

Pharmacy Benefit Determination Policy

Policy Subject: Weight Loss Medication	Dates:
Policy Number: SHS PBD25	Effective Date: April 22, 2010
Category: CNS Drugs	Revision Date: November 1, 2017
Policy Type: <input type="checkbox"/> Medical <input checked="" type="checkbox"/> Pharmacy	Approval Date: October 24, 2018
Department: Pharmacy	Next Review Date: October 2019
Product (check all that apply):	Clinical Approval By:
<input checked="" type="checkbox"/> Group HMO/POS	Medical Directors
<input checked="" type="checkbox"/> Individual HMO/POS	PHP: Peter Graham, MD
<input checked="" type="checkbox"/> PPO	Pharmacy and Therapeutics Committee
<input checked="" type="checkbox"/> ASO	PHP: Peter Graham, MD

Policy Statement:

Physicians Health Plan, PHP Insurance and Service Company, and Sparrow PHP will cover weight loss medications through the Pharmacy Benefit based on approval by the Clinical Pharmacist or Medical Director using the following determination guidelines.

Drugs and Applicable Coding:

Clinical Determination Guidelines:

Document the following with chart notes

- A. Treatment of obesity
 1. Age: ≥ 18 years old.
 2. Body mass index (BMI): ≥ 30
 3. Other therapies:
 - a. Non-pharmacological: Participation in 2 supervised non-pharmacological weight loss treatment programs.
 - b. Pharmacological:
 - Failed or had significant adverse events with other therapies: benzphetamine, diethylpropion, phendimetrazine or phentermine
 - Must be used w diet & exercise
 4. Dosage
 - a. Belviq (lorcaserin): IR -10mg twice daily, XR - 20mg once daily
 5. Excluded Products:
 - a. Contrave oral (naltrexone 8mg/bupropion 90mg):
 - b. Qsymia oral (topiramate/phentermine):
 - c. Saxenda SubQ (liraglutide):
 - d. Xenical oral (orlistat)

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5. Approval
 - a. Initial approval: 3 months
 - b. Re-approval:
 - Continued weight loss of >5%;
 - Renewals can be continued for \leq 1-year total coverage.
6. Coverage Notes
 - a. Copay: Patient will be charged the applicable copay.
 - b. Benefit Plan: Coverage is dependent on the specific benefit plan

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Appendix I: Advantages and Disadvantages Associated with Weight Loss Medications

Drug	Advantages	Disadvantages
Belviq (lorcaserin)	Side effect profile; Long-term data ^b	Pregnancy category X
Xenical (orlistat Rx)	Non-systemic; Long term data ^b	Less weight loss ^a ; SE profile
Alli (orlistat, OTC)	Inexpensive (\$)	Less weight loss ^a ; SE profile



^a Less weight loss = 2–3%; greater weight loss = 3–5%; robust weight loss = 5%; ^b Long term is 1–2 years.

Appendix II: Monitoring & Patient Safety

Drug	Adverse Reactions	Monitoring	REMS
Adipex, Suprenza phentermine	<ul style="list-style-type: none"> CV: HTN, ischemia, palpitation, pul HTN, ↑ HR CNS: Dizzy, dysphoria, euphoria, HA, insomnia, overstim, psychosis, restlessness, nausea, Derm: Urticaria GI: Constip., diarrhea, bad taste, xerostomia GI: Impotence, Δ libido Neuro/MSK: Tremor Pregnancy category C 	<ul style="list-style-type: none"> CV: Blood Pressure, pulse Endo/Metab.: Wgt, waist circum. 	None needed
Qsymia topiramate + phentermine	<ul style="list-style-type: none"> CV: ↑ HR (14-78%), CNS: Paresthesia (4-20%), HA (10-11%), insomnia (6-11%) Endo/Metab: ↓ bicarb (6-13%) GI: Xerostomia (7-19%), constipation (8-16%) Resp.: URI (14-16%), nasopharyngitis (9-13%) 	<ul style="list-style-type: none"> Lab: Bicarb, K², glucose, Cr. (pre & during) CV: HR CNS: S/Sx of depression, suicidal thought, Endo/Metab.: Wgt., waist circum., S/Sx of acidosis 	None Needed
Belviq locaserin	<ul style="list-style-type: none"> CNS: HA (15-17%) Endo/Metab.: Hypoglycemia (DM-29%) Hematologic: ↓ lymphocytes Neuro/SKM: Back pain (6-12%) Resp.: URI (14%), nasopharyngitis (11-13%) Pregnancy category X 	<ul style="list-style-type: none"> Lab: CBC (during), blood glucose (DM), prolactin CNS: S/Sx of depression, suicidal thought, SS/NMS-like Rx, CV: S/Sx valvular hrt dx 	None Needed
Alli/Xenical orlistat	<ul style="list-style-type: none"> CNS: HA (≤31%) GI: Oily spot (4-27%), abd pain/discom (≤26%), flatus w disc. (2-24%), fecal urg (3-22%), fatty oily stool/evac (2-20%), ↑ defecation (3-11%) Neuro/NMSK: Back pain (≤14%) Resp.: URI (26-38%) Misc: Influenza (≤40%) Pregnancy category: X 	<ul style="list-style-type: none"> Lab: serum glucose (DM), Thyroid (thy dx), LFT (hep dys) Endo/Metab: BMI 	
Saxenda liraglutide	<ul style="list-style-type: none"> CV: ↑HR (5-34%) CNS: HA (14%) Endo/Metab: Hypoglycemia (DM:16-44%) GI: N/V (16-39%), diarrhea (21%), constip (19%) Pregnancy category X 	<ul style="list-style-type: none"> Lab: serum glucose, HbA1c, Renal Fx CV: HR CNS: S/Sx of depression, suicidal thought, GU: S/Sx pancreatitis 	

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References and Resources:	
1. NIH The Practical Guideline: Identification, Evaluation and Treatment of Overweight and Obesity in Adults October 2000.	
2. Lexicomp Online® , Lexi-Drugs® , Hudson, Ohio: Lexi-Comp, Inc.; phentermine, accessed August, 2015	
3. Lexicomp Online® , Lexi-Drugs® , Hudson, Ohio: Lexi-Comp, Inc.; Qsymia, accessed August, 2015	
4. Lexicomp Online® , Lexi-Drugs® , Hudson, Ohio: Lexi-Comp, Inc.; Belviq, accessed November, 2018	
5. Lexicomp Online® , Lexi-Drugs® , Hudson, Ohio: Lexi-Comp, Inc.; orlistat, accessed August, 2015	
6. Lexicomp Online® , Lexi-Drugs® , Hudson, Ohio: Lexi-Comp, Inc.; Saxenda, accessed August, 2015	
7. Pharmacological Management of Obesity: An Endocrine Society Clinical Practice Guideline. J Clin Endocrinol Metab, Feb 2015;100(2);342-262	

Approved By:	
	10/24/18
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