

**Valley Medical Group, P.C.**  
**Clinical Policy and Procedure**

**Title: Process for Weight Loss Medication Referrals and Management**

**Purpose:** Provide a process for the consultation and treatment of patients with GLP-1 RAs (semaglutide, tirzepatide).

**Policy:**

Referrals and management of patients with weight loss medications will be done by assigned providers at VMG: Julie Sayre AMC (certified prescriber), Trisha Rogers EHC, and Alexis Severin NHC

VMG has established criteria for referrals for weight loss medications. Weight lost medications are limited to patients who meet the following criteria:

Patients with a BMI >30 who also have MASH, pre-diabetes, sleep apnea, severe OA

**OR**

Patients with BMI >45 even in the absence of comorbidities.

All Other VMG practitioners should only be using GLP-1 medications for treatment of Diabetes.

**VMG Process for Weight Loss**

**Provider Patient Identification**

- Provider identifies a patient that they feel qualifies for weight loss medications with a GLP-1 using established criteria at Valley Medical Group.

**Patient Counseling by Provider:**

- Prior to creating an internal referral, patients should be counseled that they are being referred for consultation, not a guarantee that they will get the medication. Patients should be aware that many insurers require evidence of at least 5% weight loss after six months to continue the medications.

**Provider Referral**

- Providers will use the macro: VMG\_GLP\_Referral to confirm requirements for weight loss medications prior to sending case to reception to book a visit. Information required for PA's includes risk factors, weight loss attempts, current nutrition, exercise, family hx, side effects and more.
- Provider starts a patient case with **GLP-1 Internal Referral** in the title and completes the macro: **VMG\_GLP\_Referral**
- Provider sends the patient case to the centers reception box (AMC, EHC, or NHC) sharing they are referring a patient for weight loss medication. Important note: All patients with Health New England insurance (HNE are to be referred) to Dr. Julie Sayre, AMC.
- If the patient will be attending the Weight Loss SMA being led in EHC, the referral is sent to the EHC Reception Coordinator, Emily Start, with an additional note "EHC SMA".

**SMA visits:**

1. Two SMA visits then patient will be return to PCP with titration defined and documented
2. Patient to follow up with PCP at 3 months and 6 months after completing SMA
3. Insurance may require an additional PA at 6 month mark

## Reception

- Schedules the patient in appropriate weight loss appointment slot (30 minutes for first visit, 15 minutes for follow up visit). Patients first appointment may be a few months out. Schedule follow up visits as directed by provider/check out slip.
- Cases sent to reception will have the VMG\_GLP\_Referral macro completed, which details all of the needed requirements for a weight loss medication appointment.
- Any patient case sent to reception that does not have the macro VMG\_GLP\_Referral completed, or incomplete is to be sent back to the referring provider to complete.

## VMG\_GLP\_Referral Macro:

- Reason for referral: Qualifying reasons-BMI>45 or BMI>30 with comorbidities
- If Medicare patient do they have: PVD, Heart Disease, stroke, or OSA?
- Does patient have a history of thyroid cancer?
- Does patient have a history of pancreatitis?
- If BCBS has patient done 6 months of weight loss program?
- If HNE have they done 3 months of weight loss program? If so what one:
- Has patient been told to call insurance to confirm they cover Zepbound or Wegovy for weight loss? If not covered we will not be able to get covered.
- Is patient aware the they will need frequent visits for monitoring?
- If HNE patient please make sure to book at AMC.

## Patient Appointments:

- Patients will need regular visits with a VMG practitioner, especially in the first six months.
- Appointment type: Weight Loss 30 minutes (intake), Weight Loss 15 (follow up)

## Patients Contacting Their Insurance for Zepbound or Wegovy

Patients need to be asked to call their insurance companies directly to verify whether Zepbound or Wegovy is covered under their plan. This will save patients a visit if it is not covered.

*It is important to specify coverage for Zepbound and Wegovy, as insurers may respond that Mounjaro or Ozempic is covered, but these medications are covered for diabetic patients only.*

## Insurance coverage:

Please note that insurance coverage is constantly evolving, and we are doing our best to keep track of changes.

| Insurance              | Coverage  |
|------------------------|---|
| Blue Cross Blue Shield | Covers Wegovy, but they require documentation of a 6-month formal weight loss program before approval. They don't give any direction regarding what qualifies as a weight loss program, so I have been recommending trying things like Noom or WW, or simply tracking on MyFitnessPal app (free), or working with a trainer at a gym. |

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|---------------------------|--|
| <b>Health New England</b> | Appears to be covering Wegovy. Patients should see Julie Sayre as they require that the prescription comes from a provider who has an obesity certification.   |
| <b>Medicare:</b>          | In addition to the VMG requirements (patients with a BMI >30 who also have MASH, pre-diabetes, sleep apnea, severe OA) Medicare covers Zepbound for patients who also have a <b>history of heart attack, stroke, or peripheral vascular disease</b> .<br><br>Coverage for Zepbound to treat <b>sleep apnea</b> is expected to begin soon |
| <b>Medicaid:</b>          | Zepbound   |
| <b>CCA</b>                | Wegovy   |
| <b>Harvard Pilgrim:</b>   | Zepbound currently   |
| <b>Wellpoint</b>          | Covers Wegovy  |
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