Therapeutic Class or Brand Name: Antiobesity Medications (AOM)

Applicable Drugs: Adipex-P, benzphetamine, Contrave ER (naltrexone/bupropion), diethylpropion, diethylpropion ER, phendimetrazine, phendimetrazine ER, phentermine, Foundayo (orflorglipron), (Lomaira, orlistat, Qsymia (phentermine/topiramate extended-release), Saxenda (liraglutide), Wegovy (semaglutide), Wegovy HD, Xenical, Zepbound (tirzepatide)

Preferred: Please refer to the Plan Document for Preferred Products

Non-preferred: Please refer to the Plan Document for Non-preferred Products

Date of Origin: 12/12/2022

Date Last Reviewed / Revised: 4/9/2026

PRIOR AUTHORIZATION CRITERIA

(May be considered medically necessary when criteria I to IV are met)

I. Documented diagnosis of one of the following conditions A or B AND must meet all criteria listed under the applicable diagnosis:

A. Weight management and meets criteria i, ii, AND iii below:

i. Patient age is:

a. 18 years of age or older and patient meets criterion a OR b:

a. The patient has a documented baseline body mass index (BMI) of 30 kg/m2 or greater (obese).

b. The patient has a documented baseline BMI of 27 kg/m2 or greater (overweight) AND has at least one weight-related comorbid condition (e.g., hypertension, type 2 diabetes mellitus, obstructive sleep apnea, dyslipidemia, cardiovascular disease).

b. 12 to less than 18 years of age and patient meets both criteria a AND b:

a. Documented body weight above 60 kg.

b. Initial BMI corresponding to 30 kg/m2 in adults by international cutoffs (see Appendix Table 1).

ii. Documented (health care provider attestation) trial of reduced-calorie diet (approximately 500 kcal/day deficit) and exercise plan (recommended increase in physical activity of a minimum 150 minutes per week) for at least 3 months.

iii. The requested medication will be used as an adjunct to a reduced-calorie diet and exercise plan, as described in criterion ii.

B. Metabolic dysfunction-associated steatohepatitis (MASH) and meets criteria i – iv:

i. The request is for Wegovy (semaglutide).

ii. Liver fibrosis stage F2 or F3 at baseline confirmed by one of the following within the last 12 months:
   a. Liver biopsy
   b. FibroScan or MRI elastography

iii. Documented (health care provider attestation) that Wegovy will be used in combination with a reduced-calorie diet AND increased physical activity.

iv. Treatment is prescribed by or in consultation with a gastroenterologist, hepatologist, or endocrinologist.

II. The patient meets specific age criteria in accordance with FDA labeling (see Age / Quantity/ Days Supply Restrictions).

III. Request is for a medication with the appropriate FDA labeling, or its use is supported by current clinical practice guidelines.

IV. Refer to the plan document for the list of preferred products. If the request is for a brand medication for which a generic is available, there must be a documented treatment failure or contraindication to the generic medication.

EXCLUSION CRITERIA

- Pregnancy
- Concurrent use with other products for weight loss.
- Contrave: use of other bupropion products.
- For GLP-1 or GLP-1/GIP receptor agonists, the following exclusions apply:
  - Personal or family history of medullary thyroid carcinoma or Multiple Endocrine Neoplasia syndrome type 2.
  - Concurrent use with any other GLP-1 receptor agonists.
  - History of pancreatitis.
  - Severe gastrointestinal disease.
  - Use for the treatment of type 2 diabetes.

OTHER CRITERIA

- Antiobesity medications must be a covered benefit.

AGE / QUANTITY / DAYS SUPPLY RESTRICTIONS*

- Contrave ER: Age ≥18 years, up to 120 tablets per 30 days.
- Foundayo: Age ≥18 years, 30 tablets per 30 days.
- Orlistat products:
    - Xenical: Age ≥12 years, 90 capsules per 30 days.
    - Alli: Age ≥18 years, 90 capsules per 30 days.
- Phentermine products:
    - Lomaira: Age ≥17 years, up to 90 tablets per 30 days.
    - Qsymia: Age ≥12 years, 30 capsules per 30 days.
    - Adipex-P and all others: Age ≥17 years, 30 tablets/capsules per 30 days.
- Saxenda: Age ≥12 years, 5 pens (15 mL) per 30 days.
- Wegovy products
    - Wegovy injection
        - Weight loss: Age ≥12 years, 4 pens (3 mL) per 28 days.
        - MASH: Age ≥18 years, 4 pens (3 mL) per 28 days.
    - Wegovy HD injection
        - Weight loss: Age ≥18 years, 4 pens (3 mL) per 28 days
    - Wegovy tablets
        - Weight loss: Age ≥18 years, 30 tablets per 30 days.
- Zepbound: Age ≥18 years, 4 pens (2 mL) per 28 days.

*Exceptions to these quantity limits for dose titration/de-escalation will be reviewed on a case-by-case basis.

APPROVAL LENGTH

- **Authorization:**
    - Foundayo, Wegovy/Wegovy HD, and Zepbound (obesity): 28 weeks
    - Wegovy (MASH): 6 months
    - All other agents: 16 weeks
- **Re-Authorization:**
    - Weight management: 28 weeks. An updated letter of medical necessity or progress notes showing current medical necessity criteria are met and that the medication is effective. Documentation that criteria 1, 2, and 3 are met:
        1. Patient is tolerating the medication at the maintenance dose.

- Foundayo maintenance dose is 5.5 mg, 9 mg, 14.5 mg, or 17.2 mg daily.
- Zepbound maintenance dose for weight reduction is 5 mg, 10 mg, or 15 mg once weekly.
  - For patients using Zepbound for obstructive sleep apnea, the maintenance dose is 10 mg or 15 mg once weekly. For requests for treatment of OSA, if patient cannot tolerate the 10 mg dose, reauthorization is not available.
- Wegovy maintenance dose is 1.7 mg, 2.4 mg, or 7.2 mg once weekly.
- Saxenda maintenance dose is 3 mg daily.

2. Patient has lost at least 4% of baseline body weight.
   - Weight-loss medications should be discontinued if the patient has not lost at least 4% of baseline body weight, since it is unlikely that the patient will achieve and sustain clinically meaningful weight loss with continued treatment.
3. The patient continues to be on reduced-calorie diet (approximately 500 kcal/day deficit) and exercise plan (recommended increase in physical activity of minimum 150 minutes per week).

- MASH: 12 months. An updated letter of medical necessity or progress notes documenting criteria 1, 2 AND 3 are met:
  1. Updated liver biopsy, Fibroscan, or MRI elastography showing improvement or maintenance of the fibrosis stage, and no progression to stage 4 fibrosis.
  2. Wegovy continues to be used in conjunction with diet and exercise.
  3. Patient is tolerating the maintenance dosage of 2.4 mg once weekly. If patients do not tolerate 2.4 mg once weekly, the dosage can be decreased to 1.7 mg once weekly. If patient cannot tolerate the 1.7 mg dose, reauthorization is not available.

APPENDIX

Table 1. International Obesity Task Force BMI Cut-Offs for Obesity by Sex and Age for Pediatric Patients Aged 12 years and Older (Cole Criteria)

Age (years)	Body mass index 30 kg/m²	
	Males	Females
12	26.02	26.67
12.5	26.43	27.24
13	26.84	27.76
13.5	27.25	28.20
14	27.63	28.57
14.5	27.98	28.87
15	28.30	29.11
15.5	28.60	29.29
16	28.88	29.43
16.5	29.14	29.56
17	29.41	29.69
17.5	29.70	29.84

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