

Prior Authorization DRUG Guidelines

WEIGHT LOSS MEDICATIONS

(SAXENDA [liraglutide], BELVIQ [lorcaserin] and CONTRAVE [bupropion and naltrexone])

Effective Date: 7/25/17

Date Developed: 5/22/17 by Catherine R. Sanders, MD

Last Approval Date: 1/24/17, 1/23/18, 1/22/19

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Saxenda is a long acting analog of human glucagon-like peptide-1 (GLP-1) (an incretin hormone). It increases glucose-dependent insulin secretion, decreases inappropriate glucagon secretion, increases B-cell growth/replication, slows gastric emptying, and decreases food intake.

Belviq is a serotonin 5-HT receptor agonist, which stimulates pro-opiomelanocortin (POMC) neurons in the arcuate nucleus of the hypothalamus, leading to increased alpha-melanocortin stimulating hormone release at melanocortin-4 receptors and results in satiety and decreased food intake.

Contrave is a combination of bupropion, a relatively weak inhibitor of the neuronal reuptake of dopamine and norepinephrine and naltrexone, a pure opioid antagonist. The exact neurochemical effects leading to weight loss are not fully understood.

Pre-Authorization Criteria: for Adults ≥ 18 years of age.

- A) Approve for 4 months of initial therapy if the patient meets the following criteria (i, ii, and iii):
 - i. Patient currently has a BMI ≥ 30 kg/m², or a BMI ≥ 27 kg/m² for those with risk factors besides obesity (e.g. diabetes mellitus, impaired glucose tolerance, dyslipidemia, hypertension, coronary heart disease, sleep apnea; AND
 - ii. Patient has engaged in a trial of behavioral modification and dietary restriction for at least 3 months and has failed to achieve the desired weight loss; AND
 - iii. Patient is currently engaged in behavioral modification and on a reduced calorie diet.
- B) Approve for additional 4 months at a time if patient has lost $\geq 5\%$ of baseline body weight

Change in body weight should be evaluated every 16 weeks after initiation of medication or after titration to maximum dosing. If the patient has not lost $\geq 5\%$ of baseline body weight, the prescribed medication should be discontinued because it is unlikely that the patient will achieve and sustain clinically meaningful weight loss with continued treatment.

Administration:

Saxenda: Do not inject intravenously or intramuscularly. Inject subcutaneously in the upper arm, thigh, or abdomen. Administer without regard to meals or time of day. Change needle with each administration. Use only if clear, colorless, and free of particulate matter. Do not share pens between patients even if needle is changed. If using concomitantly with insulin, administer as separate injections (do not mix); may inject in the same body region as insulin, but not adjacent to one another.

Dosing:

Chronic weight management:

Saxenda: SubQ: Initial: 0.6 mg once daily for one week; increase by 0.6 mg daily at weekly intervals to a target dose of 3 mg once daily. If the patient cannot tolerate an increased dose during dose escalation, consider delaying dose escalation for one week. If the 3 mg daily dose is not tolerated, discontinue use as efficacy has not been established at lower doses.

Belviq: extended release: 20 mg once daily, immediate release: 10 mg twice daily. Maximum 20 mg/day.

Contrave: Initial: one tablet (naltrexone 8mg/bupropion 90mg) once daily in the morning for 1 week; at week 2, increase to 1 tablet twice daily administered in the morning and evening and continue for 1 week; at week 3, increase to 2 tablets in the morning and 1 tablet in the evening and continue for 1 weeks; at week 4, increase to 2 tablets twice daily administered in the morning and evening and continue for the remainder of the treatment course.

Dosing Forms:

Saxenda: 18 mg/3mL (3mL) solution Pen-injector, subcutaneous.

Belviq: 10 mg tablet, oral; Belviq XR: 20 mg extended release 24 hour tablet, oral.

Contrave: Naltrexone hydrochloride 8 mg and bupropion hydrochloride 90 mg tablet extended release 12 hour, oral.

Major Adverse reactions:

Saxenda: increased heart rate, headache, hypoglycemia, nausea, diarrhea, constipation, vomiting.

Belviq: headache, hypoglycemia, abnormal lymphocytes, back pain, upper respiratory tract infection, nasopharyngitis.

Contrave: headache, sleep disorder, nausea, constipation, vomiting.

Contraindications:

Saxenda: patients with multiple endocrine neoplasia syndrome type2 (MEN2), pregnancy.

Belviq: pregnancy.

Contrave: chronic opioid, opiate agonist or partial agonist use, uncontrolled hypertension, seizure disorder or a history of seizures, bulimia or anorexia nervosa, concomitant use of MAO inhibitors, pregnancy.

Black box warnings:

Contrave: naltrexone/bupropion is not approved for use in the treatment of major depressive or psychiatric disorders; it contains bupropion the same active ingredient in some other antidepressant medications. Antidepressants increase the risk of suicidal thinking and behavior in children, adolescents, and young adults with major depressive disorder and other psychiatric disorders. Although naltrexone/bupropion is not approved for smoking cessation, serious neuropsychiatric events have occurred in patients taking bupropion for smoking cessation, including changes in mood (eg depression, mania), psychosis, hallucinations, paranoia, delusions, homicidal ideation, hostility, agitation, aggression, anxiety, panic, suicidal ideation, suicide attempt, and completed suicide.

References:

Adapted from ESI policy for weight loss medications.

UpToDate 2017: Drug information

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Revision Date	Content Revised (Yes/No)	Contributors	Review/Revision Notes
1/23/18	Yes	Catherine Sanders, MD; Robert Sterling, MD	Annual review; updated to remove Qsymia since Qsymia was excluded from the formulary effective 1/1/18
1/22/19	No	Catherine Sanders, MD; Robert Sterling, MD	Archived – check ESI