



## PRIOR AUTHORIZATION POLICY

- POLICY:** Weight Loss – Other Appetite Suppressants and Orlistat Prior Authorization Policy
- Adipex-P® (phentermine hydrochloride capsules and tablets – Teva, generic [brand capsules obsolete 07/12/2023])
  - benzphetamine 50 mg tablets (generic only)
  - Contrave® (naltrexone HCl/bupropion HCl extended-release tablets – Nalpropion/Currax)
  - diethylpropion hydrochloride immediate-release and controlled-release tablets (generic only)
  - Lomaira™ (phentermine hydrochloride tablets – KVK-Tech)
  - phendimetrazine tartrate tablets and extended-release capsules (generic only)
  - phentermine hydrochloride orally disintegrating tablets (generic only)
  - benzphetamine 25 mg tablets (generic only)
  - Qsymia™ (phentermine and topiramate extended-release capsules – Vivus)
  - Xenical® (orlistat 120 mg capsules, authorized generic – Roche, generic)

**REVIEW DATE** 01/03/2024

### **INSTRUCTIONS FOR USE**

THE FOLLOWING COVERAGE POLICY APPLIES TO HEALTH BENEFIT PLANS ADMINISTERED BY CIGNA COMPANIES. CERTAIN CIGNA COMPANIES AND/OR LINES OF BUSINESS ONLY PROVIDE UTILIZATION REVIEW SERVICES TO CLIENTS AND DO NOT MAKE COVERAGE DETERMINATIONS. REFERENCES TO STANDARD BENEFIT PLAN LANGUAGE AND COVERAGE DETERMINATIONS DO NOT APPLY TO THOSE CLIENTS. COVERAGE POLICIES ARE INTENDED TO PROVIDE GUIDANCE IN INTERPRETING CERTAIN STANDARD BENEFIT PLANS ADMINISTERED BY CIGNA COMPANIES. PLEASE NOTE, THE TERMS OF A CUSTOMER'S PARTICULAR BENEFIT PLAN DOCUMENT [GROUP SERVICE AGREEMENT, EVIDENCE OF COVERAGE, CERTIFICATE OF COVERAGE, SUMMARY PLAN DESCRIPTION (SPD) OR SIMILAR PLAN DOCUMENT] MAY DIFFER SIGNIFICANTLY FROM THE STANDARD BENEFIT PLANS UPON WHICH THESE COVERAGE POLICIES ARE BASED. FOR EXAMPLE, A CUSTOMER'S BENEFIT PLAN DOCUMENT MAY CONTAIN A SPECIFIC EXCLUSION RELATED TO A TOPIC ADDRESSED IN A COVERAGE POLICY. IN THE EVENT OF A CONFLICT, A CUSTOMER'S BENEFIT PLAN DOCUMENT ALWAYS SUPERSEDES THE INFORMATION IN THE COVERAGE POLICIES. IN THE ABSENCE OF A CONTROLLING FEDERAL OR STATE COVERAGE MANDATE, BENEFITS ARE ULTIMATELY DETERMINED BY THE TERMS OF THE APPLICABLE BENEFIT PLAN DOCUMENT. COVERAGE DETERMINATIONS IN EACH SPECIFIC INSTANCE REQUIRE CONSIDERATION OF 1) THE TERMS OF THE APPLICABLE BENEFIT PLAN DOCUMENT IN EFFECT ON THE DATE OF SERVICE; 2) ANY APPLICABLE LAWS/REGULATIONS; 3) ANY RELEVANT COLLATERAL SOURCE MATERIALS INCLUDING COVERAGE POLICIES AND; 4) THE SPECIFIC FACTS OF THE PARTICULAR SITUATION. COVERAGE POLICIES RELATE EXCLUSIVELY TO THE ADMINISTRATION OF HEALTH BENEFIT PLANS. COVERAGE POLICIES ARE NOT RECOMMENDATIONS FOR TREATMENT AND SHOULD NEVER BE USED AS TREATMENT GUIDELINES. IN CERTAIN MARKETS, DELEGATED VENDOR GUIDELINES MAY BE USED TO SUPPORT MEDICAL NECESSITY AND OTHER COVERAGE DETERMINATIONS.

## **CIGNA NATIONAL FORMULARY COVERAGE:**

### **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  $\geq 30 \text{ kg/m}^2$  who have not responded to a weight reducing regimen (diet and/or exercise) alone.<sup>1-3</sup>
- **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  $\geq 30 \text{ kg/m}^2$ , or a BMI  $\geq 27 \text{ kg/m}^2$  when other risk factors are present (e.g., controlled hypertension, diabetes mellitus, or dyslipidemia).<sup>4-6</sup>
- **Qsymia** is indicated as an adjunct to reduced-calorie diet and increased physical activity for chronic weight management in:<sup>7</sup>
  - Adults with an initial BMI of  $\geq 30 \text{ kg/m}^2$  (obese), or  $\geq 27 \text{ kg/m}^2$  (overweight) in the presence of at least one weight-related comorbid condition (e.g., hypertension, dyslipidemia, type 2 diabetes).
  - Pediatric patients  $\geq 12$  years of age with BMI in the 95th percentile or greater standardized for age and sex.
- **Contrave** is indicated as an adjunct to a reduced-calorie diet and increased physical activity for chronic weight management in adults with an initial BMI of  $\geq 30 \text{ kg/m}^2$  (obese), or  $\geq 27 \text{ kg/m}^2$  (overweight) in the presence of at least one weight-related comorbid condition (e.g., hypertension, dyslipidemia, type 2 diabetes).<sup>8</sup>
- **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  $\geq 30 \text{ kg/m}^2$ , or  $\geq 27 \text{ kg/m}^2$  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.<sup>9</sup>

### **Contrave**

The recommended maintenance dose of Contrave is achieved at Week 4.<sup>8</sup> Response to therapy should be evaluated after 12 weeks at the maintenance dosage (Week 16, if dosed according to the prescribing information). If a patient has not lost  $\geq 5\%$  of baseline body weight, discontinue Contrave, as it is unlikely that the patient will achieve and sustain clinically meaningful weight loss with continued treatment.

### **Qsymia**

The recommended starting dose of Qsymia is 3.75 mg/23 mg once daily for 14 days.<sup>7</sup> After 14 days, increase to 7.5 mg/46 mg once daily. Response to therapy should be evaluated by Week 12 of the 7.5 mg/46 mg dose. If an adult patient has not lost  $\geq 3\%$  of baseline body weight or pediatric patient has not lost  $\geq 3\%$  BMI, escalate the dose to 11.25 mg/69 mg once daily for 14 days, followed by an increase to 15 mg/92 mg once daily. If an adult patient has not lost  $\geq 5\%$  of baseline body weight (or a pediatric patient has not lost  $\geq 5\%$  baseline BMI) after an additional 12 weeks of treatment on Qsymia 15 mg/92 mg, discontinue Qsymia as directed as it is unlikely the patient will achieve and sustain clinically meaningful weight loss with continued treatment.

## 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  $\geq 30$  kg/m<sup>2</sup> or  $\geq 27$  kg/m<sup>2</sup> in the presence of at least one comorbidity, such as hypertension, dyslipidemia, type 2 diabetes, or obstructive sleep apnea.<sup>10</sup> If a patient's response to a weight loss medication is deemed effective (weight loss  $\geq 5\%$  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.<sup>11</sup> 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.

According to the American Gastroenterological Association (AGA) guideline on pharmacological interventions for adults with obesity (2022), in adults with obesity or overweight with weight-related complications who have had an inadequate response to lifestyle interventions, pharmacological agents are recommended to be added to lifestyle rather than continuing lifestyle interventions alone.<sup>12</sup> Wegovy® (semaglutide 2.4 mg subcutaneous injection), Saxenda® (liraglutide 3.0 mg subcutaneous injection), Qsymia, Contrave, phentermine, and diethylpropion are all listed among the suggested treatment options. Of note, although the AGA guideline suggests against the use of orlistat, it is noted that for patients who place a high value on the potential small weight loss benefit and low value on gastrointestinal adverse events, orlistat may reasonably be considered. Regarding phentermine and diethylpropion, it is noted that these are only approved as monotherapy for short-term use (12 weeks); however, given the chronic nature of weight management, many practitioners use these agents off-label for longer than 12 weeks.

### *Guidelines in Pediatric Obesity*

Guidelines from the American Academy of Pediatrics on evaluation and treatment of children and adolescents with obesity (2023) note that pediatricians and other primary health care providers should offer adolescents  $\geq 12$  years of age with obesity (BMI  $\geq 95^{\text{th}}$  percentile) weight loss pharmacotherapy, according to medication indications, risks, and benefits, as an adjunct to health behavior and lifestyle treatment.<sup>14</sup>

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.<sup>13</sup> 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 85<sup>th</sup> percentile but less than the 95<sup>th</sup> percentile, and obesity as BMI in at least the 95<sup>th</sup> 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**

Prior Authorization is recommended for prescription benefit coverage of benzphetamine, diethylpropion, phendimetrazine tartrate, phentermine hydrochloride, Qsymia, Contrave, and orlistat 120 mg (Xenical, authorized generic). All approvals are provided for the durations noted below. In cases where the approval is authorized in months, 1 month is equal to 30 days. Prior Authorization and prescription benefit coverage is not recommended for Alli® (orlistat 60 mg capsules).

- **Adipex-P® (phentermine hydrochloride capsules and tablets – Teva, generic [brand capsules obsolete 07/12/2023])**
- **benzphetamine 50 mg tablets (generic only)**
- **Contrave® (naltrexone HCl/bupropion HCl extended-release tablets – Nalpropion/Currax)**
- **diethylpropion hydrochloride immediate-release and controlled-release tablets (generic only)**
- **Lomaira™ (phentermine hydrochloride tablets – KVK-Tech)**
- **phendimetrazine tartrate tablets and extended-release capsules (generic only)**
- **phentermine hydrochloride orally disintegrating tablets (generic only)**
- **benzphetamine 25 mg tablets (generic only)**
- **Qsymia™ (phentermine and topiramate extended-release capsules – Vivus)**
- **Xenical® (orlistat 120 mg capsules, authorized generic – Roche, generic)**

**is(are) covered as medically necessary when the following criteria is(are) met for FDA-approved indication(s) or other uses with supportive evidence (if applicable):**

### **FDA-Approved Indication**

**1. Weight Loss.** 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 all of the following (i, ii, iii, and iv):

- i. Patient is  $\geq 16$  years of age; AND
- ii. Patient currently has a body mass index (BMI)  $\geq 30$  kg/m<sup>2</sup>, or a BMI  $\geq 27$  kg/m<sup>2</sup> 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 (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  $\geq 16$  years of age; AND
- ii. Patient had an initial BMI  $\geq 30$  kg/m<sup>2</sup>, or a BMI  $\geq 27$  kg/m<sup>2</sup> 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  $\geq 5\%$  of baseline body weight.

### **FDA-Approved Indication**

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

**A) Initial Therapy.** Approve for 4 months if the patient meets the following (i, ii, iii, and iv):

- i. Patient is  $\geq 18$  years of age; AND
- ii. Patient currently has a body mass index (BMI)  $\geq 30$  kg/m<sup>2</sup>, or a BMI  $\geq 27$  kg/m<sup>2</sup> 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 the following (i, ii, iii, and iv):

Note: For a patient who has not completed 4 months of initial therapy, criterion (1A) must be met (do not use continuation criteria if the initial 4 months were not completed).

- i. Patient is  $\geq 18$  years of age; AND
- ii. Patient had an initial BMI  $\geq 30$  kg/m<sup>2</sup>, or a BMI  $\geq 27$  kg/m<sup>2</sup> 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  $\geq 5\%$  of baseline body weight.

### **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 6 months if the patient meets the following (i, ii, iii, and iv):

- i. Patient is  $\geq 18$  years of age; AND
- ii. Patient currently has a BMI  $\geq 30$  kg/m<sup>2</sup>, or a BMI  $\geq 27$  kg/m<sup>2</sup> 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 the following (i, ii, iii, and iv):

Note: For a patient who has not completed 6 months of initial therapy, criterion (1A) must be met (do not use continuation criteria if the initial 6 months were not completed).

- i. Patient is  $\geq 18$  years of age; AND
- ii. Patient had an initial BMI  $\geq 30$  kg/m<sup>2</sup>, or a BMI  $\geq 27$  kg/m<sup>2</sup> 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  $\geq 5\%$  of baseline body weight.

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

A) Initial Therapy. Approve for 6 months if the patient meets the following (i, ii, iii, and iv):

- i. Patient is  $\geq 12$  years of age and  $< 18$  years of age; AND
- ii. Patient currently has a body mass index (BMI) of  $\geq 95^{\text{th}}$  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 to 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 (i, ii, iii, and iv):

Note: For a patient who has not completed 6 months of initial therapy, criterion (2A) must be met (do not use continuation criteria if the initial 6 months were not completed).

- i. Patient is  $\geq 12$  years of age and  $< 18$  years of age; AND
- ii. Patient had an initial BMI of  $\geq 95^{\text{th}}$  percentile for age and sex; AND
- iii. Patient is currently engaged in behavioral modification and on a reduced calorie diet; AND
- iv. Patient has had a reduction in BMI of  $\geq 5\%$  from baseline (prior to the initiation of Qsymia).

## **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 (i, ii, iii, and iv):

- i. Patient is  $\geq 18$  years of age; AND
- ii. Patient meets ONE of the following (a or b):

a) Patient currently has a BMI  $\geq 30 \text{ kg/m}^2$ , or a BMI  $\geq 27 \text{ kg/m}^2$  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  $\geq 30 \text{ kg/m}^2$ , or a BMI  $\geq 27 \text{ kg/m}^2$  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 (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  $\geq 18$  years of age; AND
- ii. Patient had an initial BMI  $\geq 30$  kg/m<sup>2</sup>, or a BMI  $\geq 27$  kg/m<sup>2</sup> 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  $\geq 5\%$  of baseline body weight.

**2. Weight Loss, Pediatric.** 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 (i, ii, iii, and iv):

- i. Patient is  $\geq 12$  years of age and  $< 18$  years of age; AND
- ii. Patient currently has a body mass index (BMI) of  $\geq 95^{\text{th}}$  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 to 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 (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  $\geq 12$  years of age and  $< 18$  years of age; AND
- ii. Patient had an initial BMI of  $\geq 95^{\text{th}}$  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 COVERED

- **Adipex-P® (phentermine hydrochloride capsules and tablets – Teva, generic [brand capsules obsolete 07/12/2023])**
- **benzphetamine 50 mg tablets (generic only)**
- **Contrave® (naltrexone HCl/bupropion HCl extended-release tablets – Nalpropion/Currax)**
- **diethylpropion hydrochloride immediate-release and controlled-release tablets (generic only)**



- **Lomaira™ (phentermine hydrochloride tablets – KVK-Tech)**
- **phendimetrazine tartrate tablets and extended-release capsules (generic only)**
- **phentermine hydrochloride orally disintegrating tablets (generic only)**
- **benzphetamine 25 mg tablets (generic only)**
- **Qsymia™ (phentermine and topiramate extended-release capsules – Vivus)**
- **Xenical® (orlistat 120 mg capsules, authorized generic – Roche, generic)**

**is(are) considered experimental, investigational, or unproven for ANY other use(s) including the following (this list may not be all inclusive; criteria will be updated as new published data are available):**

- 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), and Wegovy (semaglutide 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.

## **REFERENCES**

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## HISTORY

Type of Revision	Summary of Changes	Review Date
Annual Revision	No criteria change. The policy name was changed from "Weight Loss – Other Appetite Suppressants and Xenical" to "Weight Loss – Other Appetite Suppressants and Orlistat." Orlistat 120 mg (authorized generic to Xenical) was added to the policy (already rolled in).	01/04/2023
Selected Revision	<p><u>Qsymia</u> <b>Weight Loss, Pediatric:</b> In the initial therapy criteria, the requirement regarding current body mass index (BMI) was updated such that the patient is required to have a BMI <math>\geq</math> 95<sup>th</sup> percentile for age and sex (obesity). Previously, the patient could alternatively have a BMI <math>\geq</math> 85<sup>th</sup> percentile and <math>&lt;</math> 95<sup>th</sup> percentile for age and sex (overweight) if the patient had at least one comorbidity (type 2 diabetes, cardiovascular disease) or a strong family history of type 2 diabetes or premature cardiovascular disease. In continuation criteria, the requirement that the patient currently has a body mass index (BMI) <math>&gt;</math> 85<sup>th</sup> percentile was removed. Additionally, the requirement regarding baseline body mass index (BMI) was updated such that the patient is required to have had a baseline BMI <math>\geq</math> 95<sup>th</sup> percentile for age and sex (obesity). Previously, the patient could alternatively have had a baseline BMI <math>\geq</math> 85<sup>th</sup> percentile and <math>&lt;</math> 95<sup>th</sup> percentile for age and sex (overweight) if the patient had at least one comorbidity (type 2 diabetes, cardiovascular disease) or a strong family history of type 2 diabetes or premature cardiovascular disease.</p> <p><u>Orlistat</u> <b>Weight Loss, Pediatric:</b> In the initial therapy criteria, the requirement regarding current body mass index (BMI) was updated such that the patient is required to have a BMI <math>\geq</math> 95<sup>th</sup> percentile for age and sex (obesity). Previously, the patient could alternatively have a BMI <math>\geq</math> 85<sup>th</sup> percentile and <math>&lt;</math> 95<sup>th</sup> percentile for age and sex (overweight) if the patient had at least one comorbidity (type 2 diabetes, cardiovascular disease) or a strong family history of type 2 diabetes or premature cardiovascular disease. In continuation criteria, the requirement that the patient currently has a body mass index (BMI) <math>&gt;</math> 85<sup>th</sup> percentile was removed. Additionally, the requirement regarding baseline body mass index (BMI) was updated such that the patient is required to have had a baseline BMI <math>\geq</math> 95<sup>th</sup> percentile for age and sex (obesity). Previously, the patient could alternatively have had a baseline BMI <math>\geq</math> 85<sup>th</sup> percentile and <math>&lt;</math> 95<sup>th</sup> percentile for age and sex (overweight) if the patient had at least one comorbidity (type 2 diabetes, cardiovascular disease) or a strong family history of type 2 diabetes or premature cardiovascular disease.</p>	01/18/2023
Annual Revision	No criteria change. Regimax (brand) was removed from the policy (this is obsolete), generics remain. Phendimetrazine tartarate extended-release capsules were added to the header of the document. This product was included, but not previously listed. Criteria for phendimetrazine tartarate continue to be applied to the extended-release capsules and immediate-release tablets.	01/03/2024

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