Single PDL 1.1.2026:

Drug Class	Preferred Agents	Non-Preferred Agents
Anti-Obesity/Weight Loss Agents♦	benzphetamine diethylpropion **orlistat products**: orlistat[2], Xenical®[2] phendimetrazine **phentermine products:** Adipex-P®, Lomaira®, phentermine, phentermine/topiramate	*liraglutide (generic for Saxenda®)*[2] *[GLP1]* *Saxenda® (liraglutide)*[2] *[GLP1]* *Wegovy® (semaglutide)*[2] *[GLP1]* Zepbound® *(tirzepatide)*[2] *[GLP1]*

MISCELLANEOUS: ANTI-OBESITY/WEIGHT LOSS AGENTS (NON-PREFERRED GLP1S ONLY)

(PDL Class – see MICHIGAN PREFERRED DRUG LIST)

Length of Authorization: Initial = 6 months; Renewal = 6 months

CRITERIA TO APPROVE

- Allergy to all five types of preferred medications (e.g., at least 1 of each benzphetamine, diethylpropion, orlistat products, phendimetrazine, and phentermine products); **OR**
- Contraindication or drug to drug interaction with all five types of preferred medications; **OR**
- History of unacceptable side effects of all five types of preferred medications; **OR**
- Trial and failure with all five types of preferred agents (e.g., at least one orlistat agent and one phentermine product in addition to benzphetamine, diethylpropion and phendimetrazine)
- See additional medication-specific criteria below:

INITIAL REQUEST

- Prescriber attests that the patient will **not** use more than one weight loss medication in this drug class concurrently; **AND**
- Prescriber attests there has been documented failure of all other clinically appropriate weight loss interventions; **AND**
- Prescriber attests that use of this GLP1 agent for weight loss is considered only as a measure to avert the need for higher-cost bariatric surgery; **AND**
- Prescriber attests that the patient will not use an anti-obesity GLP-1 agonist (Wegovy, Saxenda/liraglutide or Zepbound) concurrently with a medication that contains a DPP-4 inhibitor (alogliptin, linagliptin, saxagliptin or sitagliptin; **AND**

- Patient ≥ 18 years of age (Zepbound); **OR**
- Patient age ≥12 years (Wegovy, Saxenda/liraglutide); **AND**
- Prescriber attests patient age ≥12 years to <18 years and has an initial BMI per CDC growth charts for age and sex and is classified as morbidly obese**; OR**
- Prescriber attests patient age ≥18 years and has an initial body mass index (BMI) classified as morbidly obese (e.g., baseline BMI ≥ 40 kg/m^2 or greater); **AND**
- For patients with an eating disorder, prescriber attests that treatment has been optimized and confirms the safety and appropriateness of this anti-obesity treatment**; AND**
- Prescriber attests that metabolic or other reason(s) for obesity/symptoms have been ruled out or diagnosed and treated (e.g., thyroid dysfunction, diabetes, sleep apnea, etc.)**; AND**
- Prescriber attests to patient's absence of any contraindications to use of the requested product, including pregnancy, lactation, a personal or family history of medullary thyroid cancer or multiple endocrine neoplasia type II; **AND**
- Prescriber attests medication therapy is part of a total treatment plan including diet and exercise/activity as appropriate for the patient's ability**; AND**
- Prescriber attests that patient has been informed weight may return with cessation of medication unless healthy lifestyle diet and activity changes, as appropriate for the patient's ability, are permanently adopted.

MDHHS recommends that prescribers consider the benefits of a diabetes prevention program for their patients.

RENEWAL REQUEST

- For patients age ≥12 years to <18 years, prescriber provides clinical documentation demonstrating BMI associated with the renewal request and showing that the patient has maintained or improved BMI percentile per CDC growth charts from baseline weight at initiation of therapy.
- For patients age ≥18 years, prescriber provides clinical documentation demonstrating weight associated with the renewal request and showing that the patient has maintained a weight loss of ≥ 5% from baseline weight at initiation of therapy.

1ST RENEWAL REQUEST – FOR WEIGHT LOSS ONLY - IN ESTABLISHED MEMBERS WITH INITIAL APPROVAL PRIOR TO 1/1/2026 CRITERIA CHANGES

- Prescriber attests that the patient was classified as morbidly obese when they were initially started on the GLP1 agent for weight loss; **AND**
- Prescriber attests there was documented failure of all other clinically appropriate weight loss interventions prior to starting the GLP1 agent for weight loss; **AND**
- Prescriber attests that use of the GLP1 agent for weight loss was considered only as a measure to avert the need for higher-cost bariatric surgery; **AND**
- For patients age ≥12 years and <18 years, prescriber provides clinical documentation demonstrating BMI associated with the renewal request and showing that the patient has

maintained or improved BMI percentile per CDC growth charts from baseline weight at initiation of therapy; **OR**

- For patients age ≥18 years, prescriber provides clinical documentation demonstrating the weight associated with the renewal request and showing that the patient has maintained a weight loss of ≥ 5% from baseline weight at initiation of therapy.

QUANTITY LIMITS

Saxenda/liraglutide 18 mg/3 mL pens	15 mL (5 pens) per 30 days
Wegovy (semaglutide) 0.25 mg/0.5 mL pens	2 mL (4 pens) per 28 days
Wegovy (semaglutide) 0.50 mg/0.5 mL pens	2 mL (4 pens) per 28 days
Wegovy (semaglutide) 1 mg/0.5 mL pens	2 mL (4 pens) per 28 days
Wegovy (semaglutide) 1.7 mg/0.75 mL pens	3 mL (4 pens) per 28 days
Wegovy (semaglutide) 2.4 mg/0.75 mL pens	3 mL (4 pens) per 28 days
Zepbound (tirzepatide) 2.5 mg/0.5 mL pens/vials	2 mL (4 pens/vials) per 28 days
Zepbound (tirzepatide) 5 mg/0.5 mL pens/vials	2 mL (4 pens/vials) per 28 days
Zepbound (tirzepatide) 7.5 mg/0.5 mL pens/vials	2 mL (4 pens/vials) per 28 days
Zepbound (tirzepatide) 10 mg/0.5 mL pens/vials	2 mL (4 pens/vials) per 28 days
Zepbound (tirzepatide) 12.5 mg/0.5 mL pens	2 mL (4 pens) per 28 days
Zepbound (tirzepatide) 15 mg/0.5 mL pens	2 mL (4 pens) per 28 days