Effective Date: 7/2018
Reviewed: 7/2018, 12/2019, 11/2020, 09/2021, 03/2022, 8/2022 Scope: Medicaid

Weight Loss Management

CONTRAVE (naltrexone and buproprion)
QSYMIA (phentermine and topiramate extended-release)
SAXENDA (liraglutide)
WEGOVY (semaglutide)

POLICY

I. DOCUMENTATION

Submission of the following information is necessary to initiate the prior authorization review:

A. Initial requests: documentation of baseline weight and body mass index (BMI)
B. Continuation of therapy requests: documentation of baseline & current weight, and BMI

II. CRITERIA FOR INITIAL APPROVAL

The requested drug will be covered with prior authorization when all the following criteria are met:

A. The patient has participated in a comprehensive weight management program that encourages behavioral modification, reduced calorie diet and increased physical activity with continuing follow-up for at least 6 months prior to using drug therapy
B. One of the following criteria below:
    i. The patient (adult or pediatrics over 12 years of age) has a body mass index (BMI) greater than or equal to 30 kg per square meter
    ii. The patient (adult) has a body mass index (BMI) greater than or equal to 27 kg per square meter and has at least one additional risk factor present (e.g., coronary heart disease, type 2 diabetes, dyslipidemia, hypertension, sleep apnea)
    iii. The patient (pediatrics over 12 years of age ONLY) has a BMI that is classified as obese when standardized for age and sex
D. For Contrave, and Wegovy requests, the patient is 18 years of age or older and has also experienced an inadequate treatment response, intolerance or contraindication to both orlistat (OTC Alli) and phentermine
E. For Qsymia requests the patient meets either of the following criteria:
    i. For adolescents 12 to 17 years of age, the patient has experienced an inadequate treatment response, intolerance or contraindication to orlistat (OTC Alli)
    ii. For patients 18 years of age or older only, the patient has experienced an inadequate treatment response, intolerance or contraindication to both orlistat (OTC Alli) and phentermine
F. For Saxenda requests, the patient meets either of the following criteria:
    i. For adolescents 12 to 17 years of age, the patient has experienced an inadequate treatment response, intolerance or contraindication to orlistat (OTC Alli)

ii. For patients 18 years of age or older only, the patient has experienced an inadequate treatment response, intolerance or contraindication to orlistat (OTC Alli), phentermine and one of the following: Contrave, Qsymia or Wegovy

G. For Saxenda or Wegovy requests, the patient is not using medication in combination with any other GLP-1 receptor agonist

III. CONTINUATION OF THERAPY

The requested drug will be covered for patients who meet the following criteria:

A. The requested drug will continue to be used in conjunction with a reduced calorie diet and increased physical activity

B. For Saxenda or Wegovy requests, the patient is not using medication in combination with any other GLP-1 receptor agonist

C. For patients that are 18 years of age and older:
They have completed at least 20 weeks of Wegovy or 16 weeks of therapy of Contrave, Qsymia, or Saxenda; AND
   i. The patient has documentation of one of the following:
      a. The patient lost at least 5 percent of baseline body weight while taking Wegovy, Contrave or Saxenda and has continued to maintain their initial 5 percent weight loss; OR
      b. If the patient is taking Qsymia 7.5 mg/46 mg, and the patient has not lost at least 3 percent of baseline body weight, the patient's dose will be escalated to 15 mg/92 mg; OR

D. For Saxenda requests for adolescents 12 to 17 years of age:
   i. They have completed at least 12 weeks of therapy on maintenance dose of therapy with Saxenda; AND
   ii. They have at least a 1 percent reduction in body mass index (BMI) from baseline OR the patient has continued to maintain their initial 1 percent reduction in BMI from baseline.

E. For Qsymia requests for adolescents 12 to 17 years of age:
   i. They have completed at least 12 weeks of therapy on maintenance dose of therapy with Qsymia; AND
   ii. They have at least a 5% reduction in their BMI from baseline, and have continued to maintain their initial 5 % reduction in their BMI; OR
   iii. If he patient is taking Qsymia 7.5 mg/46 mg, and the patient has not lost at least 3 percent of BMI, the patient's dose will be escalated to 15 mg/92 mg;

IV. QUANTITY LIMIT

Saxenda 18mg/3ml: 5 pens per 30 days
Wegovy 0.5mg, 0.25mg, 1.7mg, 1mg, & 2.4mg: 4 pens per 28 days

V. COVERAGE DURATION

A. Initial approval
   i. Contrave, Qsymia, Saxenda – 4 months
   ii. Wegovy – 6 months
B. Continuation of therapy
   i. Contrave, Saxenda, Wegovy – 12 months
   ii. Qsymia
      a. Stable maintenance dose 15 mg/92 mg – 12 months
      b. Escalating dose from 7.5 mg/46 mg to 15 mg/92 mg – 3 months

VI. REFERENCES

1. Qsymia [package insert]. Mountain View, CA: Vivus, Inc.; April 2022.
2. Saxenda [package insert]. Plainsboro, NJ: Novo Nordisk Inc; January 2022.
3. Contrave [package insert]. Morristown,NJ: Currax Pharmaceuticals LLC; November 2021.
4. Wegovy [package insert]. Plainsboro, NJ: Novo Nordisk, Inc.; June 2021.
5. Micromedex Solutions [database online]. Greenwood Village, CO: Truven Health Analytics Inc. Updated periodically. www.micromedexsolutions.com [available with subscription]. Accessed August 2021.
6. Expert Panel on Integrated Guidelines for Cardiovascular Health and Risk Reduction in Children and Adolescents. National Heart, Lung, and Blood Institute. NIH Publication No. 12-7486. October 2012. http://www.nhlbi.nih.gov/guidelines/cvd_ped/peds_guidelines_full.pdf. 141-159. Accessed August 2021.
7. Pharmacological Management of Obesity: An Endocrine Society Clinical Practice Guideline. The Journal of Clinical Endocrinology & Metabolism, Volume 100, Issue 2, 1 February 2015, Pages 342–362. https://academic.oup.com/jcem/article/100/2/342/2813109. Accessed August 2021.
8. Jensen MD, et al. 2013 AHA/ACC/TOS guideline for the management of overweight and obesity in adults: a report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines and The Obesity Society. *Circulation.* 2013; 129:S102-S138.