

TennCare Non-PDL (Preferred Drug List) Agents: Clinical Criteria, Step Therapy, and Quantity Limits

October 1, 2026

To view the full [Preferred Drug List \(PDL\)](#) and other Program Information, please visit the Optum Rx/TennCare [website](#).

With the exception of the “[Branded Drugs to be Classified as Generics](#)” list, TennCare is a mandatory generic program in accordance with state law (TCA 53-10-205). Approval of a branded product when a generic is available requires documentation of a serious adverse reaction from the generic via an FDA MedWatch form OR contraindication to an inactive ingredient in the AB-rated generic equivalent. Therapeutic Failure of an AB-rated generic equivalent may be considered for approval of branded products in the following high-risk medication classes: Anticonvulsants, Atypical Antipsychotics, HIV antivirals, Immunosuppressants, and Oncology Agents.

Faxed PA submissions require the use of the [General PA Form](#), unless a drug/class specific form is noted for the drug/drug class.

PA approval duration length is one (1) year unless otherwise indicated.

Please note the following:

- All agents must be prescribed by a provider with a Tennessee Medicaid Provider ID.
- Approval of Non-Preferred (NP) agents requires trial and failure, contraindication, or intolerance of two (2) preferred agents, unless otherwise indicated. This is the Standard NP Criteria.
- Agents not listed on the PDL may be considered non-preferred unless otherwise indicated.
- Agents that must be administered by a healthcare provider or in a healthcare facility may be covered under medical benefits. Providers should refer to the patient’s Managed Care Organization (MCO) for coverage information. Please refer to the Covered Injectable Drugs list for exceptions.

Abbreviations

Abbreviation	Definition	Abbreviation	Definition
B	Budgetary Reduction edit for utilization control	Caps	Capsules
I/DD	Intellectual and Developmental Disabilities	Conc	Concentrate
N/A	Not applicable	Cr	Cream
NP	Non-Preferred Agent	Inj	Injection
P	Preferred Agent	Oint	Ointment
PA	Prior Authorization	Soln	Solution
PAC	Pharmacy Advisory Committee	Supp	Suppository
PDL	Preferred Drug List	Susp	Suspension
QL	Quantity Limit	Tabs	Tablets

I. NON-PDL AGENTS

Anorexia Agents

Arynta® solution, lisdexamfetamine capsules, chewables and Vyvanse® capsules, chewables

PDL Status	Non-PDL Indication
Quantity Limit	Arynta® solution: 7 mL/day Lisdexamphetamine and Vyvanse® caps: 1/day; Lisdexamphetamine and Vyvanse® chews: 1/day; Max total amphetamine dose (Age ≥ 21): 60 mg/day
PA Criteria	See below
PA Form	Antihyperkinesia: Stimulants PA Form
PA Duration	Initial: 3 months; Renewal: 1 year

Binge Eating Disorder

Arynta® solution, Lisdexamfetamine capsules, chewables and Vyvanse® capsules, chewables Initial PA Criteria:

- Patient is 18 to 20 years of age; **AND**
- Prescribed by or in consultation with a psychiatrist; **AND**
- Diagnosis of moderate to severe binge eating disorder as confirmed by all of the following:
 - Patient has had binge eating disorder for 3 months or longer; **AND**
 - Patient has between 4 and 13 binge-eating episodes per week; **AND**
 - Patient meets at least 3 of the following criteria:
 - Patient eats much more rapidly than normal
 - Patient eats until feeling uncomfortably full
 - Patient eats large amounts of food when not feeling physically hungry
 - Patient eats alone because of feeling embarrassed by how much he or she is eating
 - Patient feels disgusted with himself or herself, depressed, or very guilty after binge-eating; **AND**
- If the request is for Arynta® solution, patient is unable to swallow solid dosage forms

Arynta® solution, Lisdexamfetamine capsules, chewables and Vyvanse® capsules, chewables Renewal PA Criteria:

- Patient is 18 to 20 years of age; **AND**
- Documentation of positive clinical response to therapy (e.g., meaningful reduction in the number of binge eating episodes or binge days per week from baseline, improvement in the signs and symptoms of binge eating disorder)

Cosmetic Agents

Hydroquinone

PDL Status	Not a PDL agent
Quantity Limit	None
PA Criteria	See below
PA Form	General PA Form
PA Duration	2 months

Hydroquinone PA Criteria:

- Must be at least 12 years of age, but less than 21 years old; **AND**
- Must have tried and failed two OTC hydroquinone products

Leqselvi® tablets

PDL Status	Not a PDL agent
Quantity Limit	2 tablet/day
PA Criteria	See below
PA Form	General PA Form
PA Duration	Initial: 6 months; Renewal: 1 year

Leqselvi® tablets Initial PA Criteria:

- Diagnosis of severe alopecia areata; **AND**
- Patient is at > 18 years old but less than 21 years old (indication is not a covered benefit in patients > 21 years old); **AND**
- Recipient has ≥ 50% scalp hair loss; **AND**
- Prescriber attest patient does not have other underlying causes of hair loss (e.g., male pattern hair loss (androgenic alopecia), female pattern hair loss, telogen effluvium, traction alopecia, and tinea capitis); **AND**
- Recipient must be evaluated every 3 months by a physician and submit chart documentation indicating patient has had improved hair growth/decreased hair loss; **AND**
- Prescriber attests to each of the following:
 - Patient is not concurrently taking biologic agents (i.e., adalimumab, anakinra, etanercept, rituximab, tocilizumab, infliximab, abatacept) OR potent immunosuppressants (i.e., azathioprine, cyclosporine) OR another JAK inhibitor (i.e., Rinvoq, Xeljanz); **AND**
 - Benefits of using this agent outweigh heart-related events or cardiovascular risk factors; **AND**
 - Patient is not currently using moderate or strong CYP2C9 inhibitors; **AND**
 - Risk of malignancy has been considered and it has been determined that Jak inhibitor therapy is appropriate;
- Prescribed by, or in consultation with, a dermatologist

Leqselvi® tablets Renewal PA Criteria:

- Positive disease response to therapy and tolerability compared to baseline (e.g. improvement in extent and density of scalp hair loss)

Litfulo® capsules

PDL Status	Not a PDL agent
Quantity Limit	None
PA Criteria	See below
PA Form	General PA Form
PA Duration	6 months

Litfulo® capsules PA Criteria:

- Prescriber attests to each of the following:
 - Patient is not concurrently taking biologic agents (i.e., adalimumab, anakinra, etanercept, rituximab, tocilizumab, infliximab, abatacept) OR potent immunosuppressants (i.e., azathioprine, cyclosporine)
 - Benefits of using this agent outweigh the risks of heart-related events (heart attack, stroke, blood clots, etc.) or cardiovascular risk factors
 - Risk of malignancy has been considered and it has been determined that Litfulo therapy is appropriate; **AND**
- Age requirement: At least 12 years of age, but less than 21 years old; **AND**
- Diagnosis of Severe alopecia areata; **AND**
- Recipient has ≥ 50% scalp hair loss; **AND**
- Prescriber attest patient does not have other underlying causes of hair loss (e.g. male pattern hair loss (androgenic alopecia), female pattern hair loss, telogen effluvium, traction alopecia, and tinea capitis); **AND**
- Recipient must be evaluated every 4 months by a physician and submit chart documentation indicating patient has had improved hair growth/decreased hair loss.

Olumiant®

PDL Status	Non-PDL indication
Quantity Limit	1/day
PA Criteria	See below
PA Form	General PA Form
PA Duration	Initial: 6 months; Renewal: 1 year
Notes	Will not be covered for COVID-19 treatment in post hospitalized patients

Alopecia Areata

Olumiant® PA Criteria:

- Prescriber attests to each of the following:
 - Patient is not concurrently taking biologic agents (i.e., adalimumab, anakinra, etanercept, rituximab, tocilizumab, infliximab, abatacept) **OR** potent immunosuppressants (i.e., azathioprine, cyclosporine); **AND**
 - Benefits of using this agent outweigh heart-related events or cardiovascular risk factors
 - Risk of malignancy has been considered and it has been determined that Jak inhibitor therapy is appropriate; **AND**
- Diagnosis of Severe alopecia areata; **AND**
 - Patient is at ≥ 18 years old but less than 21 years old (indication is not a covered benefit in patients ≥ 21 years old); **AND**
 - Recipient has $\geq 50\%$ scalp hair loss; **AND**
 - Prescriber attest patient does not have other underlying causes of hair loss (e.g. male pattern hair loss (androgenic alopecia), female pattern hair loss, telogen effluvium, traction alopecia, and tinea capitis); **AND**
 - Recipient must be evaluated every 4 months by a physician and submit chart documentation indicating patient has had improved hair growth/decreased hair loss

Olumiant® Renewal PA Criteria:

- Disease response to therapy and tolerability compared to baseline (e.g., improvement in extent and density of scalp hair loss)

Propecia®

PDL Status	Not a PDL agent
Quantity Limit	None
PA Criteria	See below
PA Form	General PA Form
PA Duration	3 months

Propecia® PA Criteria:

- Recipient must be at least 18 years of age, but less than 21 years old; **AND**
- Recipient must be male (Propecia® is not indicated for women); **AND**
- Diagnosis must be Androgenic alopecia (male pattern hair loss); **AND**
- Recipient must have greater than 50% hair loss; **AND**
- Recipient must have suffered documented emotional stress of hair loss and have been evaluated by a mental health care professional (psychiatrist or clinical psychologist); **AND**
- Recipient must be evaluated every 3 months by physician and have documented in chart notes that are faxed to the Call Center that recipient has had improved hair growth/decreased hair loss.

Renova®

PDL Status	Not a PDL agent
Quantity Limit	None
PA Criteria	See below
PA Form	General PA Form
PA Duration	1 months

Renova® PA Criteria:

- Recipient must be at least 18 years of age, but less than 21 years old; **AND**
- Will not be covered for the prevention of treatment of actinic keratoses, skin neoplasms, or lentigo maligna; **AND**
- Will only be covered for use of FDA labeled indications; **AND**
- Recipient must have suffered documented emotional stress over disfigurement/fine lines and wrinkles and have been evaluated by a mental health care professional (psychiatrist/clinical psychologist)

Rogaine®

PDL Status	Not a PDL agent
Quantity Limit	None
PA Criteria	See below
PA Form	General PA Form
PA Duration	4 months
Notes	The diagnosis of alopecia areata (a systemic disease in which patches of hair fall out over a period of a few days; any part of the body may be involved) WILL NOT allow for an approval as this is off label

Rogaine® PA Criteria:

- Recipient must be at least 18 years of age, but less than 21 years old; **AND**
- Recipient may be male or female; **AND**
- Diagnosis must be the treatment of androgenetic alopecia, expressed in males as baldness of the vertex of the scalp and in females as diffuse hair loss or thinning of the frontoparietal areas; **AND**
- Recipient must have greater than 50% hair loss (male or female) ; **AND**
- Recipient must have suffered documented emotional stress of hair loss and have been evaluated by a mental health care professional (psychiatrist or clinical psychologist) ; **AND**
- Recipient must be evaluated every four months by a physician and have documented in chart notes that are faxed to the Call Center that the recipient has had improved hair growth/decreased hair loss.

Sofdra®

PDL Status	Not a PDL agent
Quantity Limit	1 bottle/Rx
PA Criteria	See below
PA Form	General PA Form
PA Duration	2 months

Sofdra® Initial PA Criteria:

- Patient is ≥ 9 years of age but less than 21 years of age; **AND**
- Diagnosis of primary axillary hyperhidrosis; **AND**
- Patient has focal, visible, excessive sweating without apparent cause; **AND**
- One of the following:
 - Bilateral and relatively symmetric hyperhidrosis
 - Hyperhidrosis Impairs daily activities
 - At least 1 episode per week
 - Family history of idiopathic hyperhidrosis
 - Focal sweating stops during sleep; **AND**
- Inadequate response (minimum 4 weeks trial), or inability to tolerate an aluminum-containing antiperspirant; **AND**
- Patient does not have a medical condition that can be exacerbated by anticholinergic effects (e.g., glaucoma, paralytic ileus, cardiovascular status in acute hemorrhage, severe ulcerative colitis, myasthenia gravis, Sjögren's syndrome)

Sofdra® Renewal PA Criteria:

- Patient is ≥ 9 years of age but less than 21 years of age; **AND**
- Patient demonstrates a positive clinical response to therapy; **AND**
- Patient will not concomitantly take additional anticholinergic medications; **AND**
- Patient does not have a medical condition exacerbated by anticholinergic effects (e.g., glaucoma, paralytic ileus, cardiovascular status in acute hemorrhage, severe ulcerative colitis, myasthenia gravis, Sjögren's syndrome)

Tretinoin microsphere gel

PDL Status	Not a PDL agent
Quantity Limit	1 package/Rx
PA Criteria	See below
PA Form	General PA Form
PA Duration	1 year

Tretinoin microsphere gel PA Criteria:

- Patient is < 21 years old; **AND**
- Diagnosis of acne; **AND**
- Patient has tried and failed 2 preferred PDL Retinoids, Topical acne agents or has an allergy, contraindication, drug-drug interaction or a history of unacceptable/toxic side effects with ALL preferred PDL Retinoids, Topical acne agents

Tri-Luma®

PDL Status	Not a PDL agent
Quantity Limit	None
PA Criteria	See below
PA Form	General PA Form
PA Duration	2 months

Tri-Luma® PA Criteria:

- Must be at least 12 years of age, but less than 21 years old; **AND**
- Must have tried and failed two OTC hydroquinone products

Xerac® 6.25% (OTC)

PDL Status	Not a PDL agent
Quantity Limit	None
PA Criteria	See below
PA Form	General PA Form
PA Duration	2 months

Xerac® 6.25% (OTC) PA Criteria:

- Requires trial and failure of 2 over-the-counter (OTC) antiperspirant/deodorant products; **AND**
- Trial and failure of OTC aluminum chloride

Cough and Cold Agents

For members age 21 and older, these agents are a non-covered benefit. Please refer to the [OTC Drug Formulary](#) for additional coverage information of OTC products.

Covered Over the Counter (OTC) and Select Rx Products

The following agents are available without a prior authorization (PA) for children with Benefit Indicators of A and H:

- Pseudoephedrine (PSE)
- Brompheniramine with PSE
- Chlorpheniramine
- Dextromethorphan
- Diphenhydramine
- Guaifenesin
- Guaifenesin/dextromethorphan
- Loratadine
- Loratadine with PSE

Codeine Containing Cough Preparations

PDL Status	Not a PDL agent
Quantity Limit	None
PA Criteria	See below
PA Form	General PA Form
PA Duration	2 weeks

Codeine Containing Cough Preparations PA Criteria:

- Patient is less than 18 years of age:
 - Contraindication, drug-to-drug interaction, or history of toxic side effects that cause immediate or long-term damage (NOTE: this does not include GI intolerance) with ALL other covered cough and cold agents (Rx & OTC); **AND**
 - Patient does not have any of the following:
 - Obesity
 - Obstructive Sleep Apnea
 - Severe Lung Disease; **AND**
 - Prescriber is aware of contraindication in patients younger than 18 years of age due to serious risks, including slowed or difficult breathing and death, and agrees to accept risks.
- Patients ≥ 18 years of age:
 - Documented trial and failure or contraindication, drug-to-drug interaction, or history of toxic side effects that cause immediate or long-term damage (NOTE: this does not include GI intolerance) with ALL other covered cough and cold agents (RX & OTC)

All other cough/cold agents

PDL Status	Not a PDL agent
Quantity Limit	None
PA Criteria	See below
PA Form	General PA Form
PA Duration	2 weeks

All other cough/cold agents PA Criteria:

- Documented trial and failure or contraindication, drug-to-drug interaction, or history of toxic side effects that cause immediate or long- term damage (NOTE: this does not include GI intolerance) with ALL other covered cough and cold agents (RX & [OTC](#))

Fertility Agents

For members age 21 and older, these agents are a non-covered benefit.

Fertility Agents

PDL Status	Not a PDL agent
Quantity Limit	None
PA Criteria	See below
PA Form	General PA Form

Fertility agents PA Criteria:

- The recipient must be at least 18 years of age, but less than 21 years old; **AND**
- The recipient will be required to have one of the following diagnoses and evaluations:
 - Abnormal uterine bleeding (evaluated by a Gynecologist (Obstetrics and Gynecology (OB/GYN))
 - Primary or secondary amenorrhea (evaluated by an OB/GYN)
 - Endometrial hyperplasia (evaluated by an OB/GYN)
 - Infertility (evaluated by a Fertility Specialist); **AND**
- Recipient must have an intolerance/contraindication/documentated failure to alternative therapies to treat condition
- Requests will be reviewed on an individual basis for consideration

Hypoactive Sexual Desire Disorder (HSDD)

For members age 21 and older, these agents are a non-covered benefit.

Addyi®

PDL Status	Not a PDL agent
Quantity Limit	None
PA Criteria	See below
PA Form	General PA Form

Addyi® PA Criteria:

- Will be approved if patient meets ALL the following criteria:
 - Patient age 19–20 years old
 - Patient is female
 - Diagnosis of acquired, generalized hypoactive sexual desire disorder (HSDD)
 - Prescriber must be certified/enrolled in the Addyi REMS Program
 - Patient has abstained from alcohol abuse for at least the previous 6 months
 - Patient will abstain from alcohol use during treatment with Addyi
 - Patient does not have hepatic impairment (i.e., a Child-Pugh score of 6 points or greater)
 - Patient not concomitantly receiving moderate or strong CYP3A4 inhibitors (e.g., ciprofloxacin, clarithromycin, diltiazem, fluconazole, itraconazole, ketoconazole, ritonavir, verapamil)
 - Patient is receiving contraception
- Will not be approved if HSDD is attributed to:
 - A co-existing medical or psychiatric condition; OR
 - Problems within a relationship; OR
 - Effects of a medication or other drug substance
- Will not be approved for the following:
 - Treatment of HSDD in men
 - Enhancement of sexual performance

Vyleesi®

PDL Status	Not a PDL agent
Quantity Limit	None
PA Criteria	See below
PA Form	General PA Form

Vyleesi® PA Criteria:

- Will be approved if patient meets ALL the following criteria:
 - Patient age 19–20 years old
 - Patient is female
 - Diagnosis of acquired, generalized hypoactive sexual desire disorder (HSDD) as characterized by low sexual desire that causes marked distress or interpersonal difficulty
 - Patient must not have uncontrolled hypertension or known cardiovascular disease
 - Patient is not concomitantly receiving naltrexone-containing products intended to treat alcohol or opioid addiction
 - Patient is receiving effective contraception
- Will not be approved if HSDD is attributed to:
 - A co-existing medical or psychiatric condition
 - Problems within a relationship
 - Effects of a medication or other drug substance
- Will not be approved for the following:
 - Treatment of HSDD in men
 - Treatment of HSDD in postmenopausal women
 - Enhancement of sexual performance

Immune Globulins

Cutaquig®, Cuvitru®, Hizentra®, HyQvia®, Xembify®

PDL Status	Not a PDL agent
Quantity Limit	None
PA Criteria	See below
PA Form	General PA Form

Cutaquig®, Cuvitru®, Hizentra®, HyQvia®, Xembify® PA Criteria:

- Will be approved for the following:
 - Immunodeficiency syndrome
 - Idiopathic thrombocytopenia purpura
 - Chronic inflammatory demyelinating polyneuropathy (CIDP)
 - B-cell chronic lymphocytic leukemia
 - Kawasaki syndrome
 - Bone marrow transplant patients
 - Pediatric HIV infection
 - Chronic fatigue syndrome
 - Myasthenia gravis
 - Other disease states if the prescribing physician is an immunologist, rheumatologist, hematologist, or neurologist

Gamunex-C®, Gammagard®, Gammaked®

PDL Status	Not a PDL agent
Quantity Limit	None
PA Criteria	See below
PA Form	General PA Form

Gamunex-C®, Gammagard®, Gammaked® PA Criteria:

- Will be approved for patients self-injected with one of the following diagnoses:
 - Immunodeficiency syndrome
 - Idiopathic thrombocytopenia purpura
 - Chronic inflammatory demyelinating polyneuropathy (CIDP)
 - B-cell chronic lymphocytic leukemia
 - Kawasaki syndrome
 - Bone marrow transplant patients
 - Pediatric HIV infection
 - Chronic fatigue syndrome
 - Multifocal motor neuropathy
 - Myasthenia gravis
 - Other disease states if the prescribing physician is an immunologist, rheumatologist, hematologist, or neurologist

Miscellaneous Respiratory Inhalants

Sodium chloride nebulizer vials (0.9%, 3%, 3.5%, 6%, 7%, 10%)

PDL Status	Not a PDL agent
Quantity Limit	None
PA Criteria	None

Weight Management Agents

For members age 21 and older, the agents listed below are a non-covered benefit.

Foundayo® tablets

PDL Status	Not a PDL agent
Quantity Limit	1/day
PA Criteria	See below
PA Form	Weight Management Agents
PA Approval Duration	1 year, not to exceed patient's 21 st birthday
Notes	Covered for ages 18 to 20 only with approved PA. Patients not meeting the renewal criteria may be approved for up to one month to allow for titration off medication.

Foundayo® tablets Initial PA Criteria:

- Patient must be between 18 years of age and less than 21 years of age; **AND**
- Treatment is for the management of obesity; **AND**
- One of the following:
 - Submission of medical records (e.g. chart notes) documenting a body mass index (BMI) > 30 kg/m²; **OR**
 - Submission of medical records (e.g. chart notes) documenting a BMI of greater than 27 kg/m² with a weight related comorbidity (e.g. hypertension, dyslipidemia, diabetes, coronary heart disease, MASH/NASH, obstructive sleep apnea); **AND**
 - Patient is on and adherent to guideline-directed therapy (e.g., antihypertensive(s), lipid lowering agents, etc.) where indicated unless contraindicated (supported by medical documentation or claims history); **AND**
- Trial and failure, or contraindication, or intolerance to 2 preferred GLP-1 agonist weight management agents; **AND**
- Prescriber attests patient is participating in complementary nutritional and lifestyle changes (e.g., dietary modification, increased physical activity as medically able, structured behavioral intervention, comprehensive weight management program); **AND**
- Medication will not be used in combination with other medications FDA approved for obesity/weight loss; **AND**
- Will not be co-administered with another injectable or oral GLP-1 receptor agonist (i.e., exenatide, liraglutide, Ozempic®, Rybelsus®, Zepbound®); **AND**
- Will not be used concomitantly with DPP-4 inhibitors; **AND**
- Patient does not have personal or immediate family history of medullary thyroid carcinoma or multiple endocrine neoplasia type 2 (MEN2); **AND**
- Submission of medical records (i.e. chart notes) providing a clinically valid reason why patient can't use another GLP-1 injectable (NOTE: Patient convenience, mild injection site reactions, or needle phobia is NOT an approvable reason. Patient must have contraindication to the excipients in the injectable products.)

Foundayo® tablets Renewal PA Criteria:

- Patient must be between 18 years of age and less than 21 years of age; **AND**
- Patient has continued participating in complementary nutritional and lifestyle changes (e.g., dietary modification, increased physical activity as medically able, structured behavioral intervention, comprehensive weight management program); **AND**
- Submission of medical records (i.e., chart notes) demonstrating a positive clinical response (e.g., decrease in body weight, blood pressure, heart rate, etc.) with no adverse effects (e.g., nausea, diarrhea, constipation, hypoglycemia, acute pancreatitis/gallbladder disease, etc.) on their established maintenance dose; **AND**
- Medication will not be used in combination with other medications for obesity/weight loss; **AND**
- Will not be used concomitantly with DPP-4 inhibitors; **AND**
- Will not be co-administered with another injectable or oral GLP-1 receptor agonists (e.g., exenatide, liraglutide, Ozempic®, Rybelsus®, Zepbound®); **AND**
- Submission of medical records (e.g., chart notes) documenting a weight loss of ≥ 5% of baseline body weight

Wegovy® tablets

PDL Status	Not a PDL agent
Quantity Limit	1/day
PA Criteria	See below
PA Form	Weight Management Agents
PA Approval Duration	1 year, not to exceed patient's 21 st birthday
Notes	For cardiovascular risk reduction indication, please refer to Criteria PDL for PA criteria. Weight management indication covered for ages 18 to 20 only with approved PA. Patients not meeting the renewal criteria may be approved for up to one month to allow for titration off medication.

Weight Management

Wegovy® Tablets Initial PA Criteria:

- Patient must be between 18 years of age and less than 21 years of age; **AND**
- Treatment is for the management of obesity; **AND**
- One of the following:
 - Submission of medical records (e.g. chart notes) documenting a body mass index (BMI) > 30 kg/m²; **OR**
 - Submission of medical records (e.g. chart notes) documenting a BMI of greater than 27 kg/m² with a weight related comorbidity (e.g. hypertension, dyslipidemia, diabetes, coronary heart disease, MASH/NASH, obstructive sleep apnea); **AND**
 - Patient is on and adherent to guideline-directed therapy (e.g., antihypertensive(s), lipid lowering agents, etc.) where indicated unless contraindicated (supported by medical documentation or claims history); **AND**
- Trial and failure, or contraindication, or intolerance to 2 preferred GLP-1 agonist weight management agents; **AND**
- Prescriber attests patient is participating in complementary nutritional and lifestyle changes (e.g., dietary modification, increased physical activity as medically able, structured behavioral intervention, comprehensive weight management program); **AND**
- Medication will not be used in combination with other medications FDA approved for obesity/weight loss; **AND**
- Will not be co-administered with another injectable or oral GLP-1 receptor agonist (i.e., exenatide, liraglutide, Ozempic®, Rybelsus®, Zepbound®); **AND**
- Will not be used concomitantly with DPP-4 inhibitors; **AND**
- Patient does not have personal or immediate family history of medullary thyroid carcinoma or multiple endocrine neoplasia type 2 (MEN2); **AND**
- Submission of medical records (i.e. chart notes) providing a clinically valid reason why patient can't use Wegovy injectable (NOTE: Patient convenience, mild injection site reactions, or needle phobia is NOT an approvable reason. Patient must have contraindication to the excipients in the injectable Wegovy product.)

Wegovy® Tablets Renewal PA Criteria:

- Patient must be between 18 years of age and less than 21 years of age; **AND**
- Patient has continued participating in complementary nutritional and lifestyle changes (e.g., dietary modification, increased physical activity as medically able, structured behavioral intervention, comprehensive weight management program); **AND**
- One of the following:
 - Patient is currently on the 25 mg once daily maintenance dose; **OR**
 - Submission of medical records (i.e., chart notes) demonstrating a positive clinical response (e.g., decrease in body weight, blood pressure, heart rate, etc.) with no adverse effects (e.g., nausea, diarrhea, constipation, hypoglycemia, acute pancreatitis/gallbladder disease, etc.) at a lower maintenance dose; **AND**
- Medication will not be used in combination with other medications for obesity/weight loss; **AND**
- Will not be used concomitantly with DPP-4 inhibitors; **AND**
- Will not be co-administered with another injectable or oral GLP-1 receptor agonists (e.g., exenatide, liraglutide, Ozempic®, Rybelsus®, Zepbound®); **AND**
- Submission of medical records (e.g., chart notes) documenting a weight loss of ≥ 5% of baseline body weight

Wegovy HD® injection

PDL Status	Not a PDL agent
Quantity Limit	
PA Criteria	See below
PA Form	Weight Management Agents
PA Approval Duration	1 year, not to exceed patient's 21 st birthday
Notes	Covered for ages 18 to 20 only with approved PA. Patients not meeting the renewal criteria may be approved for up to one month to allow for titration off medication.

Weight Management

Wegovy HD® injection Initial PA Criteria:

- Patient must be between 18 years of age and less than 21 years of age; **AND**
- Treatment is for the management of obesity; **AND**
- Submission of medical records (e.g. chart notes) documenting a body mass index (BMI) ≥ 30 kg/m² with NO weight related comorbidity; **AND**
- TennCare prescription claims history must indicate that the patient has been stable on the 2.4 mg dose for at least 4 weeks; **AND**
- Prescriber attests patient requires greater than 14% weight reduction than the weekly maintenance dose (2.4 mg) can achieve; **AND**
- Prescriber attests patient has been stable on the 2.4 mg dose for at least 4 weeks and additional weight reduction is clinically indicated; **AND**
- Prescriber attests patient is participating in complementary nutritional and lifestyle changes (e.g., dietary modification, increased physical activity as medically able, structured behavioral intervention, comprehensive weight management program); **AND**
- Medication will not be used in combination with other medications FDA approved for obesity/weight loss; **AND**
- Will not be co-administered with another injectable or oral GLP-1 receptor agonist (i.e., exenatide, liraglutide, Ozempic®, Rybelsus®, Zepbound®); **AND**
- Will not be used concomitantly with DPP-4 inhibitors; **AND**
- Patient does not have personal or immediate family history of medullary thyroid carcinoma or multiple endocrine neoplasia type 2 (MEN2); **AND**

Wegovy HD® injection Renewal PA Criteria:

- Patient must be between 18 years of age and less than 21 years of age; **AND**
- Patient has continued participating in complementary nutritional and lifestyle changes (e.g., dietary modification, increased physical activity as medically able, structured behavioral intervention, comprehensive weight management program); **AND**
- Medication will not be used in combination with other medications for obesity/weight loss; **AND**
- Will not be used concomitantly with DPP-4 inhibitors; **AND**
- Will not be co-administered with another injectable or oral GLP-1 receptor agonists (e.g., exenatide, liraglutide, Ozempic®, Rybelsus®, Zepbound®); **AND**
- Submission of medical records (e.g., chart notes) documenting a weight loss of $\geq 5\%$ of baseline body weight

Zepbound® KwikPen

PDL Status	Not a PDL agent
Quantity Limit	1 KwikPen/28 days
PA Criteria	See below
PA Form	Weight Management Agents
PA Approval Duration	1 year, not to exceed patient's 21 st birthday
Notes	For Obstructive Sleep Apnea indication, please refer to Criteria PDL for PA criteria. Weight management indication covered for ages 18 to 20 only with approved PA. Patients not meeting the renewal criteria may be approved for up to one month to allow for titration off medication.

Zepbound KwikPen® Initial PA Criteria:

- Patient must be between 18 years of age and less than 21 years of age; **AND**
- Treatment is for the management of obesity; **AND**
- One of the following:
 - Submission of medical records (e.g. chart notes) documenting a body mass index (BMI) ≥ 30 kg/m²; **OR**
 - Submission of medical records (e.g. chart notes) documenting a BMI of greater than 27 kg/m² with a weight related comorbidity (e.g. hypertension, dyslipidemia, diabetes, coronary heart disease, MASH/NASH, obstructive sleep apnea); **AND**
- Prescriber attests patient is participating in complementary nutritional and lifestyle changes (e.g., dietary modification, increased physical activity as medically able, structured behavioral intervention, comprehensive weight management program); **AND**
- Medication will not be used in combination with other medications FDA approved for obesity/weight loss; **AND**
- Will not be co-administered with another injectable or oral GLP-1 receptor agonists (i.e., exenatide, liraglutide, Ozempic® inj, tabs [formerly Rybelsus®], Zepbound®); **AND**
- Will not be used concomitantly with DPP-4 inhibitors; **AND**
- Patient does not have personal or immediate family history of medullary thyroid carcinoma or multiple endocrine neoplasia type 2 (MEN2); **AND**
- Provider must submit medical documentation demonstrating a clinically valid reason why the patient is unable to use the preferred Zepbound injectable formulation. Submission of medical records (e.g. chart notes) required.

Zepbound KwikPen® Renewal PA Criteria:

- Patient must be between 18 years of age and less than 21 years of age; **AND**
- Patient has continued participating in complementary nutritional and lifestyle changes (e.g., dietary modification, increased physical activity as medically able, structured behavioral intervention, comprehensive weight management program); **AND**
- Will not be co-administered with another injectable or oral GLP-1 receptor agonists (i.e., exenatide, liraglutide, Ozempic® inj, tabs [formerly Rybelsus®], Zepbound®); **AND**
- Will not be used concomitantly with DPP-4 inhibitors; **AND**
- Medication will not be used in combination with other medications for obesity/weight loss; **AND**
- Submission of medical records (e.g., chart notes) documenting a weight loss of $\geq 5\%$ of baseline body weight