



MASSACHUSETTS

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Pharmacy Medical Policy Drugs for Weight Loss

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Policy Number: 572

BCBSA Reference Number: None

Related Policies

- Policy #[621A](#) Quality Care Dosing guidelines

Policy

Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity

Note: All requests for outpatient retail pharmacy for indications listed and not listed on the medical policy guidelines may be submitted to BCBSMA Clinical Pharmacy Operations by completing the Prior Authorization Form on the last page of this document. Physicians may also call BCBSMA Pharmacy Operations department at (800)366-7778 to request a prior authorization/formulary exception verbally. Patients must have pharmacy benefits under their subscriber certificates.

Please refer to the chart below for the formulary and step status of the medications affected by this policy.

Drug	Formulary Information
	Standard
	Formulary Status
Belviq® (lorcaserin) ##	Not Covered
Belviq XR® (lorcaserin) ##	Not Covered
Contrave® (naltrexone / bupropion)	PA Required
Saxenda® (liraglutide)	PA Required

Initiation of **Contrave**® (naltrexone HCl and bupropion HCl) or **Saxenda**® (liraglutide) may be approved for up to 12 weeks*** when **all** of the following criteria are met:

- Members 18 years of age or older, **AND**
- As an adjunct to a reduced-calorie diet and increased physical activity, **AND**
- For chronic weight management in patients,
 - with an initial body mass index (BMI) of $\geq 30 \text{ kg/m}^2$ (obese), **OR**
 - $\geq 27 \text{ kg/m}^2$ (overweight) in the presence of at least one weight-related comorbid condition (e.g., hypertension, dyslipidemia, type 2 diabetes)

AND

- Documentation that the member has been and is currently following a dietary and behavior modification programs for weight loss.

*** **Saxenda** (liraglutide) will be allowed up to 16 weeks to allow for titration.

Initiation of Belviq® (lorcaserin)##, or Belviq XR®## may be approved for up to 12 weeks when **all** of the following criteria are met:

- Members 18 years of age or older, **AND**
- As an adjunct to a reduced-calorie diet and increased physical activity, **AND**
- For chronic weight management in patients,
 - with an initial body mass index (BMI) of $\geq 30 \text{ kg/m}^2$ (obese), **OR**
 - $\geq 27 \text{ kg/m}^2$ (overweight) in the presence of at least one weight-related comorbid condition (e.g., hypertension, dyslipidemia, type 2 diabetes)

AND

- Documentation that the member has been and is currently following a dietary and behavior modification programs for weight loss.

AND

- There are BCBSMA paid claims of **Contrave®** (naltrexone HCl and bupropion HCl) **AND Saxenda®** (liraglutide)

Continuation of therapy for Belviq® (lorcaserin) ## Belviq XR®##, Contrave® (naltrexone HCl and bupropion HCl) or Saxenda® (liraglutide) may be approved for up to an additional 12 weeks of therapy when **all** of the following criteria are met:

- Demonstrate significant weight loss*, in the initial 12 weeks*** of therapy, **AND**
- Adhering to a reduced-calorie diet, **AND**
- Adhering to increased physical activity, **AND**
- Third party documentation, if applicable, is included with the request for continuing treatment, **AND**
- Where applicable the Formulary Exception criteria has been satisfied.

*Note: Documented weight loss of at least 5% of baseline body weight after the initiation of treatment (first 12 weeks of treatment), **OR** must demonstrate continued weight loss, **OR** maintain the plateau weight achieved with diet, exercise and **Belviq®** (lorcaserin), **Contrave®** (naltrexone \ bupropion), or **Saxenda®** (liraglutide) treatment, **OR** Documented weight loss of at least 4% of baseline body weight after the initiation of treatment (first 16 weeks of treatment) with **Saxenda®** (liraglutide).

##Non formulary medications are covered when a formulary exception request is submitted to BCBSMA Pharmacy Operations and step criteria below are met

Coverage Criteria, for initiation and continuation of therapy shall include: Weight, Height, BMI, Weight History, Systolic/ Diastolic BP, For Diabetics HbA1c, Ruled out weight gain due to drug therapy (e.g., anti-psychotics, TZDs, others), Addition of drug therapy is clinically indicated for Member currently adhering to diet modification and exercise program, and pharmacy prescription claims history of treatment for comorbid conditions (e.g., antihypertensive, diabetes, dyslipidemia).

**Requests based exclusively on the use of samples will not meet coverage criteria for exception. Additional clinical information demonstrating medical necessity of the desired medication must be submitted by the requesting prescriber for review.

We do not cover conditions not listed above.

CPT Codes

The following codes are included below for informational purposes. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage as it applies to an individual member. A draft of future ICD-10 Coding related to this document, as it might look today, is included below for your reference.

Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.

CPT Codes

There is no specific CPT code for this service.

Individual Consideration

All our medical policies are written for the majority of people with a given condition. Each policy is based on medical science. For many of our medical policies, each individual's unique clinical circumstances may be considered in light of current scientific literature. Physicians may send relevant clinical information for individual patients for consideration to:

Blue Cross Blue Shield of Massachusetts
Pharmacy Operations Department
25 Technology Place
Hingham, MA 02043
Tel: 1-800-366-7778
Fax: 1-800-583-6289

Managed Care Authorization Information

- Physicians may call BCBSMA Pharmacy Operations department to request a review for prior authorization.
Pharmacy Operations: (800)366-7778
- Physicians may also fax or mail the attached form to the address above. The Formulary Exception/Prior Authorization form is included as part of this document for physicians to submit for patients.

PPO and Indemnity Authorization Information

- Physicians may call BCBSMA Pharmacy Operations department to request a review for prior authorization.
Pharmacy Operations: (800)366-7778
- Physicians may also fax or mail the attached form to the address above. The Formulary Exception/Prior Authorization form is included as part of this document for physicians to submit for patients.

Policy History

Date	Action
1/2020	Updated to make Belviq and Belviq XR not covered.
6/2017	Updated address for Pharmacy Operations.
12/2016	Updated to Add Belviq XR®
6/2016	Updated FDA approved Saxenda® dosing.
12/2015	Updated to add Contrave® and Saxenda®.
8/2014	Coding information clarified.
1/2014	Implementation of policy.
9/2013	Pharmacy and Therapeutics Committee review.

References

- Belviq® [package insert]. Eisai Inc., Woodcliff Lake, NJ 07677
- Contrave® [package insert]. Takeda Pharmaceuticals America, Inc., La Jolla, CA -2014
- Saxenda® [package insert]. Novo Nordisk Inc., Plainsboro, NJ –Jan 2015

To request prior authorization using the Massachusetts Standard Form for Medication Prior Authorization Requests (eForm), click the link below:

<http://www.bluecrossma.org/medical-policies/sites/g/files/csphws2091/files/acquiadam-assets/023%20E%20Form%20medication%20prior%20auth%20instruction%20prn.pdf>