Prior Authorization Criteria: Weight Loss

Drug Name: Contrave (naltrexone HCl/bupropion HCl), Belviq (locaserin), Belviq XR (locaserin extended-release), Saxenda (liraglutide), Qsymia (Phentermine/Topiramate)

Date: Original 7-2018

Drug Name:	**Contrave (naltrexone HCl/bupropion HCl), Belviq (locaserin), Belviq XR (locaserin extended-release), Saxenda (liraglutide), Qsymia (Phentermine/Topiramate)**
Prescriber Restrictions:	n/a
Age Restrictions:	Patient is at least 18 years of age.
Exclusion Criteria:	n/a
Required Medical Information:	• Patient has tried and failed, or has contraindications to, <u>both</u> phentermine and Alli; and • Patient will use Contrave/Belviq/Saxenda/Qysmia in combination with a nutritional reduced calorie diet and weight reduction program (documentation of both nutritional and weight reduction programs required) in addition to at least one of the following: o Patient has BMI equal to, or above, 30 kg/m^2; or o Patient has BMI greater than or equal to 27 kg/m^2 and has at least one additional risk factor (e.g. Coronary heart disease, dyslipidemia, hypertension, type II diabetes mellitus, sleep apnea).
Renewal Criteria:	Patient has completed at least 3 months (12 weeks) of Belviq/Saxenda therapy, with demonstrated adherence, and lost at least 5 percent of baseline body weight. **OR** Patient has completed at least 4 months (16 weeks) of Contrave therapy, with demonstrated adherence, and lost at least 5 percent of baseline body weight. **OR** Patient has completed at least 3 months (12 weeks) of **Qysmia 15mg/92mg** therapy, with demonstrated adherence, and lost at least 5 percent of baseline body weight; **OR** Patient has completed at least 3 months (12 weeks) of **Qysmia 7.5mg/46mg** therapy, with demonstrated adherence, and lost at least 3 percent of baseline body weight.
Coverage Duration:	**Initial:** 3 months (12 weeks) if Belviq/Saxenda/Qysmia, 4 months if Contrave **Continuation of therapy:** 12 months