MEDICATION POLICY

Generic Name: Liraglutide

Therapeutic Class or Brand Name: Saxenda®

Applicable Drugs (if Therapeutic Class)**:** N/A

Date of Origin: 8/18/15 **Date Last Reviewed/Revised:** 1/4/18

GPI Code: 6125205000

Prior Authorization Criteria (may be considered medically necessary when criteria I through III are met):

I. Patient has a documented body mass index (BMI) of one of the following A or B AND must meet criteria listed under applicable BMI:
   A. 30 kg/m2 or greater (obese).
   B. 27 kg/m2 or greater (overweight) AND criterion 1 is met:
      1. Patient also has at least one weight-related comorbid condition (i.e. hypertension, type 2 diabetes mellitus, or dyslipidemia).

II. Documentation that the patient is also on a reduced calorie diet (approximately 500 kcal/day deficit) and exercise plan (recommended increase in physical activity of minimum 150 minutes per week).

III. Minimum age requirement: 18 years old.

Exclusion Criteria:

- Personal or family history of medullary thyroid carcinoma or Multiple Endocrine Neoplasia syndrome type 2.
- Pregnancy.
- Concurrent use with any other GLP-1 receptor agonists or insulin.
- Concurrent use with other products for weight loss.
- Patients with a history of pancreatitis

Other Criteria:

- Weight management must be a covered benefit or be approved as a coverable exception.

Quantity/Days Supply Restrictions:

- 5 pens (15 mLs) per 30 days.

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Approval Length:

- **Authorization:** 16 weeks.
- **Re-Authorization:** An updated letter of medical necessity or progress notes showing current medical necessity criteria are met and that the medication is effective. Documentation of both a AND b must be provided:
  a. Patient is tolerating the 3 mg per day dose (Saxenda® should be discontinued in patients who cannot tolerate the 3 mg dose, as efficacy has not been established at lower doses).
  b. Patient has lost at least 4% of baseline body weight (Saxenda® should be discontinued if the patient has not lost at least 4% of baseline body weight, since it is unlikely that the patient will achieve and sustain clinically meaningful weight loss with continued treatment).

Appendix:

N/A

References:

1. http://www.novo-pi.com/saxenda.pdf.
2. Medi-Span.

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Historical Tracking Of Changes Made To Policy	
1/4/2018	1. Policy reviewed: no changes made.
10/9/2016	1. Policy reviewed: no changes made.