

**BELVIQ (lorcaserin),
 BELVIQ XR (lorcaserin extended release),
 benzphetamine (DIDREX),
 CONTRAVE (bupropion/naltrexone)
 diethylpropion (TENUATE, TENUATE DOSPAN),
 phendimetrazine (BONTRIL, BONTRIL PDM),
 phentermine (FASTIN, ADIPEX-P),
 QSYMIA (phentermine/topiramate),
 REGIMEX (benzphetamine),
 SAXENDA (liraglutide),
 SUPRENZA ODT (phentermine),
 XENICAL (orlistat)**

Diagnosis Considered for Coverage:

- Obesity management

Coverage Criteria:

For generics, and brand-name without generic equivalent:

Initial Authorization:

- For diagnosis listed above, **and**
- Patient is 18 years of age or older, **and**
- Body mass index (BMI) is $\geq 40\text{kg/m}^2$, **and**
- Other underlying endocrine causes of obesity had been ruled out, **and**
- Patient has not undergone bariatric surgery within the previous 12 months, **and**
- Not being used in combination with another weight loss agent, **and**
- For Saxenda only: Not being used in combination with a DPP-4 agent (eg. Januvia, Janumet, Janumet XR, Jentadueto, Juvisync, Kazano, Kombiglyze XR, Nesina, Onglyza, Oseni, or Tradjenta) or another GLP-1 agent (eg. Bydureon, Byetta, Trulicity, Victoza), **and**
- Dose does not exceed FDA approved maximum dosage, **and**
- Patient unable to lose 10% of body weight despite 6 months of combination therapy consisting of both of the following:
 - Diet (need documentation of 2 visits with the dietician within the past 2 years or current registration with Weight Watchers), **and**
 - Exercise.

Coverage Duration

All agents (except Contrave ER, Saxenda, and Qsymia): 3 months
 Contrave ER: 16 weeks (12 weeks after starting maintenance dose)
 Saxenda: 16 weeks
 Qsymia: 7 months

Note: for reauthorization, an updated current patient weight is required

Reauthorization after initial therapy

- For diagnosis listed above, **and**
- For all agents except Saxenda: Patient demonstrates at least 5% weight loss from baseline and weight is not within 10% ideal body weight (IBW), **and**
- For Saxenda: Patient demonstrates at least 4% weight loss from baseline and weight is not within 10% ideal body weight AND not being used in combination with a DPP-4 agent (eg. Januvia, Janumet, Janumet XR, Jentadueto, Juvisync, Kazano, Kombiglyze XR, Nesina, Onglyza, Oseni, or Tradjenta) or another GLP-1 agent (eg. Bydureon, Byetta, Trulicity, Victoza), **and, and**
- Not being used in combination with another weight loss agent, **and**
- Dose does not exceed FDA approved maximum dosage.

Coverage Duration: 6 months

Note: for reauthorization, an updated current patient weight is required

Continued use after the first reauthorization

- For diagnosis listed above, **and**
- Patient continues to maintain 5% weight loss from baseline and weight is not within 10% of ideal body weight (IBW), **and**
- Not being used in combination with another weight loss agent, **and**
- For Saxenda only: Not being used in combination with a DPP-4 agent (eg. Januvia, Janumet, Janumet XR, Jentadueto, Juvisync, Kazano, Kombiglyze XR, Nesina, Onglyza, Oseni, or Tradjenta) or another GLP-1 agent (eg. Bydureon, Byetta, Trulicity, Victoza), **and**
- Dose does not exceed FDA approved maximum dosage.

Coverage Duration: 6 months

Note: for reauthorization, an updated current patient weight is required

For brand-name with generic equivalent (e.g. Didrex, Bontril DPM, etc.)

- Meets above coverage criteria for generic, **and**
- Allergic or intolerable side effect to the generic formulation.

Coverage Duration: See above

Effective: 10/01/2016