

## Policies Repository



**Policy Title** Weight Loss Agents

**Policy Number** FS.CLIN.2

*Application of Pharmacy Policy is determined by benefits and contracts. Benefits may vary based on product line, group or contract. Some medications may be subject to precertification, age, gender or quantity edits. Individual member benefits must be verified.*

*This Pharmacy Policy document describes the status of pharmaceutical information and/or technology at the time the document was developed. Since that time, new information relating to drug efficacy, interactions, contraindications, dosage, administration routes, safety or FDA approval may have changed. If the Medical/Pharmacy Reviewer is aware of any new information on the subject of this document, please provide it promptly to the Medical/Pharmacy Policy Department. This information may include new FDA approved indications, withdrawals or other FDA alerts. This type of information is relevant not only when considering whether this Policy should be updated, but also when applying it to current requests for coverage.*

*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/m<sup>2</sup>
  - 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/m<sup>2</sup>
  - 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)
<b>Lipase Inhibitors</b>		
	Orlistat	Xenical
<b>Anorexiant</b>		
Adrenergic Agents	Benzphetamine	Didrex
	Diethylpropion	Tenuate, Tenuate dospan
	Mazindol	Mazanor, Sanorex
	Phendimetrazine	Bontril, Plegine, Adipost, X-Troazine, Prelu-2
	Phentermine	Ionamin, Fastin, Adipex-P, Oby-trim
Serotonergic Agents	Sibutramine	Meridia
	Fenfluramine	Pondimin (Withdrawn)
	Dexfenfluramine	Redux (Withdrawn)
<b>Dietary Supplements</b>		
	Satirol	Various
	Chromium	Various
	Chitosan	Various
	Phenylpropanolamine	Dexatrim, Acutrim (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 February 20, 2009.

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**

Printed

05/04/2009 10:24:55

constitute a contract. If you are an IBC member, please refer to your specific benefit program for the terms, conditions, limitations and exclusions of your coverage. IBC does not provide health care services, medical advice or treatment, or guarantee the outcome or results of any medical services/treatments. The facility and professional providers are responsible for providing medical advice and treatment. Facility and professional providers are independent contractors and are not employees or agents of IBC. If you have a specific medical condition, please consult with your doctor. IBC reserves the right at any time to change or update its Policy Bulletins. © 2008 Independence Blue Cross. All Rights Reserved. Current Procedural Terminology © 2008 American Medical Association. All Rights Reserved.

I