

# Weight loss criteria for select large groups



This criteria is only applicable to select large groups who include a weight-loss benefit in their coverage.

## Affected weight loss drugs\*

- Adipex-P/Lomaira (phentermine)
- Contrave (naltrexone-bupropion)
- diethylpropion
- phendimetrazine
- Qsymia (phentermine-topiramate)
- Regimex (benzphetamine)
- Saxenda (liraglutide)
- Wegovy (semaglutide)
- Xenical (orlistat)

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

## Criteria

Covered uses:	<ul style="list-style-type: none"><li>• 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></li></ul> <p>Please note: This criteria only applies to select large groups who include a weight-loss benefit in their coverage. See your member handbook for more information.</p>
Required medical information:	<ul style="list-style-type: none"><li>• Body mass index (BMI) of 30 or greater or</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></ul></li></ul>

	<ul style="list-style-type: none"> <li>○ Hypertension: Blood pressure greater than 140/90</li> <li>○ Obstructive sleep apnea</li> <li>○ Type 2 Diabetes Mellitus</li> </ul> <ul style="list-style-type: none"> <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 and other criteria:	<p>Step-1 agents: Adipex-P, Lomaira, diethylpropion, phentermine, phendimetrazine, Regimex, benzphetamine, Xenical, Contrave, Qsymia, Saxenda</p> <p>Step-2 agents: Wegovy, any other FDA approved or compendia supported weight-loss drug not listed above.</p> <ul style="list-style-type: none"> <li>● Approval requires documented trial and failure with one step-1 agent.</li> </ul> <p>Reauthorization requires the documentation of treatment success defined as reduction in body weight from baseline.</p>
Exclusion criteria:	<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.