BlueCross BlueShield of Illinois
BlueCross BlueShield of Montana
BlueCross BlueShield of New Mexico
BlueCross BlueShield of Oklahoma
BlueCross BlueShield of Texas

Weight Loss Agents Prior Authorization with Quantity Limit Program Summary

POLICY REVIEW CYCLE

Effective Date **Date of Origin**
04-01-2024

POLICY AGENT SUMMARY PRIOR AUTHORIZATION

Target Brand Agent(s)	Target Generic Agent(s)	Strength	Targeted MSC	Available MSC	Final Age Limit	Preferred Status
	benzphetamine hcl tab	50 MG	M ; N ; O ; Y	Y		
	diethylpropion hcl tab ; diethylpropion hcl tab er	25 MG ; 75 MG	M ; N ; O ; Y	M ; Y		
Saxenda	liraglutide (weight mngmt) soln pen-inj	18 MG/3ML	M ; N ; O ; Y	N		
Contrave	naltrexone hcl-bupropion hcl tab er	8-90 MG	M ; N ; O ; Y	N		
Alli ; Xenical	orlistat cap	120 MG ; 60 MG	M ; N ; O ; Y	N		
	phendimetrazine tartrate cap er ; phendimetrazine tartrate tab	105 MG ; 35 MG	M ; N ; O ; Y	N ; Y		
Adipex-p ; Lomaira	phentermine hcl cap ; phentermine hcl tab	15 MG ; 30 MG ; 37.5 MG ; 8 MG	M ; N ; O	N ; O ; Y		
Qsymia	phentermine hcl-topiramate cap er	11.25-69 MG ; 15-92 MG ; 3.75-23 MG ; 7.5-46 MG	M ; N ; O ; Y	N		
Wegovy	semaglutide (weight mngmt) soln auto-injector	0.25 MG/0.5ML ; 0.5 MG/0.5ML ; 1 MG/0.5ML ; 1.7 MG/0.75ML ; 2.4 MG/0.75ML	M ; N ; O ; Y	N		
Zepbound	tirzepatide (weight mngmt) soln auto-injector	10 MG/0.5ML ; 12.5 MG/0.5ML ; 15 MG/0.5ML ; 2.5 MG/0.5ML ; 5 MG/0.5ML ; 7.5 MG/0.5ML	M ; N ; O ; Y	N		

POLICY AGENT SUMMARY QUANTITY LIMIT

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	QL Amount	Dose Form	Day Supply	Duration	Addtl QL Info	Allowed Exceptions	Targeted NDCs When Exclusions Exist

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	QL Amount	Dose Form	Day Supply	Duration	Addtl QL Info	Allowed Exceptions	Targeted NDCs When Exclusions Exist
	Benzphetamine HCl Tab 50 MG	50 MG	90	Tablets	30	DAYS			
	Diethylpropion HCl Tab 25 MG	25 MG	90	Tablet	30	DAYS			
	Diethylpropion HCl Tab ER 24HR 75 MG	75 MG	30	Tablets	30	DAYS			
	Phendimetrazine Tartrate Cap ER 24HR 105 MG	105 MG	30	Capsules	30	DAYS			
	Phendimetrazine Tartrate Tab 35 MG	35 MG	180	Tablets	30	DAYS			
Adipex-p	phentermine hcl cap	15 MG ; 30 MG ; 37.5 MG	30	Capsules	30	DAYS			
Adipex-p	Phentermine HCl Tab 37.5 MG	37.5 MG	30	Tablets	30	DAYS			
Contrave	Naltrexone HCl-Bupropion HCl Tab ER 12HR 8-90 MG	8-90 MG	120	Tablets	30	DAYS			
Lomaira	Phentermine HCl Tab 8 MG	8 MG	90	Tablets	30	DAYS			
Qsymia	phentermine hcl-topiramate cap er	11.25-69 MG ; 15-92 MG ; 3.75-23 MG ; 7.5-46 MG	30	Capsules	30	DAYS			
Saxenda	Liraglutide (Weight Mngmt) Soln Pen-Inj 18 MG/3ML (6 MG/ML)	18 MG/3ML	15	mLs	30	DAYS			
Wegovy	Semaglutide (Weight Mngmt) Soln Auto-Injector	0.25 MG/0.5 ML	8	Pens	180	DAYS	* - These strengths are not approvable for maintenance dosing		
Wegovy	Semaglutide (Weight Mngmt) Soln Auto-Injector	0.5 MG/0.5 ML	8	Pens	180	DAYS	* - These strengths are not approvable for maintenance dosing		
Wegovy	Semaglutide (Weight Mngmt) Soln Auto-Injector	1 MG/0.5 ML	8	Pens	180	DAYS	* - These strengths are not approvable for maintenance dosing		
Wegovy	Semaglutide (Weight Mngmt) Soln Auto-Injector	1.7 MG/0.75 ML	4	Pens	28	DAY			
Wegovy	Semaglutide (Weight Mngmt) Soln Auto-Injector	2.4 MG/0.75 ML	4	Pens	28	DAYS			
Xenical	Orlistat Cap 120 MG	120 MG	90	Capsules	30	DAYS			
Zepbound	tirzepatide (weight mngmt) soln auto-injector	2.5 MG/0.5 ML	4	Pens	180	DAYS			

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	QL Amount	Dose Form	Day Supply	Duration	Addtl QL Info	Allowed Exceptions	Targeted NDCs When Exclusions Exist
Zepbound	tirzepatide (weight mngmt) soln auto-injector	5 MG/0.5 ML	4	Pens	28	DAYS			
Zepbound	tirzepatide (weight mngmt) soln auto-injector	7.5 MG/0.5 ML	4	Pens	28	DAYS			
Zepbound	tirzepatide (weight mngmt) soln auto-injector	10 MG/0.5 ML	4	Pens	28	DAYS			
Zepbound	tirzepatide (weight mngmt) soln auto-injector	12.5 MG/0.5 ML	4	Pens	28	DAYS			
Zepbound	tirzepatide (weight mngmt) soln auto-injector	15 MG/0.5 ML	4	Pens	28	DAYS			

ADDITIONAL QUANTITY LIMIT INFORMATION

Wildcard	Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Additional QL Information	Targeted NDCs When Exclusions Exist	Effective Date	Term Date
6125207000D520	Wegovy	Semaglutide (Weight Mngmt) Soln Auto-Injector	0.25 MG/0.5 ML	* - These strengths are not approvable for maintenance dosing			
6125207000D525	Wegovy	Semaglutide (Weight Mngmt) Soln Auto-Injector	0.5 MG/0.5 ML	* - These strengths are not approvable for maintenance dosing			
6125207000D530	Wegovy	Semaglutide (Weight Mngmt) Soln Auto-Injector	1 MG/0.5 ML	* - These strengths are not approvable for maintenance dosing			

CLIENT SUMMARY – PRIOR AUTHORIZATION

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
	benzphetamine hcl tab	50 MG	Balanced ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2023 ; HIM Annual 2024 ; Performance ; Performance Annual ; Performance Select
	diethylpropion hcl tab ; diethylpropion hcl tab er	25 MG ; 75 MG	Balanced ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2023 ; HIM Annual 2024 ; Performance ; Performance Annual ; Performance Select
	phendimetrazine tartrate cap er ; phendimetrazine tartrate tab	105 MG ; 35 MG	Balanced ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2023 ; HIM Annual 2024 ; Performance ; Performance Annual ; Performance Select
Adipex-p ; Lomaira	phentermine hcl cap ; phentermine hcl tab	15 MG ; 30 MG ; 37.5 MG ; 8 MG	Balanced ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			Annual 2023 ; HIM Annual 2024 ; Performance ; Performance Annual ; Performance Select
Alli ; Xenical	orlistat cap	120 MG ; 60 MG	Balanced ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2023 ; HIM Annual 2024 ; Performance ; Performance Annual ; Performance Select
Contrave	naltrexone hcl-bupropion hcl tab er	8-90 MG	Balanced ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2023 ; HIM Annual 2024 ; Performance ; Performance Annual ; Performance Select
Qsymia	phentermine hcl-topiramate cap er	11.25-69 MG ; 15-92 MG ; 3.75-23 MG ; 7.5-46 MG	Balanced ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2023 ; HIM Annual 2024 ; Performance ; Performance Annual ; Performance Select
Saxenda	liraglutide (weight mngmt) soln pen-inj	18 MG/3ML	Balanced ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2023 ; HIM Annual 2024 ; Performance ; Performance Annual ; Performance Select
Wegovy	semaglutide (weight mngmt) soln auto-injector	0.25 MG/0.5ML ; 0.5 MG/0.5ML ; 1 MG/0.5ML ; 1.7 MG/0.75ML ; 2.4 MG/0.75ML	Balanced ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2023 ; HIM Annual 2024 ; Performance ; Performance Annual ; Performance Select
Zepbound	tirzepatide (weight mngmt) soln auto-injector	10 MG/0.5ML ; 12.5 MG/0.5ML ; 15 MG/0.5ML ; 2.5 MG/0.5ML ; 5 MG/0.5ML ; 7.5 MG/0.5ML	Balanced ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2023 ; HIM Annual 2024 ; Performance ; Performance Annual ; Performance Select

CLIENT SUMMARY – QUANTITY LIMITS

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
	Benzphetamine HCl Tab 50 MG	50 MG	Balanced ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2023 ; HIM Annual 2024 ; Performance ; Performance Annual ; Performance Select
	Diethylpropion HCl Tab 25 MG	25 MG	Balanced ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2023 ; HIM Annual 2024 ; Performance ; Performance Annual ; Performance Select
	Diethylpropion HCl Tab ER 24HR 75 MG	75 MG	Balanced ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2023 ; HIM Annual 2024 ; Performance ; Performance Annual ; Performance Select
	Phendimetrazine Tartrate Cap ER 24HR 105 MG	105 MG	Balanced ; Basic ; Basic Annual ; Enhanced ;

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
			Enhanced Annual ; HIM Annual 2023 ; HIM Annual 2024 ; Performance ; Performance Annual ; Performance Select
	Phendimetrazine Tartrate Tab 35 MG	35 MG	Balanced ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2023 ; HIM Annual 2024 ; Performance ; Performance Annual ; Performance Select
Adipex-p	phentermine hcl cap	15 MG ; 30 MG ; 37.5 MG	Balanced ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2023 ; HIM Annual 2024 ; Performance ; Performance Annual ; Performance Select
Adipex-p	Phentermine HCl Tab 37.5 MG	37.5 MG	Balanced ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2023 ; HIM Annual 2024 ; Performance ; Performance Annual ; Performance Select
Contrave	Naltrexone HCl-Bupropion HCl Tab ER 12HR 8-90 MG	8-90 MG	Balanced ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2023 ; HIM Annual 2024 ; Performance ; Performance Annual ; Performance Select
Lomaira	Phentermine HCl Tab 8 MG	8 MG	Balanced ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2023 ; HIM Annual 2024 ; Performance ; Performance Annual ; Performance Select
Qsymia	phentermine hcl-topiramate cap er	11.25-69 MG ; 15-92 MG ; 3.75-23 MG ; 7.5-46 MG	Balanced ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2023 ; HIM Annual 2024 ; Performance ; Performance Annual ; Performance Select
Saxenda	Liraglutide (Weight Mngmt) Soln Pen-Inj 18 MG/3ML (6 MG/ML)	18 MG/3ML	Balanced ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2023 ; HIM Annual 2024 ; Performance ; Performance Annual ; Performance Select
Wegovy	Semaglutide (Weight Mngmt) Soln Auto-Injector	1 MG/0.5ML	Balanced ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2023 ; HIM Annual 2024 ; Performance ; Performance Annual ; Performance Select
Wegovy	Semaglutide (Weight Mngmt) Soln Auto-Injector	1.7 MG/0.75ML	Balanced ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2023 ; HIM Annual 2024 ; Performance ; Performance Annual ; Performance Select
Wegovy	Semaglutide (Weight Mngmt) Soln Auto-Injector	0.5 MG/0.5ML	Balanced ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2023 ; HIM Annual 2024 ; Performance ; Performance Annual ; Performance Select

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
Wegovy	Semaglutide (Weight Mngmt) Soln Auto-Injector	2.4 MG/0.75ML	Balanced ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2023 ; HIM Annual 2024 ; Performance ; Performance Annual ; Performance Select
Wegovy	Semaglutide (Weight Mngmt) Soln Auto-Injector	0.25 MG/0.5ML	Balanced ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2023 ; HIM Annual 2024 ; Performance ; Performance Annual ; Performance Select
Xenical	Orlistat Cap 120 MG	120 MG	Balanced ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2023 ; HIM Annual 2024 ; Performance ; Performance Annual ; Performance Select
Zepbound	tirzepatide (weight mngmt) soln auto-injector	5 MG/0.5ML	Balanced ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2023 ; HIM Annual 2024 ; Performance ; Performance Annual ; Performance Select
Zepbound	tirzepatide (weight mngmt) soln auto-injector	10 MG/0.5ML	Balanced ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2023 ; HIM Annual 2024 ; Performance ; Performance Annual ; Performance Select
Zepbound	tirzepatide (weight mngmt) soln auto-injector	7.5 MG/0.5ML	Balanced ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2023 ; HIM Annual 2024 ; Performance ; Performance Annual ; Performance Select
Zepbound	tirzepatide (weight mngmt) soln auto-injector	2.5 MG/0.5ML	Balanced ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2023 ; HIM Annual 2024 ; Performance ; Performance Annual ; Performance Select
Zepbound	tirzepatide (weight mngmt) soln auto-injector	12.5 MG/0.5ML	Balanced ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2023 ; HIM Annual 2024 ; Performance ; Performance Annual ; Performance Select
Zepbound	tirzepatide (weight mngmt) soln auto-injector	15 MG/0.5ML	Balanced ; Basic ; Basic Annual ; Enhanced ; Enhanced Annual ; HIM Annual 2023 ; HIM Annual 2024 ; Performance ; Performance Annual ; Performance Select

PRIOR AUTHORIZATION CLINICAL CRITERIA FOR APPROVAL

Module	Clinical Criteria for Approval
	Initial Evaluation

Module	Clinical Criteria for Approval
	(Patient new to therapy, new to Prime, or attempting a repeat weight loss course of therapy) **Target Agent(s)** will be approved when ALL the following are met: 1. ONE of the following: A. The patient is 17 years of age or over and ALL of the following: 1. ONE of the following: A. The patient has a diagnosis of obesity, confirmed by a BMI greater than or equal to 30 kg/m^2 OR a BMI greater than or equal to 25 kg/m^2 if the patient is of South Asian, Southeast Asian, or East Asian descent **OR** B. The patient has a BMI greater than or equal to 27 kg/m^2 with at least one weight-related comorbidity/risk factor/complication (e.g., diabetes, dyslipidemia, coronary artery disease) **AND** 2. The patient has been on a weight loss regimen of a low-calorie diet, increased physical activity, and behavioral modifications for a minimum of 6 months prior to initiating therapy with the requested agent **AND** 3. The patient did not achieve a weight loss of 1 pound or more per week while on the weight loss regimen prior to initiating therapy with the requested agent **AND** 4. The patient is currently on and will continue a weight loss regimen of a low-calorie diet, increased physical activity, and behavioral modifications **OR** B. The patient is 12 to 16 years of age and ALL of the following: 1. ONE of the following: A. The patient has a diagnosis of obesity, confirmed by a BMI greater than or equal to 95th percentile for age and gender **OR** B. The patient has a diagnosis of obesity, confirmed by a BMI greater than or equal to 30 kg/m^2 **OR** C. The patient has a BMI greater than or equal to 85th percentile for age and gender AND at least one severe weight-related comorbidity/risk factor/complication **AND** 2. The patient has been on a weight loss regimen of a low-calorie diet, increased physical activity, and behavioral modifications for a minimum of 6 months prior to initiating therapy with the requested agent **AND** 3. The patient did not achieve a weight loss of 1 pound or more per week while on the weight loss regimen prior to initiating therapy with the requested agent **AND** 4. The patient is currently on and will continue a weight loss regimen of a low-calorie diet, increased physical activity, and behavioral modifications **AND** 2. If the patient has an FDA approved indication, then ONE of the following: A. The patient's age is within FDA labeling for the requested indication for the requested agent **OR** B. The prescriber has provided information in support of using the requested agent for the patient's age for the requested indication **AND** 3. The patient does NOT have any FDA labeled contraindications to the requested agent **AND** 4. The patient will NOT be using the requested agent in combination with another targeted weight loss agent for the requested indication **AND** 5. ONE of the following: A. The patient has not tried a targeted weight loss agent in the past 12 months **OR** B. The patient has tried a targeted weight loss agent for a previous course of therapy in the past 12 months AND the prescriber anticipates success with repeating therapy **AND** 6. ONE of the following: A. The requested agent is benzphetamine, diethylpropion, phendimetrazine, or phentermine **OR** B. The requested agent is Qsymia and ONE of the following: 1. The requested dose is 3.75mg/23mg **OR**

Module	Clinical Criteria for Approval
	2. The patient is currently being treated with Qsymia, the requested dose is greater than 3.75 mg/23 mg AND ONE of the following: A. ONE of the following: 1. For adults, the patient has demonstrated and maintained a weight loss of greater than or equal to 5% from baseline (prior to initiation of the requested agent) **OR** 2. For pediatric patients aged 12 years and older, the patient has experienced a reduction of at least 5% of baseline BMI (prior to initiation of the requested agent) **OR** B. The patient received less than 14 weeks of therapy **OR** C. The patient's dose is being titrated upward **OR** D. The patient has received less than 12 weeks (3 months) of therapy on the 15mg/92mg strength **OR** 3. The prescriber has provided information in support of therapy for the requested dose for this patient **OR** C. The requested agent is Contrave and ONE of the following 1. The patient is newly starting therapy **OR** 2. The patient is currently being treated and has received less than 16 weeks (4 months) of therapy **OR** 3. The patient has achieved and maintained a weight loss of greater than or equal to 5% from baseline (prior to initiation of requested agent) **OR** D. The requested agent is Xenical (orlistat) and ONE of the following: 1. The patient is 12 to 16 years of age and ONE of the following: A. The patient is newly starting therapy **OR** B. The patient is currently being treated and has received less than 12 weeks (3 months) of therapy **OR** C. The patient has achieved and maintained a weight loss of greater than 4% from baseline (prior to initiation of requested agent) **OR** 2. The patient is 17 years of age or over and ONE of the following: A. The patient is newly starting therapy **OR** B. The patient is currently being treated and has received less than 12 weeks (3 months) of therapy **OR** C. The patient has achieved and maintained a weight loss of greater than or equal to 5% from baseline (prior to initiation of requested agent) **OR** E. The requested agent is Saxenda and ALL of the following: 1. The patient will NOT be using the requested agent in combination with another GLP-1 receptor agonist agent **AND** 2. ONE of the following: A. The patient is 18 years of age or over and ONE of the following: 1. The patient is newly starting therapy **OR** 2. The patient is currently being treated and has received less than 16 weeks (4 months) of therapy **OR** 3. The patient has achieved and maintained a weight loss of greater than or equal to 4% from baseline (prior to initiation of requested agent) **OR** B. The patient is pediatric (12 to less than 18 years of age) and BOTH of the following: 1. The requested agent is NOT being used to treat type 2 diabetes **AND** 2. ONE of the following: A. The patient is newly starting therapy **OR** B. The patient is currently being treated and has received less than 20 weeks (5 months) of therapy **OR** C. The patient has achieved and maintained a reduction in BMI of greater than or equal to 1% from baseline (prior to initiation of requested agent) **OR** F. The requested agent is Wegovy and ALL of the following: 1. The patient will NOT be using the requested agent in combination with another GLP-1 receptor agonist agent **AND**

Module	Clinical Criteria for Approval
	2. The patient does NOT have a history of pancreatitis **AND** 3. ONE of the following: A. The patient is newly starting therapy **OR** B. The patient is currently being treated and has received less than 52 weeks (1 year) of therapy **OR** C. ONE of the following: 1. The patient is an adult AND has achieved and maintained a weight loss of greater than or equal to 5% from baseline (prior to initiation of the requested agent) **OR** 2. The patient is pediatric (12 to less than 18 years of age) AND has achieved and maintained a reduction in BMI of at least 5% from baseline (prior to initiation of the requested agent) **OR** G. The requested agent is Zepbound and ALL of the following: 1. The patient will NOT be using the requested agent in combination with another GLP-1 receptor agonist agent **AND** 2. The patient does NOT have a history of pancreatitis **AND** 3. ONE of the following: A. The patient is newly starting therapy **OR** B. The patient is currently being treated and has received less than 52 weeks (1 year) of therapy **OR** C. The patient has achieved and maintained a weight loss of greater than or equal to 5% from baseline (prior to initiation of the requested agent) **Length of Approval:** BCBSIL: 12 months All other plans: • For Wegovy, Zepbound: 12 months • For Saxenda pediatric patients (age 12 to less than 18): 5 months • For Saxenda (adults) and Contrave: 4 months • For all other agents: 3 months NOTE: If Quantity Limit applies, please refer to Quantity Limit Criteria. **Renewal Evaluation** (Patient continuing a current weight loss course of therapy) **Target Agent(s)** will be approved when ALL of the following are met: 1. The patient has been previously approved for the requested agent through the plan's Prior Authorization process **AND** 2. The patient is currently on and will continue to be on a weight loss regimen of a low-calorie diet, increased physical activity, and behavioral modifications **AND** 3. The patient does NOT have any FDA labeled contraindications to the requested agent **AND** 4. For Saxenda only, BOTH of the following: A. The requested agent is NOT being used to treat type 2 diabetes in pediatric patients (12 to less than 18 years of age) **AND** B. The patient will NOT be using the requested agent in combination with another GLP-1 receptor agonist agent **AND** 5. For Wegovy only, ALL of the following: A. The requested dose is 1.7 mg or 2.4 mg **AND**

Module	Clinical Criteria for Approval
	B. The patient will NOT be using the requested agent in combination with another GLP-1 receptor agonist agent **AND** C. The patient does NOT have a history of pancreatitis **AND** 6. For Zepbound only, BOTH of the following: 1. The patient will NOT be using the requested agent in combination with another GLP-1 receptor agonist agent **AND** 2. The patient does NOT have a history of pancreatitis **AND** 7. The patient meets ONE of the following: A. The patient has achieved and maintained a weight loss greater than or equal to 5% from baseline (prior to initiation of requested agent) **OR** B. For Saxenda only, ONE of the following: 1. If the patient is 18 years of age or over, the patient has achieved and maintained a weight loss greater than or equal to 4% from baseline (prior to initiation of requested agent) **OR** 2. If the patient is pediatric (12 to less than 18 years of age), the patient has achieved and maintained a reduction in BMI of greater than or equal to 1% from baseline (prior to initiation of requested agent) **OR** C. For Qsymia only, ONE of the following: 1. For pediatric patients aged 12 years and older, the patient has achieved and maintained a reduction of at least 5% of baseline (prior to initiation of the requested agent) BMI **OR** 2. The patient has achieved and maintained a weight loss less than 5% from baseline (prior to initiation of requested agent) for adults, or a reduction in BMI less than 5% from baseline (prior to initiation of the requested agent) for pediatric patients aged 12 years or older, AND BOTH of the following: A. The patient's dose is being titrated upward (for the 3.75 mg/23 mg, 7.5 mg/46 mg or 11.25 mg/69 mg strengths only) **AND** B. The patient has received less than 12 weeks of therapy on the 15mg/92mg strength **OR** D. For Xenical (orlistat) only, ONE of the following: 1. The patient 12 to 16 years of age AND has achieved and maintained a weight loss greater than 4% from baseline (prior to initiation of requested agent) **OR** 2. The patient is 17 years of age or over AND has achieved and maintained a weight loss greater than or equal to 5% from baseline (prior to initiation of requested agent) **OR** E. For Wegovy only, ONE of the following: 1. The patient is 12 years of age and over AND has received less than 52 weeks of therapy on the maximum-tolerated dose (1.7 mg or 2.4 mg) **OR** 2. The patient is pediatric (12 to less than 18 years of age) **AND** has achieved and maintained a reduction in BMI of at least 5% from baseline (prior to initiation of the requested agent) **AND** F. For Zepbound only, the patient has received less than 52 weeks of therapy on the maximum-tolerated dose **AND** 8. If the patient is 12 to less than 18 years of age, the current BMI is greater than 85th percentile for age and gender **AND** 9. The patient will NOT be using the requested agent in combination with another targeted weight loss agent for the requested indication **Length of Approval:** BCBSIL: 12 months All other plans: • Qsymia: greater than or equal to 5% weight loss from baseline (adults); greater than or equal to 5% reduction in BMI from baseline (pediatrics): 12 months

Module	Clinical Criteria for Approval
	• Qsymia less than 5% weight loss from baseline (adults); less than 5% reduction in BMI from baseline (pediatrics): 3 months • All other agents: 12 months NOTE: If Quantity Limit applies, please refer to Quantity Limit Criteria.

QUANTITY LIMIT CLINICAL CRITERIA FOR APPROVAL

Module	Clinical Criteria for Approval
	Target Agent(s) will be approved when ONE of the following is met: 1. The requested quantity (dose) does NOT exceed the program quantity limit **OR** 2. ALL of the following: A. The requested quantity (dose) exceeds the program quantity limit **AND** B. The requested quantity (dose) does NOT exceed the maximum FDA labeled dose for the requested indication **AND** C. The requested quantity (dose) cannot be achieved with a lower quantity of a higher strength that does NOT exceed the program quantity limit **OR** 3. ALL of the following: A. The requested quantity (dose) exceeds the program quantity limit **AND** B. The requested quantity (dose) exceeds the maximum FDA labeled dose for the requested indication **AND** C. The prescriber has provided information in support of therapy with a higher dose for the requested indication **Length of Approval**: • Initial Approval: ○ For Wegovy, Zepbound: 12 months ○ For Saxenda pediatric patients (age 12 to less than 18): 5 months ○ For Saxenda (adults) and Contrave: 4 months ○ For all other agents: 3 months • Renewal Approval: ○ Qsymia: greater than or equal to 5% weight loss from baseline (adults); greater than or equal to 5% reduction in BMI from baseline (pediatrics): 12 months ○ Qsymia. less than 5% weight loss from baseline (adults); less than 5% reduction in BMI from baseline (pediatrics): 3 months ○ All other agents: 12 months