

# Weight loss prior authorization criteria for select large groups



These criteria are only applicable to select large groups that include a weight-loss benefit in their coverage. See your member handbook for more information. When approved, brand medications will be covered at Tier 3 benefit and generic medications at Tier 1.

## Affected weight loss drugs\*

- Adipex-P/Lomaira (phentermine)
- Contrave (naltrexone-bupropion)
- Diethylpropion
- Phendimetrazine
- Qsymia (phentermine-topiramate)
- Regimex (benzphetamine)
- Saxenda (liraglutide)
- Wegovy (semaglutide)
- Xenical (orlistat)
- Zepbound (tirzepatide)

\*These criteria apply to the drugs listed above, as well as any drugs approved by the Food and Drug Administration for weight loss.

Covered uses:	All Food and Drug Administration (FDA)-approved indications not otherwise excluded by benefit design. <ul style="list-style-type: none"> <li>○ Weight loss</li> </ul>
Required medical information:	<ul style="list-style-type: none"> <li>• Body mass index (BMI) of 30 or greater <b>OR</b></li> <li>• Member has a BMI of at least 27 with any of one of the following risk factors: <ul style="list-style-type: none"> <li>○ Coronary heart disease</li> <li>○ Dyslipidemia <ul style="list-style-type: none"> <li>▪ High-density lipoprotein (HDL) cholesterol less than 35 mg/dL, or</li> <li>▪ Low-density lipoprotein (LDL) cholesterol greater than or equal to 160 mg/dL, or</li> <li>▪ Triglycerides greater than or equal to 400 mg/dL</li> </ul> </li> <li>○ Hypertension: Blood pressure greater than 140/90</li> <li>○ Obstructive sleep apnea</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>○ Type 2 diabetes mellitus</li> <li>● Request must include the name of the drug, dose, and frequency</li> <li>● Request must include the member's current height and weight</li> </ul> <p>The drug must be used in combination with caloric restriction (diet), increased physical activity, and behavioral modification.</p>
Appropriate treatment regimen:	Reauthorization requires the documentation of treatment success defined as reduction in body weight from baseline.
Exclusions:	<ul style="list-style-type: none"> <li>● Pregnancy</li> </ul>
Prescriber/site of care restrictions:	<ul style="list-style-type: none"> <li>● All approvals are subject to utilization of the most cost effective site of care</li> <li>● Weight loss drugs must be ordered by a physician or other practitioner with prescriptive authority. <b>Over-the-counter (OTC) products will not be covered.</b></li> </ul>
Coverage duration:	Approval: 12 months, unless otherwise specified.