



# FDA-Approved Weight Loss Medications and Coverage Requirements

| MEDICATION                          | DOSE & MEAN BODY WEIGHT LOSS*   | SIDE-EFFECTS/PRECAUTIONS  | LIMITATIONS OF USE  |
|-------------------------------------|---|---|---|
| Orlistat<br>(Xenical®, Alli® (OTC)) | <ul style="list-style-type: none"> <li>• 120 mg TID with fat-containing meals or up to 1 hour after meal</li> <li>• 4.6 – 10.2% (Xenical®)</li> </ul>   | <ul style="list-style-type: none"> <li>• Cramps, flatulence, fecal incontinence, bowel urgency, steatorrhea, frequent bowel movements</li> <li>• Decreased absorption of fat-soluble vitamins – separate by 2 hours</li> </ul>  | <ul style="list-style-type: none"> <li>• Omit dose if meal is missed or contains no fat</li> </ul>  |
| Phentermine/Topiramate<br>(Qsymia®) | <ul style="list-style-type: none"> <li>• 3.75/23 mg QD for 14 days increase dose to 7.5/46 mg QD for 12 weeks then evaluate (see last column)</li> <li>• Administer dose in the morning due to potential for insomnia</li> <li>• 9.8 - 10.9%</li> </ul> | <ul style="list-style-type: none"> <li>• Dry mouth, taste disturbance, constipation, paraesthesias, depression, anxiety, elevated heart rate, cognitive disturbances</li> <li>• Abuse potential due to phentermine</li> <li>• Use caution in patients with history of kidney stones</li> <li>• Contraindicated in patients with glaucoma, hyperthyroidism, pregnancy, patients taking MAO inhibitors</li> </ul>                             | <ul style="list-style-type: none"> <li>• After 12 weeks: &lt; 3% weight loss – d/c or ↑ to 11.25/69 mg for 14 days then 15/92 mg QD</li> <li>• <b>THEN</b> after 12 weeks at 15/92 mg dose: &lt; 5% weight loss – d/c therapy (1 dose every other day for at least 7 days)</li> <li>• CrCl &lt; 50 mL/min: Max dose 7.5/46 mg QD</li> </ul> |
| Naltrexone/Bupropion<br>(Contrave®) | <ul style="list-style-type: none"> <li>• Week 1: 1 tablet QAM</li> <li>• Week 2: 1 tablet BID</li> <li>• Week 3: 2 tablets QAM &amp; 1 tablet QPM</li> <li>• Week 4: 2 tablets BID</li> <li>• 3.7 - 8.1%</li> </ul>                                     | <ul style="list-style-type: none"> <li>• Headache, nausea, vomiting, constipation, hypertension, dizziness, insomnia, dry mouth</li> <li>• Contraindicated in patients with history of seizures, uncontrolled hypertension, eating disorders, chronic opioid use, other bupropion medications, pregnancy, or breastfeeding, use of MAO inhibitors within 14 days</li> </ul>   | <ul style="list-style-type: none"> <li>• Avoid taking with high-fat meals</li> </ul>  |
| Liraglutide<br>(Saxenda®)           | <ul style="list-style-type: none"> <li>• 0.6 mg SubQ QD for 1 week; increase by 0.6 mg weekly to target dose of 3 mg QD</li> <li>• 4.9 – 7.4%</li> </ul>  | <ul style="list-style-type: none"> <li>• Nausea, vomiting, diarrhea, constipation, hypoglycemia in patients with T2DM, injection site reactions</li> <li>• Rarely reported: pancreatitis, gallbladder disease, renal impairment, suicidal thoughts</li> <li>• Contraindicated in pregnancy and in patients with a personal or family history of medullary thyroid cancer or multiple endocrine neoplasia syndrome type 2 (MEN 2)</li> </ul> | <ul style="list-style-type: none"> <li>• After 12 weeks at maximum tolerated dose <b>OR</b> 16 weeks after initiation: d/c if &lt; 4 – 5% of baseline body weight not attained</li> </ul>   |
| Semaglutide<br>(Wegovy®)            | <ul style="list-style-type: none"> <li>• 0.25 mg SubQ weekly – increase dose at 4 week intervals until target dose of 2.4 mg weekly</li> <li>• 9.6 – 16%</li> </ul>   | <ul style="list-style-type: none"> <li>• Contraindicated in pregnancy and in patients with a personal or family history of medullary thyroid cancer or multiple endocrine neoplasia syndrome type 2 (MEN 2)</li> </ul>  | <ul style="list-style-type: none"> <li>• After 12 weeks at 2.4 mg weekly <b>OR</b> maximum tolerated dose: d/c if at least 5% of baseline body weight not attained</li> <li>• Monitor patients with diabetic retinopathy for eye complications</li> </ul>   |
| Benzphetamine                       | <ul style="list-style-type: none"> <li>• 25 mg QD may ↑ up to 25-50 mg TID</li> </ul>   | <ul style="list-style-type: none"> <li>• Increase in heart rate, blood pressure, insomnia, dry mouth, constipation, nervousness, anxiety</li> <li>• Contraindicated in patients with CVD, poorly controlled hypertension, glaucoma, hyperthyroidism, history of drug abuse, pregnancy, or breastfeeding, use of MAO inhibitors within 14 days</li> </ul>  | <ul style="list-style-type: none"> <li>• Only FDA approved for short-term use (ie, 12 weeks)</li> <li>• Has potential for abuse</li> </ul>  |
| Diethylpropion                      | <ul style="list-style-type: none"> <li>• Immediate release: 25 mg TID before food</li> <li>• Controlled release: 75 mg QAM</li> </ul>   |   |   |
| Phentermine<br>(Adipex-P® Lomaira®) | <ul style="list-style-type: none"> <li>• Immediate release: 15-37.5 mg QD or BID</li> <li>• Lomaira®: 8 mg TID 30 min before meals</li> </ul>   |   |   |
| Phendimetrazine                     | <ul style="list-style-type: none"> <li>• Immediate release: 35 mg BID or TID</li> <li>• Extended release: 105 mg QAM</li> </ul>   |   |   |
| Plenity®                            | <ul style="list-style-type: none"> <li>• 3 capsules with 16 oz of water 20 – 30 minutes before lunch and dinner</li> <li>• 5 – 10%**</li> </ul>   | <ul style="list-style-type: none"> <li>• Fullness, bloating, flatulence, abdominal pain,</li> </ul>   | <ul style="list-style-type: none"> <li>• If pre-meal dose is missed - take with 20 oz of water during or immediately after meals</li> </ul>   |

BID: twice daily  
CrCl: creatinine clearance  
d/c: discontinue

FDA: Food & Drug Administration  
MAO: monoamine oxidase  
QAM: in the morning

QD: once daily  
QPM: in the evening  
SubQ: subcutaneous

TID: three times daily  
\* Reported in clinical trials at the usual maintenance dose in conjunction with lifestyle changes  
\*\* Based on the Glow Study (



# FDA-Approved Weight Loss Medications and Coverage Requirements

**INITIAL CRITERIA:** Patient  $\geq$  18 years **AND** initial body mass index (BMI)  $\geq$  30 kg/m<sup>2</sup> **or** BMI  $\geq$  27 kg/m<sup>2</sup> with 1 co-morbidity (eg. HTN, dyslipidemia, DM2, sleep apnea) **AND** adjunct to reduced-calorie diet & exercise **AND** documentation that member has been and currently following dietary and behavior modification programs for weight loss

- **BCBSMA** – initial approval up to 20 weeks
- **HPHC** – initial approval up to 6 months
  - For Qsymia and Xenical requests – must have trial and failure of 2, or contraindication to ALL formulary alternative weight loss medications
- **Tufts** – initial approval up to 8 weeks

**CONTINUATION OF COVERAGE:**

- **BCBSMA** – up to an additional 6 months of therapy with significant weight loss after therapy initiation **AND** adhering to reduced-calorie diet **AND** exercise **AND** 3<sup>rd</sup> party documentation, if applicable - see chart below for specific medication requirements
- **HPHC** – up to an additional 12 months of therapy with documentation that patient is adherent to lifestyle changes (eg. dietary or caloric restriction, exercise, behavioral modification or community-based program) - see chart below for specific medication requirements
- **Tufts** – up to an additional 8 weeks to 1 year of therapy with documentation by prescribing physician that member continues with both dietary/behavior regimen **AND** exercise program **AND** documentation of good tolerance to medication and has not experienced significant side-effects – see chart below for specific requirements

| MEDICATION                       | BCBSMA   | HPHC  | TUFTS  | MONTHLY COST (AWP)**                    |
|----------------------------------|--|---|--|---|
| Liraglutide (Saxenda®)*          | <b>Tier 3,4</b><br><b>PA</b> - requires documented weight loss of at least <b>4%</b> baseline body weight after 1 <sup>st</sup> 16 weeks of treatment <b>OR</b> continued weight loss <b>OR</b> maintain weight with diet & exercise<br><b>NOTE:</b> requires member to be on 2.4 mg dose of Wegovy® | <b>Tier 3,4</b><br><b>PA</b> <sup>+</sup> – requires documented weight loss of at least <b>5%</b> of baseline body weight after 1 <sup>st</sup> 12 weeks and maintained weight loss of at least 5% of baseline body weight upon subsequent renewals | <b>Tier 2</b><br><b>PA</b> <sup>++</sup> – requires documented weight loss of at least <b>6%</b> during the 1 <sup>st</sup> 6-8 weeks of treatment | \$1,619                                 |
| Semaglutide (Wegovy®)            |  |   |  | \$1,619                                 |
| Orlistat (Xenical®, Alli®(OTC))  | <i>Not Covered</i>   | <i>Non-formulary</i>  | <b>Tier 3</b><br><b>PA</b> <sup>++</sup>   | \$41 - \$82 - Alli®<br>\$823 - Xenical® |
| Phentermine/Topiramate (Qsymia®) | <i>Not Covered</i>   | <i>Non-formulary</i>  | <b>Tier 3</b><br><b>PA</b> <sup>++</sup>   | \$239                                   |
| Naltrexone/Bupropion (Contrave®) | <b>Tier 3,4</b><br><b>PA</b> – requires documented weight loss of at least <b>5%</b> baseline body weight after 1 <sup>st</sup> 12 weeks of treatment <b>OR</b> continued weight loss <b>OR</b> maintain weight with diet & exercise   | <b>Tier 3,4</b><br><b>PA</b> <sup>+</sup>   | <b>Tier 3</b><br><b>PA</b> <sup>++</sup>   | \$364                                   |
| Phentermine (Adipex-P, Lomaira®) | <i>Not Covered</i>   | <b>Tier 1,2 (generic) - PA</b> <sup>+</sup><br><i>Non-formulary - (Adipex-P®, Lomaira®)</i>   | <b>Tier 1 (generic)</b><br><b>Tier 3 (Lomaira®) – PA</b> <sup>++</sup>   | \$5 - \$44 – (37.5 mg dose)             |
| Phendimetrazine                  | <i>Not Covered</i>   | <b>Tier 1,2</b><br><b>PA</b> <sup>+</sup>   | <b>Tier 1 (tablet)</b><br><b>Tier 3 (ER capsule)</b>   | N/A                                     |
| Benzphetamine                    | <i>Not Covered</i>   | <i>Non-formulary</i>  | <b>Tier 2</b>  | N/A                                     |
| Diethylpropion                   | <i>Not Covered</i>   | <i>Non-formulary</i>  | <b>Tier 2</b>  | N/A                                     |
| Plenity®                         | <i>Not Covered</i>   | <i>Not Covered</i>  | <i>Not Covered</i>   | \$98                                    |

\* FDA approved for  $\geq$  12 years and body weight > 60 kg

N/A: not available

PA – Prior Authorization

AWP: Average wholesale price

\*\* AWP according to Red Book Accessed via IBM Micromedex, June 22, 2021 – Drug Topics

NOTE: Some of the generic sympathomimetic amines are available at GoodRx.com at a discounted price

**REFERENCES:**

1. Tier coverage based on the following

- BCBS: <https://home.bluecrossma.com/medication/med-search>
  - HPHC: [https://www.harvardpilgrim.org/portal/page?\\_pageid=253,13048065&\\_dad=portal&\\_schema=PORTAL](https://www.harvardpilgrim.org/portal/page?_pageid=253,13048065&_dad=portal&_schema=PORTAL)
  - Tufts: <https://tuftshealthplan.com/member/employer-individual-or-family-plans/plans-benefits/pharmacy-benefit/pharmacy-formularies>
2. Karam, N and Nathan, JP (2021). A Review of FDA-Approved Medications for Chronic Weight Management. Drug Topics, August 5, 2021.
  3. HPHC- Pharmacy Authorization Guideline for Weight Loss Medications accessed 1/13/2022
  4. Tufts Pharmacy Medical Necessity Guidelines: Anti-Obesity Medications accessed 1/13/2022
  5. BCBSMA Pharmacy Medical Policy Drugs For Weight Loss accessed 1/11/2022
  6. Lexicomp Online, Lexi-Drugs Online, Hudson, Ohio: Wolters Kluwer Up-to-Date, January 13, 2022