**Weight Loss Medications**  
*Effective November 28, 2018*

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<th>☒ Commercial/Exchange</th>
<th>Program Type</th>
<th>☒ Prior Authorization</th>
<th>☐ Quantity Limit</th>
<th>☐ Step Therapy</th>
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<td>☐ Medical Benefit (NLX)</td>
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<td>Specialty Medications</td>
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<td>Phone: 866-814-5506</td>
<td>Fax: 866-249-6155</td>
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<td>Non-Specialty Medications</td>
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<td>Fax: 866-255-7569</td>
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<td>Fax: 888-836-0730</td>
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<td>Exchange</td>
<td>Phone: 855-582-2022</td>
<td>Fax: 855-245-2134</td>
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<td>Medical Specialty Medications (NLX)</td>
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**Overview**

**Alli (orlistat)** is for weight loss in overweight adults, 18 years and older, when used along with a reduced-calorie and low-fat diet.

**Belviq/Belviq XR (lorcaserin)** is a serotonin 2C receptor agonist 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/m2 or greater (obese) or 27 kg/m2 or greater (overweight) in the presence of at least one weight-related comorbidity.

**Contrave** is a combination of naltrexone, an opioid antagonist, and bupropion, an aminoketone antidepressant, 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/m2 or greater (obese) or 27 kg/m2 or greater (overweight) in the presence of at least one weight-related comorbidity.

**Qsymia** is a combination of phentermine, a sympathomimetic amine anorectic, and topiramate extended-release, an antiepileptic drug, 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/m2 or greater (obese) or 27 kg/m2 or greater (overweight) in the presence of at least one weight-related comorbidity.

**Saxenda (liraglutide)** is a glucagon-like peptide-1 (GLP-1) receptor agonist 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/m2 or greater (obese) or 27 kg/m2 or greater (overweight) in the presence of at least one weight-related comorbidity.
Coverage Guidelines

Initial Approval
Authorization may be granted for one of the above listed medications when the following criteria are met:

- BMI greater than 30kg/m2 without comorbid conditions or
- BMI greater than 27Kg/m2 with comorbid conditions:
  - Coronary heart disease;
  - Type 2 diabetes mellitus;
  - Obstructive sleep apnea;
  - Obesity hypoventilation syndrome;
  - Pseudotumor cerebri;
  - Obesity related cardiomyopathy;
  - Nonalcoholic steatohepatitis (NASH);
  - Presence of 3 or more of the following CV risk factors:
    - Hypertension (SBP>140 or DBP >90 or taking antihypertensive agents);
    - Low HDL cholesterol (<35 mg/dL);
    - Elevated LDL cholesterol (>160 mg/dL);
    - Impaired glucose intolerance (FPG 110 to 125 mg/dL);
    - Family history of premature CHD (MI or sudden death at or before 55 years of age in father or other male first-degree relative, or at or before 65 years of age in mother or other female first degree relative);
    - Age > 45 in men and >55 in women;
  - 3 months of active participation in an outpatient weight loss program
  - Failure to lose at least 5% of body weight while enrolled in the outpatient weight loss program
  - Member will maintain a low-calorie diet while on requested medication
  - For Qsymia only: Members must have tried and failed separate ingredients topiramate and phentermine taken together.

Continuation of Therapy
Reauthorization may be granted if the following criteria is met:

- Weight loss is ≥5% of body weight OR
- Weight loss is < 5% of body weight, but weight loss is being maintained (i.e., not gaining weight)

Approval Duration
Initial and reauthorization approvals may be granted for up 90 days at a time

References
1. Alli (orlistat) [prescribing information]. Moon Township, PA: GlaxoSmithKline, Sep 2014.
3. Contrave (naltrexone and bupropion) [prescribing information]. La Jolla, CA: Orexigen Therapeutics Inc; June 2018.


**Review History**

09/25/2006: Reviewed & Revised
09/24/2007: Reviewed & Revised
09/22/2008: Reviewed
09/21/2009: Reviewed & Revised
09/27/2010: Reviewed & Revised
02/28/2011: Reviewed
02/27/2012: Reviewed
02/25/2013: Reviewed & Revised P&T Mtg
06/03/2013: Updated (Remove Xenical Rx coverage; 04/2013 P&T discussion)
02/24/2014: Reviewed P&T
11/28/2016: Reviewed
11/27/2017: Reviewed P&T
11/26/2018: Updated

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