



ITASCA MEDICAL CARE (IMCare)
ITASCA RESOURCE CENTER
1219 SE 2nd Avenue
Grand Rapids, MN 55744-3983
IMCare Toll Free – 1-800-843-9536
Visit us at: www.imcare.org

PROVIDER UPDATE

February 2022
#2022-03

To: IMCare providers
From: Dr. Jay Huber, Medical Director
Date: February 17, 2022
RE: Coverage of Weight Loss Drugs

The Minnesota Department of Human Services received approval to cover weight loss drugs for Minnesota Health Care Program recipients. Historically, CMS has excluded these drugs from coverage.

IMCare is contractually required to include at least one formulary option for weight loss/anti-obesity in our List of Covered Drugs. Currently IMCare lists phentermine and benzphetamine on the list of covered drugs as preferred products. If a preferred product is inappropriate for a member a non-preferred request will be reviewed using DHS Non-Preferred Drug Criteria.

All drugs for weight loss require prior authorization. IMCare is following DHS's Drug Formulary Committee criteria for Anti-Obesity Medications. <https://mn.gov/dhs/partners-and-providers/policies-procedures/minnesota-health-care-programs/provider/types/rx/pa-criteria/anti-obesity-medications.jsp> Initial and renewal criteria are listed below.

Initial approval criteria for covered drugs with prior authorization:

- Patient must meet the age limit indicated in the FDA-approved label of the requested drug AND
- Documented failure of at least a three-month trial on a low-calorie diet AND
- A regimen of increased physical activity unless medically contraindicated by co-morbidity AND
- Baseline body mass index (BMI) must be:
 - Greater than or equal to 30 kg/m² with no risk factors OR
 - Greater than or equal to 27 kg/m² with at least one very high-risk factor OR
 - At least two other risk factors (see Table 1) OR
- Waist circumference must be greater than 102 cm for men and greater than 88 cm for women with at least one very high-risk factor AND
- No contraindications (disease state or current therapy) should exist unless the prescriber documents that benefits outweigh risks (see Table 2) AND
- No concurrent use of any other weight loss drug(s) AND

- If the request is for Wegovy, patient must have failed a 3-month adherent trial of Saxenda AND
- Patient's weight at baseline (in pounds) must be submitted at time of request
- Initial approval is for 3 months

Renewal criteria for covered drugs with prior authorization:

- Ongoing prescriber documentation of adherence to a low-calorie diet AND
- A regimen of increased physical activity (unless medically contraindicated by co-morbidity) during anti-obesity therapy AND
- No contraindications (disease state or current therapy) should exist, unless prescriber documents that benefits outweigh risks (see Table 2) AND
- Patient must have lost at least 5% during the initial approval period AND
- Renewal approval is for 6 months AND
- Patient's most recent weight (in pounds) must be submitted with each prior authorization request AND
- After 6 months of therapy, a 6-month approval may be granted if a 5% weight reduction has been achieved AND
- After one year of therapy, additional 6-month approvals may be granted if a 5% weight reduction has been achieved AND the patient continues to maintain weight loss AND
- After lapses of therapy, additional trials may be approved if criteria requirements are met AND
- Xenical may not be approved for therapy beyond four years

References to the Tables for risk factors and contraindication can be found at <https://mn.gov/dhs/partners-and-providers/policies-procedures/minnesota-health-care-programs/provider/types/rx/pa-criteria/anti-obesity-medications.jsp>

If you have any questions or concerns regarding the coverage of weight loss drugs or the current criteria, please email jay.huber@co.itasca.mn.us or call 218-327-5520.