptomatic PAD) and is using GLP-1 for cardiovascular risk reduction **or**
- Documentation of improvement in OSA symptoms and attestation that the improvement in OSA symptoms is believed to be related to anti-obesity therapy despite lack of reduction in body weight. Medical records documenting baseline or current AHI is ≥ 15 **or**
- Documentation of improvement in secondary measures (e.g., blood pressure, blood glucose) and attestation that the improvements are believed to be related to anti-obesity therapy despite lack of reduction in body weight

Duration of therapy is 6 months for both initial therapy and continuation

2026 Anti-diabetic Guideline Update Summary for Fallon Health ACO Plans

January 5, 2026

- Ozempic – off label criteria added for MASH

February 17, 2026

- Ozempic will now have same approval criteria for T2DM as Mounjaro, Trulicity, Victoza - diagnosis, baseline A1c, quantity limits
- Ozempic will now have same approval criteria for diagnosis of prediabetes as Mounjaro, Trulicity, Victoza – diagnosis, baseline A1c, inadequate response, adverse reaction, or contraindication to metformin at daily dose of 2000mg/day
- Mounjaro and Ozempic will be managed with same approval criteria for off label obesity/overweight diagnosis (same as Wegovy, Zepbound in above section)
- Rybelsus and Bydureon Bcise – for diagnosis of T2DM or prediabetes will now have to step through both Ozempic and Mounjaro. Off label criteria for obesity/overweight removed for these drugs
- Continuation criteria for any of the drugs for diagnosis of T2DM or prediabetes will require documentation of reduction in A1c or a treatment plan to address reduction in A1c.