Effective: January 1, 2023

Guideline Type
☒ Prior Authorization
☐ Non-Formulary
☐ Step-Therapy
☐ Administrative

Applies to:

Commercial Products
☒ Harvard Pilgrim Health Care Commercial products; Fax: 617-673-0988
☒ Tufts Health Plan Commercial products; Fax: 617-673-0988
  CareLinkSM – Refer to CareLink Procedures, Services and Items Requiring Prior Authorization

Public Plans Products
☒ Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product); Fax: 617-673-0988

Note: While you may not be the provider responsible for obtaining prior authorization, as a condition of payment you will need to ensure that prior authorization has been obtained.

Overview

Food and Drug Administration – Approved Indications
Anti-obesity medications are used in combination with diet and exercise in the treatment of obesity. The plan does not consider anti-obesity drugs to be medically necessary in the treatment of all patients with obesity, as diet and exercise constitute the mainstay of therapy in most cases. Some patients however, with severe obesity and/or other significant medical concerns, may gain additional benefit by using anti-obesity drugs as part of a comprehensive approach to weight loss.

This policy applies to the following anti-obesity medications: Contrave (naltrexone/bupropion), Saxenda (liraglutide), and Wegovy (semaglutide).

Clinical Guideline Coverage Criteria

Initial Criteria
The plan may authorize initial coverage of an anti-obesity drug for a period of up to 6 months for patients meeting the following clinical criteria:

Saxenda:
1. For patients age 18 and older, one of the following:
   a. The Member has a BMI of 30 or greater
   OR
   b. The patient has a BMI of 27-29 AND one or more of the following co-morbid conditions:
      i. Diabetes mellitus
      ii. Hypertension
      iii. Sleep Apnea
      iv. Hyperlipidemia (high cholesterol)
      v. Symptomatic osteoarthritis of the lower extremities (knee or hip)
      vi. GERD (gastroesophageal reflux disease or acid reflux)
      vii. Coronary heart disease, shown by a history of any of the following:
         1. Heart surgery (bypass surgery or CABG)
         2. History of a heart attack (myocardial infarction MI)
         3. History of stroke
         4. Angina

OR
2. For patients between age 12 and 17 years of age, both of the following are met:
   a. Body weight over 60kg
   b. Baseline BMI corresponding to 30 kg/m² for adults (obese) by international cut-offs

3. Used as an adjunct to lifestyle modification (e.g., dietary or caloric restriction, exercise, behavioral support, community based program)

Contrave and Wegovy:
1. The patient has a BMI of 30 or greater
2. The patient has a BMI of 27-29 AND one or more of the following co-morbid conditions:
   i. Diabetes mellitus
   ii. Hypertension
   iii. Sleep Apnea
   iv. Hyperlipidemia (high cholesterol)
   v. Symptomatic osteoarthritis of the lower extremities (knee or hip)
   vi. GERD (gastroesophageal reflux disease or acid reflux)
   vii. Coronary heart disease, shown by a history of any of the following:
       1. Heart surgery (bypass surgery or CABG)
       2. History of a heart attack (myocardial infarction MI)
       3. History of stroke
       4. Angina

3. Used as an adjunct to lifestyle modification (e.g., dietary or caloric restriction, exercise, behavioral support, community based program)

Reauthorization for continuation of treatment:
The plan may authorize continued treatment with anti-obesity agents for one year patients who meet the following clinical criteria for reauthorization:

Saxenda:
1. One of the following upon renewal:
   a. For patients 18 years and older: Documented weight loss or maintenance of weight loss of at least 5% of baseline bodyweight during the first 6 months of treatment with the anti-obesity agent
   OR
   b. For patients between age 12 and 17 years of age: Documented weight loss or maintenance of weight loss of at least 1% of baseline bodyweight or BMI during the first 6 months of treatment with the anti-obesity agent
   OR
   c. The patient is new to the plan and stable on the medication
   AND
2. Documentation by the prescribing physician that the patient is adherent to lifestyle modification (e.g., dietary or caloric restriction, exercise, behavioral support, community based program)

Contrave and Wegovy:
1. One of the following:
   a. Documented weight loss or maintenance of weight loss of at least 5% of baseline bodyweight during the first 6 months of treatment with the anti-obesity agent
   OR
   b. The patient is new to the plan and stable on the medication
   AND
2. Documentation by the prescribing physician that the patient is adherent to lifestyle modification (e.g., dietary or caloric restriction, exercise, behavioral support, community based program)

Limitations
1. The plan will not authorize coverage of an anti-obesity medication when used in combination with another anti-obesity medication.
2. Duration of approval for initial authorization is limited to 6 months. Additional reauthorizations will be limited to 1 year.
References


Approval And Revision History

September 12, 2022: Reviewed by the Pharmacy & Therapeutics Committee.

Background, Product and Disclaimer Information

Pharmacy Medical Necessity Guidelines have been developed for determining coverage for plan benefits and are published to provide a better understanding of the basis upon which coverage decisions are made. The plan makes coverage decisions on a case-by-case basis considering the individual member's health care needs. Pharmacy Medical Necessity Guidelines are developed for selected therapeutic classes or drugs found to be safe, but proven to be effective in a limited, defined population of patients or clinical circumstances. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in the service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. The plan revises and updates Pharmacy Medical Necessity Guidelines annually, or more frequently if new evidence becomes available that suggests needed revisions.

For self-insured plans, coverage may vary depending on the terms of the benefit document. If a discrepancy exists between a Pharmacy Medical Necessity Guideline and a self-insured Member's benefit document, the provisions of the benefit document will govern.

Treating providers are solely responsible for the medical advice and treatment of members. The use of this policy is not a guarantee of payment or a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization and utilization management guidelines when applicable, and adherence to plan policies and procedures and claims editing logic.