

Weight Loss Oral Agents Prior Authorization

Drug(s) Applied:	Contrave (naltrexone/bupropion), phentermine/topiramate ER
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Standard Weight Loss Programs (Weight Loss No-Copay / Weight Loss Split Cost) Criteria:

Drug(s) Applied will be approved when the requested medication is being used for an FDA approved indication and all of the following criteria are met:

I. Initial Therapy Criteria

A. Obesity in patients 18 years and older as indicated by chart notes within past 3 months:

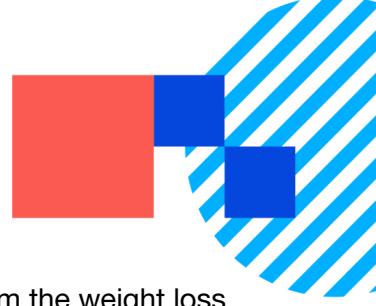
1. Weight loss drugs are NOT restricted from coverage under the patient's benefit **and**
2. Patient has either a BMI greater than or equal to 40 kg/m², or a BMI greater than or equal to 30 kg/m² with at least one weight-related comorbidity/risk **and**
3. Patient has tried and had an inadequate response to a trial of phentermine for a minimum of 12 weeks or has an intolerance/contraindication to phentermine **and**
4. Patient is enrolled in a weight loss program with lifestyle and behavioral modifications, including logs, progress reports, or notes from the weight loss program provider indicating active participation **and**
5. Patient will continue to participate in the weight loss program **and**
6. Chart notes and/or prescriber do not provide documentation that patient will be using the requested agent in combination with another weight loss agent (e.g., Contrave, phentermine, phentermine/topiramate ER) or with a GLP-1 receptor agonist **and**
7. Patient does NOT have any FDA labeled contraindications to the requested agent

Approval Duration: 6 months

B. Obesity in patients 12-17 years old as indicated by chart notes within past 3 months:

1. Weight loss drugs are NOT restricted from coverage under the patient's benefit **and**
2. Requested agent is phentermine/topiramate ER **and**
3. Patient has a BMI greater than or equal to 95th percentile for age and sex, or a BMI greater than or equal to 30 kg/m² **and**
4. Patient is enrolled in a weight loss program with lifestyle and behavioral





modifications, including logs, progress reports, or notes from the weight loss program provider indicating active participation **and**

5. Patient will continue to participate in the weight loss program **and**
6. Chart notes and/or prescriber do not provide documentation that patient will be using the requested agent in combination with another weight loss agent (e.g., Contrave, phentermine, phentermine/topiramate ER) or with a GLP-1 receptor agonist **and**
7. Patient does NOT have any FDA labeled contraindications to the requested agent

Approval Duration: 6 months

II. Continued Therapy Criteria

A. **Obesity in patients 18 years and older** as indicated by chart notes within past 3 months:

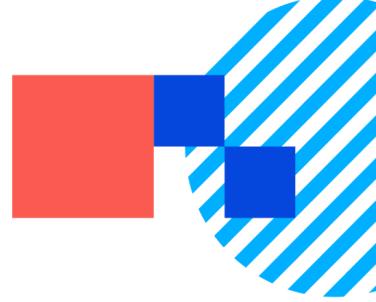
1. Weight loss drugs are NOT restricted from coverage under the patient's benefit **and**
2. Patient has been previously approved for the requested agent through the plan's Prior Authorization process or meets the initial therapy criteria above **and**
3. Patient has achieved and maintained a weight loss greater than or equal to 5% from baseline (prior to initiation of pharmacotherapy) **and**
4. Patient is actively enrolled in a weight loss program with lifestyle and behavioral modifications, including logs, progress reports, or notes from the weight loss program provider indicating active participation **and**
5. Patient will continue to participate in the weight loss program **and**
6. Chart notes and/or prescriber do not provide documentation that patient will be using the requested agent in combination with another weight loss agent (e.g., Contrave, phentermine, phentermine/topiramate ER) or with a GLP-1 receptor agonist **and**
7. Patient does NOT have any FDA labeled contraindications to the requested agent

Approval Duration: 12 months

B. **Obesity in patients 12-17 years old** as indicated by chart notes within past 3 months:

1. Weight loss drugs are NOT restricted from coverage under the patient's benefit **and**
2. Patient has been previously approved for the requested agent through the plan's Prior Authorization process or meets the initial therapy criteria above **and**
3. Requested agent is for phentermine/topiramate ER **and**
4. Patient has achieved and maintained a weight loss greater than or equal to 5%





from baseline (prior to initiation of pharmacotherapy) **and**

5. Patient is actively enrolled in a weight loss program with lifestyle and behavioral modifications, including logs, progress reports, or notes from the weight loss program provider indicating active participation **and**
6. Patient will continue to participate in the weight loss program **and**
7. Chart notes and/or prescriber do not provide documentation that patient will be using the requested agent in combination with another weight loss agent (e.g., Contrave, phentermine, phentermine/topiramate ER) or with a GLP-1 receptor agonist **and**
8. Patient does NOT have any FDA labeled contraindications to the requested agent

Approval Duration: 12 months

Flex Weight Loss Programs (Weight Loss No-Copay / Weight Loss Split Cost) Criteria:

Drug(s) Applied will be approved when the requested medication is being used for an FDA approved indication and all of the following criteria are met:

III. Initial Therapy Criteria

A. Obesity

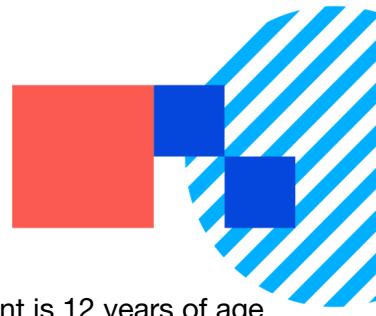
1. Weight loss drugs are NOT restricted from coverage under the patient's benefit **and**
2. ONE of the following:
 - a) Patient is 18 years of age or older and has either a BMI greater than or equal to 30 kg/m², or a BMI greater than or equal to 27 kg/m² with at least one weight-related comorbidity/risk **or**
 - b) Request is for phentermine/topiramate ER and patient is 12 years of age or older and has a BMI greater than or equal to 95th percentile for age and sex, or a BMI greater than or equal to 30 kg/m²

Approval Duration: 12 months

IV. Continued Therapy Criteria

A. Obesity

1. Weight loss drugs are NOT restricted from coverage under the patient's benefit **and**
2. ONE of the following:
 - a) Patient is 18 years of age or older and has either a BMI greater than or equal to 30 kg/m², or a BMI greater than or equal to 27 kg/m² with at least one weight-related comorbidity/risk **or**



- b) Request is for phentermine/topiramate ER and patient is 12 years of age or older and had a starting BMI greater than or equal to 95th percentile for age and sex, or a BMI greater than or equal to 30 kg/m²

Approval Duration: 12 months

Policy Owned by: Curative PBM team