Mass General Brigham
Health Plan

Weight Loss Medications:
Alli (orlistat)
Contrave (naltrexone/bupropion)
Qsymia (phentermine/topiramate extended-release)
Liraglutide (Saxenda)
Wegovy (semaglutide)
Zepbound (tirzepatide)
Effective 01/01/2026

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 Benefit** **Pharmacy Benefit**	Phone: 833-895-2611 Phone: 800-711-4555	Fax: 888-656-6671 Fax: 844-403-1029
Exceptions	Coverage for GLP-1s indicated for weight management or obesity may vary depending on the member's plan. Refer to the members' plan documents for additional details or exclusions.		

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 to reduce:

- the risk of major cardiovascular events (cardiovascular death, nonfatal myocardial infarction, or non-fatal stroke) in adults with established cardiovascular disease and either obesity or overweight
- excess body weight and maintain weight reduction long-term in adults and pediatric patients 12 years of age and older with obesity or adults with overweight in the presence of at least one weight-related comorbid condition (e.g., hypertension, type 2 diabetes mellitus, dyslipidemia).

In the SELECT Trial, Wegovy was evaluated in patients with a BMI ≥ 27 kg/m^2 with established cardiovascular disease, as evidenced by at least one of the following: prior myocardial infarction, prior stroke (ischemic or hemorrhagic), symptomatic peripheral arterial disease (as evidenced by at last one of the following: intermittent claudication with ABI <0.85, peripheral arterial revascularization procedure, amputation due to atherosclerotic disease).

Zepbound (tirzepatide) is a glucose-dependent insulinotropic polypeptide (GIP) receptor and glucagon-like peptide (GLP-1) receptor agonist indicated in combination with a reduced-calorie diet and increased physical activity to reduce excess body weight and maintain weight reduction long term in adults with obesity or adults with overweight in the presence of at least one weight-related comorbid condition.

Coverage Guidelines

Initial Approval

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

Authorization may be granted when all of the following diagnosis-specific criteria are met:

Weight Loss

Alli, Contrave, Qsymia, Liraglutide (Saxenda), Wegovy, Zepbound

1. **For Wegovy and Qsymia:** member is **12 – 17 years of age** and MEDICAL RECORDS confirming 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 behavior modification program (e.g., health coaching, nutritional counseling, community-based program)
    d. **Wegovy:** Member will not use requested medication in combination with a GLP-1 indicated for the treatment of type 2 diabetes (e.g., liraglutide, Mounjaro, Ozempic, Rybelsus, Trulicity)
2. **For Liraglutide (Saxenda):** member is **12 – 17 years of age** and MEDICAL RECORDS confirming 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 behavior modification program (e.g., health coaching, nutritional counseling, community-based program)
    e. Member will not use requested medication in combination with a GLP-1 indicated for the treatment of type 2 diabetes (e.g., liraglutide, Mounjaro, Ozempic, Rybelsus, Trulicity)

3. **For all medications when member is ≥ 18 years of age** with MEDICAL RECORDS confirming 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 a behavior modification program (e.g., health coaching, nutritional counseling, community-based program)
    d. **Liraglutide (Saxenda), Wegovy, Zepbound:** Member will not use requested medication in combination with a GLP-1 indicated for the treatment of type 2 diabetes (e.g., liraglutide, Mounjaro, Ozempic, Rybelsus, Trulicity)

Reduction of Risk of Major Adverse Cardiovascular Events

Wegovy

MEDICAL RECORDS confirming ALL of the following:

1. Treatment is being requested to reduce the risk of major adverse cardiovascular events (cardiovascular death, nonfatal myocardial infarction, or nonfatal stroke)
2. Member is 18 years of age or older
3. Member has established cardiovascular disease as evidenced by at least ONE of the following:
    a. Prior myocardial infarction (MI)
    b. Prior stroke (i.e., transient ischemic attack, ischemic or hemorrhagic stroke)
    c. Peripheral arterial disease (i.e., intermittent claudication with ankle-brachial index < 0.85, peripheral revascularization procedure, or amputation due to atherosclerotic disease)
4. Requested medication will be used as an adjunct to lifestyle modification (e.g., dietary or caloric restriction, exercise, behavioral support, community-based program)
5. Body mass index (BMI) is greater than or equal to 27 kg/m^2
6. Member will not use requested medication in combination with a GLP-1 indicated for the treatment of type 2 diabetes (e.g., liraglutide, Mounjaro, Ozempic, Rybelsus, Trulicity)

Continuation of Therapy

Requests for reauthorization will be approved when all of the following diagnosis-specific criteria are met:

Weight Loss

Alli, Contrave, Qsymia, Liraglutide (Saxenda), Wegovy, Zepbound

MEDICAL RECORDS confirming all of the following:

1. Treatment is being requested for appetite suppression or weight loss
2. Member is continuing to participate in a behavioral modification program

3. **For requests for liraglutide (Saxenda):** member meets ALL of the following:
    a. Member meets ONE of the following:
        i. Member is 12 – 17 years of age and meets ONE of the following:
            a. Member has been administering liraglutide (Saxenda) for up to 6 months and has had a weight loss of at least 1% from baseline body weight or BMI
            b. Member has been administering liraglutide (Saxenda) for more than 6 months and is continuing to experience or maintain weight loss of at least 1% from baseline body weight or BMI
        ii. Member is 18 years of age or older and meets ONE of the following:
            a. Member has been administering liraglutide (Saxenda) for up to 6 months and has had a weight loss of greater than or equal to 4% of baseline body weight
            b. Member has been administering liraglutide (Saxenda) for greater than 6 months and is continuing to experience or maintain weight loss greater than or equal to 4% of baseline body weight
    b. Member will not use requested medication in combination with a GLP-1 indicated for the treatment of type 2 diabetes (e.g., liraglutide, Mounjaro, Ozempic, Rybelsus, Trulicity)
4. **For requests for Alli, Contrave, Qsymia, Wegovy, and Zepbound:** member meets ALL of the following:
    a. Member meets ONE of the following:
        i. Member has been administering the requested medication for up to 6 months and has had a weight loss of greater than or equal to 5% of baseline body weight
        ii. Member has been administering the requested medication for greater than 6 months and is continuing to experience or maintain weight loss greater than or equal to 5% of baseline body weight
    b. **Wegovy and Zepbound:** Member will not use requested medication in combination with a GLP-1 indicated for the treatment of type 2 diabetes (e.g., liraglutide, Mounjaro, Ozempic, Rybelsus, Trulicity)

Reduction of Risk of Major Adverse Cardiovascular Events

Wegovy

MEDICAL RECORDS confirming all of the following:

1. Treatment is being requested to reduce the risk of major adverse cardiovascular events (cardiovascular death, non-fatal myocardial infarction, nonfatal stroke)
2. Requested medication is being used as an adjunct to lifestyle modification (e.g., dietary or caloric restriction, exercise, behavioral support, community-based program)
3. Member will not use requested medication in combination with a GLP-1 indicated for the treatment of type 2 diabetes (e.g., liraglutide, Mounjaro, Ozempic, Rybelsus, Trulicity)

Limitations

1. Initial and reauthorization approvals may be granted for 6 months
2. Only Wegovy (semaglutide) will be approved for the reduction of risk of major adverse cardiovascular events (cardiovascular death, non-fatal myocardial infarction, or non-fatal stroke)
3. Members are restricted from filling more than one GLP-1 agonist or more than one GLP-1 agonist strength at one time.
4. The following quantity limitations apply:

Drug Name and Dosage Form	Quantity Limit
Alli capsule	2 capsules per day
Contrave tablet	4 tablets per day

Phentermine/topiramate extended-release capsule (Qsymia)	1 capsule per day
Liraglutide (Saxenda) pen	5 pens per 30 days
Wegovy pen	4 pens per 28 days
Zepbound pen	4 pens per 28 days

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
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9. 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.
10. 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
11. Qsymia (phentermine/topiramate) [prescribing information]. Campbell, CA: VIVUS Inc; September 2024.
12. Saxenda (liraglutide) [prescribing information]. Plainsboro, NJ: Novo Nordisk Inc; November 2024.
13. 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.
14. Wegovy (semaglutide) [prescribing information]. Plainsboro, NJ: Novo Nordisk Inc; November 2024.
15. Zepbound (tirzepatide) [prescribing information]. Indianapolis, Indiana: Eli Lilly and Company; December 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.
11/13/2024: Reviewed and updated for November P&T. Updated reauthorization criteria for Alli, Contrave, Qsymia, Saxenda, Wegovy and Zepbound to require that the member's weight loss is greater than or equal to 5% from baseline. Effective 12/1/2024.
12/11/2024: Reviewed and updated for December P&T. Added initial and reauthorization criteria for Wegovy for secondary cardiovascular prevention. Updated limitations section to indicate that only Wegovy will be approved for the reduction of risk of major cardiovascular events. Effective 01/19/2025.
02/12/2025 – Reviewed and updated for February P&T. Updated the weight loss reauthorization criteria to require that either the member has been administering the requested agent for up to six months and has achieved the minimum weight loss goal or has been treated for more than 6 months and is continuing to experience or maintain the expected weight loss goal. Added to weight loss reauthorization criteria the requirement that the member is using treatment as adjunct to lifestyle modifications. Updated limitations section to indicate that Plan will not authorize coverage of a GLP1 agonist used for the treatment of type 2 diabetes in combination with a GLP1 agonist used for the treatment of weight loss. Administrative update - added statement to the "Limitations" section to indicate that members are not able to fill multiple GLP1s or multiple GLP1 strengths at the same time. Effective 05/01/2025.
05/14/2025 – Reviewed and updated at May P&T. Administrative update – moved restriction in Limitations section requiring members not use requested GLP-1 indicated for weight loss in combination with a GLP-1 indicated for type 2 diabetes to the criteria section of the policy. Effective 07/01/2025.
06/11/2025 – Reviewed and updated at June P&T. Administrative update – added note to exceptions that obesity GLP1s will only be covered if the member's plan covers them; refer to the member's plan documents for more information. Effective 07/01/2025.
07/09/2025 – Reviewed and updated at July P&T. Administrative update – added quantity limits to the policy. Effective 09/01/2025.

10/08/2025 – Reviewed and updated at October P&T. Updated initial and reauthorization for all indications to require medical records confirming member meets criteria. Updated weight loss criteria to require that member is participating in a behavior modification program (e.g., health coaching, nutritional counseling, community-based program). Reflected generic availability of Saxenda. Effective 01/01/2026.