Weight Management Agents

Pharmacy Benefit Drug Policy

Drug Details

Medications	Quantity Limit
CONTRAVE *(bupropion-naltrexone)*	May be subject to quantity limit
QSYMIA *(phentermine-topiramate)*	
XENICAL *(orlistat)*	
SAXENDA *(liraglutide)*	
WEGOVY *(semaglutide)*	
Zepbound *(tirzepatide)*	

Condition(s) listed in policy *(see coverage criteria for details)*

- Chronic weight management in adults
- Chronic weight management in pediatrics – *applies to Qsymia, Saxenda, Wegovy, and Xenical only.*

Any condition not listed in this policy requires a review to confirm it is medically necessary. For conditions that have not been approved for intended use by the Food and Drug Administration (i.e., off-label use), the criteria outlined in the Health and Safety Code section 1367.21 must be met.

Special Instructions and pertinent Information

Providers must submit documentation (such as office chart notes, lab results or other clinical information) to ensure the member has met all medical necessity requirements.

The member's specific benefit may impact drug coverage. Other utilization management processes, and/or legal restrictions may take precedence over the application of this clinical criteria.

Coverage Criteria

Chronic weight management in ADULTS:

Initial Request:

1. Charted documentation of one of the following:
    a. Current BMI of ≥ 27 kg/m^2 and patient has one of the following conditions: hypertension, diabetes, coronary artery disease, dyslipidemia, stroke, osteoarthritis, metabolic syndrome, prediabetes, PCOS, NASH, or patient has sleep apnea currently being treated with CPAP, **or**

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b. Current BMI of ≥ 30 kg/m^2

and

2. Being used as adjunct to a reduced calorie diet and increased physical activity, **and**
3. Patient had been evaluated by a physician to rule out other underlying endocrine causes of obesity, **and**
4. Patient meets FDA-approved age for use, **and**
5. Not being used in combination with another weight loss agent, **and**
6. Documentation that patient has participated in a comprehensive lifestyle intervention consisting of reduced calorie diet, increased physical activity and behavioral modification for at least 6 months within the past year, **and**
7. Patient has not undergone bariatric surgery within the previous 12 months, **and**
8. **For Wegovy, Zepbound and Saxenda:** Not being used in combination with another GLP-1 agent, **and**
9. Dose does not exceed FDA label maximum (see Table 1).

Coverage Period:

Contrave: 16 weeks
Qsymia: 7 months
Saxenda: 16 weeks
Wegovy: 7 months
Xenical: 3 months
Zepbound: 4 months

1st reauthorization for use in ADULTS:

1. Patient demonstrates at least 5% weight loss from baseline, **and**
2. Being used as adjunct to a reduced calorie diet and increased physical activity, **and**
3. Not being used in combination with another weight loss agent, **and**
4. Patient has not undergone bariatric surgery within the previous 12 months, **and**
5. **For Wegovy, Zepbound and Saxenda:** Not being used in combination with another GLP-1 agent, **and**
6. Dose does not exceed FDA label maximum (see Table 1).

Coverage Period: 6 months

Subsequent reauthorization for use in ADULTS:

1. Patient continues to respond to treatment, **and**
2. Being used as adjunct to a reduced calorie diet and increased physical activity, **and**
3. Patient's weight has not returned to baseline and is not below ideal body weight (IBW), **and**

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4. Not being used in combination with another weight loss agent, **and**
5. Patient has not undergone bariatric surgery within the previous 12 months, **and**
6. **For Wegovy, Zepbound and Saxenda**: Not being used in combination with another GLP-1 agent, **and**
7. Dose does not exceed FDA label maximum (see Table 1).

Coverage Period: 6 months

Chronic weight management in PEDIATRICS:

Initial Request:

1. Patient is at least 12 years old but less than 18 years old, **and**
2. Patient meets the following BMI threshold:
   - *For Saxenda:* Current body weight is greater than 60 kg, and current BMI corresponding to 30 kg/m^2 for adults by international cutoff (see Table 2), or
   - *For Qsymia:* Current BMI ≥95th percentile using growth chart assessments (see Table 3),
   - *For Wegovy:* Current BMI ≥95th percentile using growth chart assessments (see Table 3),
   - *For Xenical:* Current BMI of ≥ 30 kg/m^2 or 27 kg/m^2 if presence of other risk factors (e.g., hypertension, diabetes, dyslipidemia),

   and
3. Being used as adjunct to a reduced calorie diet and increased physical activity, and
4. Patient has been evaluated by a physician to rule out other underlying endocrine causes of obesity, **and**
5. Patient has not undergone bariatric surgery within the previous 12 months, **and**
6. Not being used in combination with another weight loss agent, **and**
7. Patient has participated in a comprehensive lifestyle intervention for at least 6 months within the past year consisting of reduced calorie diet, increased physical activity and behavioral modification, **and**
8. **For Wegovy and Saxenda:** Not being used in combination with another GLP-1 agent, **and**
9. Dose does not exceed FDA label maximum (see Table 1).

Coverage Period: 6 months

1st reauthorization for use in PEDIATRICS:

1. Patient demonstrates at least a 5% (1% for Saxenda) weight loss from baseline, **and**
2. Being used as adjunct to a reduced calorie diet and increased physical activity, and

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3. Not being used in combination with other weight loss drugs, **and**
4. **For Wegovy and Saxenda:** Not being used in combination with another GLP-1 agent, **and**
5. Dose does not exceed FDA label maximum (see Table 1).

Coverage Period: 6 months

<u>Subsequent reauthorization for use in PEDIATRICS:</u>

1. Patient maintains at least a 5% (1% for Saxenda) weight loss from baseline, **and**
2. Being used as adjunct to a reduced calorie diet and increased physical activity, and
3. Not being used in combination with other weight loss drugs, **and**
4. **For Wegovy and Saxenda:** Not being used in combination with another GLP-1 agent, **and**
5. Dose does not exceed FDA label maximum (see Table 1).

Coverage Period: 6 months

References

1. Product Information: CONTRAVE® oral extended-release tablets, naltrexone HCl and bupropion HCl oral extended-release tablets. Currax Pharmaceuticals LL, Morristown, NJ. 2021.
2. Product Information: QSYMIA® oral extended-release capsules, phentermine topiramate oral extended-release capsules. VIVUS LLC (per FDA), Campbell, CA, 2022.
3. Product Information: SAXENDA® subcutaneous injection, liraglutide subcutaneous injection. Novo Nordisk Inc (per manufacturer), Plainsboro, NJ, 2022.
4. Product Information: WEGOVY® subcutaneous injection, semaglutide subcutaneous injection. Novo Nordisk Inc (per manufacturer), Plainsboro, NJ, 2022.
5. Product Information: XENICAL® oral capsules, orlistat oral capsules. Roche Laboratories Inc, Nutley, NJ, 2022.
6. Product Information: ZEPBOUND™ subcutaneous injection, tirzepatide subcutaneous injection. Eli Lilly and Company. Indianapolis, IN, 2023
7. Garvey WT, Mechanick JI, Brett EM, et al. American Association of Clinical Endocrinologists and American College of Endocrinology Comprehensive Clinical Practice Guidelines for Medical Care of Patients with Obesity. *Endocr Pract*, 2016;22 Suppl 3:1-203. doi: 10.4158/EP161365.GL.

Policy Update

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Blue Shield of California Medication Policy to Determine Medical Necessity Reviewed by P&T Committee

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