Special Bulletin

For all prescribers **August 30, 2024**

Revised Prescription Medication Policy for Weight Loss Medications

For Fully Insured and Affordable Care Act (ACA) Plans Only

Highmark is revising its pharmacy prior authorization policy for certain weight loss medications for fully insured* commercial and Affordable Care Act (ACA) members.

These medications include:

- Contrave (bupropion and naltrexone)
- Qsymia (phentermine and topiramate extended release)
- Saxenda (liraglutide)
- Wegovy (semaglutide)
- Xenical (orlistat)
- Zepbound (tirzepatide)

Prior authorization criteria for weight loss medications for Highmark's commercial self-insured members is not impacted.

When do these changes apply?

Fully Insured Plans Issued in:	Member New to Therapy	Member with Existing Prior Authorization
Delaware or West Virginia	09/01/2024	Upon reauthorization following required notice. Impacted members will receive 60-day advance notice via letter.
Pennsylvania	10/01/2024	
New York	09/01/2024	Upon reauthorization, following 2025 group renewal. Impacted members will receive 90-day advance notice via letter.

Both members and their prescribers will receive this advance notice of the changes and effective date via letter.

What is changing?
The pharmacy policy contains several updates that include*:

Prioritization of use for members most in need, including those with severe obesity and obesity related health conditions.	→	Higher baseline body mass index (BMI) with at least two weight-related comorbidities.
Use of **medications** that have **demonstrated the highest efficacy and lowest cost.**	→	A documented intolerance/contraindication to certain drugs.
Use of medications in conjunction with **lifestyle modifications.**	→	Documentation of healthy dietary changes and increased physical activity.

*For the full list of updates to the pharmacy policy, please consult the full policy referenced at the end of this notification. Coverage is governed by the terms of the member's health benefits plan. If the terms of the member's health benefits plan change, the member's coverage will also change.

This policy change also does not affect FDA-approved GLP-1s used in the treatment of type 2 diabetes.

Why is Highmark making these changes?

Highmark regularly evaluates its prescription medication policies, including for weight loss medications, which are consistent with state and federal mandates and the evolving research on effectiveness and safety. In the past year, there have been considerable challenges in this treatment area ranging from inconsistent medication supply, limited research on long-term benefits of these medications, and patterns discontinuing weight loss medications before clinical benefits can materialize.

We are striving to provide the most value by prioritizing use of weight loss medications for members most in need, including those with severe obesity and other obesity-related comorbidities. We aim to balance access and affordability for our members and clients, and the rising costs associated with weight loss medications is impacting the affordability of health insurance for all members, not just those using therapy. Evidence has shown that people who are severely obese are at the highest risk of obesity-related complications and death. They have potential to substantially benefit from weight loss medications, if used appropriately and consistently

For More Information
You can search our drug formularies and view utilization management policies on the Provider Resource Center (accessible via Availity or our website). Click the **Pharmacy Program/Formularies** link from the left-hand menu. A copy of the policy as of **Sept. 1, 2024**, is included below for your convenience.

Policy Name*	Policy Effective Date**	Updates and/or Approval Criteria
Anti-Obesity – Fully-Insured Commercial and Affordable Care Act (ACA)	09/01/2024	Policy revised for fully insured Commercial and Affordable Care Act (ACA) plans with weight loss medication benefit coverage for the following medications: Contrave (bupropion and naltrexone), Qsymia (phentermine and topiramate extended release), Saxenda (liraglutide), Wegovy (semaglutide), Xenical (orlistat), and Zepbound (tirzepatide). Changes from existing policy **bolded** below. For all agents for initiation, requiring baseline height, weight, and BMI; and **documentation** of healthy dietary changes and increased physical activity for **at least 6 months** prior to initiation and while using therapy. For all agents for maintenance, requiring baseline and current height, weight, and BMI; and **documentation** of healthy dietary changes and increased physical activity. For initiation and maintenance of Contrave, Qsymia, and Xenical in adults, requiring age of 18 years or older, use for chronic weight management, and baseline **BMI ≥ 35 kg/m^2**. Additionally for reauthorization, requiring at least **5% weight loss** from baseline. For initiation and maintenance of Contrave and Qsymia in adolescents or adults who initiated therapy as adolescents, requiring age of 12 years or older, use for chronic weight management, and baseline **BMI ≥ 95th percentile standardized for age and sex**. Additionally for reauthorization, requiring BMI **reduction of ≥ 3 percentile points** from baseline. For Saxenda, Wegovy, and Zepbound for initiation and maintenance in adults, requiring age of 18 years or older, use for chronic weight management, baseline **BMI ≥ 40 kg/m^2**, at least **two weight-related comorbidities** (asthma, cardiovascular disease, chronic obstructive pulmonary disease, dyslipidemia, hypertension, non-alcoholic steatohepatitis/non-alcoholic fatty liver disease, obstructive sleep apnea, osteoarthritis of the lower extremities, peripheral vascular disease, polycystic ovarian syndrome, or prediabetes), attestation that the member **does not have type 2 diabetes**, that the agent will not be used with any other GLP-1 RA containing agent, and if the request is for Saxenda or Wegovy, intolerance/contraindication to **plan-preferred Zepbound**. Additionally for maintenance, **weight loss of ≥ 7.5%** from baseline and maintenance dosing. For Saxenda and Wegovy for initiation and maintenance in adolescents or adults who initiated as adolescents, requiring age of 12 years or older, use for chronic weight management, baseline **BMI ≥ 36 kg/m^2 or BMI that is ≥ 120% of the 95% percentile for age and sex**, attestation that the member **does not have type 2 diabetes**, and that the agent will not be used with any other GLP-1

Policy Name*	Policy Effective Date**	Updates and/or Approval Criteria
		RA containing agent. Additionally for maintenance, BMI **reduction of ≥ 3 percentile points** from baseline, maintenance dosing for all agents, and if over 18 years old, intolerance/contraindication to **Zepbound**.

*For Commercial and Healthcare Reform policies, an exception to some or all the criteria above may be granted for select members and/or circumstances based on state and/or federal regulations.

**Patients new to therapy with a Pennsylvania fully insured plan will be subject to the new criteria beginning 10/01/2024. Patients with an existing Highmark prior authorization for weight loss medications in a Pennsylvania, Delaware, New York, or West Virginia fully insured plan will be subject to the new criteria upon reauthorization after advanced notice of changes. Both members and their prescribers will receive this advance notice of the changes and effective date via letter.