

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. 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)

*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:	<ul style="list-style-type: none">• All Food and Drug Administration (FDA)-approved indications not otherwise excluded by benefit design<ul style="list-style-type: none">○ Weight Loss <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">• Body mass index (BMI) of 30 or greater OR• Member has a BMI of at least 27 with any of one of the following risk factors:<ul style="list-style-type: none">○ Coronary Heart disease○ Dyslipidemia<ul style="list-style-type: none">▪ High-density lipoprotein (HDL) cholesterol less than 35 mg/dL, or▪ Low-density lipoprotein (LDL) cholesterol greater than or equal to 160 mg/dL, or▪ Triglycerides greater than or equal to 400 mg/dL

	<ul style="list-style-type: none"> ○ Hypertension: Blood pressure greater than 140/90 ○ Obstructive sleep apnea ○ Type 2 Diabetes Mellitus <ul style="list-style-type: none"> ● Request must include the name of the drug, dose, and frequency ● Request must include the member's current height and weight <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"> ● Approval requires documented trial and failure with one step-1 agent. <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"> ● Pregnancy
Prescriber/site of care restrictions:	<ul style="list-style-type: none"> ● All approvals are subject to utilization of the most cost effective site of care ● Weight loss drugs must be ordered by a physician or other practitioner with prescriptive authority. Over-the-counter (OTC) products will not be covered.
Coverage duration:	Approval: 12 months, unless otherwise specified.