Pharmacy Management Drug Policy

SUBJECT: Weight Management Policy
POLICY NUMBER: PHARMACY-03
EFFECTIVE DATE: 02/2012
LAST REVIEW DATE: 04/22/2024

If the member's subscriber contract excludes coverage for a specific service or prescription drug, it is not covered under that contract. In such cases, medical or drug policy criteria are not applied. This drug policy applies to the following line/s of business:

Policy Application

Category:	☒ Commercial Group (e.g., EPO, HMO, POS, PPO)	☐ Medicare Advantage
	☒ On Exchange Qualified Health Plans (QHP)	☐ Medicare Part D
	☒ Off Exchange Direct Pay	☒ Essential Plan (EP)
	☐ Medicaid & Health and Recovery Plans (MMC/HARP)	☒ Child Health Plus (CHP)
	☐ Federal Employee Program (FEP)	☐ Ancillary Services
	☐ Dual Eligible Special Needs Plan (D-SNP)	

DESCRIPTION:

Observational epidemiological studies have established a relationship between obesity and visceral fat and the risks for cardiovascular disease, type 2 diabetes, certain forms of cancer, gallstones, certain respiratory disorders, and an increase in overall mortality. These studies suggest that weight loss, if maintained, may produce health benefits for obese patients who have or are at risk of developing weight related co-morbidities.

Orlistat, liraglutide, semaglutide, naltrexone/bupropion ER, tirzepatide and phentermine/topiramate ER are indicated for the management of obesity, including weight loss and maintenance of weight loss, and should be used in conjunction with a reduced calorie diet.

Xenical (orlistat) is also indicated to reduce the risk of weight regain after prior weight loss. Orlistat is a reversible inhibitor of lipases. It exerts its therapeutic activity in the lumen of the stomach and small intestine by forming a covalent bond with the active serine residue site of gastric and pancreatic lipases. The inactivated enzymes are thus unavailable to hydrolyze dietary fat in the form of triglycerides into absorbable free fatty acids and monoglycerides. As undigested triglycerides are not absorbed, the resulting caloric deficit may have a positive effect on weight control.

Saxenda (liraglutide) is a glucagon-like peptide-1 (GLP-1) receptor agonist. GLP-1 is a regulator of appetite and calorie intake. GLP-1 receptors are present in several areas of the brain involved with appetite regulation. Liraglutide increases feelings of satiety and decreases hunger.

Wegovy (semaglutide) is a glucagon-like peptide-1 (GLP-1) receptor agonist. GLP-1 is a physiological regulator of appetite and caloric intake, and the GLP-1 receptor is present in several areas of the brain involved in appetite regulation. Semaglutide increases feelings of satiety and decreases hunger.

Contrave is a combination of two FDA-approved drugs, naltrexone, and bupropion, in an extended-release formulation. Naltrexone is approved to treat alcohol and opioid dependence. Bupropion is approved to treat depression and seasonal affective disorder and as an aid to smoking cessation treatment.

Qsymia is a combination of phentermine, a sympathomimetic amine anorectic, and topiramate, an antiepileptic drug. The exact mechanism of action of these agents is not known. Phentermine likely releases catecholamines in the hypothalamus, resulting in reduced appetite and decreased food consumption. Topiramate leads to appetite suppression and satiety enhancement, possibly induced by a combination of pharmacologic effects.

Zepbound (tirzepatide) glucose-dependent insulinotropic polypeptide (GIP) receptor and glucagon-like peptide-1 (GLP-1) receptor agonist. GIP and GLP-1 are physiological regulators of appetite, caloric intake, and insulin secretion and the GLP-1and GIP receptors are present in several areas of the brain involved in appetite regulation. Tirzepatide increases feelings of satiety and decreases hunger.

The FDA has approved orlistat, naltrexone/bupropion ER, phentermine/topiramate ER, semaglutide, tirzepatide and liraglutide as adjuncts to caloric restriction, increased physical activity and behavior modification in the overall treatment of qualifying obesity. The medications are not approved as the sole therapeutic modality.

The FDA has approved Wegovy to reduce the risk of major adverse cardiovascular events (cardiovascular death, non-fatal myocardial infarction, or non-fatal stroke) in adults with established cardiovascular disease and either obesity or overweight in combination with a reduced calorie diet and increased physical activity.

Imcivree is indicated for chronic weight management in adults and pediatric patients ≥ 6 years of age with obesity due to proopiomelanocortin (POMC), proprotein convertase subtilisin/kexin type 1 (PCSK1), or leptin receptor (LEPR) deficiency confirmed by genetic testing demonstrating variants in the POMC, PCSK1, or LEPR genes that are interpreted as pathogenic, likely pathogenic, or of uncertain significance.

Imcivree is a melanocortin 4 (MC4) agonist. MC4 receptors in the brain are involved in regulation of hunger, satiety, and energy expenditure. In patients with obesity due to POMC, PCSK1, and LEPR deficiency associated with insufficient activation of the MC4 receptor, Imcivree may re-establish MC4 receptor pathway activity to reduce hunger and promote weight loss through decreased caloric intake and increased energy expenditure.

General Policy Criteria – For Contrave, Qsymia, Saxenda, Wegovy (For Weight loss only), Zepbound and Xenical/Orlistat only. Please refer to drug specific section for ALL Imcivree criteria AND Wegovy requests for reduction of major cardiovascular events in patients with established cardiovascular disease:

Based upon our review and assessment of peer-reviewed literature, Contrave, Xenical/Orlistat, Saxenda, Wegovy (For Weight loss only), Zepbound and Qsymia, have been medically proven to be effective and therefore **medically necessary** in the treatment of obesity if **all** the following criteria are met:

1. For initial reviews, member must fall under **one** of the following: A, B, or C. (Qsymia, Wegovy and Saxenda ages 12-17, please refer to drug specific policy below for clinical criteria for this step)
   AND
   A. Obesity defined as a BMI greater than or equal to 30 kg/m²
   OR
   B. BMI greater than or equal to 27 kg/m² in the presence of *one or more co-morbidities* listed below:
      Established Coronary Heart Disease
      Other Atherosclerotic Diseases
      Dyslipidemia (ex. high LDL, TG, or low HDL)

Hypertension
Type 2 Diabetes
Sleep Apnea
Gynecological abnormalities
Osteoarthritis
Gallstones
Stress Incontinence

OR

C. BMI greater than or equal to 27 kg/m2 in the presence of *two or more risk factors* listed below:
   Elevated Blood Pressure (systolic 120-129; diastolic <80)
   Smoking
   Impaired fasting glucose
   Family History of premature CHD
   Male > 45 y.o., Female > 55 y.o.

2. **Documentation of current enrollment into a qualified comprehensive weight management program for at least the past 3 consecutive months in addition to counseling in a physician's office is required for pharmacotherapy coverage.** (Please refer to addendum for program criteria.)

   AND

   EXAMPLES OF APPROVED PROGRAMS

   - Provider based counseling that meets guidelines for a comprehensive weight management program (see addendum at end of policy).
   - Weight Watchers, Curves Nutrition & Weight Management Program, or other programs that meet the guidelines for a comprehensive weight management program (see addendum at end of policy).

3. **For initial approvals** - **Proof of current and prior participation in a comprehensive weight management program (such as a receipt or certificate and dietary/exercise logs) will be required.**
4. Recertification of drug approval beyond the initial coverage period will require provider acknowledgement (via prior authorization form or provider progress note) of continued comprehensive weight management program enrollment.
5. The safety and efficacy of any anorexiant in combination with other weight loss drugs (including prescription, OTC, and herbal preparations) has not been established and therefore, combination therapy will not be approved.

Drug-Specific Policy:

Contrave (naltrexone/bupropion) specific criteria:

1. Member must be 18 years of age or older
2. Initial coverage duration is 4 months. After initial coverage period, recertification will be required every 6 months.
3. For authorization for additional drug coverage (recertification):
   a. For initial recertification, patient must have a physician verified weight loss of 5% of initial weight by 4 months. Failure to lose 5% of weight at 4 months suggests that positive health outcome may not be realized, and drug therapy coverage will not be continued.

   b. For continued 6-month recertifications, patient must have maintained initial 5% weight loss **OR** has continued to lose weight.
4. The maximum daily dose is Naltrexone 32 mg/bupropion 360 mg daily (two tablets twice daily) according to the prescribing information. According to the prescribing information, titration to this dose occurs over a 4-week period. Response to therapy should be evaluated after 3 months at the *maintenance* dosage.

Qsymia (Phentermine/topiramate ER) specific criteria:

For Adults:

1. Member must be 18 years or older
2. Initial coverage duration is 6 months. After the initial coverage period, recertification will be required every 6 months.
3. For authorization for additional drug coverage (recertification):
   a. For initial recertification, patient must have physician verified weight loss of 5% of initial weight by 6 months.
   b. For continued 6-month recertifications, patient must have maintained initial 5% weight loss **OR** has continued to lose weight.
4. Note, the manufacturer recommends the following:
   a. Discontinue or increase dose if 3% weight loss is not achieved after 12 weeks on the 7.5/46mg dose.
   b. Discontinue Qsymia if 5% weight loss is not achieved after 12 weeks on maximum daily dose of 15mg/92mg.
   c. Discontinue 15/92mg dose gradually to prevent possible seizure.

For Adolescents:

1. Must be 12-17 years of age **AND**
2. Must have an initial BMI in the 95th percentile or greater standardized for age and sex. (See CDC website for current BMI for age Growth Charts: https://www.cdc.gov/healthyweight/assessing/bmi/childrens_bmi/about_childrens_bmi.html) **OR** use chart below: **AND**

BMI Percentiles by Age and Sex for Pediatric Patients Aged 12 Years and Older

	Male	Female
Age (in years)	95th Percentile BMI Value	95th Percentile BMI Value
12	24.2	25.3
12.5	24.7	25.8
13	25.2	26.3
13.5	25.6	26.8
14	26.0	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

3. For authorization for additional drug coverage (recertification):
   a. For initial recertification, patient must have a physician verified BMI reduction of 5% of initial weight by 6 months. Failure to lose 5% of BMI at 6 months suggests that positive health outcome may not be realized, and drug therapy coverage will not be continued.
   b. For continued 6-month recertifications, patient must have maintained initial 5% weight loss **OR** has continued to lose weight.
4. Note, the manufacturer recommends the following:
   a. Monitor the rate of weight loss in pediatric patients. If weight loss exceeds 2 lbs. (0.9 kg)/week, consider dosage reduction.

b. After 12 weeks of treatment with QSYMIA 7.5 mg/46mg, if a pediatric patient has not experienced a reduction of at least 3% of baseline BMI, increase the dosage to QSYMIA 11.25 mg/69 mg (phentermine 11.25 mg/topiramate 69 mg) orally once daily for 14 days; followed by an increase in the dosage to QSYMIA 15 mg/92 mg.
c. Discontinue QSYMIA 15 mg/92 mg gradually by taking QSYMIA 15 mg/92 mg once daily every other day for at least 1 week prior to stopping treatment altogether, due to the possibility of precipitating a seizure

Saxenda (liraglutide) specific criteria:

As of 9/12/23 the following policy criteria will be applicable:

As a result of unexpected demand that far exceeded the manufacturer's expectations, there is currently a supply shortage of Saxenda in the marketplace. Novo Nordisk, the manufacturer of Saxenda, stated there is a shortage of Saxenda, and they will not be able to meet demand for the medication for an extended period of time. Saxenda is available as a 6 mg/mL strength in a 3 mL pen that delivers doses of 0.6 mg, 1.2 mg, 1.8 mg, 2.4 mg, or 3 mg. According to drug labeling, only the 3mg dose is utilized for maintenance. All other doses are for dose titration only. Due to the supply issues, titration, and maintenance to 3mg daily cannot be reliably and safely completed and puts patients at risk for requiring recurrent titration periods which have a lack of weight loss benefit or continuing maintenance dosing after a large gap in therapy which can lead to adverse effects. Effective immediately, request for patient's new to therapy with Saxenda will **NOT** be granted approval until the supply-chain is restored. A review for an alternative product contained within this policy can be requested.

When supply of Saxenda is restored to adequate levels, the following criteria will then become active again for all requests.

For Adults:

1. Member must be 18 years of age or older **AND**
2. Will not be approved for use in combination with any other GIP and/or GLP-1 receptor agonist (Byetta/Bydureon, Victoza, Ozempic, Rybelsus, Trulicity and Mounjaro) **AND**
3. Initial coverage duration is 4 months. After the initial coverage period, recertification will be required every 6 months.
4. For authorization for additional drug coverage (recertification):
    a. Upon recertification the patient must be utilizing the 3mg dose as maintenance therapy.
    b. For initial recertification, patient must have physician verified weight loss of 5% of initial weight by 4 months.
    c. For continued 6-month recertifications, patient must have maintained initial 5% weight loss **OR** has continued to lose weight.
5. The maximum daily dose is 3mg subcutaneously once daily according to the prescribing information.

For Adolescents:

1. Must be 12-17 years of age **AND**
2. Must have body weight ≥60kg (~132lbs) **AND**
3. Must have an initial BMI corresponding to 30 kg/m2 or greater for adults (obese) by international cut-offs (Cole Criteria; see table) **AND**

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 (years)	Body mass index 30 kg/m^2	
	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

4. Will not be approved for use in combination with any other GIP and/or GLP-1 receptor agonist (Byetta/Bydureon, Victoza, Ozempic, Rybelsus, Trulicity and Mounjaro) **AND**
5. Initial coverage duration is 5 months. After the initial coverage period, recertification will be required every 6 months.
6. For authorization for additional drug coverage (recertification):
    a. Upon recertification the patient must be utilizing the 2.4mg or 3mg dose as maintenance therapy.
    b. For initial recertification, patient must have a physician verified reduction in BMI of at least 1% by 5 months. Failure to reduce BMI by at least 1% at 5 months suggests that it is unlikely the patient will achieve and sustain clinically meaningful weight loss, and therefore coverage will not be continued.
    c. For continued 6-month recertifications, patient must have maintained initial 1% weight loss **OR** has continued to lose weight.
7. Note, the manufacturer recommends the following
    a. Maintenance dosage of SAXENDA is 3 mg daily. Pediatric patients who do not tolerate 3 mg daily may have their maintenance dose reduced to 2.4 mg daily. Discontinue SAXENDA if the patient cannot tolerate the 2.4 mg dose.
    b. Dose escalation for pediatric patients may take up to 8 weeks.
    c. Evaluate the change in BMI after 12 weeks on the maintenance dose.

Wegovy (semaglutide) specific criteria:

As of 5/24/23 the following policy criteria will be applicable to all indications of Wegovy.

1. As a result of unexpected demand that far exceeded the manufacturer's expectations, there is currently a supply shortage of Wegovy in the marketplace. Novo Nordisk, the manufacturer of Wegovy, stated they will continue to limit shipments of certain strengths of Wegovy (0.25 mg, 0.5 mg, and 1 mg) for an extended period of time. Wegovy requires dose titration with 5 unique strengths to reach the target dose of 1.7 or 2.4mg over a period of 16 weeks. According to drug labeling, only the 1.7mg or 2.4mg strength is utilized for maintenance. All other strengths are for dose titration only. Due to the supply issues, titration to 1.7 or 2.4mg cannot be reliably completed and puts patients at risk for inappropriate dose titration or "dose jumping" based on available strengths which can lead to adverse effects or utilization of a lower, titration dose for an extended period as maintenance therapy. Effective immediately, request for patient's new to therapy requiring titration to the maintenance dose of Wegovy will **NOT** be granted approval until the supply-chain is restored and all strengths are readily available. A review for an alternative product contained within this policy can be requested depending on diagnosis of use.

2. The quantity limit for all strengths (0.25mg, 0.5mg, 1mg, 1.7mg, 2.4mg) is 4 pens per 28 days. Requests for a quantity outside of these limits will not be approved (i.e., use of 0.25mg x4 pens to make a 1mg dose or use of 0.5mg x2 pens, etc.).

When supply of Wegovy is restored to adequate levels, the following criteria will then become active again for all requests.

1. Wegovy will not be approved for non-FDA approved diagnoses.

Weight loss only criteria for Adults:

1. Member must be 18 years of age or older **AND**
2. Will not be approved for use in combination with any other GIP and/or GLP-1 receptor agonist (Byetta/Bydureon, Victoza, Ozempic, Rybelsus, Trulicity and Mounjaro) **AND**
3. Initial coverage duration is 7 months. After the initial coverage period, recertification will be required every 6 months.
4. For authorization for additional drug coverage (recertification):
    a. Upon recertification the patient must be utilizing the 2.4mg **OR** the 1.7mg dose as maintenance therapy.
    b. For initial recertification, patient must have physician verified weight loss of 5% of initial weight by 7 months.
    c. For continued 6-month recertifications, patient must have maintained initial 5% weight loss **OR** has continued to lose weight.
5. The maintenance dose of Wegovy is 2.4mg **OR** 1.7mg once weekly, and is titrated according to the following schedule and recommendations:
    a. If patients do not tolerate a dose during dose escalation, consider delaying dose escalation for 4 weeks.
    b. Consider treatment response and tolerability when selecting the maintenance dosage.
    c. The 0.25 mg, 0.5 mg, and 1 mg once-weekly dosages are initiation and escalation dosages and are not approved as maintenance dosages for chronic weight management.

Table 3: Recommended Dosage Regimen for Adults

Treatment	Weeks	Once weekly Subcutaneous Dosage
Initiation	1 through 4	0.25 mg[a]
Escalation	5 through 8	0.5 mg[a]
	9 through 12	1 mg[a]
	13 through 16	1.7 mg
Maintenance	17 and onward	1.7 mg or 2.4 mg

Weight loss only criteria for Adolescents:

1. Must be 12-17 years of age **AND**
2. Must have an initial BMI in the 95th percentile or greater standardized for age and sex. (See CDC website for current BMI for age Growth Charts: https://www.cdc.gov/healthyweight/assessing/bmi/childrens_bmi/about_childrens_bmi.html) **OR** use chart below: **AND**

BMI Percentiles by Age and Sex for Pediatric Patients Aged 12 Years and Older

	Male	Female
Age (in years)	95th Percentile BMI Value	95th Percentile BMI Value
12	24.2	25.3
12.5	24.7	25.8
13	25.2	26.3
13.5	25.6	26.8
14	26.0	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

3. Will not be approved for use in combination with any other GIP and/or GLP-1 receptor agonist (Byetta/Bydureon, Victoza, Ozempic, Rybelsus, Trulicity and Mounjaro) **AND**
4. Initial coverage duration is 7 months. After the initial coverage period, recertification will be required every 6 months.
    a. For authorization for additional drug coverage (recertification): Upon recertification the patient must be utilizing the 1.7mg or 2.4mg dose as maintenance therapy.
    b. For initial recertification, patient must have a physician verified reduction in BMI of at least 5% by 7 months. Failure to reduce BMI by at least 5% at 7 months suggests that it is unlikely the patient will achieve and sustain clinically meaningful weight loss, and therefore coverage will not be continued.
    c. For continued 6-month recertifications, patient must have maintained initial 5% weight loss **OR** has continued to lose weight.
5. Note, the manufacturer recommends the following:
    a. Maintenance dosage of WEGOVY is 2.4 mg weekly.
    b. Dose escalation for pediatric patients may take up to 16 weeks.

Reduction of major cardiovascular events in patients with established cardiovascular disease criteria:

1. Must be at least 18 years old
2. Must have a BMI of at least 27 kg/m²
3. Prescriber must attest that Wegovy is be prescribed by or in consultation with a cardiologist or neurologist.
4. Must have progress notes submitted demonstrating established cardiovascular disease defined as: Prior myocardial infarction, Prior stroke, Symptomatic peripheral arterial disease, as evidenced by an intermittent claudication with ankle–brachial index <0.85, Prior peripheral arterial revascularization procedure or Amputation due to atherosclerotic disease.
5. Documentation must be provided that demonstrates:
    a. The patient is currently a non-smoker (defined as someone who has not smoked in the past 6 months)
    b. The patient is partaking in a heart healthy diet.
    c. The patient is engaging in physical activity (at their level of ability)
    d. The patient will continue to participate in the above lifestyle modifications while on Wegovy therapy.
6. There must be supportive documentation that demonstrates that the patient is optimized, according to the prescriber, on standard of care treatment for prevention of secondary cardiovascular events. Standards of care may include: lipid lowering therapies, blood pressure lowering therapy, SGLT2 inhibitors when appropriate, antiplatelet therapy when appropriate.

7. Must not have been diagnosed with diabetes mellitus, end stage renal disease or New York Heart Association Class IV heart failure symptoms.
    a. Please note, for patients with type 2 diabetes you can consider GLP1 receptor agonists that are FDA approved to reduce the risk of major adverse cardiovascular in adults with type 2 diabetes mellitus and established cardiovascular disease.
8. Will not be approved for use in combination with any other GIP and/or GLP-1 receptor agonist (Byetta/Bydureon, Victoza, Ozempic, Rybelsus, Trulicity and Mounjaro)
9. Will not be approved for use in combination with any weight loss drugs (including prescription, OTC, and herbal preparations).
10. Initial approval will be for 7 months. After the initial coverage period, recertification will be required every 6 months.
11. Upon recertification the patient must:
    a. Be utilizing the 2.4mg **OR** the 1.7mg dose as maintenance therapy.
    b. Must have proven adherence to Wegovy defined as a threshold of 80% PDC (Percent Days Covered) since last approval.
    c. Must have documentation that demonstrates the patient is still a non-smoker, is partaking in a heart healthy diet and is engaging in physical activity (at their level of ability).
    d. Not have developed type 2 diabetes, ESRD or New York Heart Association Class IV heart failure symptoms.
12. The maintenance dose of Wegovy is 2.4mg **OR** 1.7mg once weekly, and is titrated according to the following schedule and recommendations:
    a. If patients do not tolerate a dose during dose escalation, consider delaying dose escalation for 4 weeks.
    b. Consider treatment response and tolerability when selecting the maintenance dosage.

Table 3: Recommended Dosage Regimen for Adults

Treatment	Weeks	Once weekly Subcutaneous Dosage
Initiation	1 through 4	0.25 mg[a]
Escalation	5 through 8	0.5 mg[a]
	9 through 12	1 mg[a]
	13 through 16	1.7 mg
Maintenance	17 and onward	1.7 mg or 2.4 mg

<u>Xenical and generic orlistat specific criteria</u>:

1. Member must be 12 years of age or older
2. Requests for brand Xenical will require documentation of serious side effects or drug failure with generic orlistat.
3. Initial coverage duration is 6 months. After the initial coverage period, recertification will be required every 6 months.
4. For authorization for additional drug coverage (recertification):
    a. For initial recertification, patient must a physician verified weight loss of 5% of initial weight by 6 months. Failure to lose 5% of weight at 6 months suggests that positive health outcome may not be realized, and drug therapy coverage will not be continued.
    b. For continued 6-month recertifications, patient must have maintained initial 5% weight loss **OR** has continued to lose weight.

5. The maximum daily dose is one 120mg capsule by mouth three times a day with each main meal containing fat (during or up to 1 hour after the meal) according to the prescribing information.
6. Quantity Limit of 90 capsules/30 days

Zepbound (tirzepatide) specific criteria:

As of 4/22/24 the following policy criteria will be applicable:

As a result of unexpected demand that far exceeded the manufacturer's expectations, there is currently a supply shortage of Zepbound in the marketplace. The Food and Drug Administration (FDA) stated there is a shortage of most strengths of Zepbound that is expected to continue through the second quarter of 2024. Zepbound is available in 2.5mg, 5mg, 7.5mg, 10mg, 12.5mg and 15mg strengths. According to drug labeling, the 2.5mg strength is only used to titrate to higher doses (5mg and higher), which are used to promote and maintain weight loss. The 2.5mg strength is not intended to promote weight loss. Due to the supply issues, titration, and maintenance to doses of 5mg weekly and higher cannot be reliably and safely completed. This puts patients at risk of not being able to titrate to target maintenance doses or maintain therapy on appropriate maintenance doses. This can lead to a lack of benefit from Zepbound use. Effective immediately, requests for **patient's new to therapy with Zepbound** will **NOT** be granted approval until the supply-chain is restored. A review for an alternative product contained within this policy can be requested.

When supply of Zepbound is restored to adequate levels, the following criteria will then become active again for all new requests.

1. The quantity limit for all strengths (2.5mg, 5mg, 7.5mg, 10mg, 12.5mg 15mg) is 2ml (4 pens) per 28 days. Requests for a quantity outside of these limits will not be approved
    a. The 2.5mg strength will be limited to 2ml/365 days to allow for titration to maintenance dosing.
2. Member must be 18 years of age or older **AND**
3. Will not be approved for use in combination with any other GIP and/or GLP-1 receptor agonist (Byetta/Bydureon, Victoza, Ozempic, Rybelsus, Trulicity and Mounjaro) **AND**
4. Initial coverage duration is 7 months. After the initial coverage period, recertification will be required every 6 months.
5. For authorization for additional drug coverage (recertification):
    a. Upon recertification the patient must be utilizing the 5mg, 7.5mg, 10mg, 12.5mg or 15mg dose as maintenance therapy.
    b. For initial recertification, patient must have physician verified weight loss of 5% of initial weight by 7 months.
    c. For continued 6-month recertifications, patient must have maintained initial 5% weight loss **OR** has continued to lose weight.
6. Note, the manufacturer recommends the following:
    a. The maximum dose is 15mg subcutaneously once weekly according to the prescribing information.
    b. The recommended starting dosage is 2.5 mg once weekly for 4 weeks. The 2.5 mg dosage is for treatment initiation and is not intended for chronic weight management.
    c. The recommended maintenance dosages are 5 mg, 10 mg, or 15 mg injected subcutaneously once weekly.
    d. If patients do not tolerate a maintenance dosage, consider a lower maintenance dosage.

Imcivree (setmelanotide) specific criteria (NOTE: Comprehensive Weight Management Program criteria do not apply to this drug):

Based upon our review and assessment of peer-reviewed literature, Imcivree, has been medically proven to be effective and therefore **medically necessary** in the treatment of obesity due to variants in the POMC, PCSK1, or LEPR genes that are interpreted as 'pathogenic, likely pathogenic, or of uncertain significance (VUS),' if **ALL** the following criteria are met:

1. Must be prescribed by an expert in rare genetic disorders of obesity or a medical geneticist **AND**
2. Must be ≥ 6 years of age or older **AND**
3. Must have a creatinine clearance (CrCl) ≥ 15 mL/min
4. Must have one of the following diagnoses (a or b):
    a. Must have a diagnosis of obesity due to POMC, PCSK1, and LEPR deficiencies that includes **ALL** the following (i-iv)
        i. A diagnosis of Obesity is defined as:
            1. Adult patients with a BMI of ≥ 30 kg/m2 **OR**
            2. Pediatric patients (6-17 years): For diagnosis of POMC, PCSK1, and LEPR deficiencies with body weight ≥ 95th percentile for age using growth chart assessments **AND**
        ii. Documentation of a recent (within the past month) height measurement, weight measurement, BMI, and growth chart (for pediatric patients) must be submitted for each review (initial and recertifications) **AND**
        iii. Obesity must be due to a homozygous or presumed compound heterozygous variant in at least one of the following genes, confirmed by genetic testing, **AND**:
            1. Proopiomelanocortin (POMC)
            2. Proprotein convertase subtilisin/kexin type 1 (PCSK1)
            3. Leptin receptor (LEPR)
        iv. Documentation of genetic testing demonstrating that the variants in POMC, PCSK1, or LEPR genes are interpreted **as 'pathogenic', 'likely pathogenic', OR 'of uncertain significance (VUS)'** must be submitted. **Coverage will not be provided for variants identified as 'benign' or 'likely benign.'** Note, direct to consumer (DTC) testing will not be accepted as these tests do not determine if the gene variant is disease-causing. **OR**
    b. Must have a diagnosis of monogenic or syndromic obesity due to Bardet-Biedl syndrome (BBS) that includes the following (i-iii):
        i. A diagnosis of Obesity is defined as:
            1. Adult patients with a BMI of ≥ 30 kg/m2
            2. Pediatric patients (6-17 years): For diagnosis of BBS ≥97th percentile using growth chart assessments **AND**
        ii. Documentation of a recent (within the past month) height measurement, weight measurement, BMI, and growth chart (for pediatric patients) must be submitted for each review (initial and recertifications) **AND**
        iii. Patient has either 4 primary features **OR** 3 primary and 2 secondary features of BBS:
            1. **Primary features:** Rod-cone dystrophy, Polydactyly, Obesity, Learning disabilities, Hypogonadism in males, Renal anomalies
            2. **Secondary features:** Speech disorder/delay, Strabismus/cataracts/astigmatism, Brachydactyly/syndactyly, Developmental delay, Polyuria/polydipsia (nephrogenic diabetes insipidus), Ataxia/poor coordination/imbalance, Mild spasticity (especially lower limbs), Diabetes mellitus, Dental crowding/ hypodontia/small roots/high arched palate, left ventricular hypertrophy/congenital heart disease, Hepatic fibrosis **AND**
            3. Initial approval will be for 12 months.

Recertification for obesity due to variants in the POMC, PCSK1, or LEPR genes after the initial approval of 4 months will require documentation of a ≥5% decrease of baseline body weight, or a ≥5% decrease of baseline body mass index (BMI) for patients with continued growth potential (pediatric patients). If the patient meets for recertification, approval will be for 8 months.

Recertification at the 1-year mark will require documentation that the patient achieved a ≥ 10% decrease of baseline body weight or a ≥ 10% decrease of BMI for patients with continued growth potential (pediatric patients). If the patient meets for recertification, approval will be for 1 year.

Recertifications thereafter will require documentation that the patient maintains a weight loss of ≥ 10% decrease of baseline body weight or a ≥ 10% decrease of BMI for patients with continued growth potential (pediatric patients). If the patient meets for recertification, approval will be for 1 year.

Recertification for obesity due to Bardet-Biedl syndrome (BBS) after the initial approval of 12 months will require documentation of a ≥5% decrease of baseline body weight, or a ≥5% decrease of baseline body mass index (BMI) for patients with continued growth potential (pediatric patients). If the patient meets for recertification, approval will be for 1 year.
Recertifications thereafter will require documentation that the patient maintains a weight loss of ≥ 5% decrease of baseline body weight or a ≥ 5% decrease of BMI for patients with continued growth potential (pediatric patients). If the patient meets for recertification, approval will be for 1 year.

a. Each recertification will require that the patient has a creatinine clearance of at least 15 mL/min.

5. Recommended Dose:
    a. The maximum daily dose is 3 mg (0.3 mL) for adults and pediatric patients
    b. **Adult Patients:** Starting dose: 2 mg injected subcutaneously (SC) once daily for 2 weeks. If the starting dose is not tolerated, reduce to 1 mg once daily. If the 1-mg once-daily dose is tolerated and additional weight loss is desired, titrate to 2 mg once daily. If the 2-mg daily dose is tolerated, increase the dose to 3 mg once daily. If the 3-mg once-daily dose is not tolerated, maintain administration of 2 mg once daily.
    c. **Pediatric Patients:** Starting dose: 1 mg injected SC once daily for 2 weeks. If the starting dose is not tolerated, reduce to 0.5 mg once daily. If the 0.5-mg once-daily dose is tolerated and additional weight loss is desired, titrate to 1 mg once daily. If the 1-mg dose is tolerated, increase the dose to 2 mg once daily. If the 2-mg once-daily dose is not tolerated, reduce to 1 mg once daily. If the 2-mg once-daily dose is tolerated and additional weight loss is desired, the dose may be increased to 3 mg once daily.
6. Quantity Limit of 9 milliliters (9 vials) per 30 days.
7. Imcivree will not be covered in the following circumstances:
    a. Non-FDA approved genetic conditions that can cause obesity (such as: Alström syndrome, Prader-Willi syndrome [PWS], etc.)
    b. A lifetime history of suicide attempt or any suicidal behavior within the last month
    c. Prior gastric bypass surgery resulting in >10% weight loss durably maintained from the baseline pre-operative weight, with no evidence of weight regain

POLICY GUIDELINES:

1. Utilization Management are contract dependent and coverage criteria may be dependent on the contract renewal date. Additionally, coverage of drugs listed in this policy are contract dependent. Refer to specific contract/benefit language for exclusions.
2. This policy is applicable to drugs that are included on a specific drug formulary. If a drug referenced in this policy is non-formulary, please reference the Coverage Exception Evaluation Policy for All Lines of Business Formularies policy for review guidelines.
3. Organic causes of obesity such as hypothyroidism should be excluded before prescribing weight

loss medications.

4. Victoza (liraglutide) will not be authorized at a dose of greater than 1.8mg once daily, as there is an active formulation of liraglutide (Saxenda) that is FDA approved for chronic weight management. Ozempic (semaglutide) will not be authorized at a dose greater than 2mg once weekly, as there is an active formulation of semaglutide that is FDA approved for chronic weight management.
5. Upon recertification, maintenance dosing per FDA labeling will be required for continued use of Wegovy, Zepbound and Saxenda. Dosing below FDA approved maintenance dosing will not be allowed after adequate dose titration (per medication package insert) has occurred.

UPDATES:

Date:	Revision:
04/22/2024	Revised
04/11/2024	Revised
1/26/2024	Revised
1/17/2024	Revised
12/06/2023	Revised
11/29/2023	Revised
10/25/2023	Revised
10/10/2023	Revised
9/12/2023	Revised
9/5/2023	Revised
8/24/2023	P&T Committee Approval
8/15/2023	Revised
6/28/2023	Revised
6/21/2023	Revised
5/24/2023	Revised
04/01/2023	Revised
1/2023	Revised
10/2022	Revised
8/2022	Revised
07/14/2022	Reviewed & Approved P&T Committee
7/2022	Revised
1/2022	Revised
9/2021	Revised
7/2021	Revised/P&T Committee Approval
6/21	Revised
2/21	Revised
12/20	Revised
11/2020	Revised
9/16/2020	P&T Committee Approval
8/2020	Revised
03/20	Revised
02/20	Revised
9/19	P&T Committee Approval
08/19	Revised
06/19	Reviewed
08/18	Revised

06/18	Revised
8/17	Revised
9/16	Revised
12/15	Revised
4/15	Revised
9/14	Revised
7/14	Revised
2/14	Revised
6/13	Revised
1/13	Revised
10/12	Revised
7/12	Revised
5/99	Created

REFERENCES:

1. US Food and Drug Administration. CDER Report to Nation: 2003. Found in http://www.fda.gov/cder/reports/rtn/2003/rtn2003-1.HTM
2. Fitchet M, et al. Meta-analysis of weight loss in three dose ranging studies [abstract],*Int J Obes* 1996; 20:156. .
3. Xenical Prescribing information. Cheplapharm; revised 08/2017. Accessed online 05/31/19.
4. Clinical Guidelines on the Indication, Evaluation, and Treatment of Overweight and Obesity in Adults. National Institute of Health. National Heart, Lung & Blood Institute 1998
5. Heshka S, et al. Weight Loss with Self-help Compared with a Structured Commercial Program: A Randomized Trial, JAMA April 9, 2003;289(14): 1792-1798
6. Diet, Drugs and Surgery for Weight Loss, Treatment Guidelines from The Medical Letter, December 2003; Vol1 (Issue 16):101-106
7. Ogden C, et al. Prevalence of Overweight and Obesity in the United States 1999-2004 JAMA April 5, 2006; 295: 1549-1555
8. Issued by Leade Health Inc: RadosevichT, VossD. Excellus Outcomes Report --Weight Management Program September 2001 through March 2003; Leade Health Inc, Ann Arbor, Michigan May 2003
9. Christakis NA, Fowler JH The Spread of Obesity in a Large Social Network over 32 Years JAMA July 26, 2007 357:370-379
10. Redmon, JB, et al Two-Year outcome of a Combination of Weight Loss Therapies for Type 2 Diabetes Care 2005,28(6):1311-1315
11. Snow V; Barry P; Fitterman N; Qaseem A; Weiss K Pharmacologic and surgical management of obesity in primary care: a clinical practice guideline from the American College of Physicians Ann Intern Med 2005 Apr 5;142(7):525-31
12. USPSTF Screening for Obesity Release date Dec 2003 Accessed at www.ahrq.gov/clinic/uspstfix.htm
13. www.fda.gov/Safety/MedWatch/SafetyInformation/SafetyAlertsforHumanMedicalProducts/ucm198221.htm - 31k - 2010-01-21
14. http://www.fda.gov/Safety/MedWatch/SafetyInformation/SafetyAlertsforHumanMedicalProducts/ucm228830.htm
15. Wadden TA, et al A two-year randomized trial of obesity treatment in primary care practice N Engl J Med. 2011 Nov 24;365(21):1969-79. Epub 2011 Nov 14.
16. Garcia Diaz E et al Systematic review of the clinical efficacy of sibutramine and orlistat in weight loss, quality of life and its adverse effects in obese adolescents Nutr Hosp. 2011 Jun;26(3):451-7.

17. Thomas EL Pragmatic study of orlistat 60 mg on abdominal obesity Eur J Clin Nutr. 2011 Nov;65(11):1256-62. doi: 10.1038/ejcn.2011.108. Epub 2011 Jun 22.
18. Chanoine JP et al Early weight loss and outcome at one year in obese adolescents treated with orlistat or placebo Int J Pediatr Obes. 2011 Apr;6(2):95-101. Epub 2010 Sep 22.
19. CDC website http://www.cdc.gov/obesity/data/trends.html accessed 4/17/12
20. Saxenda prescribing information. Novo Nordisk; Revised 12/2020. Accessed online 12/23/2020.
21. Contrave prescribing information. Orexigen Therapeutics, Inc.; Revised 04/2019. Accessed online: 05/31/19.
22. Qsymia prescribing information. Vivus, Inc.; Revised 06/2022. Accessed online: 08/09/2022.
23. U.S. Department of Health and Human Services, National Institutes of Health, National Heart, Lung, and Blood Institute. (2000). The Practical Guide. Identification, Evaluation, and Treatment of Overweight and Obesity in Adults. NIH Publication No. 00-4084. Retrieved from: https://www.nhlbi.nih.gov/files/docs/guidelines/prctgd_c.pdf
24. Michael D. Jensen, Donna H. Ryan, Caroline M. Apovian, Jamy D. Ard, Anthony G. Comuzzie, Karen A. Donato, Frank B. Hu, Van S. Hubbard, John M. Jakicic, Robert F. Kushner, Catherine M. Loria, Barbara E. Millen, Cathy A. Nonas, F. Xavier Pi-Sunyer, June Stevens, Victor J. Stevens, Thomas A. Wadden, Bruce M. Wolfe and Susan Z. Yanovski; 2013 AHA/ACC/TOS Guideline for the Management of Overweight and Obesity in Adults, Circulation, 12 November 2013, http://circ.ahajournals.org/content/early/2013/11/11/01.cir.0000437739.71477.ee
25. Caroline M. Apovian, Louis J. Aronne, Daniel H. Bessesen, Marie E. McDonnell, M. Hassan Murad, Uberto Pagotto, Donna H. Ryan, Christopher D. Still, Pharmacological Management of Obesity: An Endocrine Society Clinical Practice Guideline, The Journal of Clinical Endocrinology & Metabolism, Volume 100, Issue 2, 1 February 2015, Pages 342–362, https://doi.org/10.1210/jc.2014-3415
26. W. Timothy Garvey, MD, FACE; Jeffrey I. Mechanick, MD, FACP, FACE, FACN, ECNU; Elise M. Brett, MD, FACE, CNSC, ECNU; Alan J. Garber, MD, PhD, FACE; Daniel L. Hurley, MD, FACE5; Ania M. Jastreboff, MD, PhD; Karl Nadolsky, DO;Rachel Pessah-Pollack, MD; Raymond Plodkowski, MD; and Reviewers of the AACE/ACE Obesity Clinical Practice Guidelines; American Association Of Clinical Endocrinologists And American College Of Endocrinology Comprehensive Clinical Practice Guidelines For Medical Care Of Patients With Obesity; Endocrine Practice, Volume 22 (Suppl 3) July 2016. https://www.aace.com/files/final-appendix.pdf
27. Imcivree™ subcutaneous injection [prescribing information]. Boston, MA: Rhythm Pharmaceuticals; June, 2022.
28. Wegovy™ subcutaneous injection [prescribing information]. Novo Nordisk; Revised 6/2022. Accessed online: 1/3/2023.
29. Beales PL, Elcioglu N, Woolf AS*, et al* New criteria for improved diagnosis of Bardet-Biedl syndrome: results of a population survey *Journal of Medical Genetics* 1999;36:437-446.
30. Grunvald E, Shah R, Hernaez R, et al. AGA Clinical Practice Guideline on Pharmacological Interventions for Adults with Obesity Gastroenterology 2022; 163,5:1198-1225.
31. Zepbound™ subcutaneous injection, tirzepatide subcutaneous injection. Eli Lilly and Company (per FDA), Indianapolis, IN, 2023. Accessed online November 2023

Addendum:

Guidelines for Comprehensive Weight Management Program
This document outlines the minimum standards that will be applied in the evaluation of a comprehensive Weight Management Program.

Purpose

The proliferation and availability of weight management support programs without widespread evidence of value provides a challenge to our members and health care programs. The availability of the internet, with unlimited and untested offerings, numerous alternative health care approaches as well as a multitude of self-professed “experts”, demands establishment of a set of standards that can be applied consistently in the evaluation of these programs. This document describes the standards that will be applied in the evaluation of a comprehensive Weight Management Program for weight loss medications Wegovy, Xenical, Orlistat, Contrave, Saxenda, Zepbound and Qsymia.

Weight Management Programs

The Weight management program guidelines combine coverage of medication with participation in a “comprehensive weight management program” in addition to the counseling offered through the primary care physician office. The comprehensive program includes nutritional counseling, behavior modification and the importance of lifestyle changes, including exercise. The program provides individual assessment, coaching, and information and helps to develop an action plan and establish goals and process to achieve sustained and significant weight loss.

Minimum Standards for a Weight Management program:

The comprehensive weight management program must:
- Include diet modification, meal-planning and/or a nutrition education component
- Include an exercise component (at a minimum documentation of oversight/education to increase physical activity)
- Address Behavior modifications
- Provide intensive individual coaching or group sessions on an ongoing basis and regularly scheduled sessions. (Monthly minimum)
- Have the capability to provide verification of program enrollment and individual session attendance/participation.
- Weight management programs conducted via the internet or telehealth will be given consideration. However, these programs must still comply with the required components of a qualified comprehensive weight management program as described above.

Programs not qualifying:

- Stand-alone Internet based programs (such as calorie or step tracking apps; ex. myfitnesspal). Internet programs/apps can be used to supplement a qualifying comprehensive program as above.
- Isolated dietician visits or referrals.
- Exercise only based programs.
- Programs that offer only weekly enrollment commitments
- Nutritional supplement-oriented programs (e.g., Optifast).

Review process

- All programs will be reviewed against these criteria.
- The clinical team will contact the program and obtain information if needed