

Clinical Policy: Obesity Treatment Agents

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[Revision Log](#)

Policy/Criteria

Provider must submit documentation (such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria.

It is the policy of PA Health & Wellness® that Obesity Treatment Agents is **medically necessary** when the following criteria are met:

I. Requirements for Prior Authorization of Obesity Treatment Agents

A. Prescriptions That Require Prior Authorization

All prescriptions for Obesity Treatment Agents must be prior authorized.

B. Review of Documentation for Medical Necessity

In evaluating a request for prior authorization of a prescription for an Obesity Treatment Agent, the determination of whether the requested prescription is medically necessary will take into account whether the member:

1. For a request for Evekeo (amphetamine) for any indication other than the treatment of obesity, see **PHW.PDL.007 Stimulants and Related Agents**;
2. For beneficiaries 18 years of age and older, one of the following:
 - a. Has a body mass index (BMI) greater than or equal to 30 kg/m²,
 - b. Both of the following:
 - i. One of the following:
 - a) Has a BMI greater than or equal to 27 kg/m² and less than 30 kg/m²,
 - b) Has been determined by the prescriber to be a candidate for treatment based on degree of adiposity, waist circumference, history of bariatric surgery, BMI exceptions for the beneficiary's ethnicity, etc.,
 - ii. Has at least one weight-related comorbidity as determined by the prescriber, such as dyslipidemia, hypertension, type 2 diabetes, prediabetes, obstructive sleep apnea, metabolic syndrome, etc.;
3. For beneficiaries less than 18 years of age, one of the following:
 - a. Has a BMI in the 95th percentile or greater standardized for age and sex based on current Centers for Disease Control and Prevention (CDC) charts,
 - b. Both of the following:

- i. One of the following:
 - a) Has a BMI in the 85th percentile or greater standardized for age and sex based on current CDC charts,
 - b) Has been determined by the prescriber to be a candidate for treatment based on degree of adiposity, history of bariatric surgery, etc.,
 - ii. Has at least one weight-related comorbidity as determined by the prescriber such as dyslipidemia, hypertension, type 2 diabetes, prediabetes, obstructive sleep apnea, metabolic syndrome, etc.; **AND**
- 4. Has been counseled about lifestyle changes and behavioral modification (e.g., healthy diet and increased physical activity); **AND**
- 5. Is age- and weight-appropriate according to FDA-approved package labeling, nationally recognized compendia, or peer-reviewed medical literature; **AND**
- 6. Is prescribed a dose that is consistent with FDA-approved package labeling, nationally recognized compendia, or peer-reviewed medical literature; **AND**
- 7. Does not have a contraindication to the prescribed medication; **AND**
- 8. For an Obesity Treatment Agent that is subject to the U.S. Drug Enforcement Agency Controlled Substances Act (i.e., controlled substance), has documentation that the prescriber or the prescriber's delegate conducted a search of the Pennsylvania Prescription Drug Monitoring Program (PDMP) for the beneficiary's controlled substance prescription history; **AND**
- 9. For Evekeo (amphetamine), all of the following:
 - a. Was assessed for potential risk of misuse, abuse, or addiction based on family and social history obtained by the prescribing provider,
 - b. Has documentation that the beneficiary has been educated on the potential adverse effects of stimulants, including the risk for misuse, abuse, and addiction,
 - c. For a beneficiary with a history of comorbid substance dependency, abuse, or diversion, has results of a recent urine drug screen testing for licit and illicit drugs with the potential for abuse (including specific testing for oxycodone, fentanyl, and tramadol) that is consistent with prescribed controlled substances,
 - d. Both of the following:
 - i. Has a history of trial and failure of or a contraindication or an intolerance to all other Obesity Treatment Agents (Preferred and Non-Preferred),
 - ii. Has documentation from prescriber explaining the rationale for why the requested medication is needed and plan for tapering;
- 10. For all other non-preferred Obesity Treatment Agents, has history of therapeutic

failure of or a contraindication or an intolerance to the preferred Obesity Treatment Agents approved or medically accepted for the beneficiary's diagnosis or indication.

11. For therapeutic duplication, one of the following:
 - a. For a GLP-1 receptor agonist, is being titrated to or tapered from a DPP-4 inhibitor or another GLP-1 receptor agonist,
 - b. For a stimulant agent, is being titrated to or tapered from another stimulant agent,
 - c. Has a medical reason for concomitant use of the requested medications that is supported by peer-reviewed medical literature or national treatment guidelines;

AND

12. If a prescription for an Obesity treatment Agent is in a quantity that exceeds the quantity limit, the determination of whether the prescription is medically necessary will also take into account the guidelines set forth in PA.CP.PMN.59 Quantity Limit Override.

NOTE: If the member does not meet the clinical review guidelines above but, in the professional judgement of the physician reviewer, the services are medically necessary to meet the medical needs of the member, the request for prior authorization will be approved.

FOR RENEWALS OF PRIOR AUTHORIZATION FOR OBESITY TREATMENT

AGENTS: The determination of medical necessity of a request for renewal of a prior authorization for An Obesity Treatment Agent that was previously approved will take into account whether the member:

1. For beneficiaries 18 years of age and older, one of the following:
 - a. Is continuing with dose titration and experiencing a positive response to therapy,
 - b. Experienced a percent reduction of baseline body weight that is consistent with the recommended cutoff in FDA-approved package labeling, peer-reviewed medical literature, or consensus treatment guidelines after 3 months of therapy with the maximum recommended/tolerated dose,
 - c. Continues to experience clinical benefit from the Obesity Treatment Agent based on the prescriber's assessment;

AND

2. For beneficiaries less than 18 years of age, one of the following:
 - a. Is continuing with dose titration and experiencing a positive response to therapy,
 - b. Experienced a percent reduction of baseline BMI or BMI z-score that is consistent with the recommended cutoff in FDA-approved package labeling, peer reviewed medical literature, or consensus treatment guidelines after 3 months of therapy with the maximum recommended/tolerated dose,

- c. Continues to experience clinical benefit from the Obesity Treatment Agent based on the prescriber's assessment; **AND**
- 3. Has been counseled about lifestyle changes and behavioral modification (e.g., healthy diet and increased physical activity); **AND**
- 4. Is prescribed a dose that is consistent with FDA-approved package labeling, nationally recognized compendia, or peer-reviewed medical literature; **AND**
- 5. Does not have a contraindication to the prescribed medication; **AND**
- 6. For an Obesity Treatment Agent that is subject to the U.S. Drug Enforcement Agency Controlled Substances Act (i.e., controlled substance), has documentation that the prescriber or the prescriber's delegate conducted a search of the Pennsylvania Prescription Drug Monitoring Program (PDMP) for the beneficiary's controlled substance prescription history; **AND**
- 7. For Evekeo (amphetamine), both of the following:
 - a. For a beneficiary with a history of comorbid substance dependency, abuse, or diversion, has results of a recent urine drug screen testing for licit and illicit drugs with the potential for abuse (including specific testing for oxycodone, fentanyl, and tramadol) that is consistent with prescribed controlled substances
 - b. Has documentation from prescriber explaining rationale for why the requested medication continues to be needed and plan for tapering; **AND**
- 8. For all other non-preferred Obesity Treatment Agents, has history of therapeutic failure of or a contraindication or an intolerance to the preferred Obesity Treatment Agents approved or medically accepted for the beneficiary's diagnosis or indication; **AND**
- 9. For therapeutic duplication, one of the following:
 - a. For a GLP-1 receptor agonist, is being titrated to or tapered from a DPP-4 inhibitor or another GLP-1 receptor agonist,
 - b. For a stimulant agent, is being titrated to or tapered from another stimulant agent,
 - c. Has a medical reason for concomitant use of the requested medications that is supported by peer-reviewed medical literature or national treatment guidelines; **AND**
- 10. If a prescription for an Obesity Treatment Agent is in a quantity that exceeds the quantity limit, the determination of whether the prescription is medically necessary will also take into account the guidelines set forth in PA.CP.PMN.59 Quantity Limit Override.

NOTE: If the member does not meet the clinical review guidelines above but, in the professional judgement of the physician reviewer, the services are medically necessary to meet the medical needs of the member, the request for prior authorization will be approved.

C. Clinical Review Process

Prior authorization personnel will review the request for prior authorization and apply the clinical guidelines in Section B. above to assess the medical necessity of a prescription for a Obesity Treatment Agents. If the guidelines in Section B. are met, the reviewer will prior authorize the prescription. If the guidelines are not met, the prior authorization request will be referred to a physician reviewer for a medical necessity determination. Such a request for prior authorization will be approved when, in the professional judgment of the physician reviewer, the services are medically necessary to meet the medical needs of the member

D. Approval Duration:

Requests for prior authorization of Obesity Treatment Agents will be approved as follows:

1. For Evekeo (amphetamine), all requests will be approved for up to 3 months.
2. For a GLP-1 receptor agonist (e.g., Saxenda or Wegovy), all requests will be approved for up to 6 months.
3. For all other Obesity Treatment Agents:
 - a. Initial requests for prior authorization will be approved for up to 4 months.
 - b. Renewals of requests for prior authorization will be approved for up to 6 months.

E. References

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Reviews, Revisions, and Approvals	Date
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