

**Pharmacy Policy**

**Anti-Obesity Medications**

**Policy Number:** 9.322

**Version Number:** 2.0

**Version Effective Date:** 7/1/2021

Product Applicability <input type="checkbox"/> All Plan+ Products	
<p><b>Well Sense Health Plan</b></p> <input type="checkbox"/> New Hampshire Medicaid	<p><b>Boston Medical Center HealthNet Plan</b></p> <input type="checkbox"/> MassHealth - MCO <input type="checkbox"/> MassHealth - ACO <input checked="" type="checkbox"/> Qualified Health Plans/ConnectorCare/Employer Choice Direct <input type="checkbox"/> Senior Care Options

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

**Prior Authorization Policy**

**Products Affected:**

- Xenical (orlistat)
- Qsymia (phentermine/topiramate)
- Contrave (naltrexone/bupropion)
- Saxenda (liraglutide)

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

<b>Covered Use</b>	All FDA approved indications not otherwise excluded
<b>Exclusion Criteria</b>	Concurrent use of another anti-obesity agent
<b>Required Medical Information</b>	<p><b>Xenical</b></p> <p><b>Adult members ≥ 18 years of Age</b></p> <p>1. Body Mass index (BMI) ≥ 30 kg/m<sup>2</sup>; <b>OR</b></p> <p style="padding-left: 20px;">Body Mass Index ≥ 27kg/m<sup>2</sup> and at least one of the following high risk factors:</p> <ul style="list-style-type: none"> <li>• Obstructive Sleep Apnea</li> </ul>

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- Coronary Heart Disease
- Hypertension
- Dyslipidemia
- Type 2 Diabetes
- Impaired glucose tolerance; **AND**

2. Member has engaged in a trial of behavioral modification and dietary restriction for at least 3 months and has failed to achieve the desired weight loss; **AND**
3. Member is currently engaged in behavioral modification and on a reduced calorie diet

**Pediatric members ≥ 12 to < 18 Years:**

1. Body Mass Index (BMI) ≥ 95th percentile for age and sex; **OR**  
 Body Mass Index ≥ 85th percentile but < 95th percentile for age and sex and has at least one of the following:
  - Type 2 diabetes
  - cardiovascular disease (CVD)
  - Strong family history of type 2 diabetes or premature CVD; **AND**
2. Member has engaged in a trial of behavioral modification and dietary restriction for at least 3 months and has failed to achieve the desired weight loss; **AND**
3. Member is currently engaged in behavioral modification and on a reduced calorie diet.

**Contrave, Qsymia**

1. Body Mass index (BMI) ≥ 30 kg/m<sup>2</sup>; **OR**  
 Body Mass Index ≥ 27kg/m<sup>2</sup> and at least one of the following high risk factors:
  - Obstructive Sleep Apnea
  - Coronary Heart Disease
  - Hypertension
  - Dyslipidemia
  - Type 2 Diabetes
  - Impaired glucose tolerance; **AND**
2. Member has engaged in a trial of behavioral modification and dietary restriction for at least 3 months and has failed to achieve the desired weight loss; **AND**
3. Member is currently engaged in behavioral modification and on a reduced calorie diet.

**Saxenda**

**Adult members ≥ 18 years of Age :**

1. Body Mass index (BMI) > 30 kg/m<sup>2</sup>; **OR**  
 Body Mass Index > 27kg/m<sup>2</sup> and at least one of the following high risk factors:
  - Obstructive Sleep Apnea

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	<ul style="list-style-type: none"> <li>• Coronary Heart Disease</li> <li>• Hypertension</li> <li>• Dyslipidemia</li> <li>• Type 2 Diabetes</li> <li>• Impaired glucose tolerance; <b>AND</b></li> </ul> <ol style="list-style-type: none"> <li>2. Member has engaged in a trial of behavioral modification and dietary restriction for at least 3 months and has failed to achieve the desired weight loss; <b>AND</b></li> <li>3. Member is currently engaged in behavioral modification and on a reduced calorie diet</li> </ol> <p><b>Pediatric members ≥ 12 to &lt; 18 Years:</b></p> <ol style="list-style-type: none"> <li>1. Body Mass Index (BMI) ≥ 95th percentile for age and sex; <b>OR</b>  Body Mass Index ≥ 85th percentile but &lt; 95th percentile for age and sex and has at least one of the following: <ul style="list-style-type: none"> <li>• Type 2 diabetes</li> <li>• cardiovascular disease (CVD)</li> <li>• Strong family history of type 2 diabetes or premature CVD; <b>AND</b></li> </ul> </li> <li>2. Member has engaged in a trial of behavioral modification and dietary restriction for at least 3 months and has failed to achieve the desired weight loss; <b>AND</b></li> <li>3. Member is currently engaged in behavioral modification and on a reduced calorie diet</li> </ol>
<b>Age Restriction</b>	Xenical: 12 years or older Qsymia, Contrave 18 years or older Saxenda: 12 years or older
<b>Coverage Duration</b>	Initial: 3 months Reauthorization: 12 months
<b>Other criteria</b>	Reauthorization: <b>Contrave, Qsymia</b> <ol style="list-style-type: none"> <li>1. Member had an initial Body Mass index (BMI) ≥ 30 kg/m<sup>2</sup>; <b>OR</b>  Member had an initial Body Mass Index ≥ 27kg/m<sup>2</sup> and at least one of the following high risk factors: <ul style="list-style-type: none"> <li>• Obstructive Sleep Apnea</li> <li>• Coronary Heart Disease</li> <li>• Hypertension</li> <li>• Dyslipidemia</li> <li>• Type 2 Diabetes</li> </ul> </li> </ol>

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- Impaired glucose tolerance; **AND**
2. Member is currently engaged in behavioral modification and on a reduced calorie diet; **AND**
  3. Member has lost  $\geq 5\%$  of baseline body weight

### **Saxenda**

#### **Adult members $\geq 18$ years of Age**

1. Body Mass index (BMI)  $\geq 30$  kg/m<sup>2</sup>; **OR**  
 Body Mass Index  $\geq 27$ kg/m<sup>2</sup> and at least one of the following high risk factors:
  - Obstructive Sleep Apnea
  - Coronary Heart Disease
  - Hypertension
  - dyslipidemia
  - Type 2 Diabetes
  - Impaired glucose tolerance
2. Member is currently engaged in behavioral modification and on a reduced calorie diet; **AND**
3. Member has lost  $\geq 5\%$  of baseline body weight.

#### **Pediatric members $\geq 12$ to $< 18$ Years:**

1. Body Mass Index (BMI)  $\geq 95$ th percentile for age and sex; **OR**  
 Body Mass Index  $\geq 85$ th percentile but  $< 95$ th percentile for age and sex and has at least one of the following:
  - Type 2 diabetes
  - cardiovascular disease [CVD]
  - Strong family history of type 2 diabetes or premature CVD; **AND**
2. Member is currently engaged in behavioral modification and on a reduced calorie diet; **AND**
3. Member has had a reduction in BMI of  $\geq 1\%$  from baseline; **AND**
4. Member currently has a BMI  $> 85$ th percentile

### **Xenical**

#### **Adult members $\geq 18$ years of Age:**

1. Body Mass index (BMI)  $> 30$  kg/m<sup>2</sup>; **OR**  
 Body Mass Index  $> 27$ kg/m<sup>2</sup> and at least one of the following high risk factors:
  - Obstructive Sleep Apnea
  - Coronary Heart Disease
  - Hypertension
  - Dyslipidemia
  - Type 2 Diabetes
  - Impaired glucose tolerance

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	<ol style="list-style-type: none"> <li>2. Member is currently engaged in behavioral modification and on a reduced calorie diet; <b>AND</b></li> <li>3. Member has lost <math>\geq</math> 5% of baseline body weight</li> </ol> <p><b>Pediatric members <math>\geq</math> 12 to &lt; 18 Years:</b></p> <ol style="list-style-type: none"> <li>1. Body Mass Index (BMI) <math>\geq</math> 95th percentile for age and sex; <b>OR</b>  Body Mass Index <math>\geq</math> 85th percentile but &lt; 95th percentile for age and sex and has at least one of the following: <ul style="list-style-type: none"> <li>• Type 2 diabetes</li> <li>• Cardiovascular disease (CVD)</li> <li>• Strong family history of type 2 diabetes or premature CVD; <b>AND</b></li> </ul> </li> <li>2. Member is currently engaged in behavioral modification and on a reduced calorie diet; <b>AND</b></li> <li>3. Member's current BMI percentile has decreased for age and from when Xenical was started; <b>AND</b></li> <li>4. Member currently has a BMI &gt; 85th percentile</li> </ol>
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**Clinical Background Information and References**

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

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

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<b>Policy Revisions History</b>			
<b>Review Date</b>	<b>Summary of Revisions</b>	<b>Revision Effective Date</b>	<b>Approved by</b>
9/10/2020	9.301 Anti-Obesity Policy retired, new policy created. Belviq removed from market and taken off policy, updated Xenical t/f requirement to require Contrave and Qsymia, removed documentation requirements, changed reauth weight reduction requirement to 5%	1/1/2021	P&T Committee
5/24/2021	P&T annual review: aligned with ESI standard policy	7/1/2021	P&T Committee

### **Next Review Date**

2021

### **Other Applicable Policies**

### **Reference to Applicable Laws and Regulations, If Any**

#### **Disclaimer Information**

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

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

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

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