Mass General Brigham
Health Plan

Weight Loss Medications
Effective 09/01/2024

Plan	☐ MassHealth UPPL ☒Commercial/Exchange	**Program Type**	☒ Prior Authorization ☐ Quantity Limit ☐ Step Therapy
Benefit	☒ Pharmacy Benefit ☐ Medical Benefit		
Specialty Limitations	N/A		
Contact Information	**Medical and Specialty Medications** All Plans | Phone: 877-519-1908 | Fax: 855-540-3693		
	Non-Specialty Medications All Plans | Phone: 800-711-4555 | Fax: 844-403-1029		
Exceptions	N/A		

Overview
Alli (orlistat) is for weight loss in overweight adults, 18 years and older, when used along with a reduced-calorie and low-fat diet.

Contrave is a combination of naltrexone, an opioid antagonist, and bupropion, an aminoketone antidepressant, indicated as an adjunct to a reduced-calorie diet and increased physical activity for chronic weight management in adults with an initial body mass index (BMI) of 30 kg/m2 or greater (obese) or 27 kg/m2 or greater (overweight) in the presence of at least one weight-related comorbidity.

Qsymia is a combination of phentermine, a sympathomimetic amine anorectic, and topiramate extended-release, an antiepileptic drug, indicated as an adjunct to a reduced-calorie diet and increased physical activity for chronic weight management in adults with an initial body mass index (BMI) of 30 kg/m2 or greater (obese) or 27 kg/m2 or greater (overweight) in the presence of at least one weight-related comorbidity such as hypertension, type 2 diabetes, or dyslipidemia. Qsymia is also approved in pediatric patients 12 years of and older with BMI in the 95th percentile or greater standardized for age and sex.

Saxenda (liraglutide) is a glucagon-like peptide-1 (GLP-1) receptor agonist indicated as an adjunct to a reduced-calorie diet and increased physical activity for chronic weight management in adult patients with an initial body mass index (BMI) of 30 kg/m2 or greater (obese) or 27 kg/m2 or greater (overweight) in the presence of at least one weight-related comorbidity.

Wegovy (semaglutide) is a selective glucagon-like peptide-1 (GLP-1) receptor agonist indicated as an adjunct to a reduced-calorie diet and increased physical activity for chronic weight management in adults and pediatric patients 12 years of age and older with an initial BMI of ≥30 kg/m^2 (obesity), or adults with BMI ≥27 kg/m^2 (overweight) in the presence of at least one weight-related comorbid condition (eg, hypertension, type 2 diabetes mellitus, dyslipidemia).

Zepbound (tirzepatide) is a glucose-dependent insulinotropic polypeptide (GIP) receptor and glucagon-like peptide (GLP-1) receptor agonist indicated as an adjunct to a reduced-calorie diet and increased physical activity for chronic weight management in adults with an initial body mass index (BMI) of ≥ 30 kg/m^2 (obesity) or ≥ 27 kg/m^2 (overweight) in the presence of at least one weight-related comorbid condition (e.g., hypertension, dyslipidemia, type 2 diabetes mellitus, obstructive sleep apnea, or cardiovascular disease).

Coverage Guidelines

Initial Approval

For all medications, authorization may be granted for members new to the plan within the last 90 days who are currently receiving treatment and are stable, excluding when the product is obtained as samples or via manufacturer's patient assistance programs

OR

Alli, Contrave, Qsymia, Saxenda, Wegovy, Zepbound

Authorization may be granted for one of the above listed medications for weight loss when the following criteria are met:

1. For Wegovy and Qsymia: member is 12 – 17 years of age and the member meets ALL the following criteria:
    a. Medication is being used for appetite suppression or weight loss
    b. Baseline BMI at the 95th percentile or greater for age and sex (obesity)
    c. Member is currently participating in outpatient weight loss program (e.g., dietary or caloric restrictions, exercise, behavioral support, community-based program)
2. For Saxenda: member is 12 – 17 years of age and the member meets ALL the following criteria:
    a. Medication is being used for appetite suppression or weight loss
    b. Body weight above 60kg
    c. Baseline BMI corresponding to 30kg/m^2 for adults (obese) by international cut-offs (e.g., Cole Criteria)
    d. Member is currently participating in outpatient weight loss program (e.g., dietary or caloric restrictions, exercise, behavioral support, community-based program)
3. For all medications when member is ≥ 18 years of age with ALL of the following:
    a. Medication is being used for appetite suppression or weight loss
    b. Member meets ONE of the following:
        i. BMI greater than or equal to 30 kg/m^2
        ii. BMI greater than or equal to 27 kg/m^2 with at least ONE comorbid condition:
            - Coronary heart disease
            - Hypertension
            - Dyslipidemia
            - Type 2 diabetes mellitus
            - Obstructive sleep apnea
            - Obesity hypoventilation syndrome
            - Pseudotumor cerebri
            - Obesity related cardiomyopathy
            - Nonalcoholic steatohepatitis (NASH)

c. Member is currently participating in an outpatient weight loss program (e.g., exercise, behavioral support, community-based program)
d. Member will maintain a low-calorie diet while on requested medication

Continuation of Therapy

Alli, Contrave, Qsymia, Saxenda, Wegovy, Zepbound

Reauthorization for weight loss may be granted if ONE of the following criteria is met:

1. Saxenda:
    a. Age 12 – 17 years of age: weight loss of at least 1% from baseline body weight or BMI
    b. Age 18 years or older: weight loss of greater than or equal to 4% of baseline body weight
2. All other medications:
    a. Weight loss of greater than 5% of baseline body weight

Limitations

1. Initial and reauthorization approvals may be granted for up to 6 months at a time

References

1. Abbott to Voluntarily Withdraw Meridia® (Sibutramine) in the U.S. [press release on the internet]. Abbott Laboratories (US). 2010 October 8 [cited 8 Oct 2010]. Available from: http://www.abbott.us/us/url/pressRelease/en_US/60.5:5/Press_Release_0908.htm
2. Alli (orlistat) [prescribing information]. Moon Township, PA: GlaxoSmithKline, Sep 2014.
3. Allison DB, Gadde KM, Garvey WT, et al. Controlled-release phentermine/topiramate in severely obese adults: a randomized controlled trial (EQUIP). Obesity (Silver Spring) 2012; 20:330.
4. Caixàs A, Albert L, Capel I, Rigla M. Naltrexone sustained-release/bupropion sustained-release for the management of obesity: review of the data to date. Drug Des Devel Ther 2014; 8:1419
5. Centers for Disease Control and Prevention. Overweight & obesity. Available at: https://www.cdc.gov/obesity/index.html (Accessed on March 06, 2020
6. Contrave (naltrexone/bupropion) [prescribing information]. Brentwood, TN: Currax Pharmaceuticals LLC; May 2024.
7. le Roux CW, Astrup A, Fujioka K, et al. 3 years of liraglutide versus placebo for type 2 diabetes risk reduction and weight management in individuals with prediabetes: a randomised, double-blind trial. Lancet 2017; 389:1399
8. National Institute of Health (NIH): National Heart Lung, and Blood Institute: North American Association for the Study of Obesity. The practical guide: identification, evaluation, and treatment of overweight and obesity in adults. NIH, April 2019.
9. Perreault, Leigh. Obesity in adults: drug therapy. In Basow DX (Ed). UpToDate [database on the internet]. Waltham (MA): UpToDate, 2018. Available at: http://www.utdol.com/utd/index.do
10. Qsymia (phentermine/topiramate) [prescribing information]. Campbell, CA: VIVUS Inc; June 2023.
11. Saxenda (liraglutide) [prescribing information]. Plainsboro, NJ: Novo Nordisk Inc; April 2023.
12. Wadden TA, Volger S, Sarwer DB, Vetter ML, Tsai AG, Berkowitz RI et al. A Two-year randomized trial of obesity treatment in primary care practice. NEJM. 2011;365(21):1969-79.
13. Wegovy (semaglutide) [prescribing information]. Plainsboro, NJ: Novo Nordisk Inc; March 2024.
14. Zepbound (tirzepatide) [prescribing information]. Indianapolis, Indiana: Eli Lilly and Company; March 2024.

Review History

09/25/2006: Reviewed & Revised

09/24/2007: Reviewed & Revised
09/22/2008: Reviewed
09/21/2009: Reviewed & Revised
09/27/2010: Reviewed & Revised
02/28/2011: Reviewed
02/27/2012: Reviewed
02/25/2013: Reviewed & Revised P&T Mtg
06/03/2013: Updated (Remove Xenical Rx coverage; 04/2013 P&T discussion)
02/24/2014: Reviewed P&T
11/28/2016: Reviewed
11/27/2017: Reviewed P&T
11/26/2018: Updated
07/22/2020: Review and Updated July P&T; removal of Belviq and Belviq XR from criteria due to removal from market. Effective 10/01/20
07/19/2021: Reviewed July P&T; No changes
09/22/2021: Reviewed September P&T; added Wegovy to criteria; references updated. Effective 11/01/2021
03/16/2022: Reviewed and Updated for March P&T; administrative changes to criteria. No clinical changes.
9/21/2022: Reviewed and Updated for Sept P&T; removed requirement of CV risk factors. Removed requirement of 3-month participation in the outpatient weight loss program. 11/1/2022.
6/21/2023: Reviewed and Updated for July P&T; Added age requirement for all medications per FDA label. Clarified outpatient weight loss program/lifestyle modifications. Effective: 9/1/23
10/11/2023: reviewed and Updated for Oct P&T; clarified reauthorization criteria for Saxenda by age; clarified reauthorization criteria weight loss is % loss from baseline weight; removed "failed to lose 5% weight loss" from outpatient weight loss program; Effective 1/1/2024
6/12/2024: Reviewed and updated for June P&T; updated to include authorization for members who are new to plan and stable.
07/10/2024: Reviewed and updated for July P&T; added Zepbound to criteria; added criteria for Qsymia for members 12 – 17 years of age; removed requirement for Qsymia that member step through individual agents; updated length of approval from 90 days to 6 months; removed "without comorbid condition" from the BMI ≥ 30 kg/m^2 parameter; for members 18 years of age and older updated language for lifestyle modifications to remove documentation requirement; clarified that members are considered new to the Plan if they joined within the last 90 days; Effective 09/01/2024.