

Weight Loss Agents

Pharmacy Benefit Drug Policy

Drug Details

Medications	Quantity Limit
benzphetamine 50 mg tablet	May be subject to quantity limit.
diethylpropion 25 mg tablet	
diethylpropion 75 mg extended-release tablet	
phendimetrazine 35 mg tablet	
phendimetrazine ER 105 mg capsule	
phentermine 15 mg capsule	
phentermine 30 mg capsule	
phentermine 37.5 mg capsule	
ADIPEX-P (phentermine) 37.5 mg capsule	
phentermine 37.5 mg tablet	
Adipex P (phentermine) 37.5 mg tablet	
LOMAIRA (phentermine) 8 mg tablet	

Condition(s) listed in policy (*see coverage criteria for details*)

- Obesity

Any condition not listed in this policy requires a review to confirm it is medically necessary. For conditions that have not been approved for intended use by the Food and Drug Administration (i.e., off-label use), the criteria outlined in the Health and Safety Code section 1367.21 must be met.

Special Instructions and pertinent Information

Providers must submit documentation (such as office chart notes, lab results or other clinical information) to ensure the member has met all medical necessity requirements.

The member's specific benefit may impact drug coverage. Other utilization management processes, and/or legal restrictions may take precedence over the application of this clinical criteria.

Coverage Criteria

Obesity:

1. Charted documentation of one of the following:

- a. Current BMI of ≥ 27 kg/m² and patient has one of the following conditions: hypertension, diabetes, coronary artery disease, dyslipidemia, stroke, osteoarthritis, metabolic syndrome, prediabetes, PCOS, NASH, or patient has sleep apnea currently being treated with CPAP, **or**
 - b. Current BMI of ≥ 30 kg/m²
- and**
- 2. Patient had been evaluated by a physician to rule out other underlying endocrine causes of obesity, **and**
 - 3. Patient meets FDA-approved age for use, **and**
 - 4. Not being used in combination with another weight loss agent, **and**
 - 5. Documentation that patient has participated in a comprehensive lifestyle intervention for at least 6 months within the past year consisting of reduced calorie diet, increased physical activity and behavioral modification, **and**
 - 6. Patient has not undergone bariatric surgery within the previous 12 months, **and**
 - 7. Dose does not exceed FDA label maximum.

Coverage Period: 3 months

Additional Information:

Table 1: Dosing Limits

Weight-loss agent	Maximum Daily Dose
benzphetamine	150 mg
diethylpropion	75 mg
Lomaira	24 mg
phendimetrazine	210 mg
phentermine	37.5 mg

References

- 1. Garvey WT, Mechanick JI, Brett EM, et al. American Association of Clinical Endocrinologists and American College of Endocrinology Comprehensive Clinical Practice Guidelines for Medical Care of Patients with Obesity. *Endocr Pract*, 2016;22 Suppl 3:1-203. doi: 10.4158/EP161365.GL.

Policy Update

Date of Last Annual Review: 2Q23
 Date of last revision: 8/2/2023
 Changes from previous policy version:

- Added benefit limit verbiage

*Blue Shield of California Medication Policy to Determine Medical Necessity
 Reviewed by P&T Committee*