

Medications for Weight Management Drug Use Criteria

Created: 8/2023

Revised:

Includes:

FDA approved medications for weight management

GUIDELINE FOR USE:

Initial Request:

1. Was the medication prescribed for the primary purpose of reducing weight for a member?
 - a. If yes, go to 2
 - b. If no, go to 3

2. Is the member 20 years of age or younger?
 - a. If yes, go to 4
 - b. If no, deny as not meeting criteria. Medications for weight loss are not a covered benefit on the Oregon Health Plan according to the Health Evidence Review Commission (HERC) Prioritized List of Health Services and Guideline Note 5.

3. Does the member have a covered comorbid condition to allow coverage of medication (i.e., diabetes)?
 - a. If yes, go to 4
 - b. If no, deny as not meeting criteria. Medications for weight loss are not a covered benefit on the Oregon Health Plan according to the Health Evidence Review Commission (HERC) Prioritized List of Health Services and Guideline Note 5.

4. Is the member age 8 or older?
 - a. If yes, go to 5
 - b. If no, deny as not meeting criteria or send for MD review. Use of pharmacology is not medically appropriate for children under the age of 8 per the American Academy of Pediatrics Clinical Practice Guidelines.

5. Has the member been engaged in comprehensive, intensive behavioral interventions for at least six months? Adequate documentation is required.
 - a. If yes, go to 6
 - b. If no, deny as not meeting criteria. The member needs to be engaged in comprehensive, intensive behavioral interventions for at least six months.

6. Is the member, parent, or caregiver actively participating in a lifestyle or nutrition support program? Attestation is required.

- a. If yes, go to 7
 - b. If no, deny as not meeting criteria. The member, parent, or caregiver needs to be actively participating in a lifestyle or nutrition support program.
7. Is the medication being prescribed in a manner that is supported by the FDA approved indication and dosing recommendations based on age or is the medication supported by compendia?
- a. If yes, go to 8
 - b. If no, deny as not meeting criteria. Off label use of medication is not a covered benefit under the Oregon Health Plan.
8. Is the member's BMI greater than or equal to 30mg/m², or if under 18, is the initial BMI in the 95th percentile of higher for age and sex?
- a. If yes, go to 10
 - b. If no, go to 9
9. Is the member's BMI less than 30mg/m², or if under 18, is the initial BMI less than the 95th percentile with one or more risk factors for CVD (diabetes, hypertension, dyslipidemia)?
- a. If yes, go to 10
 - b. If no, send to MD review for medical appropriateness/necessity review.
10. Has the member trialed and failed all appropriate less costly alternative therapies?
- a. If yes, approve for up to six months
 - b. If no, deny as not meeting criteria. Please trial less costly options (reviewer please list appropriate less costly alternatives)

Renewal Criteria:

1. Is the member adherent to therapy? Defined as a MPR greater than or equal to 80% or no gaps between fills that exceed 5 days).
 - a. If yes, go to 2
 - b. If no, deny as not meeting criteria. Please address adherence with member.
2. Is the member actively participating in a lifestyle or nutrition support program?
 - a. If yes, go to 3
 - b. If no, deny as not meeting criteria. Participation in a lifestyle or nutrition support program is required.
3. Has the member had a positive clinical response to therapy OR has the prescriber submitted documentation of continued medical necessity in accordance with the initial criteria?
 - a. If yes, approve for up to 6 months
 - b. If no, deny as not meeting criteria. Positive clinical response to therapy or documentation of continued medical necessity is required.

References:

- Skelton MD, MS, Joseph, Klish MD, William. Definitions, epidemiology, and etiology of obesity in children and adolescents. Literature review current through July 2023. Accessed August 2023.
- Health Evidence Review Commission Prioritized List of Health Services 2-1-2023
- Hampl, Sarah, Hassink, Sandra, et al. Clinical Practice Guideline for the Evaluation and Treatment of Children and Adolescents with Obesity. Clinical Practice Guideline. January 9, 2023.