

**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.

**RATIONALE FOR INCLUSION IN PA PROGRAM****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:
  - 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.

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- 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, 14).

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).

**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).

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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**

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