

**Medications for Obesity Management Coverage Chart**  
Updated 03/2023

	<b>Wegovy</b> <i>(semaglutide)</i>	<b>Saxenda</b> <i>(liraglutide)</i>	<b>Qsymia</b> <i>(phentermine/topiramate)</i>	<b>Contrave</b> <i>(naltrexone/bupropion)</i>	<b>Xenical</b> <i>(orlistat)</i>	<b>Phentermine</b> <i>(generic)</i>
<b>BCBS-MA Commercial</b>	PA, tier 2	PA, tier 2	NC	PA, tier 2	NC	NC
<b>HPHC Commercial</b>	PA, tier 2	PA, tier 3	NC	PA, tier 3	NC	Tier 1
<b>Tufts Commercial</b>	PA, tier 2	PA, tier 3	NC	PA, tier 3	NC	Tier 1
<b>HPHC BILH Employee Plan</b>	Preferred	Preferred	Preferred	NC	NC	NC
<b>MAH BMC ACO (Lahey)</b>	NC	NC	NC	NC	NC	NC
<b>BCBS-SR</b>	NC	NC	NC	NC	NC	NC
<b>United Healthcare SR</b>	NC	NC	NC	NC	NC	NC
<b>Medicaid/Medicare</b>	NC	NC	NC	NC	NC	NC

**Copay Tier estimates are based on 2023 formularies:**

**BCBS-MA:** Standard formulary, 3-tier plan. See this [link](#). PA criteria this [link](#).

**HPHC:** 3-tier value plan (note: multiple plans with differences exist including 3 & 4 Tier Premium Plans and 3-5 Tier Value Plans). See this [link](#). PA criteria this [link](#).

**Tufts:** Premium 3-tier commercial plan (note: other plans exist, minor differences). See this [link](#). PA criteria this [link](#).

**EMP Plan:** See this [link](#).

**Document Key:**

PA: Prior Authorization

NC: Not Covered

Preferred: preferred drug in class for plan

Tier 1: lowest tier copay

Tier 2: mid-tier copay

Tier 3-4: highest tier copay