

Phentermine-Topiramate



Included Products: Qsymia (phentermine-topiramate)

Created: 07/13/2023

Revised: 07/13/2023

Reviewed: 07/13/2023

Updated: 12/01/2023

All Diagnoses

Initial Criteria		If yes	If no
1.	Is the member between 12 and 20 years of age?	Continue to #2.	Deny for Guideline Note. Medications for purposes of weight loss not covered in adults.
2.	Does the member have severe obesity defined as one of the following: <ul style="list-style-type: none"> a. Body Mass Index (BMI) of greater than or equal to 35kg/m²; or b. Equal to or greater than 120% of the 95th percentile for age and sex 	Continue to #3.	Do not approve.
3.	Is there documentation that all of the following have been maximized and failed: <ul style="list-style-type: none"> a. Motivational Interviewing- b. Health Behavior and Lifestyle Interventions including face-to-face, family based counseling on nutrition and physical activity delivering 26 or more hours over a 3 to 12 month period. c. Physical activity goals such as daily exercise or reduction in sedentary behavior. d. Nutrition education/modifications such as reduction of sugar-sweetened beverages and improvements in health eating. 	Approve for 6 months.	Review with a medical director for an assessment of medical necessity/ appropriateness.
Renewal Criteria		If yes	If no
1.	Is there documentation of weight loss of at least 5% of baseline BMI?	Continue to #2.	Do not approve.

Continued >>

2.	Approve for 12 months.		
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References

- Clinical Practice Guideline for the Evaluation and Treatment of Children and Adolescents With Obesity | Pediatrics | American Academy of Pediatrics (aap.org)