

Effective Date: 7/2018
Reviewed: 7/2018, 12/2019, 11/2020, 09/2021, 03/2022, 8/2022, 2/2023
Scope: Medicaid

## Weight Loss Management

### **CONTRAVE (naltrexone and bupropion)** **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, body mass index (BMI), and comprehensive weight management program (e.g., behavioral modification, nutrition, physical activity)
- B. Continuation of therapy requests: documentation of baseline & current weight, BMI, and current comprehensive weight management program (e.g., behavioral modification, nutrition, physical activity)

### II. PRESCRIBER SPECIALTY

The requested drug must be prescribed by, or in consultation, with an endocrinologist, weight loss clinic, or a dietician/nutritionist.

### III. CRITERIA FOR INITIAL APPROVAL

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

- A. The patient has documentation of participation 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 Saxenda requests for patients 18 years of age or older only, the patient has experienced an inadequate treatment response, intolerance or contraindication to one of the following: Contrave, Qsymia or Wegovy
- E. For Saxenda or Wegovy requests, the patient is not using medication in combination with any other GLP-1 receptor agonist

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#### IV. 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 *[Documentation provided]*
- B. The requested drug must be prescribed by, or in consultation, with an endocrinologist, weight loss clinic, or a dietician/nutritionist.
- C. For Saxenda or Wegovy requests, the patient is not using medication in combination with any other GLP-1 receptor agonist
- D. 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
- E. For Wegovy requests for adolescents 12 to 17 years of age:
  - i. They have completed at least 16 weeks of therapy of Wegovy; AND
  - ii. The patient has documentation of having lost at least 5 percent of baseline body weight while taking Wegovy; OR has continued to maintain their initial 5 percent reduction in body weight from baseline
- F. 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 documentation of 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.
- G. 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 documentation of 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 the 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;

#### V. 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

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## VI. 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

## VII. 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](http://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](http://www.nhlbi.nih.gov/guidelines/cvd_ped/peds_guidelines_full.pdf). 141-159. Accessed August 2021.
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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.