



## **WEIGHT LOSS MEDICATIONS**

**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.

## **Pre - PA Allowance**

None

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## **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)

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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 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 <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

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**Duration**      6 months

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**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)

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

Medication	Quantity Limit
Benzphetamine	270 tablets per 90 days <b>OR</b>

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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>

<b>Medication with approved formulary exception 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



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

<b>Generic Name</b>	<b>Brand Name</b>
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