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Medications for Weight Management Drug Use Criteria

Created: 8/2023

Revised:

Includes:

FDA approved medications for weight management

GUIDELINE FOR USE:

Initial Request:

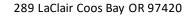
- 1. Was the medication prescribed for the primary purpose of reducing weight for a member?
 - a. If yes, go to 2
 - b. If no, go to 3
- 2. Is the member 20 years of age or younger?
 - a. If yes, go to 4
 - b. If no, deny as not meeting criteria. Medications for weight loss are not a covered benefit 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.

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- 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.



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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.