



Cal MediConnect – 2016

**Prior Authorization Group Description**

QSYMIA

**Covered Uses:**

As an adjunct to a reduced-calorie diet and increased physical activity for chronic weight management in adults with an initial body mass index (BMI) of 30 kg/m<sup>2</sup> or greater (obese) or 27 kg/m<sup>2</sup> or greater (overweight) in the presence of at least one weight-related comorbidity such as hypertension, type 2 diabetes mellitus, or dyslipidemia.

**Exclusion Criteria:**

**Required Medical Information:**

BMI is greater than or equal to 30 kg/m<sup>2</sup> OR BMI is greater than or equal to 27 kg/m<sup>2</sup> with one or more of the following severe co-morbid conditions 1. Coronary artery/heart disease 2. Diabetes 3. Dyslipidemia 4. Hypertension 5. Obstructive sleep apnea AND Documentation of the patient's baseline weight is required to determine response to therapy.

**Age Restrictions:**

**Prescriber Restrictions:**

**Coverage Duration:**

Initial 12 weeks. If 3% weight loss is not achieved after 12 weeks on 7.5 mg/46 mg, then dose must be escalated or drug discontinued. If dose is escalated, an additional 12 weeks will be approved. Reauthorization every 6 months for the first year will require documentation of at least 5% weight loss from baseline body weight. Reauthorization beyond the first year and every 6 months will require documentation of weight maintenance.

**Other Criteria:**