

Generic Name: Liraglutide

Preferred: N/A

Therapeutic Class or Brand Name: Saxenda®

Non-preferred: N/A

Applicable Drugs (if Therapeutic Class): N/A

Date of Origin: 8/18/2013

GPI Code: 6125205000

Date Last Reviewed / Revised: 2/6/2019

PRIOR AUTHORIZATION CRITERIA

(May be considered medically necessary when criteria I through III are met)

- I. Patient has a documented body mass index (BMI) of one of the following A or B AND must meet criteria listed under applicable BMI:
 - A. 30 kg/m² or greater (obese).
 - B. 27 kg/m² or greater (overweight) AND criterion 1 is met:
 1. Patient also has at least one weight-related comorbid condition (i.e. hypertension, type 2 diabetes mellitus, or dyslipidemia).
- II. Documentation that the patient is also on a reduced calorie diet (approximately 500 kcal/day deficit) and exercise plan (recommended increase in physical activity of minimum 150 minutes per week).
- III. Minimum age requirement: 18 years old.

EXCLUSION CRITERIA

- Personal or family history of medullary thyroid carcinoma or Multiple Endocrine Neoplasia syndrome type 2.
- Pregnancy.
- Concurrent use with any other GLP-1 receptor agonists or insulin.
- Concurrent use with other products for weight loss.
- Patients with a history of pancreatitis
- Saxenda® should not be used for the treatment of type 2 diabetes.

OTHER CRITERIA

- Weight management must be a covered benefit or be approved as a coverable exception.

QUANTITY / DAYS SUPPLY RESTRICTIONS

- 5 pens (15 mL) per 30 days.

APPROVAL LENGTH

- **Authorization:** 16 weeks.
- **Re-Authorization:** An updated letter of medical necessity or progress notes showing current medical necessity criteria are met and that the medication is effective. Documentation of both criteria 1 AND 2 must be provided:
 1. Patient is tolerating the 3 mg per day dose (Saxenda® should be discontinued in patients who cannot tolerate the 3 mg dose, as efficacy has not been established at lower doses).
 2. Patient has lost at least 4% of baseline body weight (Saxenda® 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).

APPENDIX

N/A

REFERENCES

1. <http://www.novo-pi.com/saxenda.pdf> .
2. Medi-Span®.

HISTORICAL TRACKING OF CHANGES MADE TO POLICY

Date	Notes/Changes
2/6/2019	1. Added "Saxenda® should not be used for the treatment of type 2 diabetes." To Exclusion Criteria section.
1/4/2018	1. Policy reviewed: no changes made.
10/9/2016	1. Policy reviewed: no changes made.

DISCLAIMER: Medication Policies are developed to help ensure safe, effective and appropriate use of selected medications. They offer a guide to coverage and are not intended to dictate to providers how to practice medicine. Refer to Plan for individual adoption of specific Medication Policies. Providers are expected to exercise their medical judgement in providing the most appropriate care for their patients.