



5.99.027

---

|                    |                         |                              |                   |
|--------------------|-------------------------|------------------------------|-------------------|
| <b>Section:</b>    | Prescription Drugs      | <b>Effective Date:</b>       | July 1, 2026      |
| <b>Subsection:</b> | Miscellaneous Products  | <b>Original Policy Date:</b> | September 9, 2022 |
| <b>Subject:</b>    | Weight Loss Medications | <b>Page:</b>                 | 1 of 8            |

---

**Last Review Date:** June 11, 2026

---

## Weight Loss Medications

### Description

Adipex-P\* (phentermine), Lomaira (phentermine), phentermine  
Benzphetamine  
Contrave (naltrexone and bupropion)  
Diethylpropion  
Phendimetrazine  
Plenity\* (carboxymethylcellulose-cellulose-citric acid)  
Qsymia (phentermine and topiramate extended-release)  
Xenical (orlistat)

\*Prior authorization for the brand formulation applies only to formulary exceptions due to being a non-covered medication.

---

### Background

Obesity rates have increased dramatically in the 21<sup>st</sup> century and obesity contributes to increased morbidity, mortality, and the burden of healthcare costs. There are anti-obesity medications approved by the FDA for the long and short-term treatment of obesity. These medications for weight loss are indicated in combination with lifestyle modification for the management of obesity, and some are indicated for use in children as young as 12 years of age (1-3).

### Regulatory Status

FDA-approved indications: (4-14)

- Adipex-P, Contrave, Lomaira, phentermine, Qsymia, and Xenical are indicated as an adjunct to a reduced-calorie diet and increased physical activity for chronic weight management in patients with an initial body mass index (BMI) of:

---

|                    |                         |                              |                   |
|--------------------|-------------------------|------------------------------|-------------------|
| <b>Section:</b>    | Prescription Drugs      | <b>Effective Date:</b>       | July 1, 2026      |
| <b>Subsection:</b> | Miscellaneous Products  | <b>Original Policy Date:</b> | September 9, 2022 |
| <b>Subject:</b>    | Weight Loss Medications | <b>Page:</b>                 | 2 of 8            |

---

- 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 (e.g., hypertension, type 2 diabetes mellitus, or dyslipidemia)
- Qsymia and Wegovy are indicated as an adjunct to a reduced-calorie diet and increased physical activity for chronic weight management in pediatric patients 12 years and older with an initial BMI in the 95<sup>th</sup> percentile or greater standardized for age and sex.
- Benzphetamine, diethylpropion and phendimetrazine are indicated in the management of exogenous obesity in a regimen of weight reduction based on caloric restriction in patients with an initial body mass index (BMI) of 30 kg/m<sup>2</sup> or higher and who have not responded to appropriate weight reducing regimen (diet and/or exercise) alone.
- Plenity is indicated to aid in weight management in adults with excess weight or obesity, a body mass index (BMI) of 25-40 kg/m<sup>2</sup>, when used in combination with diet and exercise.
- Adipex-P, benzphetamine, diethylpropion, Lomaira, phendimetrazine, and generic phentermine are only indicated for short-term use (a few weeks).

Limitations of Use:

- The effect of Weight Loss Management Medications on cardiovascular morbidity and mortality has not been established (5,12).
- The safety and effectiveness of Weight Loss Management Medications in combination with other products intended for weight loss, including prescription and over-the-counter drugs, and herbal preparations, have not been established (5, 12-13).

Patients should be periodically assessed for response to therapy. Evaluate decrease in BMI after 12-16 weeks of treatment. If a patient has not shown an appropriate decrease in BMI, discontinue the medication as it is unlikely that the patient will achieve and sustain clinically meaningful decrease in BMI with continued treatment (4-14).

The safety and effectiveness of Contrave, diethylpropion, phentermine products, phendimetrazine capsules, and Plenity in pediatric patients less than 17 years of age have not been established. The safety and effectiveness of benzphetamine, phendimetrazine tablets, Qsymia and Xenical in pediatric patients less than 12 years of age have not been established (4-14).

---

**Related policies**

Imcivree, Saxenda Wegovy, Zepbound

---

|                    |                         |                              |                   |
|--------------------|-------------------------|------------------------------|-------------------|
| <b>Section:</b>    | Prescription Drugs      | <b>Effective Date:</b>       | July 1, 2026      |
| <b>Subsection:</b> | Miscellaneous Products  | <b>Original Policy Date:</b> | September 9, 2022 |
| <b>Subject:</b>    | Weight Loss Medications | <b>Page:</b>                 | 3 of 8            |

---

## Policy

*This policy statement applies to clinical review performed for pre-service (Prior Approval, Precertification, Advanced Benefit Determination, etc.) and/or post-service claims.*

Weight Loss Management Medications may be considered **medically necessary** if the conditions indicated below are met.

Weight Loss Management Medications may be considered **investigational** for all other indications.

## Prior-Approval Requirements

*Prior authorization for **\*Adipex-P** and **\*Plenity** applies only to formulary exceptions due to being a non-covered medication.*

**Age**      **17 years of age or older:** \*Adipex-P, Contrave, diethylpropion, Lomaira, phendimetrazine capsules, phentermine, Plenity  
              **12 years of age or older:** benzphetamine, phendimetrazine tablets, Qsymia, Xenical

## Diagnosis

Patient must be using for the following:

Chronic weight management

**AND ALL** of the following:

1. Patient has **ONE** of the following:
  - a. Age 18+, must have **ONE** of the following:
    - i. Body mass index (BMI)  $\geq 30$  kg/m<sup>2</sup>
    - ii. Body mass index (BMI)  $\geq 27$  kg/m<sup>2</sup> **AND ONE** of the following:
      1. Patient has established cardiovascular disease (e.g., congenital heart disease, cerebrovascular disease, peripheral artery disease, coronary heart disease, acute coronary syndrome (ACS), myocardial infarction (MI), unstable angina, coronary or other arterial revascularization, or prior percutaneous coronary intervention/coronary bypass surgery)

---

|                    |                         |                              |                   |
|--------------------|-------------------------|------------------------------|-------------------|
| <b>Section:</b>    | Prescription Drugs      | <b>Effective Date:</b>       | July 1, 2026      |
| <b>Subsection:</b> | Miscellaneous Products  | <b>Original Policy Date:</b> | September 9, 2022 |
| <b>Subject:</b>    | Weight Loss Medications | <b>Page:</b>                 | 4 of 8            |

---

2. Patient has at least one weight related comorbid condition (e.g., type 2 diabetes mellitus, dyslipidemia, or hypertension)
  - b. Age 12-17 **ONLY**: Body mass index (BMI)  $\geq 95^{\text{th}}$  percentile for their age
2. Patient has participated in a comprehensive weight management program (e.g., Teladoc or another weight loss program)
3. **NO** dual therapy with another Prior Authorization (PA) medication for weight loss (see Appendix 1)

---

### Prior – Approval *Renewal* Requirements

*Prior authorization for \*Adipex-P and \*Plenity applies only to formulary exceptions due to being a non-covered medication.*

**Age**      **17 years of age or older:** \*Adipex-P, Contrave, diethylpropion, Lomaira, phendimetrazine capsules, phentermine, Plenity  
**12 years of age or older:** benzphetamine, phendimetrazine tablets, Qsymia, Xenical

### Diagnosis

Patient must be using for the following:

Chronic weight management

**AND ALL** of the following:

1. Age 18+ **ONLY**: The patient has lost at least 5 percent of baseline body weight **OR** the patient continued to maintain their initial 5 percent weight loss
2. Age 12-17 **ONLY**: Patient has maintained clinically significant weight loss
3. Patient has participated in a comprehensive weight management program (e.g., Teladoc or another weight loss program)
4. **NO** dual therapy with another Prior Authorization (PA) medication for weight loss (see Appendix 1)

---

|                    |                         |                              |                   |
|--------------------|-------------------------|------------------------------|-------------------|
| <b>Section:</b>    | Prescription Drugs      | <b>Effective Date:</b>       | July 1, 2026      |
| <b>Subsection:</b> | Miscellaneous Products  | <b>Original Policy Date:</b> | September 9, 2022 |
| <b>Subject:</b>    | Weight Loss Medications | <b>Page:</b>                 | 5 of 8            |

---

**Pre - PA Allowance**

None

**Prior - Approval Limits****Quantity**

| Medication            | Quantity Limit                     |
|-----------------------|------------------------------------|
| Benzphetamine         | 270 tablets per 90 days <b>OR</b>  |
| Contrave              | 360 tablets per 90 days <b>OR</b>  |
| Diethylpropion 25mg   | 270 tablets per 90 days <b>OR</b>  |
| Diethylpropion 75mg   | 90 tablets per 90 days <b>OR</b>   |
| Lomaira               | 270 tablets per 90 days <b>OR</b>  |
| Phendimetrazine 35mg  | 270 tablets per 90 days <b>OR</b>  |
| Phendimetrazine 105mg | 90 capsules per 90 days <b>OR</b>  |
| Phentermine           | 90 units per 90 days <b>OR</b>     |
| Qsymia                | 90 capsules per 90 days <b>OR</b>  |
| Xenical               | 270 capsules per 90 days <b>OR</b> |

| Medication<br><u>with approved formulary exception only</u> | Quantity Limit                 |
|-------------------------------------------------------------|--------------------------------|
| Adipex-P                                                    | 90 units per 90 days <b>OR</b> |
| Plenity                                                     | 504 capsules per 84 days       |

**Duration** 6 months

---

**Prior – Approval *Renewal* Limits****Quantity**

| Medication          | Quantity Limit                    |
|---------------------|-----------------------------------|
| Benzphetamine       | 270 tablets per 90 days <b>OR</b> |
| Contrave            | 360 tablets per 90 days <b>OR</b> |
| Diethylpropion 25mg | 270 tablets per 90 days <b>OR</b> |
| Diethylpropion 75mg | 90 tablets per 90 days <b>OR</b>  |
| Lomaira             | 270 tablets per 90 days <b>OR</b> |

|                    |                         |                              |                   |
|--------------------|-------------------------|------------------------------|-------------------|
| <b>Section:</b>    | Prescription Drugs      | <b>Effective Date:</b>       | July 1, 2026      |
| <b>Subsection:</b> | Miscellaneous Products  | <b>Original Policy Date:</b> | September 9, 2022 |
| <b>Subject:</b>    | Weight Loss Medications | <b>Page:</b>                 | 6 of 8            |

|                       |                                    |
|-----------------------|------------------------------------|
| Phendimetrazine 35mg  | 270 tablets per 90 days <b>OR</b>  |
| Phendimetrazine 105mg | 90 capsules per 90 days <b>OR</b>  |
| Phentermine           | 90 units per 90 days <b>OR</b>     |
| Qsymia                | 90 capsules per 90 days <b>OR</b>  |
| Xenical               | 270 capsules per 90 days <b>OR</b> |

| <b>Medication<br/>with approved formulary exception<br/>only</b> | <b>Quantity Limit</b>          |
|------------------------------------------------------------------|--------------------------------|
| Adipex-P                                                         | 90 units per 90 days <b>OR</b> |
| Plenity                                                          | 504 capsules per 84 days       |

**Duration** 12 months

## Rationale

### Summary

Weight loss is a pathway to health improvement for patients with obesity-associated risk factors and comorbidities. Medications approved for chronic weight management can be useful adjuncts to lifestyle change for patients who have been unsuccessful with diet and exercise alone (1-2).

Prior authorization is required to ensure the safe, clinically appropriate, and cost-effective use of Weight Loss Management Medications while maintaining optimal therapeutic outcomes.

### References

1. Tchang BG, Aras M, Kumar RB, Aronne LJ. Pharmacologic Treatment of Overweight and Obesity in Adults. 2021 Aug 2. South Dartmouth (MA): MDText.com, Inc.; 2000. PMID: 25905267.
2. Apovian CM, Aronne LJ, Bessesen DH, McDonnell ME, Hassan M, Uberto Pagotto, Ryan DH, Still CD. Pharmacological Management of Obesity: An Endocrine Society Clinical Practice Guideline, The Journal of Clinical Endocrinology & Metabolism, Volume 100, Issue 2, 1 February 2015, Pages 342–362.
3. Hampl SE, Hassink SG, Skinner AC, et al. Clinical Practice Guideline for the Evaluation and Treatment of Children and Adolescents With Obesity. Pediatrics. 2023;151(2):e2022060640. doi:10.1542/peds.2022-060640
4. Adipex-P [package insert]. Parsippany, NJ: Teva Pharmaceuticals USA, Inc; September 2020.
5. Benzphetamine [package insert]. Sacramento, CA: Nivagen Pharmaceuticals; January 2016.

|                    |                         |                              |                   |
|--------------------|-------------------------|------------------------------|-------------------|
| <b>Section:</b>    | Prescription Drugs      | <b>Effective Date:</b>       | July 1, 2026      |
| <b>Subsection:</b> | Miscellaneous Products  | <b>Original Policy Date:</b> | September 9, 2022 |
| <b>Subject:</b>    | Weight Loss Medications | <b>Page:</b>                 | 7 of 8            |

6. Contrave [package insert]. Brentwood, TN: Curax Pharmaceuticals LLC; November 2021.
7. Diethylpropion [package insert]. Philadelphia, PA: Lannett Company, Inc. December 2019.
8. Lomaira [package insert]. Newtown, PA: KVK-Tech, Inc.; September 2016.
9. Phendimetrazine tablets [package insert]. Langhorne, PA: Virtus Pharmaceuticals. April 2019.
10. Phendimetrazine capsules [package insert]. Langhorne, PA: Virtus Pharmaceuticals. April 2021.
11. Phentermine [package insert]. Newtown, PA: KVK-Tech Inc.; May 2021.
12. Plenity Instructions for Use. Available at: <https://www.myplicity.com>
13. Qsymia [package insert]. Campbell, CA: Vivus LLC; June 2022.
14. Xenical [package insert]. Montgomery, AL: H2-Pharma, LLC.; January 2018.

### Policy History

| Date          | Action                                                                                                                                                                                                                                                                                          |
|---------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| January 2023  | Addition to PA                                                                                                                                                                                                                                                                                  |
| February 2023 | Per PI update: Wegovy age expanded to 12 years of age and older                                                                                                                                                                                                                                 |
| March 2023    | Annual review                                                                                                                                                                                                                                                                                   |
| December 2023 | Annual review. Pediatric reference added. Added initiation requirement to participate in comprehensive weight management program that encourages behavioral modification, reduced calorie diet, and increased physical activity                                                                 |
| January 2024  | Addition of Zepbound to policy as non-preferred option on MedEx                                                                                                                                                                                                                                 |
| March 2024    | Annual review                                                                                                                                                                                                                                                                                   |
| April 2024    | Revised indication to include established CVD for overweight patients. Per FEP, made the list of co-morbid and established cardiovascular conditions specific                                                                                                                                   |
| December 2024 | Annual review. Per FEP, placed Saxenda/Wegovy and Zepbound on their own policies, added behavior modification requirement for initiation and continuation, changed requirement for adults to have a 5% BMI reduction and pediatrics to have clinically significant weight loss for continuation |
| February 2025 | Updated references                                                                                                                                                                                                                                                                              |
| December 2025 | Annual review                                                                                                                                                                                                                                                                                   |
| June 2026     | Annual review                                                                                                                                                                                                                                                                                   |

### Keywords

This policy was approved by the FEP® Pharmacy and Medical Policy Committee on June 11, 2026 and is effective on July 1, 2026.

---

|                    |                         |                              |                   |
|--------------------|-------------------------|------------------------------|-------------------|
| <b>Section:</b>    | Prescription Drugs      | <b>Effective Date:</b>       | July 1, 2026      |
| <b>Subsection:</b> | Miscellaneous Products  | <b>Original Policy Date:</b> | September 9, 2022 |
| <b>Subject:</b>    | Weight Loss Medications | <b>Page:</b>                 | 8 of 8            |

---

**Appendix 1 - List of PA Weight Loss Medications**

| Generic Name                                 | Brand Name       |
|----------------------------------------------|------------------|
| benzphetamine                                | N/A              |
| carboxymethylcellulose-cellulose-citric acid | Plenity          |
| diethylpropion                               | N/A              |
| liraglutide                                  | Saxenda          |
| naltrexone/bupropion                         | Contrave         |
| orlistat                                     | Xenical          |
| phendimetrazine                              | N/A              |
| phentermine                                  | Adipex-P/Lomaira |
| phentermine/topiramate ER                    | Qsymia           |
| semaglutide                                  | Wegovy           |
| setmelanotide                                | Imcivree         |
| tirzepatide                                  | Zepbound         |