Generic Name: Weight Loss Agents

Therapeutic Class or Brand Name: Weight Loss Agents

Applicable Drugs: Adipex-P, benzphetamine, Contrave® ER (naltrexone/bupropion), diethylpropion, diethylpropion ER, phendimetrazine, phendimetrazine ER, phentermine, Lomaira™, orlistat, Qsymia® (phentermine/topiramate extended-release), Saxenda® (liraglutide), Wegovy™ (semaglutide), 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: 1/28/2025

PRIOR AUTHORIZATION CRITERIA

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

I. Treatment is being requested for weight management, and criterion A or B is met

   A. Patient is at least 18 years of age and meets criteria i or ii below:

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

      ii. 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. Patient is 12 to less than 18 years of age and meets criteria i and ii below:

      i. Documented body weight above 60 kg.

      ii. 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.

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

V. 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.
    - Treatment of type 2 diabetes.

OTHER CRITERIA

- Weight management medications must be a covered benefit.

AGE / QUANTITY / DAYS SUPPLY RESTRICTIONS*

- Contrave® ER: 18 years and older. Up to 120 tablets 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 or capsules per 30 days
- Saxenda®: Age ≥12 years, 5 pens (15 mL) per 30 days.
- Wegovy: Age ≥12 years, 4 pens (3 mL) per 28 days.
- Orlistat products:
    - Xenical: Age ≥12 years, 90 capsules per 30 days.
    - Alli: Age ≥18 years, 90 capsules 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:**
  - Wegovy and Zepbound: 28 weeks
  - All other agents: 16 weeks
- **Re-Authorization:** 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.
   - Wegovy maintenance dose is 1.7 or 2.4 mg once weekly.
   - Zepbound maintenance dose is 5, 10, or 15 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).

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/m^2	
	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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