Weight management medications **Preferred:** Orlistat Phendimetrazine IR Phendimetrazine ER Phentermine Benzphetamine Diethylpropion IR Diethylpropion ER **Non-preferred:** Imcivree Saxenda SQ Wegovy SQ Zepbound	**Clinical criteria for weight loss agents:** • Phentermine (minimum age 17 years), phendimetrazine tablet (min. age 18 years), phendimetrazine ER capsule (min. age 17 years), and orlistat (min. age 12 years): - Body mass index (BMI) ≥ 30 kg/m^2; OR - Member has a BMI of ≥ 27 kg/m^2 with at least one weight-related comorbidity (i.e. coronary heart disease, dyslipidemia, hypertension, sleep apnea, type 2 diabetes) • Benzphetamine (min age 17 years) and diethylpropion (min age 16 years): - Body mass index (BMI) ≥ 30 kg/m^2 • Imcivree (min age 6 years): - Body mass index (BMI) ≥ 30 kg/m^2 - Prescribed by or in consultation with an endocrinologist or geneticist - Member has Bardet-Biedl syndrome (BBS) - Member has proopiomelanocortin (POMC), proprotein convertase subtilisin/kexin type 1 (PCSK1), or leptin receptor (LEPR) deficiency, as confirmed by a genetic test - Member's genetic variants are interpreted as pathogenic, likely pathogenic, or of uncertain significance (VUS) • Wegovy (min. age 12 years), Saxenda (min. age 12 years), and Zepbound (min. age 18 years): - Member meets one of the following: ➢ Body mass index (BMI) > 40 kg/m^2 if no applicable risk factors ➢ BMI > 37 kg/m^2 with one or more of the following risk factors: dyslipidemia, hypertension, type II diabetes	**Initial approval:** • Benzphetamine, diethylpropion, phendimetrazine, phentermine: 3 months • GLP-1 receptor agonists: 6 months • Orlistat: 6 months • Imcivree: 4 months **<Renewal requests: varies (drug specific):** All medications: • Renewals will no longer be granted once a member reaches a BMI <25 Benzphetamine, diethylpropion, phendimetrazine, phentermine: • If member achieves at least a 10-lb. weight loss during initial 3 months of therapy, an additional 3-month PA may be granted. Maximum length of continuous drug therapy = 6 months (waiting period of 6 months before next request) Orlistat: • If member achieves at least a 10-lb. weight loss,

	- Member meets one of the following: ➢ Member has tried and failed one of the non-Glucagon-Like Peptide-1 (GLP-1) weight loss medications* ➢ Member is intolerant to all non-GLP1 weight-loss medications*, member is not concurrently on another GLP-1 receptor agonist, and the member has tried and failed* the selected product as indicated on the preferred drug list (Saxenda) ➢ Note: definitions of accepted drug trials are as follows: o Benzphetamine, diethylpropion, phendimetrazine, phentermine: 3-month trial without a weight loss of 10lbs o Orlistat: 6-month trial without a weight loss of 10lbs o GLP-1 receptor agonist: 6-month trial without a body weight reduction of 5%> **<u>Initial request requirements:</u>** • No contraindications to use (i.e. uncontrolled hypertension, hyperthyroidism etc. for stimulant-based products) • No malabsorption syndromes, cholestasis, pregnancy and/or lactation (for orlistat)	an additional 6-month PA may be granted. Maximum length of continuous drug therapy = 24 months (waiting period of 6 months before next request) Imcivree: • If the member has experienced ≥ 5% reduction in body weight (or ≥ 5% of baseline BMI in those with continued growth potential), an additional 1-year SA may be granted. GLP-1 Receptor Agonists: • If the member achieves a weight loss of ≥ 5% in body weight compared to the most recent authorization, an additional 6-month PA may be granted.

	• No history of an eating disorder (for example, anorexia, bulimia) • No acute pancreatitis, acute suicidal behavior/ideation, personal or family history of medullary thyroid cancer or multiple endocrine neoplasia 2 syndrome (if requesting a GLP-1 Receptor Agonist) • Qualifying criteria (excluding Imcivree): - Participation in nutritional counseling - Participation in physical activity program, unless medically contraindicated - Commitment to continue weight-loss treatment plan • The provider attests that the member's obesity is disabling and life threatening (i.e. puts the member at risk for high morbidity conditions) **Following documentation must be included in medical records:** • Current medical status and weight loss plan. An individualized weight-loss program should include a specific reduced-calorie meal plan, recommended routine physical activity, and behavioral intervention, including lifestyle modification as needed to improve adherence and outcomes - Note: Providers should also summarize details of previous weight-loss treatment plans to include diet and exercise plans, in addition to submitting a copy of the plan • Current height and weight measurements	

Aetna Medicare Better Health (HMO D-SNP) is a Dual Eligible Special Needs Plan that combines your Medicare and Medicaid coverage into one plan.

The formulary and/or pharmacy network may change at any time. You will receive notice when necessary.
See Evidence of Coverage for a complete description of plan benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by service area.

No updates made since 10/01/2024
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