Oscar Clinical Guideline: Weight Loss Agents (PG070, Ver. 10)

Weight Loss Agents

- Adipex-P (phentermine HCl)
- Alli (orlistat)
- Benzphetamine (Didrex, Regimex)
- Contrave (naltrexone HCl/bupropion HCl)
- Diethylpropion (Tenuate)
- Foundayo (orforglipron)
- Lomaira (phentermine HCl)
- Phendimetrazine (Bontril PDM, Bontril Slow-Release)
- Qsymia (phentermine /topiramate)
- Saxenda (liraglutide)
- Wegovy (semaglutide) injection for subcutaneous use including Wegovy HD 7.2 mg
- Wegovy (semaglutide) pill/tablet for oral use
- Xenical (orlistat)
- Zepbound (tirzepatide)

Summary

Weight loss medications are used as part of a comprehensive treatment plan for chronic weight management, in addition to diet and exercise. These medications primarily work by reducing appetite and daily caloric intake. Weight loss and weight management have numerous health benefits, including a decreased risk of diabetes, high blood pressure, and heart conditions, as well as increased energy levels.

A multifaceted approach to weight loss is generally recommended, which includes dietary therapy and exercise. Drug therapy can be added for individuals who are obese or who are overweight and have other comorbid conditions (e.g., cardiovascular disease, dyslipidemia, hypertension, metabolic syndrome, obstructive sleep apnea, type 2 diabetes mellitus, metabolic dysfunction-associated steatotic liver disease). Weight loss medications are available in various formulations, including oral tablets (such as Contrave [naltrexone/bupropion], Qsymia [phentermine/topiramate], and Wegovy [semaglutide] tablets) and subcutaneous daily or weekly injections (such as Saxenda [liraglutide] and Wegovy [semaglutide] injection).

NOTE: Coverage of prescription drugs prescribed for the treatment of obesity or for use in any weight reduction, weight loss, or dietary control varies depending on a member's benefit policy.

- Please refer to the applicable benefit plan document to determine benefit availability and the terms and conditions of coverage.
- This Clinical Guideline only applies to members whose Plan covers prescription drugs prescribed for the treatment of obesity or for use in any weight reduction, weight loss, or dietary control.
- Please refer to the Plan's Antidiabetic Agents - Glucagon-like Peptide-1 (GLP-1) Receptor Agonists (PG152) for specific coverage criteria related to the use of GLP-1 RAs in those with Diabetes Mellitus.

- Please refer to the Plan's Zepbound (tirzepatide) for the Treatment of Obstructive Sleep Apnea (PG255) for the use of Zepbound (tirzepatide) for the management of obstructive sleep apnea (OSA) in those without diabetes mellitus.

Definitions

"Body Mass Index (BMI)" is a value that is calculated based on an individual's weight and height and helps determine whether a person is underweight, overweight, or normal weight.
"Caloric intake" is the amount of calories (energy that comes from foods such as fats, proteins, and sugars) an individual intakes per day.

"Compendia" are summaries of drug information and medical evidence to support decision-making about the appropriate use of drugs and medical procedures. Examples include, but are not limited to:

1. American Hospital Formulary Service Drug Information
2. Clinical pharmacology
3. National Comprehensive Cancer Network Drugs and Biologics Compendium
4. Thomson Micromedex DrugDex
5. United States Pharmacopeia-National Formulary (USP-NF)

"Documentation" refers to written information, including but not limited to:

- Up-to-date chart notes, relevant test results, and/or relevant imaging reports to support diagnoses; or
- Prescription claims records, and/or prescription receipts to support prior trials of formulary alternatives.

"[s]" indicates state mandates may apply.

Clinical Indications

Medical Necessity Criteria for Initial Clinical Review

Initial Indication-Specific Criteria

Weight Loss

The Plan considers Weight Loss Agents medically necessary when ALL of the following criteria are met:

1. The requested medication is age-appropriate based on FDA approval or evidence-based guidelines for the specific medication (see Appendix A, Table 1); *AND*
2. Recent documentation [within ONE (1) month] showing BOTH of the following:
    a. ONE (1) of the following, as applicable:
        i. IF the member is an adult and ONE (1) of the following is met:
            1. Body mass index (BMI) greater than or equal to 30 kg/m^2; *or*

2. BMI greater than or equal to 27 kg/m² AND has at least one (≥1) weight-related comorbid condition (e.g., cardiovascular disease, dyslipidemia, hypertension, metabolic syndrome, obstructive sleep apnea, type 2 diabetes mellitus, metabolic dysfunction-associated steatotic liver disease); *or*

ii. IF the member is a pediatric, usage is aligned to the specific medication's FDA approval or evidence-based guidelines based on BMI percentile standardized for age and sex (See Appendix, Table 1); *and*

b. The member's baseline (i.e., pre-treatment) body weight is collected in a provider's office; *AND*

3. The prescribed medication will be used as an adjunct to a reduced-calorie diet and increased physical activity; *AND*
4. Requested medication will NOT be used in combination with other weight loss products (including prescription drugs, over-the-counter drugs, and herbal preparations) or co-administered with similar products (i.e., with a similar mechanism of action, in the same drug class) unless specifically recommended per the drug's official label/prescribing information*; AND*
5. The weight loss agent is being prescribed at a dose and frequency that is within FDA approved labeling.

If the above prior authorization criteria are met, the requested weight loss medication will be approved as follow:[s]

- For up to 12 weeks:[s]
  - Adipex-P (phentermine)
  - Alli (orlistat)
  - Benzphetamine (Didrex)
  - Contrave (naltrexone HCl/bupropion HCl)
  - Diethylpropion (Tenuate)
  - Lomaira (phentermine HCL)
  - Phendimetrazine (Bontril PDM, Bontril Slow-Release)
  - Xenical (orlistat)
- For up to 6-months:[s]
  - Foundayo (orforglipron)
  - Qsymia (phentermine /topiramate)
  - Saxenda (liraglutide)
  - Wegovy (semaglutide) tablet or injection
  - Zepbound (tirzepatide)

Continued Care

Medical Necessity Criteria for Subsequent Clinical Review

Subsequent Indication-Specific Criteria

Weight Loss

The plan considered Alli (orlistat), Contrave (naltrexone HCl/bupropion HCl), Foundayo (orforglipron), Qsymia (phentermine/topiramate), Saxenda (liraglutide), Wegovy (semaglutide) tablet or injection, Xenical (orlistat), or Zepbound (tirzepatide) medically necessary when ALL of the following criteria are met (if the member has recent chart documentation within three [3] months):

1. Continued lifestyle modifications (e.g., reduced calorie diet in conjunction with physical activity and behavioral therapy); *AND*
2. The member has achieved or sustained clinically meaningful weight loss (collected in a provider's office), defined as:
    a. For adults, at least 5% of baseline body weight; *or*
    b. For pediatrics, a reduction of at least 5% of baseline BMI*; AND*.
3. The weight loss agent is being prescribed at an age, dose, and frequency that is within FDA approved labeling.

If the above reauthorization criteria are met, the requested product will be authorized for up to 6-months. [s]

Adipex-P (phentermine), Benzphetamine (Didrex, Regimex), diethylpropion (Tenuate), Lomaira (phentermine HCL), andPhendimetrazine (Bontril PDM, Bontril Slow-Release), are NOT eligible for reauthorization.

Experimental or Investigational or Unproven / Not Medically Necessary[s]

Weight loss medications for any other indication is considered not medically necessary by the Plan, as it is deemed to be experimental, investigational, unproven, or not medically necessary. The use of Adipex-P (phentermine), benzphetamine (Didrex, Regimex), diethylpropion (Tenuate), Lomaira (phentermine HCL), and phendimetrazine (Bontril PDM, Bontril Slow Release), for long-term weight management (beyond 12 weeks) is considered not medically necessary.

References

1. Adipex-P (phentermine) [prescribing information]. Parsippany, NJ: Teva Pharmaceuticals USA, Inc; September 2020.
2. Alli (orlistat) [prescribing information]. Moon Township, PA: GlaxoSmithKline; May 2017.
3. American College of Obstetricians and Gynecologists (ACOG) Committee on Practice Bulletins–Obstetrics. ACOG Practice Bulletin No. 230: Obesity in pregnancy. Obstet Gynecol. 2021;137(6):e128-e144. doi:10.1097/AOG.0000000000004395

4. American Diabetes Association Professional Practice Committee. 8. Obesity and Weight Management for the Prevention and Treatment of Type 2 Diabetes: Standards of Care in Diabetes-2025. Diabetes Care. 2025 Jan 1;48(1 Suppl 1):S167-S180. doi: 10.2337/dc25-S008.
5. Apovian CM, Aronne LJ, Bessesen DH, et al; Endocrine Society. Pharmacological management of obesity: an endocrine Society clinical practice guideline. J Clin Endocrinol Metab. 2015;100(2):342-362. doi:10.1210/jc.2014-3415
6. August GP, Caprio S, Fennoy I, et al. Prevention and treatment of pediatric obesity: an endocrine society clinical practice guideline based on expert opinion. J Clin Endocrinol Metab. 2008 Dec;93(12):4576-99. doi: 10.1210/jc.2007-2458. Epub 2008 Sep 9. Erratum in: J Clin Endocrinol Metab. 2021 Jun 16;106(7):e2846. doi: 10.1210/clinem/dgab309.
7. Benzphetamine hydrochloride [prescribing information]. Laurelton, NY: Epic Pharma, LLC. December 2023.
8. Bontril PDM (phendimetrazine) [prescribing information]. Aliso Viejo, CA: Valeant; October 2007.
9. Contrave (naltrexone and bupropion) [prescribing information]. Bentwood, TN: Currax Pharmaceuticals LLC; November 2025.
10. Didrex CIII (benzphetamine) [prescribing information]. New York, NY: Pfizer; March 2020.
11. Diethylpropion hydrochloride ER [prescribing information]. Congers, NY: Chartwell RX, LLC. October 2024.
12. Durrer Schutz D, Busetto L, Dicker D, et al. European Practical and Patient-Centred Guidelines for Adult Obesity Management in Primary Care. Obes Facts. 2019;12(1):40-66. doi: 10.1159/000496183. Epub 2019 Jan 23.
13. Eisenberg D, Shikora SA, Aarts E, Aminian A, Angrisani L, Cohen RV, De Luca M, Faria SL, Goodpaster KPS, Haddad A, Himpens JM, Kow L, Kurian M, Loi K, Mahawar K, Nimeri A, O'Kane M, Papasavas PK, Ponce J, Pratt JSA, Rogers AM, Steele KE, Suter M, Kothari SN. 2022 American Society for Metabolic and Bariatric Surgery (ASMBS) and International Federation for the Surgery of Obesity and Metabolic Disorders (IFSO): Indications for Metabolic and Bariatric Surgery. Surg Obes Relat Dis. 2022 Dec;18(12):1345-1356. doi: 10.1016/j.soard.2022.08.013. Epub 2022 Oct 21. PMID: 36280539.
14. Foundayo (orforglipron) [prescribing information]. Indianapolis, IN: Lilly USA, LLC; April 2026.
15. Garvey WT, Mechanick JI, Brett EM, et al; 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;22(suppl 3):1-203. doi:10.4158/EP161365.GL
16. Gilbert O, Gulati M, Gluckman TJ, et al. 2025 Concise Clinical Guidance: An ACC Expert Consensus Statement on Medical Weight Management for Optimization of Cardiovascular Health: A Report of the American College of Cardiology Solution Set Oversight Committee. J Am Coll Cardiol. 2025 Aug 19;86(7):536-555. doi: 10.1016/j.jacc.2025.05.024. Epub 2025 Jun 20.
17. Grunvald E, Shah R, Hernaez R, et al. AGA clinical practice guideline on pharmacological interventions for adults with obesity. Gastroenterology. 2022;163(5):1198-1225. doi:10.1053/j.gastro.2022.08.045[PubMed 36273831]
18. Hashash JG, Thompson CC, Wang AY. AGA Rapid Clinical Practice Update on the Management of Patients Taking GLP-1 Receptor Agonists Prior to Endoscopy: Communication. Clin Gastroenterol Hepatol. 2024 Apr;22(4):705-707. doi: 10.1016/j.cgh.2023.11.002. Epub 2023 Nov 7. PMID: 37944573.
19. Kow L, Sharaiha RZ, O'Kane M, White KP, Macedo G, Toouli J, Shikora S. Methodology and Results of a Joint IFSO-WGO Delphi Survey of 94 Intercontinental, Interdisciplinary Experts in Obesity Management. Obes Surg. 2023 Nov;33(11):3337-3352. doi: 10.1007/s11695-023-06757-2. Epub 2023 Oct 13. PMID: 37831326; PMCID: PMC10602939.
20. Leigh Perreault, MD and Caroline Apovian, MD. Obesity in adults: Overview of management. Up to date. Waltham, MA: UpToDate Inc. Updated: Apr 28, 2020. Accessed August 24, 2020
21. Lomaira (phentermine) [prescribing information]. Newtown, PA: KVK-Tech; December 2023.

22. Perreault L. Obesity in adults: drug therapy. Post TW, ed. UpToDate. Waltham, MA: UpToDate Inc. http://www.uptodate.com. Accessed July 29, 2022.
23. Nadolsky K, Garvey WT, Agarwal M, et al. American Association of Clinical Endocrinology Consensus Statement: Algorithm for the Evaluation and Treatment of Adults with Obesity/Adiposity-Based Chronic Disease - 2025 Update. Endocr Pract. 2025 Nov;31(11):1351-1394. doi: 10.1016/j.eprac.2025.07.017. Epub 2025 Sep 16.
24. Pedersen SD, Manjoo P, Dash S, Jain A, Pearce N, Poddar M. Pharmacotherapy for obesity management in adults: 2025 clinical practice guideline update. CMAJ. 2025 Aug 10;197(27):E797-E809. doi: 10.1503/cmaj.250502.
25. Phendimetrazine ER capsules [prescribing information]. Langhorne, PA: Virtus Pharmaceuticals LLC; March 2021.
26. Phendimetrazine tartrate ER capsules [prescribing information]. Raleigh, NC: Acertis Pharmaceuticals LLC; December 2025.
27. Phentermine hydrochloride capsules [prescribing information]. Sellersville, PA: Teva Pharmaceuticals; January 2013.
28. Qsymia (phentermine/topiramate) [prescribing information]. Campbell, CA: VIVUS LLC; September 2024.
29. Raven LM, Brown C, Greenfield JR. Considerations of delayed gastric emptying with peri-operative use of glucagon-like peptide-1 receptor agonists. Med J Aust. 2024 Jan 15;220(1):14-16. doi: 10.5694/mja2.52170. Epub 2023 Nov 27. PMID: 38009941.
30. Sarah E. Hampl, Sandra G. Hassink, Asheley C. Skinner, et al; Clinical Practice Guideline for the Evaluation and Treatment of Children and Adolescents With Obesity. Pediatrics February 2023; 151 (2): e2022060640. 10.1542/peds.2022-060640
31. Saxenda (liraglutide) [prescribing information]. Plainsboro, NJ: Novo Nordisk Inc; October 2025.
32. Suprenza (phentermine) [prescribing information]. Cranford, NJ: Akrimax Pharmaceuticals; June 2013.
33. US Preventive Services Task Force; Krist AH, Davidson KW, et al. Behavioral Counseling Interventions to Promote a Healthy Diet and Physical Activity for Cardiovascular Disease Prevention in Adults With Cardiovascular Risk Factors: US Preventive Services Task Force Recommendation Statement. JAMA. 2020 Nov 24;324(20):2069-2075. doi: 10.1001/jama.2020.21749.
34. US Preventive Services Task Force; Nicholson WK, Silverstein M, et al. Interventions for High Body Mass Index in Children and Adolescents: US Preventive Services Task Force Recommendation Statement. JAMA. 2024 Jul 16;332(3):226-232. doi: 10.1001/jama.2024.11146.
35. van Zuylen ML, Siegelaar SE, Plummer MP, Deane AM, Hermanides J, Hulst AH. Perioperative management of long-acting glucagon-like peptide-1 (GLP-1) receptor agonists: concerns for delayed gastric emptying and pulmonary aspiration. Br J Anaesth. 2024 Apr;132(4):644-648. doi: 10.1016/j.bja.2024.01.001. Epub 2024 Jan 29. PMID: 38290907.
36. Wegovy (semaglutide) [prescribing information]. Plainsboro, NJ: Novo Nordisk Inc; March 2026.
37. Wharton S, Lau DCW, Vallis M, et al. Obesity in adults: a clinical practice guideline. CMAJ. 2020;192(31):E875-E891. doi:10.1503/cmaj.191707
38. Wharton S, Lau DCW, Vallis M, et al. Obesity in adults: a clinical practice guideline. CMAJ. 2020;192(31):E875-E891. doi:10.1503/cmaj.191707[PubMed 32753461]
39. Xenical (orlistat) [prescribing information]. Montgomery, AL: H2-Pharma LLC; January 2018.
40. Xenical (orlistat) [prescribing information]. South San Francisco, CA: Genentech USA, Inc. November 2022.
41. Yanovski SZ, Yanovski JA. Long-term drug treatment for obesity: a systematic and clinical review. JAMA. 2014;311(1):74-86. doi:10.1001/jama.2013.281361
42. Zepbound (tirzepatide) [prescribing information]. Indianapolis, IN: Lilly USA LLC; September 2025.

Appendix A

Table 1: FDA Approved Weight Loss Medications

Brand Name (Generic Name)	Route of Administration	Dosage	FDA-Approved Age Range
Adipex-P (phentermine)	Oral (capsule, tablet)	15 to 37.5 mg orally once daily 1-2 hours after breakfast, or 18.75 mg orally two (2) times daily (only the tablet can be split)	17 years and older
Alli (orlistat)	Oral (capsule)	60 mg orally three (3) times daily with each main meal containing fat; maximum of 180 mg/day	Adults, 18 years and older
Benzphetamine (Didrex, Regimex)	Oral (tablet)	25 to 50 mg orally daily, preferably at mid-morning or mid-afternoon; may increase up to 50 mg orally 2 to 3 times daily; maximum 150 mg/day orally NOTE: recommended to be continued beyond 4 weeks only in those who have experienced a satisfactory weight loss of at least 4 pounds or as determined by the physician.	17 years and older
Contrave (naltrexone HCl/bupropion HCl)	Oral (ER tablet)	8 mg naltrexone/90 mg bupropion orally once daily for week 1, then 8 mg naltrexone/90 mg bupropion orally twice daily for 1 week, then 16 mg naltrexone/180 mg bupropion orally in the morning and 8 mg naltrexone/90 mg bupropion orally in the evening for 1 week, then 16 mg naltrexone/180 mg bupropion orally twice daily thereafter.	Adults, 18 years and older

		NOTE: recommended to discontinue therapy if after 12 weeks the individual has not experienced at least 5% of baseline weight.	
Diethylpropion (Tenuate)	Oral (tablet, ER tablet)	Immediate-release tablet: 25 mg orally 3 times daily ER tablet: 75 mg orally once daily	16 years and older
Foundayo (orforglipron)	Oral (tablet)	Starting dosage is 0.8 mg once daily. After at least 30 days, increase dosage to 2.5 mg once daily. After at least 30 days on the 2.5 mg dosage, increase dosage to 5.5 mg once daily. Dosage may be increased to the next dosage level (9 mg, 14.5 mg, or 17.2 mg once daily) after at least 30 days on the current dosage, based on treatment response and tolerability. Maximum dosage is 17.2 mg once daily.	Adults, 18 years and older
Lomaira (phentermine HCL)	Oral (tablet)	4 to 8 mg orally three times daily	17 years and older
Phendimetrazine (Bontril PDM, Bontril Slow-Release)	Oral (extended release [ER] capsule, tablet)	Immediate release (IR) tablet: 35 mg orally 2 to 3 times daily, 1 hour before meals; can reduce dose to 17.5 mg; not to exceed 210 mg daily (2 tablets [70 mg] three times daily) ER capsule: 105 mg orally daily, 30 to 60	IR tablet: adults, 18 years and older ER capsule: 17 years and older

		minutes before breakfast; not to exceed 105 mg daily	
Qsymia (phentermine /topiramate)	Oral (ER capsule)	3.75 mg phentermine/23 mg topiramate orally daily for 14 days, then increase the dose to 7.5 mg phentermine/46 mg topiramate orally once daily; if weight loss is not at least 3% of baseline weight after 12 weeks, increase dose to 11.25 mg phentermine/69 mg topiramate orally daily for 14 days, then 15 mg phentermine/92 mg topiramate orally daily. Children and adolescents 12 to 17 years: 3.75 mg phentermine/23 mg topiramate orally daily for 14 days, then increase the dose to 7.5 mg phentermine/46 mg topiramate orally once daily; if weight loss is not at least 3% of baseline BMI after 12 weeks, increase dose to 11.25 mg phentermine/69 mg topiramate orally daily for 14 days, then 15 mg phentermine/92 mg topiramate orally daily; consider dose reduction if weight loss exceeds 0.9 kg/week <u>NOTE:</u> it is recommended to discontinue therapy if weight loss is not at least 5% of BMI after 24 weeks of therapy, and it is unlikely that meaningful weight loss	12 years and older

		will be achieved and sustained with continued treatment.	
Saxenda (liraglutide)	Injection (Subcutaneous [SC])	0.6 mg SC once daily for 1 week, then increase by 0.6 mg per week to goal of 3 mg SC daily Adults: discontinue use if 3 mg dose is not tolerated; efficacy has not been established in adults at lower doses. Children and adolescents 12 to 17 years: discontinue use if 2.4 mg dose is not tolerated; efficacy has not been established in children and adolescents at lower doses.	12 years and older
Wegovy (semaglutide)	Injection (Subcutaneous [SC])	0.25 mg SC once weekly for 4 weeks, then 0.5 mg SC once weekly for 4 weeks, then 1 mg SC once weekly for 4 weeks, then 1.7 mg SC once weekly for 4 weeks, then 1.7 to 2.4 mg SC once weekly thereafter. For adults who tolerate the 2.4 mg dosage for at least 4 weeks and additional weight reduction is clinically indicated, the dosage may be increased to a maximum dosage of 7.2 mg subcutaneously once weekly.	12 years and older
	Tablet for oral use	1.5 mg orally once daily for 30 days, then 4 mg once daily for 30 days (days 31-60), then 9 mg	Adults, 18 years and older

		once daily for 30 days (days 61-90), then 25 mg once daily thereafter. NOTE: if additional weight reduction is needed in those on 25 mg daily, consider switching to 1.7 mg SC once weekly dosage form and dose escalating from there.	
Xenical (orlistat)	Oral (capsule)	120 mg orally three (3) times daily with each main meal containing fat	12 years and older NOTE: pediatric use it typically reserved for those with a BMI at the 95th percentile or more, meeting the adult BMI recommendation for use, or in those with BMI 85th to 94th percentile with significant, severe comorbidities who have not responded to lifestyle modifications
Zepbound (tirzepatide)	Injection (Subcutaneous [SC])	2.5 mg SC once weekly for 4 weeks, then 5 mg SC once weekly initially; may increase by 2.5 mg/week after at least 4 weeks. Usual dosage of 5-15 mg/week; maximum 15 mg/week.	Adults, 18 years and older

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