New Hampshire Medicaid Fee-for-Service Program
Weight Management Criteria

Approval Date: October 1, 2025

Indications

Generic Name (Brand Name)	Covered Indications
orlistat (Xenical)	• Indicated for obesity management including weight loss and weight maintenance when used in conjunction with a reduced-calorie diet • Indicated to reduce the risk for weight regain after prior weight loss • Indicated for adults with BMI ≥ 30 kg/m^2 or adults with ≥ BMI 27 kg/m^2 in the presence of at least one weight-related comorbid condition
phentermine	• Short term adjunct in a regimen of weight reduction based on exercise, behavioral modification, and caloric restriction in the management of exogenous obesity in adults with BMI ≥ 30 kg/m^2 or adults with ≥ BMI 27 kg/m^2 in the presence of at least one weight-related comorbid condition
phentermine (Lomaira)	• Short term adjunct in a regimen of weight reduction based on exercise, behavioral modification, and caloric restriction in the management of exogenous obesity in adults with BMI ≥ 30 kg/m^2 or adults with ≥ BMI 27 kg/m^2 in the presence of at least one weight-related comorbid condition
phentermine/ topiramate	• Indicated in combination with a reduced-calorie diet and increased physical activity to reduce excess body weight and maintain weight reduction long term in: – Adults and pediatric patients aged 12 years and older with obesity – Adults with overweight in the presence of at least one weight-related comorbid condition

Requests for Imcivree see separate criteria.
Requests for Wegovy for MASH indication, see separate MASH criteria.
Requests for Wegovy for Major Adverse Cardiovascular Events, see separate Major Adverse Cardiovascular Events (Wegovy) criteria.
Requests for Zepbound for Obstructive Sleep Apnea, see separate Obstructive Sleep Apnea (Zepbound) criteria.

Medications

Brand Names	Generic Names	Dosage
Lomaira	phentermine	8 mg
	phentermine	15 mg, 30 mg, 37.5 mg
	phentermine/topiramate	3.75 mg/23 mg, 7.5 mg/46 mg, 11.25 mg/69 mg, 15 mg/92 mg
Xenical	orlistat	120 mg

Criteria for Weight Management

1. Medication requested is not a GLP-1 receptor agonist; **AND**
2. Patient is 12 years of age or older (phentermine/topiramate, orlistat) or 16 years of age or older (phentermine, Lomaira) or 18 years of age or older (all medications eligible); **AND**
3. Documented failure of at least a three-month trial on a low-calorie diet (1,200 kcal/day for women, 1,600 kcal/day for men); **AND**
4. A regimen of increased physical activity unless medically contraindicated by co-morbidity; **AND**
5. Baseline body mass index (BMI) must be:
   - 30 kg/m^2 or more with no risk factors; **OR**
   - 27 kg/m^2 or more with at least one very high-risk factor (see Table 1); **OR**
6. Waist circumference must be more than 102 cm for men and more than 88 cm for women with at least one very high-risk factor; **OR**
7. For pediatric patients, body weight is more than 60 kg **and** initial BMI corresponds to 30 kg/m^2 for adults or more than the 95th percentile on pediatric growth chart; **OR**
8. At least two other risk factors (see Table 1); **AND**
9. No contraindications (disease state or current therapy) should exist unless the prescriber documents that benefits outweigh risks (see Table 2).

Initial approval will be for 6 months.

Table 1: Risk Factors	
Very High Risk	• Type 2 diabetes • Established coronary heart disease • Other atherosclerotic disease • Sleep apnea
Other Risk Factors	• Hypertension • Dyslipidemia • Impaired fasting glucose concentration • Cigarette smoking • Family history of premature heart disease • Age (men > 45 years, women > 55 years or postmenopausal) • Gynecologic abnormalities • Osteoarthritis • Gallstones • Stress incontinence

Table 2: Contraindications, Precautions, and Drug Interactions			
Drug	**Contraindications**	**Precautions**	**Drug Interactions**
orlistat	• Chronic malabsorption syndrome • Cholestasis • Pregnancy	• Hx of hyperoxaluria or Ca oxalate nephrolithiasis • Patients with deficiency of any fat-soluble vitamins	
phentermine	• Hx of glaucoma • Hx of hypertension (moderate to severe) • Hx of hyperthyroidism • Hx of cardiovascular disease	• Hx of drug abuse • Hx of anxiety disorders • Hx of diabetes mellitus • Hx of hypertension (mild)	• Monoamine oxidase inhibitors (MAOI): contraindicated
phentermine/ topiramate	• Pregnancy • Glaucoma • Hyperthyroidism	• Increase in heart rate • Suicidal behavior and ideation • Acute myopia and secondary angle closure glaucoma	• MAOI • Oral contraceptive • Non-potassium sparing diuretic • CNS depressants including alcohol

Criteria for Renewal

1. Ongoing prescriber documentation of adherence to a low-calorie diet (1,200 kcal/day for women, 1,600 kcal/day for men); **AND**
2. A regimen of increased physical activity (unless medically contraindicated by co-morbidity) during anti-obesity therapy; **AND**
3. No contraindications (disease state or current therapy) should exist, unless prescriber documents that benefits outweigh risks (see Table 2); **AND**
4. See **Special Approval Instructions** below for weight loss requirements.

Special Approval Instructions

1. After six months of therapy, demonstrates reduction in body weight; **AND**
2. After lapses of therapy, additional trials may be approved if criteria requirements are met; **AND**
3. Phentermine may not be approved for therapy beyond nine months.

Criteria for Denial

1. Prior approval will be denied if the approval criteria are not met; **AND**

2. Member is using a drug within this criteria and the incoming request is to prescribe an additional second drug.

References

Available upon request.

Revision History

Reviewed by	Reason for Review	Date Approved
Pharmacy and Therapeutic Committee	New	09/2001
Pharmacy and Therapeutic Committee	Pursuant to Chapter 281, NH law 2001	10/2002
Pharmacy and Therapeutic Committee	Revision	03/24/2005
Commissioner	Approval	04/15/2005
Pharmacy and Therapeutic Committee	Revision	04/16/2009
Commissioner	Approval	05/12/2009
DUR Board	Revision	06/18/2012
Commissioner	Approval	07/10/2012
	New drug to market	09/02/2014
DUR Board	Revision	05/12/2015
Commissioner	Approval	06/30/2015
DUR Board	Revision	05/31/2016
Commissioner	Approval	06/18/2016
DUR Board	Revision	03/20/2017
Commissioner	Approval	06/08/2017
DUR Board	Revision	03/12/2019
Commissioner Designee	Approval	04/05/2019
DUR Board	Revision	06/30/2020
Commissioner Designee	Approval	08/07/2020
DUR Board	Revision	12/15/2020
Commissioner	Approval	02/24/2021
DUR Board	Revision	12/02/2021
Commissioner Designee	Approval	01/14/2022
DUR Board	Revision	12/13/2022

Reviewed by	Reason for Review	Date Approved
Commissioner Designee	Approval	01/26/2023
DUR Board	Revision	06/19/2023
Commissioner Designee	Approval	06/29/2023
DUR Board	Revision	05/07/2024
Commissioner Designee	Approval	06/10/2024
DUR Board	Revision	04/08/2025
Commissioner Designee	Approval	06/05/2025
DUR Board	Revision	09/23/2025
Commissioner Designee	Approval	10/01/2025