

Weight Loss Medication and GLP-1 Checklist for Denver Health Medical Plan (DHMP)

Medicare (DHM01) and Medicaid/CHP (DHM02/03): Weight Loss is an excluded (not covered) benefit

Commercial (DHM04) and Exchange Lines of Business (LOB) (DHM08/09)

- » Covered Products for Weight Loss:
 - » Contrave*
 - » Imcivree (Exchange LOB only)*
 - » Orlistat (Exchange LOB only)*
 - » Phentermine
 - » Plenity (Exchange LOB only)*
 - » Qsymia*
 - » Saxenda*
 - » Wegovy*
 - » Zepbound (Exchange LOB only)*

*Prior Authorization (PA) Required Additional information located in the PA Criteria

Prior Authorization criteria for each line of business can be found at:

[DenverHealthMedicalPlan.org/provider-pharmacy-information](https://denverhealthmedicalplan.org/provider-pharmacy-information)

New Criteria was posted on 7/1/2024, 8/1/2024 and every quarter now on.

Special Notes:

Type 2 Diabetes Mellitus (T2DM) ONLY	Weight Loss
Bydureon Bcise (exenatide ER)	Wegovy (Semaglutide)
Byetta (exenatide)	Saxenda (Liraglutide)
Ozempic (semaglutide)	Zepbound (Tirzepatide)
Rybelsus (semaglutide)	
Trulicity (dulaglutide)	
Victoza (liraglutide)	
Mounjaro (Tirzepatide)	
Adlyxin (lixisenatide)	

***Please note: Certain GLP-1s are ONLY approved for T2DM and some are ONLY approved for Weight Loss**

Notes

- » Please remember to titrate patients up to the maintenance doses of the prescribed GLP-1, if possible.
- » For T2DM GLP-1s:
 - » Medicaid/CHP: an FDA indicated diagnosis is the only requirement
 - » For the commercial (self-funded, employee) plan, the PA criteria will require:
 - » FDA Indicated Diagnosis
 - » Documentation of uncontrolled A1C before therapy per ADA guidelines
 - » Previous trial and failure of metformin
 - » Trulicity will require a previous failure of at least two other GLP-1s indicated for Type 2 diabetes mellitus

Definitions and Tips for GLP-1 Agonists:

- » Must be prescribed for an FDA prescribed diagnosis
- » Current BMI and Weight is required as leadership has made the decision not to grandfather members currently on GLP-1s for weight loss.
 - » Current= within the last 90 days
- » Documentation = **CHART NOTES**
 - » The time between HLC visits cannot be greater than 90 days (at least two visits in the last six months)
- » Free apps on phones are not comprehensive weight loss programs
- » Comprehensive Weight Loss Programs consist of:
 - » Nutritional Guidance
 - » Regular Physical Activity
 - » Behavioral Therapy
 - » Medical supervision
 - » Support systems
- » Contraindications must be listed in the package insert verifiable by Micromedex. These need to be charted in the patient’s medical profile.
- » Intolerable side effects must be charted in the patient’s medical profile along with the start and end date
 - » Hypothetical situations are not accepted
 - » Controlled hypertension is not a contraindication for phentermine or phentermine related products
- » Major drug interactions must be verifiable by Micromedex.
- » PAs will no longer be accepted via email and must go through the fax or Epic system.
- » Please ensure the fax number is correct on the PA form for outreach communications
 - » Many providers’ information is incorrect from the pharmacy benefit manager system, which may lead to outreach communications being re-directed to incorrect fax numbers