

<p>Weight management medications</p> <p>Preferred: Orlistat Phendimetrazine IR Phendimetrazine ER Phentermine Benzphetamine Diethylpropion IR Diethylpropion ER</p> <p>Non-preferred: Imcivree Saxenda SQ Wegovy SQ Zepbound</p>	<p>Clinical criteria for weight loss agents:</p> <ul style="list-style-type: none"> • Phentermine (minimum age 17 years), phendimetrazine tablet (min. age 18 years), phendimetrazine ER capsule (min. age 17 years), and orlistat (min. age 12 years): <ul style="list-style-type: none"> - Body mass index (BMI) ≥ 30 kg/m²; OR - Member has a BMI of ≥ 27 kg/m² 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): <ul style="list-style-type: none"> - Body mass index (BMI) ≥ 30 kg/m² • Imcivree (min age 6 years): <ul style="list-style-type: none"> - Body mass index (BMI) ≥ 30 kg/m² - 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): <ul style="list-style-type: none"> - Member meets one of the following: <ul style="list-style-type: none"> ➤ Body mass index (BMI) > 40 kg/m² if no applicable risk factors ➤ BMI > 37 kg/m² with one or more of the following risk factors: dyslipidemia, hypertension, type II diabetes 	<p>Initial approval:</p> <ul style="list-style-type: none"> • Benzphetamine, diethylpropion, phendimetrazine, phentermine: 3 months • GLP-1 receptor agonists: 6 months • Orlistat: 6 months • Imcivree: 4 months <p>Renewal requests: varies (drug specific):</p> <p>All medications:</p> <ul style="list-style-type: none"> • Renewals will no longer be granted once a member reaches a BMI < 25 and renewals must be submitted within 30 days of the most recent authorizations expiration <p>Benzphetamine, diethylpropion, phendimetrazine, phentermine:</p> <ul style="list-style-type: none"> • 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)
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No updates made since 08/18/2025

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	<ul style="list-style-type: none"> - Member meets one of the following: <ul style="list-style-type: none"> ➤ 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: <ul style="list-style-type: none"> ○ Benzphetamine, diethylpropion, phendimetrazine, phentermine: 3-month trial without a weight loss of 10lbs ○ Orlistat: 6-month trial without a weight loss of 10lbs ○ GLP-1 receptor agonist: 6-month trial without a body weight reduction of 5%> <p><u>Initial request requirements:</u></p> <ul style="list-style-type: none"> • No contraindications to use (i.e. uncontrolled hypertension, hyperthyroidism etc. for stimulant-based products) • No malabsorption syndromes, cholestasis, pregnancy and/or lactation (for orlistat) 	<p>Orlistat:</p> <ul style="list-style-type: none"> • If member achieves at least a 10-lb. weight loss, an additional 6-month PA may be granted. Maximum length of continuous drug therapy = 24 months (waiting period of 6 months before next request) <p>Imcivree:</p> <ul style="list-style-type: none"> • 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. <p>GLP-1 Receptor Agonists:</p> <ul style="list-style-type: none"> • 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.
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VA FIDE Medicaid Weight Loss Drug Prior Authorization Criteria

	<ul style="list-style-type: none">• 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):<ul style="list-style-type: none">- 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) <p>Following documentation must be included in medical records:</p> <ul style="list-style-type: none">• Medical status and weight loss plan from within the last 60 days. 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<ul style="list-style-type: none">- 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• Height and weight measurements from within the last 60 days	
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VA FIDE Medicaid Weight Loss Drug Prior Authorization Criteria

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.