University of Michigan Health Plan

DRUG DETERMINATION POLICY

Title: DDP-25 Chronic Weight Management

Effective Date: 1/1/25

Important Information - Please Read Before Using This Policy

The following policy applies to health benefit plans administered by the UM Health Plan and may not be covered by all UM Health plans. Please refer to the member's benefit document for specific coverage information. If there is a difference between this general information and the member's benefit document, the member's benefit document will be used to determine coverage. For example, a member's benefit document may contain a specific exclusion related to a topic addressed in a coverage policy.

Benefit determinations for individual requests require consideration of:

1. The terms of the applicable benefit document in effect on the date of service.
2. Any applicable laws and regulations.
3. Any relevant collateral source materials, including coverage policies.
4. The specific facts of the situation.

Contact UM Health Plan Customer Service to discuss plan benefits more specifically.

1.0 Policy:

This policy describes the determination process for coverage of specific drugs.

This policy does not guarantee or approve benefits. Coverage depends on the specific benefit plan. Drug Determination Policies are not treatment recommendations and should not be used as treatment guidelines.

2.0 Background or Purpose:

Contrave and specific Glucagon-Like Peptide 1 (GLP-1) Receptor Antagonists are agents used for chronic weight management as an adjunct to diet and exercise in obese individuals. These criteria were developed and implemented to ensure appropriate use of conventional treatment first, as well as use for the intended severity of the condition.

3.0 Clinical Determination Guidelines:

Document the following with chart notes:

I. General Considerations

A. Limitations of use: One continuous trial is allowed per medication.

B. Etiology of weight gain: Other causes of weight gain have been addressed and corrected if possible (hypothyroid, drug-induced).

C. Exclusions:

1. Use in combination with other weight loss products.

2. Bariatric/gastric bypass surgery, including gastric sleeve and gastric balloon, within the past six months.

3. Type 2 Diabetes mellitus (refer to DDP-4 Non-Insulin Diabetic Agents).

4. History of eating disorders (anorexia, binge eating disorder, etc.).

5. Pregnancy or postpartum (within 4 weeks).

6. Undergoing dialysis treatment.

7. Has not received clearance from their provider to exercise: Transient ischemic attack or stroke, heart attack; hospitalization for congestive heart failure or cardiac surgery (such as coronary artery bypass surgery or coronary artery stenting).

D. Initial approval criteria must be met in the following circumstances:

1. A current health plan member requesting a new start of a weight loss medication.

2. A new health plan member requesting continuation of a weight loss medication.

3. Continuation of use of a weight loss medication following a drug coupon or sample use.

4. Non-adherence to a previously approved weight management medication for three or more months due to drug shortages or non-compliance.

II. Chronic Weight Management

A. Contrave (naltrexone 8mg/bupropion 90mg). [must meet all listed below]:

1. Age: at least 18 years old.

2. Body mass index (BMI): Recorded within the last 30 days [must meet one listed below]:

a. At least 30 kg per m^2

b. At least 27 kg per m^2 with at least one weight-related comorbid condition (e.g., diabetes mellitus, impaired glucose tolerance, dyslipidemia, hypertension, coronary heart disease, or sleep apnea). Weight-related comorbidities are only accepted if they are being actively treated.

3. Weight Management Program Requirements [must meet one listed below]:

a. Without comorbid Type I Diabetes [must meet both listed below]:

i. Registration and active participation in the *Omada for Prevention* program for six consecutive months immediately prior to using the requested medication.

ii. Active participation is defined as logging two activities in the *Omada* application or website weekly. One activity must be recording a weight value [must meet two below]:

(A) Completing a lesson OR

(B) Documenting physical activity AND

(C) Recording a weight value using the wireless scale provided

b. With comorbid Type I Diabetes or self-funded groups (ASO) [must meet both listed below]:

i. Participation in two separate and non-concurrent supervised weight management programs for at least three months each within the last three years. Programs must

encourage behavioral modification, reduced-calorie diet, and increased physical activity (e.g., Noom, Weight Watchers, Medical Weight Loss). Documentation must include each program's name, start date, and stop date.

ii. Partipcation in one supervised weight management program must have been for at least three consecutive months immediately before using the requested medication.

4. Pharmacological therapy [must meet one listed below]:

a. Short-term pharmacological weight management therapy trial: Phentermine with topiramate or Qsymia 15mg/92mg if tolerated for 12 to 24 weeks unless contraindicated or significant adverse effects.

5. Dosage Regimen: Contrave.

Dose	Week 1	Week 2	Week 3	Week 4
am dose	one tab	one tab	two tabs	two tabs
pm dose	None	one tab	one tab	two tabs

B. Glucagon-Like Peptide 1 (GLP-1) Receptor Antagonists: Saxenda subcutaneous (liraglutide SQ) and Wegovy subcutaneous (semaglutide SQ). [must meet all listed below]:

1. Age [must meet one listed below]: at least 12 years old

2. Body mass index (BMI - See Appendix I): Recorded within the last 30 days [must meet one listed below]:

a. At least 30 kg per m^2

b. At least 27 kg per m^2 with at least one weight-related comorbid condition (e.g., diabetes mellitus, impaired glucose tolerance, dyslipidemia, hypertension, coronary heart disease, or sleep apnea). Weight-related comorbidities are only accepted if they are being actively treated.

3. Weight Management Program Requirements [must meet one listed below]:

a. Without comorbid Type I Diabetes [must meet both listed below]:

i. Registration and active participation in the *Omada for Preventio*n program for six consecutive months immediately prior to using the requested medication.

ii. Active participation is defined as logging two activities in the *Omada* application or website weekly. One activity must be recording a weight value. [must meet two below]

(A) Completing a lesson OR

(B) Documenting physical activity AND

(C) Recording a weight value using the wireless scale provided

b. With comorbid Type I Diabetes or self-funded groups (ASO)[must meet both listed below]:

i. Participation in two separate and non-concurrent supervised weight management programs for at least three months each within the last three years. Programs must encourage behavioral modification, reduced-calorie diet, and increased physical activity (e.g., Noom, Weight Watchers, Medical Weight Loss). Documentation must include each program's name, start date, and stop date.

ii. Participation in one supervised weight management program must have been for at least three consecutive months immediately before using the requested medication.

4. Dosage:

a. Saxenda subcutaneous: 0.6 mg daily for one week, increase by 0.6 mg weekly until the target dose of 3mg daily.

b. Wegovy subcutaneous (semaglutide SQ): 0.25mg once weekly for four weeks, then increase the dose (0.5mg, 1mg, 1.7mg) in four-week intervals until a dose of 2.4mg is reached.

C. Excluded products: Xenical oral (orlistat), Zepbound (tirzepatide).

D. Approval:

1. Initial approval: six months.

2. First re-approval: six months [must meet all listed below]:

a. *Omada for Prevention* program [must meet one listed below]:

i. Registration and active participation in the *Omada for Prevention* program for the first six consecutive months of use of the approved medication. Active participation is defined as logging two activities in the *Omada* application or website weekly. One activity must be recording a weight value. [must meet two below]:

(A) Completing a lesson OR

(B) Documenting physical activity AND

(C) Recording a weight value using the wireless scale provided

ii. Members who were continuously adherent to Contrave, Saxenda, or Wegovy prior to 1/1/2025 on an active and valid prior authorization from UM Health Plan do not need to participate in the *Omada for Prevention* program if they meet the other re-approval criteria.

iii. Members with comorbid Type I Diabetes are exempt from *Omada for Prevention* participation but must provide documentation of continued participation in a supervised weight management program for the first six consecutive months during the use of the approved medication.

b. Updated weight recorded within the past 30 days, documenting weight loss of at least five percent after six months and ongoing maintenance of weight loss.

c. Medication use combined with a reduced-calorie diet and increased physical activity for chronic weight management.

d. Adherence: consistent (at least 80% of days covered) fill history electronically or verbally from the pharmacy.

3. Subsequent re-approvals: six months to one year [must meet all listed below]:

   a. Updated weight recorded within the past 30 days documenting weight loss of at least five percent after six months and ongoing maintenance of weight loss.

   b. Medication use combined with a reduced-calorie diet and increased physical activity for chronic weight management

   c. Adherence: consistent (at least 80% of days covered) fill history electronically or verbally from the pharmacy.

4.0 Coding:

COVERED PRODUCTS		
Brand Name	**Generic Name**	**Prior Approval**
Contrave	naltrexone - bupropion	Y
Saxenda	liraglutide	Y
Wegovy	semaglutide	Y

EXCLUDED PRODUCTS		
Brand Name	**Generic Name**	**Benefit Plan Reference/Reason**
Zepbound	tirzepatide	Not a Preferred Agent
Xenical	orlistat	Not a Preferred Agent

5.0 References, Citations & Resources:

1. NIH The Practical Guideline: Identification, Evaluation, and Treatment of Overweight and Obesity in Adults October 2000.
2. CDC Overweight and Obesity Prevention Strategies and Guidelines 2018; https://www.cdc.gov/obesity/resources/strategies-guidelines.html assessed July 2020.
3. AACE Comprehensive Clinical Practice Guidelines for the Medical Care of Patients with Obesity (2016); https://www.aace.com/disease-state-resources/nutrition-and-obesity/clinical-practice-guidelines/comprehensive-clinical; assessed July 2020.
4. Lexicomp Online®, Lexi-Drugs®, Hudson, Ohio: Lexi-Comp, Inc.; phentermine, Orlistat, Contrave Saxenda, Wegovy, Qsymia accessed August 2024.
5. Pharmacological Management of Obesity: An Endocrine Society Clinical Practice Guideline. J Clin Endocrinol Metab, Feb 2015;100(2);342-262.
6. The science of obesity management: an Endocrine Society scientific statement. *Endocr Rev*. 2018;39(2):79-132. doi:10.1210/er.2017-00253[PubMed 29518206]
7. AGA Clinical Practice Guideline on Pharmacological Interventions for Adults With Obesity. Gastroenterology. 2022;163(5):1198-1225. doi:10.1053/j.gastro.2022.08.045

6.0 Appendices:

See page 7.

7.0 Revision History:

Original Effective Date: 04/22/2010

Next Review Date: 11/01/2025

Revision Date	Reason for Revision
7/20	Reinstated archived policy, updated to add Saxenda, updated references, approved by P&T Committee 8/26/20.
2/21	Off-cycle review, updated to exclude drugs Qsymia (phentermine and topiramate); clarified criteria instructions
6/21	Off-cycle review, added drug Wegovy to purpose, dosage and safety and monitoring, changed policy name and verbiage to chronic weight management; removed stimulant and replaced with Qsymia for other therapies; removed run in non-pharm weight management program stipulation; added Saxenda pediatric use, changed approval duration, outcome; removed other therapies for GLP-1 antagonists; approved by P&T 10/27/21
10/22	Annual Review, examples of weight loss treatment programs, adjusted initial approval duration to account for titration, added references, clarified Wegovy dose
1/23	Off-cycle review: added general consideration with limits of use, concomitant drugs, etiology of weight gain address and adjunctive agent; clarify weight loss programs and one being prior to use of drug, indicated BMI needs to be within one month of request time; extended reapproval to also include 1 year
5/23	Off-cycle review; added weight-related to clarify comorbidity, added to other therapies need names of programs with start and stop dates, clarified that if drug switched during 6-month initial still 6 months total; addition of adherence to reapproval section
8/23	Annual review: clarified that the two programs must be separate, non-concurrent, and for at least three months each. Pharmaceutical sample use is not recognized by the plan as a trial or for continuation of therapy.
1/24	Off-cycle review: clarified that weight-related risk factors are only accepted if they are actively being treated, defined adherence as 80% of days covered. Added that non-adherence for 3 months requires that the initial approval criteria be met, clarified program must be within the last three years.
8/24	Annual review; added disease state exclusions, clarified definition of new start, replaced 2 programs with 6 month *Omada for Prevention* program for members without comorbid Type I Diabetes, extended participation in the program for the first 6 months use of the drug.

Appendix I: Adult and Pediatric BMI Charts

Table 1. BMI Conversion Chart

Weight	(lb)	125	130	135	140	145	150	155	160	165	170	175	180	185	190	195	200	205	210	215	220	225
	(kg)	56.8	59.1	61.4	63.6	65.9	68.2	70.5	72.7	75.0	77.3	79.5	81.8	84.1	86.4	88.6	90.9	93.2	95.5	97.7	100.0	102.3
Height																						
(in)	(cm)																					
58	147.3	26	27	28	29	30	31	32	34	35	36	37	38	39	40	41	42	43	44	45	46	47
59	149.9	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	43	44	45	46
60	152.4	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44
61	154.9	24	25	26	27	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43
62	157.5	23	24	25	26	27	27	28	29	30	31	32	33	34	35	36	37	38	38	39	40	41
63	160.0	22	23	24	25	26	27	28	28	29	30	31	32	33	34	35	36	36	37	38	39	40
64	162.6	22	22	23	24	25	26	27	28	28	29	30	31	32	33	34	34	35	36	37	38	39
65	165.1	21	22	23	23	24	25	26	27	28	28	29	30	31	32	33	33	34	35	36	37	38
66	167.6	20	21	22	23	23	24	25	26	27	27	28	29	30	31	32	32	33	34	35	36	36
67	170.2	20	20	21	22	23	24	24	25	26	27	27	28	29	30	31	31	32	33	34	35	35
68	172.7	19	20	21	21	22	23	24	24	25	26	27	27	28	29	30	30	31	32	33	34	34
69	175.3	18	19	20	21	21	22	23	24	24	25	26	27	27	28	29	30	30	31	32	33	33
70	177.8	18	19	19	20	21	22	22	23	24	24	25	26	27	27	28	29	29	30	31	32	32
71	180.3	17	18	19	20	20	21	22	22	23	24	24	25	26	27	27	28	29	29	30	31	31
72	182.9	17	18	18	19	20	20	21	22	22	23	24	24	25	26	27	27	28	29	29	30	31
73	185.4	17	17	18	19	19	20	20	21	22	22	23	24	24	25	26	26	27	28	28	29	30
74	188.0	16	17	17	18	19	19	20	21	21	22	23	23	24	24	25	26	26	27	28	28	29
75	190.5	16	16	17	18	18	19	19	20	21	21	22	23	23	24	24	25	26	26	27	28	28
76	193.0	15	16	16	17	18	18	19	20	20	21	21	22	23	23	24	24	25	26	26	27	27

Table 2. BMI Cut-offs for Obesity by Sex and Age for Pediatric Patients Aged 12 Years and Older (CDC Criteria)

Age (years)	Body mass index (kg/m²) at 95% Percentile	
	Males	Females
12	24.2	25.2
12.5	24.7	25.7
13	25.1	26.3
13.5	25.6	26.8
14	26.0	27.2
14.5	26.4	27.7
15	26.8	28.1
15.5	27.2	28.5
16	27.5	28.9
16.5	27.9	29.3
17	28.2	29.6
17.5	28.6	30