Pharmacy Management Drug Policy

SUBJECT: Anorexiants; Belviq® (lorcaserin), Belviq XR® (lorcaserin ER), Contrave (naltrexone/bupropion ER), Qsymia™ (phentermine/topiramate ER), Saxenda (liraglutide) and Xenical® (orlistat)
POLICY NUMBER: PHARMACY-03
EFFECTIVE DATE: 2/2012
LAST REVIEW DATE: 08/22/2019

If the member's subscriber contract excludes coverage for a specific service or prescription drug, it is not covered under that contract. In such cases, medical or drug policy criteria are not applied. Medical or drug policies apply to commercial and Health Care Reform products only when a contract benefit for the specific service exists.

DESCRIPTION:

Observational epidemiological studies have established a relationship between obesity and visceral fat and the risks for cardiovascular disease, type 2 diabetes, certain forms of cancer, gallstones, certain respiratory disorders, and an increase in overall mortality. These studies suggest that weight loss, if maintained, may produce health benefits for obese patients who have or are at risk of developing weight related co-morbidities.

Orlistat, liraglutide, lorcaserin, lorcaserin ER, naltrexone/bupropion ER and phentermine/topiramate ER are indicated for the management of obesity, including weight loss and maintenance of weight loss and should be used in conjunction with a reduced calorie diet.

Xenical (orlistat) is also indicated to reduce the risk of weight regain after prior weight loss. Orlistat is a reversible inhibitor of lipases. It exerts its therapeutic activity in the lumen of the stomach and small intestine by forming a covalent bond with the active serine residue site of gastric and pancreatic lipases. The inactivated enzymes are thus unavailable to hydrolyze dietary fat in the form of triglycerides into absorbable free fatty acids and monoglycerides. As undigested triglycerides are not absorbed, the resulting caloric deficit may have a positive effect on weight control.

Belviq (lorcasin) decreases food consumption and promotes satiety by selectively activating the 5-HT_{2c} receptor on anorexigenic pro-opiomelanocortin neurons located in the hypothalamus. At the recommended daily dose, lorcasin selectively interacts with the serotonin 2C receptors instead of the 2A, 2B, receptor transporter, reuptake sites, and other 5-HT receptor subtypes leading to an average weight loss of 3-3.7% versus placebo over 1 year.

Contrave is a combination of two FDA-approved drugs, naltrexone and bupropion, in an extended-release formulation. Naltrexone is approved to treat alcohol and opioid dependence. Bupropion is approved to treat depression and seasonal affective disorder and as an aid to smoking cessation treatment.

Qsymia is a combination of phentermine, a sympathomimetic amine anorectic, and topiramate, an antiepileptic drug. The exact mechanism of action of these agents is not known. Phentermine likely releases catecholamines in the hypothalamus, resulting in reduced appetite and decreased food consumption. Topiramate leads to appetite suppression and satiety enhancement, possibly induced by a combination of pharmacologic effects.

The FDA has approved orlistat, locaserin, lorcaserin ER, naltrexone/bupropion ER and phentermine/topiramate ER as adjuncts to caloric restriction, increased physical activity and behavior modification in the overall treatment of qualifying obesity. The medications are not approved as the sole therapeutic modality.

General Policy Criteria – For ALL Drugs:

Based upon our review and assessment of peer-reviewed literature, Contrave, Xenical, Belviq, Belviq XR, Saxenda and Qsymia, have been medically proven to be effective and therefore **medically necessary** in the treatment of obesity if **all** of the following criteria are met:

1. Member must fall under **one** of the following (A, B, or C)
   A. Obesity defined as a BMI greater than or equal to 30 kg/m²
   OR
   B. BMI greater than or equal to 27 kg/m² in the presence of *one or more co-morbidities* listed below:
      Established Coronary Heart Disease
      Other Atherosclerotic Diseases
      Type 2 Diabetes
      Sleep Apnea
      Gynecological abnormalities
      Oseteoarthritis
      Gallstones
      Stress Incontinence
   OR
   C. BMI greater than or equal to 27 kg/m2 in the presence of *two or more risk factors* listed below:
      High LDL (>160)
      Low HDL (<40)
      Hypertension
      Smoking
      Impaired fasting glucose
      Family History of premature CHD
      Male > 45 y.o., Female > 55 y.o.

2. **Documentation of current enrollment into a comprehensive weight management program for at least 3 months in addition to counseling in a physician's office is required for pharmacotherapy coverage.** (Please refer to addendum for program criteria.)
   EXAMPLES OF APPROVED PROGRAMS
   - Weight Watchers or other programs that meet the guidelines for a comprehensive weight management program below.
   - Note- Online, phone only, and diet only programs do not qualify. **AND**

   - Please note: Weight Watchers and other commercial weight management programs are generally excluded by contract and therefore, ineligible for coverage under the medical benefit.

Refer to Corporate Medical Policy 11.01.01 regarding Medical/Non-Surgical Weight Management Programs and Services.

3. **For initial approvals** - **Proof of current and prior participation in a comprehensive weight management program (such as a receipt or certificate and dietary/exercise logs) will be required.**

4. Recertification of drug approval beyond the initial coverage period will require provider acknowledgement (via prior authorization form or provider progress note) of continued comprehensive weight management program enrollment.
5. The safety and efficacy of any anorexiant in combination with other weight loss drugs (including prescription, OTC and herbal preparations) has not been established and therefore, combination therapy will not be approved.

Drug-Specific Policy:

Belviq (Locaserin) and Belviq XR (Locaserin ER) specific criteria:

1. Member must be 18 years of age or older
2. Belviq and Belviq XR will not be approved for patients who are pregnant.
3. Initial coverage duration is contingent upon continued enrollment in a comprehensive weight management program, up to 3 months. After initial coverage period, recertification will be for 6 months at a time.
4. For authorization for additional drug coverage (recertification):
   a. Physician verified weight loss of 5% of initial weight by 3 months must be met. Failure to lose 5% of weight at 3 months suggests that positive health outcome may not be realized, and drug therapy coverage will not be continued.
   b. For continued 6-month recertifications, patient must also have a BMI of 27 or greater, with progressive 5% weight loss (not weight stable), up to a maximum of 2 years TOTAL therapy.
5. The maximum daily dose is 20 mg/day according to the prescribing information.

Contrave (naltrexone/bupropion) specific criteria:

1. Member must be 18 years of age or older and must not be used in patients who have seizure disorders, hepatic or renal failure.
2. Initial coverage duration is contingent upon continued enrollment in a comprehensive weight management program, up to 3 months. After initial coverage period, recertification will be for 6 months at a time.
3. For authorization for additional drug coverage (recertification):
   a. Physician verified weight loss of 5% of initial weight by 3 months must be met. Failure to lose 5% of weight at 3 months suggests that positive health outcome may not be realized, and drug therapy coverage will not be continued.
   b. For continued 6-month recertifications, patient must also have a BMI of 27 or greater, with progressive 5% weight loss (not weight stable), up to a maximum of 2 years TOTAL therapy.
4. The maximum daily dose is Naltrexone 32 mg/bupropion 360 mg daily (two tablets twice daily) according to the prescribing information.

Qsymia (Phentermine/topiramate ER) specific criteria:

1. Member must be 18 years or older and Phentermine/topiramate ER will not be approved for those with glaucoma, those with uncontrolled hyperthyroidism, those who are pregnant, and those who have taken a MAO-I within the past 14 days.
2. Initial coverage duration is contingent upon continued enrollment in a comprehensive weight management program, up to 6 months. After the initial coverage period, recertification will be required every 6 months.
3. For authorization for additional drug coverage (recertification):
   a. Physician verified weight loss of 5% of initial weight by 6 months must be met. Failure to lose 5% of weight at 6 months suggests that positive health outcome may not be realized, and drug therapy coverage will not be continued.
   b. For continued 6-month recertifications, patient must also have a BMI of 27 or greater, with progressive 5% weight loss (not weight stable), up to a maximum of 2 years TOTAL therapy.
4. Please note that the manufacturer recommends the following:
   - Discontinue or increase dose if 3% weight loss is not achieved after 12 weeks on the 7.5/46mg dose.
   - Discontinue Qsymia if 5% weight loss is not achieved after 12 weeks on maximum daily dose of 15mg/92mg.
   - Discontinue 15/92mg dose gradually to prevent possible seizure.

Saxenda (liraglutide) specific criteria:

1. Member must be 18 years of age or older
2. Patients who are currently pregnant or have a history of pancreatitis will not be covered.
3. Saxenda will also not be approved for those with personal or family history of medullar thyroid carcinoma or patients with Multiple Endocrine Neoplasia syndrome type 2 (MEN 2)
4. Not covered when used in combination with any other GLP-1 receptor agonist (Byetta/Bydureon, Victoza, and Tanzeum).
5. Patient must not be on exogenous insulin due to risk of hypoglycemia.
6. Initial coverage duration is contingent upon continued enrollment in a comprehensive weight management program, up to 4 months. After the initial coverage period, recertification will be required every 6 months.
5. For authorization for additional drug coverage (recertification):
   a. Physician verified weight loss of 5% of initial weight by 4 months must be met. Failure to lose 5% of weight at 4 months suggests that positive health outcome may not be realized, and drug therapy coverage will not be continued.
   b. For continued 6-month recertifications, patient must also have a BMI of 27 or greater, with progressive 5% weight loss (not weight stable), up to a maximum of 2 years TOTAL therapy.
6. The maximum daily dose is 3mg subcutaneously once daily according to the prescribing information.

Xenical (Orlistat) specific criteria:

1. Member must be 12 years of age or older
2. Initial coverage duration is contingent upon continued enrollment in a comprehensive weight management program, up to 6 months. After the initial coverage period, recertification will be required every 6 months.
3. For authorization for additional drug coverage (recertification):

a. Physician verified weight loss of 5% of initial weight by 6 months must be met. Failure to lose 5% of weight at 6 months suggests that positive health outcome may not be realized, and drug therapy coverage will not be continued.
b. For continued 6-month recertifications, patient must also have a BMI of 27 or greater, with progressive 5% weight loss (not weight stable), up to a maximum of 4 years TOTAL therapy.

4. Orlistat will not be approved for patients with chronic malabsorption syndrome or cholestasis or who are pregnant
5. The maximum daily dose is one 120mg capsule by mouth three times a day with each main meal containing fat (during or up to 1 hour after the meal) according to the prescribing information.

POLICY GUIDELINES:

1. Prior–Authorization is contract dependent.
2. This policy is applicable to drugs that are included on a specific drug formulary. If a drug referenced in this policy is non-formulary, please reference the Coverage Exception Evaluation Policy for All Lines of Business Formularies policy for review guidelines.
3. Organic causes of obesity such as hypothyroidism should be excluded before prescribing weight loss medications.
4. Victoza (liraglutide) will not be authorized at a dose of greater than 1.8mg once daily for weight loss as there is an active formulation of liraglutide (Saxenda) that is FDA approved for chronic weight management.

UPDATES:

Date:	**Revision:**
08/19	Revised
06/19	Reviewed
08/18	Revised
06/18	Revised
8/17	Revised
9/16	Revised
12/15	Revised
4/15	Revised
9/14	Revised
7/14	Revised
2/14	Revised
6/13	Revised
1/13	Revised
10/12	Revised
7/12	Revised
5/99	Created

REFERENCES:

1. US Food and Drug Administration. CDER Report to Nation: 2003. Found in http://www.fda.gov/cder/reports/rtn/2003/rtn2003-1.HTM
2. Fitchet M, et al. Meta-analysis of weight loss in three dose ranging studies [abstract],*Int J Obes* 1996; 20:156. .
3. Xenical Prescribing information.Cheplapharm; revised 08/2017. Accessed online 05/31/19.
4. Clinical Guidelines on the Indication, Evaluation, and Treatment of Overweight and Obesity in Adults. National Institute of Health. National Heart, Lung & Blood Institute 1998
5. Heshka S, et al. Weight Loss With Self-help Compared With a Structured Commercial Program: A Randomized Trial, JAMA April 9, 2003;289(14): 1792-1798
6. Diet, Drugs and Surgery for Weight Loss, Treatment Guidelines from The Medical Letter, December 2003; Vol1 (Issue 16):101-106
7. Ogden C, et al. Prevalence of Overweight and Obesity in the United States 1999-2004 JAMA April 5, 2006; 295: 1549-1555
8. Issued by Leade Health Inc: RadosevichT, VossD. Excellus Outcomes Report --Weight Management Program September 2001 through March 2003; Leade Health Inc, Ann Arbor, Michigan May 2003
9. Christakis NA, Fowler JH The Spread of Obesity in a Large Social Network over 32 Years JAMA July 26, 2007 357:370-379
10. Redmon, JB, et al Two-Year outcome of a Combination of Weight Loss Therapies for Type 2 Diabetes Diabetes Care 2005,28(6):1311-1315
11. Snow V; Barry P; Fitterman N; Qaseem A; Weiss K 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
12. USPSTF Screening for Obesity Release date Dec 2003 Accessed at www.ahrq.gov/clinic/uspstfix.htm
13. www.fda.gov/Safety/MedWatch/SafetyInformation/SafetyAlertsforHumanMedicalProducts/ucm198221.htm - 31k - 2010-01-21
14. http://www.fda.gov/Safety/MedWatch/SafetyInformation/SafetyAlertsforHumanMedicalProducts/ucm228830.htm
15. Wadden TA, et al A two-year randomized trial of obesity treatment in primary care practice N Engl J Med. 2011 Nov 24;365(21):1969-79. Epub 2011 Nov 14.
16. Garcia Diaz E et al Systematic review of the clinical efficacy of sibutramine and orlistat in weigth loss, quality of life and its adverse effects in obese adolescents Nutr Hosp. 2011 Jun;26(3):451-7.
17. Thomas EL Pragmatic study of orlistat 60 mg on abdominal obesity Eur J Clin Nutr. 2011 Nov;65(11):1256-62. doi: 10.1038/ejcn.2011.108. Epub 2011 Jun 22.
18. Chanoine JP et al Early weight loss and outcome at one year in obese adolescents treated with orlistat or placebo Int J Pediatr Obes. 2011 Apr;6(2):95-101. Epub 2010 Sep 22.
19. CDC website http://www.cdc.gov/obesity/data/trends.html accessed 4/17/12
20. Belviq [Package Insert]. Arena Pharmaceuticals. June 2012. Revised 5/2017.
21. O'neil P, Smith S, Weissman N, et al. Randomized Placebo-Controlled Clinical Trial of Lorcaserin for Weight Loss in Type 2 Diabetes Mellitus: The BLOOM-DM Study. Obesity 2012; 20: 1426-1436.
22. Fidler M, Sanchez M, Raether B, et al. A One-Year Randomized Trial of Lorcaserin for Weight Loss in Obese and Overweight Adults: The BLOSSOM Trial. J Clin Endocrinol Metab 2011; 96(10):3067-3077.
23. Smith S, Weissman N, Anderson C. Multicenter, Placebo-Controlled Trial of Lorcaserin for Weight Management. N Engl J Med 2010; 363:245-56

24. Saxenda package insert. Novo Nordisk. January 2015. Revised 10/2018. https://www.novo-pi.com/saxenda.pdf
25. Belviq XR package insert. Arena Pharmaceuticals. July 2016. Revised 05/2017. http://www.belviqxr.com/pdf/belviqxr_prescribing_information.pdf
26. Contrave prescribing information. Orexigen Therapeutics, Inc.; Revised 04/2019. Accessed online: 05/31/19.
27. Qsymia prescribing information. Vivus, Inc.; Revised 03/2018. Accessed online: 05/31/19.
28. U.S. Department of Health and Human Services, National Institutes of Health, National Heart, Lung, and Blood Institute. (2000). The Practical Guide. Identification, Evaluation, and Treatment of Overweight and Obesity in Adults. NIH Publication No. 00-4084. Retrieved from: https://www.nhlbi.nih.gov/files/docs/guidelines/prctgd_c.pdf
29. Michael D. Jensen, Donna H. Ryan, Caroline M. Apovian, Jamy D. Ard, Anthony G. Comuzzie, Karen A. Donato, Frank B. Hu, Van S. Hubbard, John M. Jakicic, Robert F. Kushner, Catherine M. Loria, Barbara E. Millen, Cathy A. Nonas, F. Xavier Pi-Sunyer, June Stevens, Victor J. Stevens, Thomas A. Wadden, Bruce M. Wolfe and Susan Z. Yanovski; 2013 AHA/ACC/TOS Guideline for the Management of Overweight and Obesity in Adults, Circulation, 12 November 2013, http://circ.ahajournals.org/content/early/2013/11/11/01.cir.0000437739.71477.ee
30. Caroline M. Apovian, Louis J. Aronne, Daniel H. Bessesen, Marie E. McDonnell, M. Hassan Murad, Uberto Pagotto, Donna H. Ryan, Christopher D. Still; Pharmacological Management of Obesity: An Endocrine Society Clinical Practice Guideline, The Journal of Clinical Endocrinology & Metabolism, Volume 100, Issue 2, 1 February 2015, Pages 342–362, https://doi.org/10.1210/jc.2014-3415
31. W. Timothy Garvey, MD, FACE; Jeffrey I. Mechanick, MD, FACP, FACE, FACN, ECNU; Elise M. Brett, MD, FACE, CNSC, ECNU; Alan J. Garber, MD, PhD, FACE; Daniel L. Hurley, MD, FACE5; Ania M. Jastreboff, MD, PhD; Karl Nadolsky, DO;Rachel Pessah-Pollack, MD; Raymond Plodkowski, MD; and 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; Endocrine Practice, Volume 22 (Suppl 3) July 2016. https://www.aace.com/files/final-appendix.pdf

Addendum:

Guidelines for comprehensive Weight Management Program

This document outlines the minimum standards that will be applied in the evalutation of a comprehensive Weight Management Program.

Purpose

The proliferation and availability of weight management support programs without widespread evidence of value provides a challenge to our members and health care programs. The availability of the internet, with unlimited and untested offerings, numerous alternative health care approaches as well as a multitude of self-professed "experts", demands establishment of a set of standards that can be applied consistently in the evaluation of these programs.

This document describes the standards that will be applied in the evaluation of a comprehensive Weight Management Program for weight loss medications, Xenical, Belviq, Belviq XR, Contrave, Saxenda, and Qsymia.

Weight Management Programs

The Weight management program guidelines combine coverage of medication with participation in a "comprehensive weight management program" in addition to the counseling offered through the primary care physician office. The comprehensive program includes nutritional counseling, behavior modification and the importance of lifestyle changes, including exercise. The program provides individual assessment, coaching, and information and helps to develop an action plan and establish goals and process to achieve sustained and significant weight loss.

Minimum Standards for a Weight Management program:

The comprehensive weight management program must:

- Include diet modification, meal-planning and/or a nutrition education component
- Include an exercise component (at a minimum documentation of oversight/education to increase physical activity)
- Address Behavior modifications
- Provide intensive individual coaching or group sessions on an ongoing basis and regularly scheduled sessions. (monthly minimum)
- Have the capability to provide verification of program enrollment and individual session attendance/participation.

Programs not qualifying:

- Stand-alone Internet based programs. Internet programs can be used to supplement a qualifying in-person program as above.
- Isolated dietician visits or referrals.
- Exercise only based programs.
- Programs that offer only weekly enrollment commitments
- Nutritional supplement oriented programs (e.g. Optifast).

Review process

- All programs will be reviewed against these criteria.
- The clinical team will contact the program and obtain information if needed