

Medical Affairs Policy & Procedure

Title/Service: Morbid Obesity, Non-Surgical Medical Therapy (Adipex (Phentermine), Bontril (Phendimetrazine), Didrex (Benzphetamine), Ionamin (Phentermine), Fastin (Phentermine), Tenuate (Diethylpropion), Xenical (Orlistat)

Revised	11/18/11
Reviewed	2/25/00, 3/24/00, 4/28/00, 6/23/00, 4/26/03, 06/02/06, 12/28/09, 10/22/10
Developed	
Policy Committee Approval	11/18/11

Description:

Morbid obesity is a multi-faceted disease with an unclear etiology. Body mass index (BMI) (a person's weight in kilograms (kg) divided by their height in meters (m) squared) of greater than 40 is defined as morbid obesity. Most of the drugs are appetite suppressants, blocking the re-uptake of the chemicals serotonin, dopamine and norepinephrine. Orlistat is a lipase inhibitor for obesity management that acts by inhibiting the absorption of dietary fats. Note: Schedule 2 amphetamines or sympathomimetic amines should never be covered for weight loss.

Indications of Coverage:

When covered by the certificate, benefits for severe or morbid obesity are allowed when the BMI is greater than 40 for adults. For children, BMI must be greater or equal to 2 kg/m² above the 95th percentile for their age/sex.

Pharmacotherapy may be approved for a maximum of six months for appetite suppressants and a maximum of three months for a lipase inhibitor. If review of compliance/weight loss achievement documents successful therapy (an average weight loss of eight pounds per month), a renewable pharmacological regimen may be approved for an additional three or six month regimen.

Limitations of Coverage:

Review contract and endorsements for exclusions and prior authorization or benefit requirements.

If used for a condition/diagnosis other than is listed in the Indications of Coverage, deny as experimental or investigative.

If used for a condition/diagnosis that is listed in the Indications of Coverage, but the criteria are not met, deny as not medically necessary.

More than one obesity-related evaluation and management service in a month is considered not medically necessary.

Review drug labeling when pharmacotherapy is requested for individuals under eighteen to determine FDA age requirements.

Documentation Required:

- Office notes
- Weight and height
- Prescription medication usage data

Rationale:

Use of pharmaceutical products to assist with weight loss has been shown to provide a modest increase in the amount of weight lost. The American Association of Clinical Endocrinologists recommends the use of pharmacotherapy as part of along-term obesity management program supervised by a provider experienced in obesity treatments. It is expected that participation in this type of program will enhance compliance and efficacy and is encouraged.

References:

1. Chanoine JP, Richard M. Early weight loss and outcome at one year in obese adolescents treated with orlistat or placebo. Int J Pediatr Obes. 2010 Sep 22.
2. National Institutes of Health, National Heart, Lung and Blood Institute, Expert Panel on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults. Clinical Guidelines on the Identification, Evaluation and Treatment of Overweight and Obesity in Adults. Bethesda, MD: National Institutes of Health; September 1998. Available at: www.nhlbi.nih.gov/guidelines/obesity/ob_gdlns.pdf. Accessed: 9 Oct 10.
3. Shekelle PG, Morton SC, Maglione MA, Suttorp M, Tu W, Li Z, et al. Pharmacological and surgical treatment of obesity. Evidence Report/Technology Assessment No. 103. Rockville, MD: Agency for Healthcare Research and Quality; 2004 Jul. Available at: www.ahrq.gov/downloads/pub/evidence/pdf/obespharm/obespharm.pdf. Accessed: 9 Oct 10.
4. 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 Apr 5;142(7):525-31.

Approved by the Medical Director