Mass General Brigham
Health Plan

Anti-Obesity Agents
Effective 01/01/2025

Plan	☒ MassHealth ☐ 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

Require PA
Adipex-P (phentermine 37.5 mg capsule, tablet) § < 12 years of age
benzphetamine
Contrave (naltrexone/bupropion) †
diethylpropion
diethylpropion ER
Lomaira (phentermine 8 mg tablet) < 12 years or ≥ 18 years of age
phendimetrazine
phendimetrazine ER
phentermine 15 mg, 30 mg capsule < 12 years of age
Qsymia (phentermine/topiramate ER) †
Saxenda (liraglutide)
Wegovy (semaglutide injection)
Xenical (orlistat) BP
Zepbound (tirzepatide) PD ‡

This is a brand-name drug with FDA "A"-rated generic equivalents. Prior authorization is required for the brand, unless a particular form of that
drug (for example, tablet, capsule, or liquid) does not have an FDA "A"-rated generic equivalent.
*A-rated generic available. Both brand and A-rated generic require PA.
†Agent does not participate in the federal rebate program.
BP Brand Preferred over generic equivalents. Requires a trial of the preferred drug or clinical rationale for prescribing the non-preferred drug generic equivalent.
PD Preferred Drug. Requires a trial of the preferred drug or clinical rationale for prescribing a non-preferred drug within a therapeutic class.
‡ Available in a vial formulation. The vial is not covered and prior authorization should not be entered for these products.
§ A-rated generic available. Both brand and A-rated generic require PA within age limits.

Coverage Guidelines

Authorization may be granted for members when all the following criteria are met:

Adipex-P (phentermine 37.5 mg capsule, tablet) § < 12 years of age
Lomaira (phentermine 8 mg tablet) < 12 years of age
phentermine 15 mg, 30 mg capsule < 12 years of age

Reduction of excess body weight and long-term maintenance of weight reduction in members <12 YEARS OF AGE with obesity or overweight

1. Diagnosis of ONE of the following:
    a. Obesity
    b. Overweight
2. Appropriate dosing
3. Member weight *(dated within the 90 days prior to treatment initiation)*
4. Member BMI is in the 95th percentile or greater *(dated within the 90 days prior to treatment initiation)*
5. Member will continue reduced-calorie diet and **ONE** of the following: *(provider attestation may be accepted)*
    a. Increased physical activity
    b. Member has a contraindication to physical activity due to weight and comorbidities
    c. Member has a contraindication to physical activity due to physical disability
6. Medical necessity to support the use of phentermine in a member < 12 years of age
7. ONE of the following:
    a. For phentermine 15mg, 30mg capsule or phentermine 37.5 mg capsule or tablet, requested quantity is ≤1 unit/day
    b. For Lomaira, requested quantity is ≤3 units/day

Lomaira (phentermine 8 mg tablet) ≥ 18 years of age

Reduction of excess body weight and long-term maintenance of weight reduction in members ≥ 18 YEARS OF AGE with obesity or overweight

1. Diagnosis of ONE of the following:
    a. Obesity
    b. Overweight
2. Appropriate dosing
3. Member weight *(dated within the 90 days prior to treatment initiation)*
4. ONE of the following:
    a. Member BMI is ≥30 kg/m2 *(dated within the 90 days prior to treatment initiation)*
    b. BOTH of the following:
        i. Member BMI is ≥27 kg/m2 *(dated within the 90 days prior to treatment initiation)*
        ii. ONE of the following weight-related comorbid conditions†:
            1. Coronary heart disease or other atherosclerotic disease
            2. Dyslipidemia
            3. Hypertension
            4. Non-alcoholic steatohepatitis (NASH)
            5. Obstructive sleep apnea
            6. Polycystic ovarian syndrome
            7. Prediabetes
            8. Systemic osteoarthritis

9. Type 2 diabetes mellitus

5. Member will continue reduced-calorie diet and **ONE** of the following: *(provider attestation may be accepted)*
    a. Increased physical activity
    b. Member has a contraindication to physical activity due to weight and comorbidities
    c. Member has a contraindication to physical activity due to physical disability
6. Requested quantity is ≤3 units/day
7. ONE of the following:
    a. Inadequate response to phentermine 15 mg, 30 mg capsule or 37.5 mg tablet or capsule with or without topiramate defined as ALL of the following:
        i. Member is adherent to phentermine (based on pharmacy claims for 90 days out of 120 days or provider attestation for new members)
        ii. ONE of the following
            1. Insufficient clinical response defined as < 5% reduction in bodyweight from baseline despite initial trial of ≥3 months of treatment with the maximally tolerated dose of phentermine
            2. Plateaued clinical response defined as no weight loss for at least ≥3 months of treatment with the maximally tolerated dose of phentermine
        iii. Member's current BMI is ≥27 kg/m2 *(dated within the 90 days prior to treatment initiation of requested agent)*
    b. Medical records documenting adverse reaction to phentermine 15 mg, 30 mg capsule or 37.5 mg tablet or capsule that is allergic in nature or cannot be expected or managed as part of weight loss therapy
    c. Medical records documenting contraindication to phentermine 15 mg, 30 mg capsule or 37.5 mg tablet or capsule

benzphetamine
diethylpropion
diethylpropion ER
phendimetrazine ER
phendimetrazine
ALL of the following:

1. Diagnosis of obesity or overweight
2. Member is ≥ 17 years of age
3. Appropriate dosing
4. Member weight *(dated within the last 90 days prior to treatment initiation)*
5. **ONE** of the following:
    a. Member BMI is ≥ 30 kg/m^2 *(dated within the last 90 days prior to treatment initiation)*
    b. **BOTH** of the following:
        i. Member BMI is ≥ 27 kg/m^2 *(dated within the last 90 days prior to treatment initiation)*
        ii. **ONE** of the following weight-related comorbid conditions:
            1. Coronary heart disease or other atherosclerotic disease
            2. Dyslipidemia
            3. Hypertension
            4. Non-alcoholic steatohepatitis (NASH)
            5. Obstructive sleep apnea
            6. Polycystic ovarian syndrome
            7. Prediabetes

8. Systemic osteoarthritis
9. Type 2 diabetes mellitus

6. Member will continue reduced-calorie diet and **ONE** of the following: *(provider attestation may be accepted)*
    a. Increased physical activity
    b. Member has a contraindication to physical activity due to weight and comorbidities
    c. Member has a contraindication to physical activity due to physical disability
7. **ONE** of the following:
    a. For diethylpropion ER or phendimetrazine ER, requested quantity is ≤ 1 unit/day
    b. For benzphetamine, diethylpropion, phendimetrazine, requested quantity is ≤ 3 units/day
8. ONE of the following:
    a. Inadequate response to phentermine with or without topiramate defined as ALL of the following:
        i. Member is adherent to phentermine (based on pharmacy claims for 90 days out of 120 days or provider attestation for new members)
        ii. ONE of the following:
            1. Insufficient clinical response defined as < 5% reduction in bodyweight from baseline despite initial trial of ≥3 months of treatment with the maximally tolerated dose of phentermine
            2. Plateaued clinical response defined as no weight loss for at least ≥3 months of treatment with the maximally tolerated dose of phentermine
        iii. Member's current BMI is ≥27 kg/m2 *(dated within the 90 days prior to treatment initiation of requested agent)*
    b. Medical records documenting adverse reaction to phentermine that is allergic in nature or cannot be expected or managed as part of weight loss therapy
    c. Medical records documenting contraindication to phentermine *(e.g., allergy to phentermine or any of the excipients, arrythmia, bipolar disorder with mania, concomitant use of stimulants, congestive heart failure, coronary artery disease, glaucoma, history of psychosis or stroke, hyperthyroidism, substance use disorder, uncontrolled anxiety despite pharmacotherapy, uncontrolled hypertension defined as average blood pressure of ≥140/90 despite pharmacotherapy)*

Contrave (naltrexone/ bupropion)
Qsymia (phentermine/ topiramate ER)
ALL of the following:

1. Diagnosis of obesity or overweight
2. **ONE** of the following:
    a. For Contrave (naltrexone/ bupropion), **ONE** of the following:
        i. Member is ≥18 years of age
        ii. For members ≥12 and < 18 years of age, inadequate response, adverse reaction, or contraindication to **ALL** agents FDA-approved for treatment of obesity in members ≥12 years of age
    b. For Qsymia (phentermine/topiramate ER), member is ≥12 years of age
3. Appropriate dosing
4. Member weight *(dated within the last 90 days prior to treatment initiation)*
5. **ONE** of the following:
    a. Member BMI is ≥30 kg/m^2 *(dated within the last 90 days prior to treatment initiation)*
    b. **BOTH** of the following:
        i. Member BMI is ≥27 kg/m^2 *(dated within the last 90 days prior to treatment initiation)*

ii. **ONE** of the following weight-related comorbid conditions:
    1. Coronary heart disease or other atherosclerotic disease
    2. Dyslipidemia
    3. Hypertension
    4. Obstructive sleep apnea
    5. Non-alcoholic steatohepatitis (NASH)
    6. Polycystic ovarian syndrome
    7. Prediabetes
    8. Systemic osteoarthritis
    9. Type 2 diabetes mellitus

c. For Qsymia (phentermine/ topiramate ER) **BOTH** of the following:
    i. Member is ≥12 years of age and <18 years of age
    ii. BMI is in the 95th percentile or greater *(dated within the last 90 days prior to treatment initiation)*

6. Member will continue reduced-calorie diet and **ONE** of the following: *(provider attestation may be accepted)*
    a. Increased physical activity
    b. Member has a contraindication to physical activity due to weight and comorbidities
    c. Member has a contraindication to physical activity due to physical disability
7. **ONE** of the following:
    a. For Contrave® (naltrexone/ bupropion), requested quantity is ≤4 units/day
    b. For Qsymia® (phentermine/ topiramate ER), requested quantity is ≤1 unit/day
8. For Contrave and Qsymia, member must meet the above criteria and the prescriber must submit documentation of trials of alternatives with rebate or clinical rationale for the use of a non-rebate product (as per the Non-FDA approved and Non-rebate Medications guideline)

Saxenda (liraglutide)
Wegovy (semaglutide)

Reduction of excess body weight and long-term maintenance of weight reduction in PEDIATRIC members with obesity or overweight
ALL of the following:
1. Diagnosis of obesity or overweight
2. Member is ≥12 years and < 18 years of age
3. Appropriate dosing
4. Member weight *(dated within the last 90 days prior to any Glucose-Dependent Insulinotropic Polypeptide (GIP) or Glucagon-Like Peptide (GLP-1) Receptor Agonist treatment initiation [document date and weight])*
5. Member BMI is in the 95th percentile or greater *(dated within the 90 days prior to any Glucose-Dependent Insulinotropic Polypeptide (GIP) or Glucagon-Like Peptide (GLP-1) Receptor Agonist treatment initiation)*
6. Member will continue reduced-calorie diet and **ONE** of the following: *(provider attestation may be accepted)*
    a. Increased physical activity
    b. Member has a contraindication to physical activity due to weight and comorbidities
    c. Member has a contraindication to physical activity due to physical disability
7. ONE of the following:
    a. Saxenda (liraglutide): Requested quantity is ≤ 5 pens/30 days

    b. Wegovy (semaglutide): Requested quantity is ≤ 4 pens/28 days
8. The requested agent will not be used in combination with another GLP-1 receptor agonist
9. ONE of the following:
    a. Inadequate response to phentermine with or without topiramate defined as ALL of the following:
        i. Member is adherent to phentermine (based on pharmacy claims for 90 days out of 120 days or provider attestation for new members)
        ii. ONE of the following:
            1. Insufficient clinical response defined as < 5% reduction in bodyweight from baseline despite initial trial of ≥3 months of treatment with the maximally tolerated dose of phentermine
            2. Plateaued clinical response defined as no weight loss for at least ≥3 months of treatment with the maximally tolerated dose of phentermine
        iii. Member's current BMI is ≥27 kg/m2 (dated within the 90 days prior to treatment initiation of requested agent)
    b. Medical records documenting adverse reaction to phentermine that is allergic in nature or cannot be expected or managed as part of weight loss therapy
    c. Medical records documenting contraindication to phentermine *(e.g., allergy to phentermine or any of the excipients, arrythmia, bipolar disorder with mania, concomitant use of stimulants, congestive heart failure, coronary artery disease, glaucoma, history of psychosis or stroke, hyperthyroidism, substance use disorder, uncontrolled anxiety despite pharmacotherapy, uncontrolled hypertension defined as average blood pressure of ≥140/90 despite pharmacotherapy)*

Wegovy (semaglutide)

Risk reduction of major adverse cardiovascular events in members with established cardiovascular disease and obesity or overweight

1. Indication for the risk reduction of major adverse cardiovascular events (cardiovascular death, non-fatal myocardial infarction, or non-fatal stroke) in members with established cardiovascular disease and obesity or overweight
2. Member is ≥18 years of age
3. Appropriate dosing
4. Member weight *(dated within the 90 days prior to treatment initiation)*
5. Member BMI is ≥27 kg/m2 *(dated within the 90 days prior to treatment initiation)*
6. Medical records documenting a diagnosis of cardiovascular disease defined as at least ONE of the following:
    a. History of myocardial infarction (MI)
    b. History of stroke (ischemic or hemorrhagic stroke)
    c. Symptomatic peripheral arterial disease (e.g., intermittent claudication with ankle–brachial index <0.85, peripheral arterial revascularization procedure, or amputation due to atherosclerotic disease)
7. Attestation that the member does NOT have ANY of the following:
    a. Type 1 diabetes mellitus
    b. Type 2 diabetes mellitus
    c. New York Heart Association Class IV Heart Failure
8. Member will continue reduced-calorie diet and **ONE** of the following: *(provider attestation may be accepted)*
    a. Increased physical activity

    b. Member has a contraindication to physical activity due to weight and comorbidities
    c. Member has a contraindication to physical activity due to physical disability
9. Requested quantity is ≤ 4 pens/28 days
10. The requested agent will not be used in combination with another GLP-1 receptor agonist

Xenical (orlistat)

1. Diagnosis of ONE of the following:
    a. Obesity
    b. Overweight
2. Member is ≥12 years of age
3. Appropriate dosing
4. Member weight *(dated within the 90 days prior to treatment initiation)*
5. ONE of the following:
    a. Member BMI is ≥30 kg/m2 *(dated within the 90 days prior to treatment initiation)*
    b. BOTH of the following:
        i. Member BMI is ≥27 kg/m2 *(dated within the 90 days prior to treatment initiation)*
        ii. ONE of the following weight-related comorbid conditions:
            1. Coronary heart disease or other
            2. atherosclerotic disease
            3. Dyslipidemia
            4. Hypertension
            5. Non-alcoholic steatohepatitis (NASH)
            6. Obstructive sleep apnea
            7. Polycystic ovarian syndrome
            8. Prediabetes
            9. Systemic osteoarthritis
            10. Type 2 diabetes mellitus
    c. BOTH of the following:
        i. Member is ≥12 years of age and <17 years of age
        ii. Member BMI is in the 95th percentile or greater (dated within the 90 days prior to treatment initiation)
6. Member will continue reduced-calorie diet and **ONE** of the following: *(provider attestation may be accepted)*
    a. Increased physical activity
    b. Member has a contraindication to physical activity due to weight and comorbidities
    c. Member has a contraindication to physical activity due to physical disability
7. Requested quantity is ≤3 units/day

Zepbound (tirzepatide)

1. Diagnosis of ONE of the following:
    a. Obesity
    b. Overweight
2. Member is ≥ 18 years of age
3. Appropriate dosing
4. Member weight *(dated within the 90 days prior to any Glucose-Dependent Insulinotropic Polypeptide (GIP) or Glucagon-Like Peptide (GLP-1) Receptor Agonist treatment initiation [document weight and date]*)

5. ONE of the following:
    a. Member BMI is ≥30 kg/m2 *(dated within the 90 days prior to any Glucose-Dependent Insulinotropic Polypeptide (GIP) or Glucagon-Like Peptide (GLP-1) Receptor Agonist treatment initiation*)
    b. BOTH of the following:
        i. Member BMI is ≥27 kg/m2 *(dated within the 90 days prior to any Glucose-Dependent Insulinotropic Polypeptide (GIP) or Glucagon-Like Peptide (GLP-1) Receptor Agonist treatment initiation*)
        ii. ONE of the following weight-related comorbid conditions:
            1. Coronary heart disease or other
            2. atherosclerotic disease
            3. Dyslipidemia
            4. Hypertension
            5. Non-alcoholic steatohepatitis
            6. (NASH)
            7. Obstructive sleep apnea
            8. Polycystic ovarian syndrome
            9. Prediabetes
            10. Systemic osteoarthritis
            11. Type 2 diabetes mellitus
6. Member will continue reduced-calorie diet and **ONE** of the following: *(provider attestation may be accepted)*
    a. Increased physical activity
    b. Member has a contraindication to physical activity due to weight and comorbidities
    c. Member has a contraindication to physical activity due to physical disability
7. Requested quantity is ≤4 pens/28 days
8. Requested agent will not be used in combination with another GLP-1 receptor agonist
9. ONE of the following:
    a. Inadequate response to phentermine with or without topiramate defined as ALL of the following:
        i. Member is adherent to phentermine *(based on pharmacy claims for 90 days out of 120 days or provider attestation for new members)*
        ii. ONE of the following
            1. Insufficient clinical response defined as < 5% reduction in bodyweight from baseline despite initial trial of ≥3 months of treatment with the maximally tolerated dose of phentermine
            2. Plateaued clinical response defined as no weight loss for at least ≥3 months of treatment with the maximally tolerated dose of phentermine
        iii. Member's current BMI is ≥27 kg/m2 (dated within the 90 days prior to treatment initiation of requested agent)
    b. Medical records documenting adverse reaction to phentermine that is allergic in nature or cannot be expected or managed as part of weight loss therapy
    c. Medical records documenting contraindication to phentermine *(e.g., allergy to phentermine or any of the excipients, arrythmia, bipolar disorder with mania, concomitant use of stimulants, congestive heart failure, coronary artery disease, glaucoma, history of psychosis or stroke, hyperthyroidism, substance use disorder, uncontrolled anxiety despite pharmacotherapy, uncontrolled hypertension defined as average blood pressure of ≥140/90 despite pharmacotherapy)*

Continuation of Therapy

Phentermine (Adipex-P, Lomaira, or generic) in combination with topiramate, Contrave (naltrexone/ bupropion), Qsymia (phentermine/ topiramate ER, Xenical (orlistat), and Zepbound (tirzepatide) for obesity/overweight:

1. Member weight (dated within the last 90 days)
2. **ONE** of the following:
    a. Weight loss of ≥5% from baseline body weight
    b. **BOTH** of the following:
        i. Improvement in secondary measures (e.g., blood glucose, blood pressure)
        ii. Attestation that the improvement in secondary measure is believed to be related to anti-obesity therapy despite lack of reduction in body weight

Saxenda (liraglutide) or Wegovy (semaglutide) for members < 18 years of age:

1. Member weight (dated within the last 90 days)
2. Member is < 18 years of age
3. ONE of the following:
    a. Weight loss of ≥5% from baseline body weight
    b. BOTH of the following:
        i. Improvement in secondary measures (e.g., blood glucose, blood pressure)
        ii. Attestation that the improvement in secondary measure is believed to be related to anti-obesity therapy despite lack of reduction in body weight

Wegovy (semaglutide) for members ≥18 years of age:

1. Member weight (dated within the last 90 days)
2. BOTH of the following:
    a. Member requires Wegovy (semaglutide) for cardiovascular risk reduction and the benefit of cardiovascular risk reduction outweighs the risk associated with use of GLP-1 agents
3. Medical records documenting ONE of the following:
    a. History of myocardial infarction (MI)
    b. History of stroke (ischemic or hemorrhagic stroke)
    c. Symptomatic peripheral arterial disease (e.g., intermittent claudication with ankle–brachial index <0.85, peripheral arterial revascularization procedure, or amputation due to atherosclerotic disease)

Benzphetamine, diethylpropion, diethylpropion ER, phendimetrazine ER, phendimetrazine:

Benzphetamine, diethylpropion, diethylpropion ER, phendimetrazine ER, and phendimetrazine, are indicated for short-term use and therefore, should not be approved for more than 12 consecutive weeks. Requests for additional courses following a break in treatment (3 months duration) should be reviewed as new requests and meet initial criteria.

Limitations

1. Initial approvals will be granted for the following:
    a. Lomaira (phentermine 8 mg tablet), phentermine 15 mg, 30 mg capsule, and phentermine 37.5 mg capsule, tablet: **16 weeks**
    b. Benzphetamine, diethylpropion, diethylpropion ER, phendimetrazine ER, phendimetrazine: **12 weeks**

c. Contrave (naltrexone/ bupropion), Qsymia (phentermine/topiramate ER), Saxenda (liraglutide) for members < 18 years of age, Xenical (orlistat): **16 weeks**
d. Wegovy (semaglutide) for cardiovascular risk reduction and for members < 18 years of age: **6 months**
e. Zepbound (tirzepatide): **6 months**

2. Reauthorizations will be granted for the following:
   a. Lomaira (phentermine 8 mg tablet), phentermine 15 mg, 30 mg capsule, and phentermine 37.5 mg capsule, tablet: **6 months**
   b. Benzphetamine, diethylpropion, diethylpropion ER, phendimetrazine ER, phendimetrazine: **same as initial duration if approved**
   c. Contrave (naltrexone/ bupropion), Qsymia (phentermine/topiramate ER), Saxenda (liraglutide) <18 years of age: **6 months**
   d. Wegovy (semaglutide): **6 months**
   e. Zepbound (tirzepatide): **6 months**
3. **Requests for Brand Name when generic is preferred:** In addition to any prior authorization requirements that may be listed above, if an A-rated generic equivalent is available, such prior authorization requests require medical records documenting an allergic response, adverse reaction, or inadequate response to the generic equivalent drug (history of allergic reaction to the inactive ingredients used in the manufacturing process of a certain drug is acceptable).
4. **Requests for generic when Brand Name is preferred:** There are some drugs for which the Plan has determined it will be cost effective to prefer the use of the Brand Name formulation. In this case, the generic equivalent formulation is considered non-preferred and requires prior authorization. These requests require medical records documenting an allergic response, adverse reaction, or inadequate response to the Brand Name formulation. For the most up to date list of drugs where the Brand Name formulation is preferred, see the MassHealth Brand Name Preferred Over Generic Drug List (BOGL) at www.mass.gov/druglist.

References

1. Frellick M. AMA Declares Obesity a Disease [article on the internet]. New York (NY): Medscape; 2013 June 19 [cited 2023 Oct 12]. Available from: http://www.medscape.com/viewarticle/806566.
2. Ogden CL, Carroll MD, Fryar CD, Flegal KM. Prevalence of obesity among adults and youth: United States, 2011–2014. NCHS data brief, no 219. Hyattsville, MD: National Center for Health Statistics. 2015.
3. Centers of Disease Control and Prevention. Adult Obesity Facts [webpage on the internet].Atlanta (GA): Centers of Disease Control and Prevention; 2022 May 17 [cited 2023 Oct 12]. Available from: http://www.cdc.gov/obesity/data/adult.html
4. Perreault L, Apovian C. Obesity in adults: Overview of management. In: Basow DS (Ed). UpToDate [database on the internet]. Waltham (MA): UpToDate; 2021 [cited 2023 Oct 12]. Available from: http://www.utdol.com/utd/index.do.
5. Centers of Disease Control and Prevention. Defining Adult Overweight and Obesity [webpage on the internet]. Atlanta (GA): Centers of Disease Control and Prevention; 2022 Jun 03 [cited 2023 Oct 12]. Available from: http://www.cdc.gov/obesity/adult/defining.html
6. Centers for Disease Control and Prevention. Defining Child BMI Categories [webpage on the internet].Atlanta (GA): Centers for Disease Control and Prevention; 2023 [cited 2023 Oct 06]. Available from: https://www.cdc.gov/obesity/basics/childhood-defining.html.
7. Qsymia® [package insert]. Winchester (KY): Vivus, Inc.; 2022 Jun.
8. Saxenda® [package insert]. Plainsboro (NJ): Novo Nordisk, Inc.; 2022 Jun.
9. Wegovy® (semaglutide) [prescribing information]. Plainsboro (NJ): Novo Nordisk; 2021 Jun.

10. Xenical® [package insert]. Montgomery (AL): H2-Pharma.; 2018 Jan.
11. Contrave® [package insert]. Brentwood (TN): Currax Pharmaceuticals, Inc.; 2021 Nov.
12. Adipex-P® [package insert]. Parsippany (NJ): Teva, Inc.; 2020 Sep.
13. Diethylpropion [package insert]. Congers (NY): Chartwell RX; 2023 Mar.
14. Lomaira [package insert]. Newtown (PA): KVK-Tech; 2018 Dec.
15. Phendimetrazine tartrate [package insert]. Langhorne (PA): Acertis Pharmaceuticals; 2023 Aug.
16. National Institute for Health and Care Excellence (NICE). Obesity: identification, assessment and management. 2022 Sep [cited 2022 Sep 23]. Available from: https://www.guidelines.co.uk/public-health/nice-obesity-guideline/252547.article
17. National Heart, Lung, and Blood Institute (NHLBI) and the North American Association for the Study of Obesity (NAASO) – The Practical Guide. Identification, Evaluation, and Treatment of Overweight and Obesity in Adults. 200 Oct [cited 2022 Sep 28). Available from: https://www.nhlbi.nih.gov/files/docs/guidelines/prctgd_c.pdf
18. Jensen MD, Ryan DH, Apovian CM, Ard JD, Comuzzie AG, Donato KA, et al. 2013 AHA/ACC/TOS guideline for the management of overweight and obesity in adults: a report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines and The Obesity Society. Circulation. 2014 Jun 24;129(25 Suppl 2):S102-38.
19. Apovian CM, Aronne LJ, Bessesen DH, McDonnell ME, Murad MH, Pagotto U, et al. Pharmacological Management of Obesity: An Endocrine Society Clinical Practice Guideline. J Clin Endocrinol Metab. 2016 Feb;100(2):342-62.
20. American Diabetes Association. 8. Obesity and Weight Management for the Prevention and Treatment of Type 2 Diabetes: Standards of Medical Care in Diabetes—2023. Diabetes Care. 2023 Jan; 46 Supp 1: S128–S139.
21. Final Recommendation Statement: Obesity in Adults: Screening and Management. U.S. Preventive Services Task Force. October 2014 [cited 2022 Sep 28]. Available at: http://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/obesity-in-adults-screening-and-management
22. Fitch A, Everling L, Fox C, Goldberg J, Heim C, Johnson K, et al. Institute for Clinical Systems Improvement. Prevention and Management of Obesity for Adults. Updated May 2013.
23. Hampl SE, Hassink SG, Skinner AC, Armstrong SC, Barlow SE, Bolling CF, et al. Clinical Practice Guideline for the Evaluation and Treatment of Children and Adolescents With Obesity. Pediatrics. 2023 Feb 1;151(2):e2022060640.
24. Veteran Affairs/Depart of Defense. Management of Adult Overweight and Obesity (OBE). July 2020. [cited 2022 Sep 23]. Available at: https://www.healthquality.va.gov/guidelines/CD/obesity/VADoDObesityCPGFinal5087242020.pdf
25. Wharton S, Lau D C.W., Vallis M, Sharma AM, Biertho L, Campbell-Scherer D, Adamo K, et al. Obesity in adults: a clinical practice guideline. CMAJ. 2020 Aug;192(31):E875-91.
26. Grunvald E, Shah R, Hernaez R, Chandar AK, Pickett-Blakely O, Teigen LM, et al; AGA Clinical Guidelines Committee. AGA Clinical Practice Guideline on Pharmacological Interventions for Adults With Obesity. Gastroenterology. 2022 Nov;163(5):1198-1225.

Review History

12/13/23 - Created for P&T and matched MH UPPL criteria to be in compliance with Masshealth unified formulary requirements. Effective 1/2/24.

12/11/24 – Reviewed and updated for P&T. Adopted MH criteria and incorporated onto MGBHP template for website posting from 1/1/25-1/5/25. On/after 1/6/25, this criteria will be posted on the MHDL. Clarified for any criteria "*dated within the last 90 days prior to any Glucose-Dependent Insulinotropic Polypeptide (GIP) or*

Glucagon-Like Peptide (GLP-1) Receptor Agonist treatment initiation" for Wegovy/Saxenda/Zepbound requests for weight loss. Effective 1/1/25