Pharmacy Policy

Anti-Obesity Medications

Policy Number: 9.322
Revision Number: R0
Version Effective Date: 1/1/2021

Product Applicability	☐ **All Plan[+] Products**
Well Sense Health Plan ☒ New Hampshire Medicaid	**Boston Medical Center HealthNet Plan** ☐ MassHealth - MCO ☐ MassHealth - ACO ☐ Qualified Health Plans/ConnectorCare/Employer Choice Direct ☐ Senior Care Options

Note: Disclaimer and audit information is located at the end of this document.

Prior Authorization Policy

Products Affected:

- **phentermine**
- **benzphetamine**
- **diethylpropion**
- **phendimetrazine**
- **Lomaira**
- **Alli**
- **Xenical**
- **Contrave**
- **Qsymia**
- **Saxenda**

The Plan may authorize coverage of the above products for members meeting the following criteria:

Covered Use	All FDA approved indications not otherwise excluded
Required Medical Information	**phentermine, benzphetamine, diethylpropion, phendimetrazine, Lomaira, Alli and Xenical** 1. Body Mass index (BMI) ≥ 30 kg/m2; OR 2. Body Mass Index ≥ 27kg/m2 and at least one of the following high risk factors: • Obstructive Sleep Apnea

[+] *Plan* refers to Boston Medical Center Health Plan, Inc. and its affiliates and subsidiaries offering health coverage plans to enrolled members. The Plan operates in Massachusetts under the trade name Boston Medical Center HealthNet Plan and in other states under the trade name Well Sense Health Plan.

- Coronary Heart Disease
- Type 2 Diabetes
- Atherosclerotic disease; ***AND***

3. Inability to meet target weight loss goal despite lifestyle modifications including dietary changes and participating in a structured exercise program for at least 2 months; ***AND***
4. If requesting **Xenical**, an intolerance to a trial of Alli ; ***OR***
5. If requesting **phentermine, benzphetamine, diethylpropion, phendimetrazine, or Lomaira**, member has not received the requested medication previously OR at least one year has elapsed since the member last received a 12 week course of the requested medication.

Contrave and Qsymia

1. Body Mass index (BMI) $\geq$ 30 kg/m^2***; OR***

   Body Mass Index $\geq$ 27kg/m^2 and at least one of the following high risk factors:
   - Obstructive Sleep Apnea
   - Coronary Heart Disease
   - Type 2 Diabetes
   - Atherosclerotic disease; ***AND***

2. Inability to meet target weight loss goal despite lifestyle modifications including dietary changes and participating in a structured exercise program for at least 2 months; ***AND***
3. An inadequate response to 12-week trial, or an intolerance, or contraindication to a trial of an orlistat product

Saxenda

1. Body Mass index (BMI) $\geq$ 30 kg/m^2***; OR***

   Body Mass Index $\geq$ 27kg/m^2 and at least one of the following high risk factors:
   - Obstructive Sleep Apnea
   - Coronary Heart Disease
   - Type 2 Diabetes
   - Atherosclerotic disease; ***AND***

2. Inability to meet target weight loss goal despite lifestyle modifications including dietary changes and participating in a structured exercise program for at least 2 months; ***AND***
3. An inadequate response to 12-week trial or an intolerance or contraindication to a trial of an orlistat product, Contrave **and** Qysmia; ***AND***
4. Member will not be concurrently using Victoza

Age Restriction	benzphetamine and Xenical: 12 years or older diethylpropion, Lomaira, phentermine, phendimetrazine: 17 years or older Alli, Qsymia, Contrave and Saxenda: 18 years or older
Coverage Duration	Initial: 3 months Reauthorization of Alli, Xenical, Contrave, Qsymia, or Saxenda: 12 months
Quantity Limit	Alli: 6 caps per day Contrave: 4 tabs per day Qsymia: 1 cap per day Saxenda: 5 pens (15ml) per 30 days Xenical: 3 caps per day Lomaira: 3 tabs per day
Other criteria	Reauthorization of Alli, Xenical, Contrave, Qsymia, or Saxenda: 1. The member continues to practice lifestyle modification including dietary changes and participates in a structured exercise program; ***AND*** 2. For reauthorization after the initial 3 months, a 5% reduction in body weight in 12 weeks of treatment; ***OR*** 3. For reauthorization after ≥1 year of treatment, the member has maintained a 5% reduction in weight, from baseline, over the previous year.

Clinical Background Information and References

1. National Institutes of Health (NIH); National Heart, Lung, and Blood Institute and National Institute of Diabetes and Digestive and Kidney Diseases. Clinical guidelines on the identification, evaluation, and treatment of overweight and obesity in adults: The evidence report. Bethesda, MD: NIH; 1998. http://www.nhlbi.nih.gov/guidelines/obesity/ob_gdlns.pdf. Accessed July 2012.
2. Jensen et al. 2013 AHA/ACC/TOS Guidelines for the Management of Overweight and Obesity in Adults. JACC Vol. 63, No.25, 2014 July 1, 2014: 2985-3023
3. Bray GA. Obesity in adults: Drug therapy. UpToDate® available at https://www.uptodate.com, accessed August 2016
4. Belviq (lorcaserin) [prescribing information]. Woodcliff Lake, NJ: Eisai Inc; December 2014 Xenical (orlistat) [prescribing information]. South San Francisco, CA: Genetech USA; August 2015.
5. Weight and Obesity. Treatment and Prevention Guidelines. http://fnic.nal.usda.gov/weight-and-obesity/treatment-and-prevention-guidelines. Accessed July 2012.
6. Prescribing Information. Saxenda (liraglutide). Novo Nordisk, Plainsboro, New Jersey. January 2015

7. Prescribing Information. Contrave (naltrexone/bupropion). Takeda Pharmaceuticals, Deerfield, IL. September 2014.
8. Alli (orlistat) [prescribing information]. Moon Township, PA: GlaxoSmithKline; September 2014.

Original Approval Date	Original Effective Date	Policy Owner	Approved by
9/10/2020	1/1/2021	Pharmacy Services	P&T Committee, NH DHHS

Policy Revisions History			
Review Date	**Summary of Revisions**	**Revision Effective Date**	**Approved by**
9/12/2013	P&T Annual review, added Qsymia to policy	01/01/2014	P&T Committee NH DHHS
09/11/2014	P&T annual review, added criteria for Belviq, modified criteria for Xenical, phentermine, diethylpropion, phedimetrazine, and benzphetamine	01/01/2015	P&T Committee NH DHHS
09/10/2015	P&T Annual review, added criteria and quantity limits for Contrave, Saxenda and Suprenza; step therapy through an orlistat product added for Benziq, and Qsymia; added limitation of approval duration for Alli, and Xenical; added quantity limits for Alli, Benziq, and Xenical	01/01/2016	P&T Committee
09/08/2016	P&T Annual review, updated criteria for Xenical to require trial of Belviq. Applied policy to QHP.	01/01/2017	P&T Committee
09/14/2017	P&T Annual review, removed Suprenza from PA owing to product discontinuation; added criteria and quantity limit for Lomaira; updated quantity limits for Belviq and Alli	01/01/2018	P&T Committee
09/13/2018	P&T Annual review, updated QL for Alli and Saxenda	01/01/2019	P&T Committee
07/18/2019	P&T Annual review, no updates required	08/13/2020	P&T Committee
9/10/2020	9.301 Anti-Obesity Policy retired, new policy created. Belviq removed from market and taken off policy, added history requirement, removed documentation requirement, updated age restrictions, changed reauth	1/1/2021	P&T Committee, NH DHHS

Policy Revisions History			
	weight reduction requirement to 5%		

Next Review Date

August 2021

Other Applicable Policies

Reference to Applicable Laws and Regulations, If Any

Disclaimer Information

Medical Policies are the Plan's guidelines for determining the medical necessity of certain services or supplies for purposes of determining coverage. These Policies may also describe when a service or supply is considered experimental or investigational, or cosmetic. In making coverage decisions, the Plan uses these guidelines and other Plan Policies, as well as the Member's benefit document, and when appropriate, coordinates with the Member's health care Providers to consider the individual Member's health care needs.

Plan Policies are developed in accordance with applicable state and federal laws and regulations, and accrediting organization standards (including NCQA). Medical Policies are also developed, as appropriate, with consideration of the medical necessity definitions in various Plan products, review of current literature, consultation with practicing Providers in the Plan's service area who are medical experts in the particular field, and adherence to FDA and other government agency policies. Applicable state or federal mandates, as well as the Member's benefit document, take precedence over these guidelines. Policies are reviewed and updated on an annual basis, or more frequently as needed. Treating providers are solely responsible for the medical advice and treatment of Members.

The use of this Policy is neither a guarantee of payment nor a final prediction of how a specific claim(s) will be adjudicated. Reimbursement is based on many factors, including member eligibility and benefits on the date of service; medical necessity; utilization management guidelines (when applicable); coordination of benefits; adherence with applicable Plan policies and procedures; clinical coding criteria; claim editing logic; and the applicable Plan – Provider agreement.