

**HARVARD PILGRIM HEALTH CARE
RECOMMENDED MEDICATION REQUEST GUIDELINES**

WEIGHT LOSS MEDICATIONS

Generic	Brand	HICL	GCN	Exception/Other
LORCASERIN	BELVIQ, BELVIQ XR	40373		
NALTREXONE/ BUPROPION	CONTRAVE	41389		
PHENDIMETRAZINE	PHENDIMETRAZINE	02115		
PHENTERMINE	PHENTERMINE	02111		ROUTE ≠ MISCELL.
LIRAGLUTIDE	SAXENDA		37637	

GUIDELINES FOR USE

INITIAL CRITERIA (FOR RENEWAL CRITERIA SEE BELOW)

1. Does the request meet **ALL** of the following criteria?
 - Patient is 18 years of age or older
 - Diagnosed with one of the following conditions:
 - BMI of at least 30 kg/m² or
 - BMI of at least 27 kg/m² with at least one weight-related comorbid condition, such as hypertension, dyslipidemia, type II diabetes, sleep apnea
 - Documentation the patient is actively involved in a dietary, exercise, or behavioral modification program (as stated on MRF)

If yes, **approve by HICL (or GPID for Saxenda requests) for 6 months**. Please use status code #056 and the approval text provided.

APPROVAL TEXT: Your request for [requested medication] has been approved for a 6-month period. Please note, an approval for continued coverage after 6 months requires documentation that you have demonstrated a weight loss of at least 5% after 12 weeks of therapy and you are adherent to a dietary, exercise, or behavioral modification weight loss program.

If no, do not approve. Please use status code #238 and the provided denial text.

DENIAL TEXT: Per your health plan's Weight Loss Medication guideline, the requested medication is only covered if you meet the following conditions:

- 18 years of age or older
- Diagnosed with either a BMI of at least 30 kg/m² or a BMI of at least 27 kg/m² and you have at least one weight-related comorbid condition, such as hypertension, dyslipidemia, type II diabetes, sleep apnea
- Documentation you are actively involved in a dietary, exercise, or behavioral modification program

Your physician did not indicate that you [criteria not met] and therefore your request was not approved.

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WEIGHT LOSS MEDICATIONS

GUIDELINES FOR USE (CONTINUED)

RENEWAL CRITERIA

1. Does the request meet **ALL** of the following criteria?
 - Documented weight loss by one of the following conditions:
 - Weight loss of at least 5% from baseline at week 12 (after dose titration, if applicable) upon initial renewal OR
 - Continued weight loss beyond the initial 12 weeks of therapy upon subsequent renewals
 - Documentation patient is adherent to a dietary, exercise, or behavioral modification program

If yes, **approve by HICL (or GPID for Saxenda requests) for 12 months.** Please use status code #056 and the approval text provided.

APPROVAL TEXT: Your request for [requested medication] has been approved for a 12-month period. Please note, an approval for continued coverage requires documentation that you have demonstrated continued weight loss and you are adherent to a dietary, exercise, or behavioral modification weight loss program.

If no, do not approve. Please use status code #238 and the provided denial text.

DENIAL TEXT: Per your health plan's Weight Loss Medication guideline, authorization for renewal requires documentation of each of the following:

- Weight loss of at least 5% from baseline after initial 12 weeks
 - Continued weight loss beyond the initial 12 weeks of therapy upon subsequent renewals
 - Documentation patient is adherent to a dietary, exercise, or behavioral modification program
- Your physician did not indicate that you [**criteria not met**] and therefore your request was not approved.

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WEIGHT LOSS MEDICATIONS

RATIONALE

To promote the appropriate use of medications for weight loss.

FDA APPROVED INDICATIONS

Belviq (lorcaserin)/Belviq XR (lorcaserin extended-release) is indicated as an adjunct to a reduced-calorie diet and increased physical activity for chronic weight management in adults with an initial body mass index (BMI) of:

- 30 kg/m or greater (obese) or
- 27 kg/m or greater (overweight) in the presence of at least one weight-related comorbid condition, (e.g., hypertension, dyslipidemia, type 2 diabetes)

Limitations of Use:

- The safety and efficacy of co-administration with other products for weight loss have not been established.
- The effect of Belviq/Belviq XR on cardiovascular morbidity and mortality has not been established.

Contrave (naltrexone/bupropion) is indicated as an adjunct to a reduced-calorie diet and increased physical activity for chronic weight management in adults with an initial body mass index (BMI) of:

- 30 kg/m or 2 greater (obese) or
- 27 kg/m or greater (overweight) in the presence of at least one weight-related comorbidity (e.g., hypertension, type 2 diabetes mellitus, or dyslipidemia).

Limitations of Use:

- The effect of CONTRAVE on cardiovascular morbidity and mortality has not been established.
- The safety and effectiveness of CONTRAVE in combination with other products intended for weight loss, including prescription and over-the-counter drugs, and herbal preparations, have not been established.

Phendimetrazine tartrate is indicated in the management of exogenous obesity as a short-term adjunct (a few weeks) in a regimen of weight reduction based on caloric restriction in patients with an initial body mass index (BMI) of 30 kg/m or higher who have not responded to appropriate weight reducing regimen (diet and/or exercise) alone.

Phentermine is indicated as a short-term adjunct (a few weeks) in a regimen of weight reduction based on exercise, behavioral modification and caloric restriction in the management of exogenous obesity for patients with an initial body mass index \geq 30 kg/m, or \geq 27 kg/m in the presence of other risk factors (e.g., controlled hypertension, diabetes, hyperlipidemia).

Saxenda is 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/m or greater 2 (obese) or
- 27 kg/m or greater (overweight) in the presence of at least one weight-related comorbid condition (e.g. hypertension, type 2 diabetes mellitus, or dyslipidemia)

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Limitations of Use:

- Saxenda is not indicated for the treatment of type 2 diabetes.
- Saxenda should not be used in combination with any other GLP-1 receptor agonist.
- Saxenda should not be used with insulin.
- The effects of Saxenda on cardiovascular morbidity and mortality have not been established.
- The safety and efficacy of co-administration with other products for weight loss have not been established.
- Saxenda has not been studied in patients with a history of pancreatitis

REFERENCES

- Belviq/Belviq XR (lorcaserin) [prescribing information]. Woodcliff Lake, NJ: Eisai Inc.; May 2017.
- Contrave (naltrexone/bupropion) [prescribing information]. LaJolla, CA: Orexigen Therapeutics, Inc.; September 2014.
- Phendimetrazine [prescribing information]. Northvale, NJ: Elite Laboratories, Inc.; August 2017.
- Phentermine [prescribing information]. Cranbury, NJ: Sun Pharmaceuticals Industries, Inc.; October 2017.
- Saxenda (liraglutide) [prescribing information]. Plainsboro, NJ: Novo Nordisk Inc.; April 2017.

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