

## Weight Managements Agents

### Applies To:

CONTRAVE (*bupropion-naltrexone*) tablet  
 QSYMIA (*phentermine-topiramate*) capsule  
 SAXENDA (*liraglutide*) subcutaneous injection  
 WEGOVY (*semaglutide*) subcutaneous injection  
 XENICAL (*orlistat*) capsule

### Diagnoses Considered for Coverage:

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

### Coverage Criteria:

#### For chronic weight management in ADULTS:

##### Initial Request

- Charted documentation of one of the following:
  - Current BMI of  $\geq 27$  kg/m<sup>2</sup> 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**
  - Current BMI of  $\geq 30$  kg/m<sup>2</sup> **or**
- and**
- Patient had been evaluated by a physician to rule out other underlying endocrine causes of obesity, **and**
- Patient meets FDA-approved age for use, **and**
- Patient has not undergone bariatric surgery within the previous 12 months, **and**
- **For Wegovy and Saxenda:** Not being used in combination with another GLP-1 agent, **and**
- Not being used in combination with another weight loss agent, **and**
- Documentation that 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**
- Dose does not exceed FDA label maximum (see Table 1).

##### Coverage Duration:

- Wegovy: 7 months

- Saxenda: 16 weeks
- Contrave: 16 weeks
- Qsymia: 7 months
- Xenical: 3 months

#### 1<sup>st</sup> Reauthorization

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

**Coverage Duration:** 6 months

#### Subsequent Reauthorization

- Provider attestation that patient continues to respond to treatment, **and**
- Patient's weight has not returned to baseline and is not below ideal body weight (IBW), **and**
- **For Wegovy and Saxenda:** Not being used in combination with another GLP-1 agent, **and**
- Not being used in combination with another weight loss agent, **and**
- Patient has not undergone bariatric surgery within the previous 12 months, **and**
- Dose does not exceed FDA label maximum (see Table 1).

**Coverage Duration:** 6 months

### For chronic weight management in PEDIATRICS:

#### Initial Request

- Patient is at least 12 years old but less than 18 years old, **and**
- Patient meets the following BMI threshold:
  - For Saxenda: Current body weight is greater than 60 kg, and current BMI corresponding to 30 kg/m<sup>2</sup> 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<sup>2</sup> or 27 kg/m<sup>2</sup> if presence of other risk factors (e.g., hypertension, diabetes, dyslipidemia),

**and**

- Patient has been evaluated by a physician to rule out other underlying endocrine causes of obesity, **and**
- Patient has not undergone bariatric surgery within the previous 12 months, **and**
- 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**
- **For Wegovy and Saxenda:** Not being used in combination with another GLP-1 agent, **and**
- Not being used in combination with another weight loss agent, **and**
- Dose does not exceed FDA label maximum (see Table 1).

**Coverage Duration:** 6 months

#### **1<sup>st</sup> Reauthorization**

- Patient demonstrates at least a 5% (1% for Saxenda) weight loss from baseline, **and**
- **For Wegovy and Saxenda:** Not being used in combination with another GLP-1 agent, **and**
- Not being used in combination with other weight loss drugs, **and**
- Dose does not exceed FDA label maximum (see Table 1).

**Coverage Duration:** 6 months

#### **Subsequent Reauthorization**

- Patient maintains at least a 5% (1% for Saxenda) weight loss from baseline, **and**
- **For Wegovy and Saxenda:** Not being used in combination with another GLP-1 agent, **and**
- Not being used in combination with other weight loss drugs, **and**
- Dose does not exceed FDA label maximum (see Table 1).

**Coverage Duration:** 6 months

**Table 1: Dosing Limits**

| <b>Drug</b> | <b>FDA label maximum</b>                |
|-------------|---|
| Contrave    | 32 mg/360 mg daily in two divided doses |
| Qsymia      | 15 mg/92 mg daily                       |
| Saxenda     | 3 mg per day                            |
| Wegovy      | 2.4 mg once weekly                      |

Xenical

360 mg daily in three divided doses

**Table 2: International Obesity Task Force BMI Cut-offs for Obesity by Sex and Age for Pediatric Patients Aged 12 Years and Older (Cole Criteria)**

| Age  | Body mass index 30kg/m <sup>2</sup> |         |
|------|-------------------------------------|---------|
|      | Males                               | Females |
| 12   | 26.02                               | 26.67   |
| 12.5 | 26.43                               | 27.24   |
| 13   | 26.84                               | 27.76   |
| 13.5 | 27.25                               | 28.20   |
| 14   | 27.63                               | 28.57   |
| 14.5 | 27.98                               | 28.87   |
| 15   | 28.30                               | 29.11   |
| 15.5 | 28.60                               | 29.29   |
| 16   | 28.88                               | 29.43   |
| 16.5 | 29.14                               | 29.56   |
| 17   | 29.41                               | 29.69   |
| 17.5 | 29.70                               | 29.84   |

**Table 3: BMI Percentiles by Age and Sex for Pediatric Patients Aged 12 Years and Older**

| Age  | 95 <sup>th</sup> percentile BMI Value |         |
|------|---------------------------------------|---------|
|      | Males                                 | Females |
| 12   | 24.2                                  | 25.3    |
| 12.5 | 24.7                                  | 25.8    |
| 13   | 25.2                                  | 26.3    |
| 13.5 | 25.6                                  | 26.8    |
| 14   | 26                                    | 27.3    |
| 14.5 | 26.5                                  | 27.7    |
| 15   | 26.8                                  | 28.1    |
| 15.5 | 27.2                                  | 28.5    |
| 16   | 27.6                                  | 28.9    |
| 16.5 | 27.9                                  | 29.3    |
| 17   | 28.3                                  | 29.6    |
| 17.5 | 28.6                                  | 30.0    |

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