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

Approval Date: June 5, 2025

Indications

Generic Name (Brand Name)	Indications
liraglutide (Saxenda)	• Indicated as an adjunct to a reduced-calorie diet and increased physical activity for chronic weight management in: – Adults with body mass index (BMI) ≥ 30 kg/m^2 or adults with ≥ BMI 27 kg/m^2 in the presence of at least one weight-related comorbid condition – Pediatric patients ≥ 12 years and older with body weight > 60 kg and an initial BMI corresponding to BMI ≥ 30 kg/m^2 for adults
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
semaglutide (Wegovy)	• Indicated as an adjunct to a reduced-calorie diet and increased physical activity: – To reduce the risk of major cardiovascular events (cardiovascular death, non-fatal myocardial infarction, or non-fatal stroke) in adults with established cardiovascular disease and either obesity or overweight – To reduce excess body weight and maintain weight reduction long term in adults and pediatric patients ≥ 12 years with obesity or adults who are overweight in the presence of at least one weight-related comorbid condition

Generic Name (Brand Name)	Indications
setmelanotide (Imcivree)	• Indicated for chronic weight management in adult and pediatric patients ≥ 2 years of age with monogenic or syndromic obesity due to: – Pro-opiomelanocortin (POMC), proprotein convertase subtilisin/kexin type 1 (PCSK1), or leptin receptor (LEPR) deficiency as determined by an FDA-approved test demonstrating variants in POMC, PCSK1, or LEPR genes that are interpreted as pathogenic, likely pathogenic, or of uncertain significance (VUS) – Bardet-Biedl syndrome (BBS)
tirzepatide (Zepbound)	• Indicated as an adjunct to a reduced-calorie diet and increased physical activity for chronic weight management in: – Adults with obesity or adults with overweight in the presence of at least one weight-related comorbid condition – Adults with moderate to severe obstructive sleep apnea and obesity

Medications

Brand Names	Generic Names	Dosage
Imcivree	setmelanotide	10 mg/mL
Lomaira	phentermine	8 mg
	phentermine	15 mg, 30 mg, 37.5 mg
Saxenda	liraglutide	0.6 mg, 1.2 mg, 1.8 mg, 2.4 mg, 3 mg (6 mg/mL, 3 mL)
Wegovy	semaglutide	0.25 mg/0.5 mL, 0.5 mg/0.5 mL, 1 mg/0.5 mL, 1.7 mg/0.75 mL, 2.4 mg/ 0.75 mL
Xenical	orlistat	120 mg
Zepbound	tirzepatide	2.5 mg/0.5 mL, 0.5 mg/0.5 mL, 7.5 mg/0.5 mL, 10 mg/0.5 mL, 12.5 mg/0.5 mL, 15 mg/0.5 mL

Requests for Imcivree, see the drug-specific approval section.

Criteria for Approval

Adult

1. Patient is 16 years of age or older (phentermine, Lomaira) or 18 years of age or older (all medications eligible); **AND**
2. 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**
3. A regimen of increased physical activity unless medically contraindicated by co-morbidity; **AND**
4. 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**

5. 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**
6. At least two other risk factors (see Table 1); **AND**
7. 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.

Pediatric

1. Patient is 12 years of age or older and less than 18 years of age (Saxenda, Wegovy, Xenical only); **AND**
2. 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; **AND**
3. Medical treatment will be used in combination with a reduced calorie diet and increased physical activity; **AND**
4. 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
naltrexone/ bupropion	• Uncontrolled hypertension • Seizure disorders • Anorexia nervosa or bulimia • Undergoing abrupt discontinuation of alcohol, benzodiazepines, barbiturates, or antiepileptic drugs • Chronic opioid use	• Suicidal thoughts and ideation	• MAOI • Opioid analgesics • Concurrent use of other bupropion-containing products if the total daily dose of all bupropion-containing products is above the FDA maximum recommended dose
liraglutide	• Pregnancy • Personal or family Hx of medullary thyroid carcinoma or Multiple Endocrine Neoplasia syndrome type 2	• Suicidal behavior and ideation • Acute pancreatitis • Acute gallbladder disease • Renal impairment	• GLP-1 receptor agonist • Insulins
semaglutide	• Personal or family Hx of medullary thyroid carcinoma or Multiple Endocrine Neoplasia syndrome type 2	• Suicidal behavior and ideation • Acute pancreatitis • Acute gallbladder disease • Renal impairment	• GLP-1 receptor agonist • Insulins
tirzepatide	• Personal or family Hx of medullary thyroid	• Suicidal behavior and ideation	• Sulfonylurea • Insulins

Table 2: Contraindications, Precautions, and Drug Interactions			
Drug	**Contraindications**	**Precautions**	**Drug Interactions**
	carcinoma or Multiple Endocrine Neoplasia syndrome type 2	• Acute pancreatitis • Acute gallbladder disease • Renal impairment • Diabetic retinopathy complications	• Oral hormonal contraceptives • Narrow therapeutic index drugs (e.g., warfarin)

Criteria for Renewal

See below for renewal requests for Imcivree.

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. **Patients 16 years of age or older:**
   - After six months of therapy, a six-month approval may be granted if a 5% weight reduction from baseline has been achieved. (exception noted below)
     - If renewal request is for Saxenda, a six-month approval may be granted if a 4% weight reduction from baseline has been achieved.
2. **Pediatric patients 12 years of age or older:**
   - After 3 months of therapy, patient must have had a reduction in body weight of at least 1% from baseline.
3. After lapses of therapy, additional trials may be approved if criteria requirements are met.
4. 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.

Criteria for Approval (Imcivree only)

1. Patient must be ≥ 2 years of age; **AND**
2. Baseline BMI must be 30 kg/m^2 or more **or** 95th percentile or higher on pediatric growth chart; **AND**
3. Patient has proopiomelanocortin (POMC), proprotein convertase subtilisin/kexin type 1 (PCSK1), or leptin receptor (LEPR) deficiency, as confirmed by a genetic test; **AND**
   - Genetic variants are interpreted as pathogenic, likely pathogenic, or of uncertain significance; **OR**
4. Patient has Bardet-Biedl Syndrome (BBS) as evidenced by three or more of the following:
   - Intellectual impairment
   - Renal anomalies
   - Polydactyly
   - Retinal degeneration
   - Genital anomalies
5. Prescribed by or in consultation with an endocrinologist or geneticist.

Criteria for Renewal (Imcivree only)

1. First approval will be for four months; **AND**
2. After four months of therapy, patient must have lost at least 5% of the baseline body weight (or 5% or more of baseline BMI in those with continued growth potential); **AND**
3. The patient has not experienced treatment-limiting adverse reactions (e.g., gastrointestinal intolerability below labeled dosing for age, sexual adverse effects, depression, or suicidal ideation).

Criteria for Denial

Prior approval will be denied if the approval criteria are not met.

References

Available upon request.

Revision History

Reviewed by	Reason for Review	Date Approved
Pharmacy and Therapeutic Committee	New	09/2001

Reviewed by	Reason for Review	Date Approved
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
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