MEDICAL MUTUAL®

Drug Policy

Policy: **SD**	**Weight Loss Appetite Suppression and Orlistat** **Adipex-P (phentermine)** **Benzphetamine** **Diethylpropion IR and CR** **Lomaira (phentermine)** **Phendimetrazine IR and ER** **Phentermine** **Xenical (orlistat)**	**Annual Review Date:** **07/18/2024** **Last Revised Date:** **07/18/2024**

OVERVIEW

The appetite suppressant products vary slightly in the wording of their FDA-approved indications.

- **Benzphetamine**, **diethylpropion**, and **phendimetrazine** are indicated for the management of exogenous obesity as a short-term adjunct (a few weeks) to a regimen of weight reduction based on caloric restriction in patients with an initial body mass index (BMI) of ≥ 30 kg/m^2 who have not responded to a weight reducing regimen (diet and/or exercise) alone.[1-3]
- **Phentermine** hydrochloride is indicated for short-term (a few weeks) adjunctive therapy in a regimen of weight reduction based on exercise, behavioral modification and caloric restriction in the management of exogenous obesity in those with an initial BMI ≥ 30 kg/m^2, or a BMI ≥ 27 kg/m^2 when other risk factors are present (e.g., controlled hypertension, diabetes mellitus, or dyslipidemia).[4-6]
- **Orlistat 120 mg** (Xenical, authorized generic) is indicated for obesity management including weight loss and weight maintenance when used in conjunction with a reduced-calorie diet in patients with an initial body mass index ≥ 30 kg/m^2, or ≥ 27 kg/m^2 in the presence of at least one weight-related comorbidity (e.g., hypertension, diabetes, dyslipidemia), and to reduce the risk for weight gain after prior weight loss.[9]

Guidelines

Guidelines from the Endocrine Society regarding pharmacological management of obesity (2015) recommend pharmacotherapy as adjunct to behavioral modification to reduce food intake and increase physical activity for patients with BMI ≥ 30 kg/m^2 or ≥ 27 kg/m^2 in the presence of at least one comorbidity, such as hypertension, dyslipidemia, type 2 diabetes, or obstructive sleep apnea.[10] If a patient's response to a weight loss medication is deemed effective (weight loss ≥ 5% of body weight at 3 months) and safe, it is recommended that the medication be continued. Although the noradrenergic weight loss medications are only labeled for short-term use, the Endocrine Society notes that off-label, long-term prescribing

of phentermine is reasonable for most patients, as long as the patient has been informed that other medications for weight loss are FDA-approved for long-term use.

Per American Association of Clinical Endocrinologists/American College of Endocrinology obesity guidelines (2016), pharmacotherapy for overweight and obesity should be used only as an adjunct to lifestyle therapy and not alone.[11] The addition of pharmacotherapy produces greater weight loss and weight-loss maintenance compared with lifestyle therapy alone. The concurrent initiation of lifestyle therapy and pharmacotherapy should be considered in patients with weight-related complications that can be ameliorated by weight loss. Pharmacotherapy should be offered to patients with obesity, when potential benefits outweigh the risks, for the chronic treatment of the disease. Short-term treatment (3 to 6 months) using weight-loss medications has not been demonstrated to produce longer-term health benefits and cannot be generally recommended based on scientific evidence.

Guidelines in Pediatric Obesity

A 2017 Endocrine Society clinical practice guideline on pediatric obesity recommends pharmacotherapy in combination with lifestyle modification be considered in obese children or adolescents only after failure of a formal program of intensive lifestyle (dietary, physical activity and behavioral) modification to limit weight gain or to ameliorate comorbidities.[12] The Endocrine Society recommends pharmacotherapy in overweight children and adolescents < 16 years only in the context of a clinical trial. Pharmacotherapy should be provided only by clinicians who are experienced in the use of anti-obesity agents and aware of the potential for adverse events. These guidelines recommend limited use of pharmacotherapy because pediatric obesity should be managed preferably as a serious lifestyle condition with important lifelong consequences.

The Endocrine Society defines overweight as BMI in at least the 85th percentile but less than the 95th percentile, and obesity as BMI in at least the 95th percentile for age and sex against routine endocrine studies, unless the height velocity is attenuated or inappropriate for the family background or stage of puberty.

POLICY STATEMENT

This policy involves the use of benzphetamine, diethylpropion, phendimetrazine, phentermine, and orlistat 120 mg (Xenical, authorized generic). Prior authorization is recommended for pharmacy benefit coverage of benzphetamine, diethylpropion, phendimetrazine, phentermine, Qsymia, Contrave, and orlistat 120 mg (Xenical, authorized generic). Approval is recommended for those who meet the conditions of coverage in the **Criteria and Initial/Extended Approval** for the diagnosis provided. **Conditions Not Recommended for Approval** are listed following the recommended authorization criteria. Requests for uses not listed in this policy will be reviewed for evidence of efficacy and for medical necessity on a case-by-case basis.

All approvals for initial therapy are provided for the initial approval duration noted below; if reauthorization is allowed, a response to therapy is required for continuation of therapy unless otherwise noted below.

Prior Authorization and prescription benefit coverage is not recommended for Alli (orlistat 60 mg capsules).

RECOMMENDED AUTHORIZATION CRITERIA

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Drug Policy

I. Coverage of benzphetamine, diethylpropion, phendimetrazine, or phentermine is recommended in those who meet the following criteria:

FDA-Approved Indication

1. Weight Loss. Approve for the duration noted if the patient meets one of the following criteria (A or B):

A) Initial Therapy. Approve for 3 months if the patient meets all of the following criteria (i, ii, iii, and iv):
- **i.** Patient is ≥ 16 years of age; AND
- **ii.** Patient currently has a body mass index (BMI) ≥ 30 kg/m^2, or a BMI ≥ 27 kg/m^2 for those with comorbidities besides obesity; AND
  Note: Examples of comorbidities include diabetes mellitus, impaired glucose tolerance, dyslipidemia, hypertension, coronary heart disease, sleep apnea.
- **iii.** Patient has engaged in a trial of behavioral modification and dietary restriction for at least 3 months and has failed to achieve the desired weight loss; AND
- **iv.** Patient is currently engaged in behavioral modification and on a reduced calorie diet.

B) Patient is Continuing Therapy. Approve for 1 year if the patient meets all of the following criteria (i, ii, iii, and iv):
Note: For a patient who has not completed 3 months of initial therapy, criterion (1A) must be met (do not use continuation criteria if the initial 3 months were not completed).
- **i.** Patient is ≥ 16 years of age; AND
- **ii.** Patient had an initial BMI ≥ 30 kg/m^2 or a BMI ≥ 27 kg/m^2 for those with comorbidities besides obesity; AND
  Note: Examples of comorbidities include diabetes mellitus, impaired glucose tolerance, dyslipidemia, hypertension, coronary heart disease, sleep apnea.
- **iii.** Patient is currently engaged in behavioral modification and on a reduced calorie diet; AND
- **iv.** Patient has lost ≥ 5% of baseline body weight.

II. Coverage of orlistat 120 mg (Xenical, authorized generic) is recommended in those who meet one of the following criteria:

FDA-Approved Indications

1. Weight Loss, Adult. Approve for the duration noted if the patient meets one of the following (A or B):

A. Initial Therapy. Approve for 3 months if the patient meets the following criteria (i, ii, iii, and iv):
- **i.** Patient is ≥ 18 years of age; AND
- **ii.** Patient meets ONE of the following (a or b):
  - **a)** Patient currently has a BMI ≥ 30 kg/m^2 or a BMI ≥ 27 kg/m^2 for those with comorbidities besides obesity; OR

Note: Examples of comorbidities include diabetes, dyslipidemia, hypertension, coronary heart disease, sleep apnea.

b) Patient had an initial BMI ≥ 30 kg/m^2 or ≥ 27 kg/m^2 for those with comorbidities besides obesity if maintaining weight loss after using a low calorie diet; AND
Note: Examples of comorbidities include diabetes, dyslipidemia, hypertension, coronary heart disease, sleep apnea.

iii. Patient has engaged in a trial of behavioral modification and dietary restriction for at least 3 months and has failed to achieve the desired weight loss; AND

iv. Patient is currently engaged in behavioral modification and on a reduced calorie diet.

B. Patient is Continuing Therapy. Approve for 1 year if the patient meets the following criteria (i, ii, iii, and iv):
Note: For a patient who has not completed 3 months of initial therapy, criterion (1A) must be met (do not use continuation criteria if the initial 3 months were not completed).

i. Patient is ≥ 18 years of age; AND

ii. Patient had an initial BMI ≥ 30 kg/m^2 or a BMI ≥ 27 kg/m^2 for those with comorbidities besides obesity; AND
Note: Examples of comorbidities include diabetes mellitus, impaired glucose tolerance, dyslipidemia, hypertension, coronary heart disease, sleep apnea.

iii. Patient is currently engaged in behavioral modification and on a reduced calorie diet; AND

iv. Patient has lost ≥ 5% of baseline body weight.

2. Weight Loss, Pediatric. Approve for the duration noted if the patient meets one of the following criteria (A or B):

A. Initial Therapy. Approve for 3 months if the patient meets the following criteria (i, ii, iii, and iv):

i. Patient is ≥ 12 years of age and < 18 years of age; AND

ii. Patient currently has a body mass index (BMI) of ≥ 95th percentile for age and sex ; AND

iii. Patient has engaged in a trial of behavioral modification and dietary restriction for at least 3 months and has failed to limit weight gain or modify comorbidities; AND

iv. Patient is currently engaged in behavioral modification and on a reduced calorie diet.

B. Patient is Continuing Therapy. Approve for 1 year if the patient meets the following criteria (i, ii, iii, and iv):
Note: For a patient who has not completed 3 months of initial therapy, criterion (2A) must be met (do not use continuation criteria if the initial 3 months were not completed).

i. Patient is ≥ 12 years of age and < 18 years of age; AND

ii. Patient had an initial BMI of ≥ 95th percentile for age and sex; AND

iii. Patient is currently engaged in behavioral modification and on a reduced calorie diet; AND

iv. Patient's current BMI percentile has decreased for age and weight (taking into account that the patient is increasing in height and will have a different normative BMI from when orlistat 120 mg [Xenical, authorized generic] was started).

CONDITIONS NOT RECOMMENDED FOR APPROVAL

Benzphetamine, diethylpropion, phendimetrazine tartrate, phentermine hydrochloride, and orlistat 120 mg (Xenical, authorized generic) have not been shown to be effective, or there are limited or preliminary data or potential safety concerns

that are not supportive of general approval for the following conditions. (Note: This is not an exhaustive list of Conditions Not Recommended for Approval).

1. **Concomitant Use with Other Weight Loss Medications.** Concomitant use with other medications intended for weight loss is not recommended. Of note, examples of medications FDA-approved for weight loss include phentermine, benzphetamine, diethylpropion, phendimetrazine, Contrave, Qsymia, orlistat 120 mg (Xenical, authorized generic), Saxenda (liraglutide subcutaneous injection), Wegovy (semaglutide subcutaneous injection), and Zepbound (tirzepatide subcutaneous injection). Additionally, Alli (orlistat 60 mg capsules) is available over-the-counter.

2. Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

Documentation Requirements:

The Company reserves the right to request additional documentation as part of its coverage determination process. The Company may deny reimbursement when it has determined that the drug provided or services performed were not medically necessary, investigational or experimental, not within the scope of benefits afforded to the member and/or a pattern of billing or other practice has been found to be either inappropriate or excessive. Additional documentation supporting medical necessity for the services provided must be made available upon request to the Company. Documentation requested may include patient records, test results and/or credentials of the provider ordering or performing a service. The Company also reserves the right to modify, revise, change, apply and interpret this policy at its sole discretion, and the exercise of this discretion shall be final and binding.

REFERENCES

1. Benzphetamine hydrochloride tablets [prescribing information]. Newtown, PA: KVK-Tech; March 2021.
2. Diethylpropion immediate release and controlled release tablets [prescribing information]. Philadelphia, PA: Lannett; December 2019.
3. Phendimetrazine tablets [prescribing information]. Northvale, NJ: Elite Laboratories; February 2019.
4. Adipex-P® tablets and capsules [prescribing information]. Horsham, PA: Teva Pharmaceuticals; March 2017.
5. Lomaira™ tablets [prescribing information]. Newtown, PA: KVK-Tech; September 2016.
6. Phentermine ODT [prescribing information]. Pennington, NJ: Zydus Pharmaceuticals; February 2014.
7. Xenical capsules [prescribing information]. Nutley, NJ: Roche Laboratories; November 2022.
8. Apovian CM, Aronne LJ, Bessesen DH, McDonnell ME, Murad MH, Pagotto U, Ryan DH, Still CD; Endocrine Society. Pharmacological management of obesity: an endocrine Society clinical practice guideline. *J Clin Endocrinol Metab*. 2015 Feb;100(2):342-62.
9. Garvey WT, Mechanick JI, Brett EM, Garber AJ, Hurley DL, Jastreboff AM, Nadolsky K, Pessah-Pollack R, Plodkowski R; Reviewers of the AACE/ACE Obesity Clinical Practice Guidelines. American Association of Clinical Endocrinologists and American College of Endocrinology comprehensive clinical practice guidelines for medical care of patients with obesity. *Endocr Pract*. 2016 Jul;22 Suppl 3:1-203.
10. Styne DM, Arslanian SA, Connor EL, Farooqi IS, Murad MH, Silverstein JH, Yanovski JA. Pediatric Obesity-Assessment, Treatment, and Prevention: An Endocrine Society Clinical Practice Guideline. *J Clin Endocrinol Metab*. 2017 Mar 1;102(3):709-757.
11. Grunvald E, Shah R, Hernaez R, et al; AGA Clinical Guidelines Committee. AGA Clinical Practice Guideline on Pharmacological Interventions for Adults With Obesity. *Gastroenterology*. 2022 Nov;163(5):1198-1225
12. Hampl SE, Hassink SG, Skinner AC, et al. Clinical Practice Guideline for the Evaluation and Treatment of Children and Adolescents with Obesity. *Pediatrics*. 2023 Jan 9:e2022060640.