

Market Applicability/Effective Date														
Market	FL & FHK	FL MMA	FL LTC	GA	KS	KY	LA	MD	NJ	NV	NY	TN	TX	WA
Applicable	X	NA	NA	X	NA	X	X	X	X	X	X	NA	NA	X

Medication	Comments
Alli (orlistat)	All MCD markets
Xenical (orlistat)	CA and VA only

OVERRIDE(S)

Prior Authorization of Benefits

APPROVAL DURATION

12 weeks

APPROVAL CRITERIA

I. Requests for initial fill of orlistat may be approved when the following criteria are met:

- A. Individual has a BMI of 30 kg/m² or greater; **OR**
- B. Patient has a BMI of 27 kg/m² or greater **AND** risk factors such as diabetes, dyslipidemia, or controlled hypertension

AND

- C. Individual is currently on a low-fat, reduced calorie diet; **AND**
- D. Individual is taking a multi-vitamin containing fat-soluble vitamins;

AND

- E. Individual has none of the following:
 1. Hypersensitivity to orlistat; **OR**
 2. Chronic malabsorption syndrome; **OR**
 3. Cholestasis

AND

- F. Individual is NOT receiving two medications for weight loss at the same time

II. Subsequent refills may be approved if individual meets all of the following criteria:

- A. Individual has a BMI of 25 kg/m² or greater; **AND**
- B. Individual has maintained their initial weight loss or has continued to lose weight; **AND**
- C. Individual has been taking orlistat for less than 4 years

AND

- D. Individual is currently on a low-fat, reduced calorie diet; **AND**
- E. Individual is taking a multi-vitamin containing fat-soluble vitamins;

AND

- F. Individual has none of the following:
 1. Hypersensitivity to orlistat; **OR**
 2. Chronic malabsorption syndrome; **OR**

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

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3. Cholestasis

AND

G. Individual is NOT receiving two medications for weight loss at the same time

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