

Policies Repository



Policy Title Weight Loss Agents

Policy Number FS.CLIN.6

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Members are advised to use participating pharmacies in order to receive the highest level of benefits.

Policy

Weight loss agents are used for the management of obesity (eg, weight loss, weight maintenance) in conjunction with a reduced-calorie diet.

Benefit exception review is required for weight loss agents when excluded from a member's pharmacy benefit. Prior authorization (ie, clinical pharmacy and/or Medical Director review) is required when the member's pharmacy benefit contract has a specific provision that covers weight loss agents only for morbidly obese individuals. If a member's group covers weight loss agents regardless of the individual's level of obesity, prior authorization is not required.

Policy Description

Weight loss agents, such as anorexiant and lipase inhibitors, are indicated for the treatment of obesity. Anorexiant include amphetamine-like analogs and nonamphetamines that suppress the appetite by directly stimulating the satiety center in the hypothalamic and limbic regions of the brain. Anorexiant are indicated as short-term (8 to 12 weeks) adjunct therapy in a regimen of weight reduction based on caloric restriction.

Lipase inhibitors reduce the absorption of dietary fats by about 30 percent in the lumen of the stomach and small intestine when taken with meals containing about 30 percent of total calories from fat. Lipase inhibitors are indicated for long-term therapy (up to two years) to reduce the risk of weight regain after prior weight loss.

Policy Guideline Inclusion

Weight loss agents are approved when the following inclusion criterion is present:

- Documentation of morbid obesity, as defined by any of the following:
 - Body Mass Index (BMI) greater than 40 kg/m²
 - Body weight 45 kilograms (100 pounds) or more above Ideal

- Body Weight (IBW)
- Body weight 100 percent or more above IBW

If approved, authorization will be extended for a two-year period.

Policy Guideline Exclusion

Weight loss agents are denied when the following exclusion criterion is present:

- No documentation of morbid obesity, as defined by any of the following:
 - Body Mass Index (BMI) greater than 40 kg/m²
 - Body weight 45 kilograms (100 pounds) or more above Ideal Body Weight (IBW)
 - Body weight 100 percent or more above IBW

Policy List of Applicable Drugs

Class	Generic Name	Trade Name(s)
Lipase Inhibitors		
	Orlistat	Xenical
Anorexiant		
Adrenergic Agents	Benzphetamine	Didrex
	Diethylpropion	Tenuate, Tenuate dospan
	Mazindol	Mazanor, Sanorex
	Phendimetrazine	Bontril, Plegine, Adipost, X-Trozone, Prelu-2
	Phentermine	Ionamin, Fastin, Adipex-P, Oby-trim
Serotonergic Agents	Sibutramine	Meridia
	Fenfluramine	Pondimin (Withdrawn)
	Dexfenfluramine	Redux (Withdrawn)

Dosing and Administration

Refer to the specific manufacturer's prescribing information for administration and dosage details for each specific agent.

Policy References

Facts and Comparisons. Anorexiant and lipase inhibitors monographs. [Facts and Comparisons Web site]. Available at: <http://www.factsandcomparisons.com/efacts.asp> [via subscription only]. Accessed July 14, 2010.

National Institutes of Health (NIH). NIH Publication No. 97-4191. Prescription medications for the treatment of obesity. [MDAdvice Web site]. December 1996. Available at: <http://www.mdadvice.com/topics/obesity/info/4.htm>. February 20, 2009.

Snow V, Barry P, Fitterman N, Qaseem A, Weiss K. Clinical Efficacy Assessment Subcommittee of the American College of Physicians. Pharmacologic and surgical management of obesity in primary care: A clinical practice guideline from the American College of Physicians. *Ann Intern Med*. 2005;142(7):525-531.

St. Peter JV, Khan M. Obesity. In: DiPiro JT, Talbert RL, Yee GC, et al., eds. *Pharmacotherapy: A Pathophysiologic Approach*. 4th ed. Stamford, CT: Appleton & Lange; 1999.

Policy Link to Related Policies

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