

Weight Reduction Medications and Programs

Policy

This Policy is based on the NHLBI Guidelines on Diagnosis and Management of Obesity.

Physician Supervision of Weight Reduction Programs:

VCHCP will cover reasonable charges for physician supervision of weight reduction programs (i.e., effective, appropriate, and essential diagnostic and therapeutic services) for members who have a documented history of failure to maintain his or her weight at 20 percent or less above ideal or at or below a body mass index (BMI) of 27 when the following diagnostic criteria are met:

Patient has a body mass index** ≥ 30 kg/m²; OR

Patient has a body mass index ≥ 27 and < 30 kg/m² and one or more of the following comorbid conditions:

- Coronary artery disease
- Diabetes mellitus type 2
- Obstructive Sleep apnea
- Obesity-hypoventilation syndrome (Pickwickian syndrome)
- Hypertension (systolic blood pressure ≥ 140 mm Hg or diastolic blood pressure ≥ 90 mm Hg on more than one occasion)
- Dyslipidemia:

LDL cholesterol ≥ 160 mg/dL; or

HDL cholesterol < 35 mg/dL; or

Serum triglyceride levels ≥ 400 mg/dL.

Where BMI = weight (kg) [height (m)]²

Covered physician services for the evaluation of the overweight or obese patient includes the following, when medically necessary:

- Comprehensive history and physical examination
- Electrocardiogram (EKG)-adult
- Metabolic and chemistry profile (serum chemistries, liver tests, uric acid) (SMA 20)

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- Glucose tolerance test (GTT)
- Complete blood count
- Urinalysis
- Hand x-ray for bone age -- child
- Thyroid function tests (T3, T4, TSH)
- Lipid profile (total cholesterol, HDL-C, LDL-C, triglycerides)
- Dexamethosone suppression test and 24-hour urinary free cortisol measures if symptoms suggest Cushing's syndrome

Office visits are covered every two weeks for the first month, and monthly thereafter up to one year. For patients with comorbid conditions or who have been prescribed weight reduction medication, office visits are covered weekly for the first month, then monthly thereafter up to one year. More frequent office visits are allowed if the patient has been prescribed a very low calorie diet (see below). If office visits extend beyond one year, cases should be referred to medical director to determine whether continued physician supervision is necessary. Factors to consider in determining whether continued physician supervision is necessary include whether the patient continues to receive weight reduction medication, whether the patient is currently on a very low calorie diet, whether the patient has received or will receive surgical intervention for weight control, and whether there is ongoing treatment of modifiable comorbid conditions.

Physician supervision of very low calorie diets (VLCD):

For patients at high or very high health risk (BMI ≥ 35 or BMI ≥ 30 kg/m² plus a comorbid condition) who have been prescribed a very low calorie diet (<799 Kcal/day) (e.g., Optifast, Medifast), the following services will be covered for up to 16 weeks after initiation of the VLCD:

- Weekly physician visits during the rapid weight loss phase of the VLCD, then every 2 weeks thereafter up to 16 weeks; and
- Serum chemistries and liver function tests (SMA 20) at each physician visit; and
- EKG after 50 lbs. of weight loss; and
- Lipid profile at the beginning and end of the VLCD program.

Note: If the VLCD extends beyond 16 weeks, refer to the medical director to determine if additional services are necessary. Prepackaged food supplements or substitutes are not covered.

Diagnostic tests required by, for or as a result of non-covered weight loss programs (e.g., those not requiring physician supervision) are not covered.

Notes: Prepackaged food supplements or substitutes and grocery items are generally excluded from coverage under most benefit plans. Diagnostic tests required by, for or as a result of non-covered weight loss programs (e.g., those not requiring physician supervision) are not covered. Please check benefit plan descriptions for details.

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Noncovered services:

The following services and supplies are not covered for weight reduction:

- Rice or other special diet supplements (e.g., amino acid supplements, Optifast liquid protein meals, or NutriSystem pre-packaged foods)
- Human chorionic gonadotropin (HCG) or vitamin injections for weight loss
- Acupuncture for weight loss
- Hospital confinements for a weight reduction program
- Exercise programs or use of exercise equipment
- Weight Watchers, Jenny Craig, Diet Center, or similar programs
- Whole body calorimetry (diagnostic study)
- Psychiatric treatment for weight loss, including behavior modification, biofeedback, counseling (individual or group), hypnosis, etc

Drugs used for the sole purpose of weight reduction are generally not a covered benefit. Weight reduction medications should be used as an adjunct to caloric restriction, exercise, and behavioral modification, when these measures alone have not resulted in adequate weight loss. Factors influencing successful weight loss are: weight loss during dieting alone, adherence to diet, eating habits, motivation and personality.

Weight loss due to weight reduction medication use is generally temporary. In addition, the potential for development of physical dependence and addiction is high. Because of this, their use to aid in weight loss is not regarded as therapeutic, but rather involves a risk/benefit ratio which makes it medically inappropriate.

Patients who cannot maintain weight loss through behavioral weight loss therapy and are at risk of medical complications of obesity are an exception to this; for these patients, the risk of physical dependence or other adverse effects may present less of a risk than continued obesity. For such patients, use of weight reduction medication may need to be chronic.

Tests with weight loss drugs have shown that initial responders tend to continue to respond, while initial nonresponders are less likely to respond even with an increase in dosage. If a patient does not lose 2 kg (4.4 lb) in the first four weeks after initiating therapy, the likelihood of long-term response is very low. If weight is lost in the initial 6 months of therapy or is maintained after the initial weight loss phase, this should be considered a success and the drug may be continued.

Ideal Weight Chart:

The following indicates maximum ideal weight in shoes with one-inch heels based on body frame and height:

Ideal weights for adult men:

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Height	Weight (lbs.)		
	Small frame	Medium frame	Large frame
5'2"	134	141	150
5'3"	136	143	153
5'4"	138	145	156
5'5"	140	148	160
5'6"	142	151	164
5'7"	145	154	168
5'8"	148	157	172
5'9"	151	160	176
5'10"	154	163	180
5'11"	157	166	184
6'0"	160	170	188
6'1"	164	174	192
6'2"	168	178	197
6'3"	172	182	202
6'4"	176	187	207

Ideal weights for adult women:

Height	Weight (lbs.)		
	Small frame	Medium frame	Large frame
4'10"	111	121	131
4'11"	113	123	134
5'0"	115	126	137
5'1"	118	129	140
5'2"	121	132	143
5'3"	124	135	147
5'4"	127	138	151
5'5"	130	141	155

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5'6"	133	144	159
5'7"	136	147	163
5'8"	139	150	167
5'9"	142	153	170
5'10"	145	156	173
5'11"	148	159	176
6'0"	151	162	179

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C. References:

1. American Obesity Association, C. Everett Koop Foundation, and Shape Up America! *Guidance for treatment of adult obesity*. Bethesda, MD: Shape Up America!, October 1996.
<http://www.shapeup.org/sua> (accessed March 16, 2000).
2. American Association of Clinical Endocrinologists and American College of Endocrinology Obesity Task Force. *AACE/ACE position statement on the prevention, diagnosis, and treatment of obesity*. *Endocr Pract*. 1997;3:162-208.
3. Bra GA, Gray DS. *Obesity. Part I. Pathogenesis*. *West J Med*. 1988;149:429-41.
4. National Task Force on the Prevention and Treatment of Obesity, National Institutes of Health. *Very low-calorie diets*. *JAMA*. 1993;270:967-974.
5. National Task Force on the Prevention and Treatment of Obesity, National Institutes of Health. *Long-term pharmacotherapy in the management of obesity*. *JAMA*. 1996;276:1907-1915.
6. Foster DW. *Gain and loss in weight*. In: *Harrison's Principles of Internal Medicine*. 14th ed. AS Fauci, E Braunwald, KJ Isselbacher, et al., eds. New York, NY: McGraw-Hill, 1998: 244-246.
7. U.S. Department of Agriculture and U.S. Department of Health and Human Services. *Nutrition and your health: Dietary guidelines for Americans*. 3rd ed. Home and Garden Bulletin. No. 232. Washington, DC: U.S. Government Printing Office, 1990.
8. Goldstein DJ, Potvin JH. *Long-term weight loss: The effect of pharmacologic agents*. *Am J Clin Nutr*. 1994; 60(5):647-657.
9. Silverstone T. *Appetite suppressants: a review*. *Drugs* 1992;43(6):820-836.

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10. *United States Pharmacopeial Convention, Inc. Appetite suppressants (systemic). In: USP DI: Drug Information for the Health Care Professional. 19th ed. Rockville, MD: United States Pharmacopeial Convention, 1999: 452-459.*
11. *Anon. Weight control. In: Introductory Nutrition and Diet Therapy, 2nd ed. MM Eschleman, ed. Philadelphia, PA: J.B. Lippincott Co, 1991: 368.*
12. *Anon. Metabolic drugs: Drugs used in obesity. In: AMA Drug Evaluations Subscription. Bennett DR, ed. Chicago, IL: American Medical Association, 1992: III/MET 6:7*
13. *Scheen AJ, Desai C, Lefebvre PJ. Therapy for obesity--today and tomorrow. Baillieres Clin Endocrinol Metab. 1994;8(3):705-727.*
14. *Bjorntorp P. Treatment of obesity. Int J Obes Relat Metab Disord. 1992;16(suppl 3):S81-S84.*
15. *Bray GA. Use and abuse of appetite-suppressant drugs in the treatment of obesity. Ann Intern Med. 1993;119(7 pt 2):707-713.*
16. *Mosby-Year Book, Inc. Mosby's GenRx: The Complete Reference for Generic and Brand Drugs. 8th ed. St. Louis, MO: Mosby, 1998*
17. *Bra GA, Gray DS. Obesity. Part I. Pathogenesis. West J Med. 1988;149:429-441..*
18. *American Society of Health-System Pharmacists, Inc. American Hospital Formulary Service Drug Information 98. Bethesda, MD: American Society of Health-System Pharmacists, 1998.*
19. *U.S. Department of Health and Human Services, National Institutes of Health. Clinical guidelines on the identification, evaluation, and treatment of overweight and obesity in adults. National Heart, Lung, and Blood Institute and National Institute of Diabetes and Digestive and Kidney Diseases. Bethesda, MD: NIH, June 1998*
20. *Jarvis M, McNaughton L, Seddon A, Thompson D. The acute 1-week effects of the Zone diet on body composition, blood lipid levels, and performance in recreational endurance athletes. J Strength Cond Res. 2002;16(1):50-57.*
21. *Haller C, Schwartz JB. Pharmacologic agents for weight reduction. J Gend Specif Med. 2002;5(5):16-21.*
22. *Shepherd TM. Effective management of obesity. J Fam Pract. 2003;52(1):34-42.*
23. *Heshka S, Anderson JW, Atkinson RL, et al. Weight loss with self-help compared with a structured commercial program: A randomized trial. JAMA. 2003;289(14):1792-1798.*
24. *Institute for Clinical Systems Improvement (ICSI). Pharmacological approaches to weight loss in adults. Technology Assessment Report No. 71. Bloomington, MN: ICSI; February 2003.*

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25. *Asp N G, Bjorntorp P, Britton M, et al. Obesity - problems and interventions. SBU Report No. 160. Stockholm, Sweden: Swedish Council on Technology Assessment in Health Care (SBU); 2002.*
26. *O'Meara S, Riemsma R, Shirran L, et al. A rapid and systematic review of the clinical effectiveness and cost-effectiveness of orlistat in the management of obesity. Health Technol Assess. 2001;5(18):1-81.*
27. *NHS Centre for Reviews and Dissemination (CRD). The prevention and treatment of childhood obesity. Effective Health Care. York, UK: CRD; 2002; 7(6).*
28. *U.S. Preventive Services Task Force. Screening for obesity in adults: Recommendations and rationale. Ann Intern Med. 2003;139(11):930-932.*
29. *U.S. Preventive Services Task Force. Behavioral counseling in primary care to promote a healthy diet: Recommendations and rationale. Am J Prev Med. 2003;24(1):93-100.*
30. *U.S. Preventive Services Task Force. Behavioral counseling in primary care to promote physical activity: Recommendation and rationale. Ann Intern Med. 2002;137(3):205-207.*
31. *American Gastroenterological Association medical position statement on obesity. Gastroenterology. 2002;123(3):879-881.*
32. *National Institute for Clinical Excellence (NICE). Guidance on the use of orlistat for the treatment of obesity in adults. Technology Appraisal Guidance No.22. London, UK: NICE; 2001.*
33. *O'Meara S, Riemsma R, Shirran L, et al. The clinical effectiveness and cost-effectiveness of sibutramine in the management of obesity: A technology assessment. Health Technol Assess. 2002;6(6):1-97.*
34. *Shekelle P, Morton S, Maglione M. Ephedra and ephedrine for weight loss and athletic performance enhancement: Clinical efficacy and side effects. Evidence Report/Technology Assessment 76. Rockville, MD: Agency for Healthcare Research and Quality (AHRQ); 2003.*
35. *McTigue K, Harris R, Hemphill MB, et al. Screening and interventions for overweight and obesity in adults. Preventive Services Task Force Systematic Evidence Review No. 21. Rockville, MD: Agency for Healthcare Research and Quality (AHRQ); 2003.*
36. *Jain A. What works for obesity? A summary of the research behind obesity interventions. London, UK: BMJ Publishing Group Ltd.; April 30, 2004.*
37. *Institute for Clinical Systems Improvement (ICSI). Diet programs for weight loss in adults. Technology Assessment Report No. 83. Bloomington, MN: ICSI; August 2004. Available at: <http://www.icsi.org/knowledge/detail.asp?catID=107&itemID=1742>. Accessed September 21, 2004.*

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38. Avenell A, Broom J, Brown TJ, et al. Systematic review of the long-term effects and economic consequences of treatments for obesity and implications for health improvement. *Health Technol Assess.* 2004;8(21): iii-iv, 1-182.
39. O'Meara S, Riemsma R, Shirran L, et al. A systematic review of the clinical effectiveness of orlistat used for the management of obesity. *Obes Rev.* 2004;5(1):51-68.
40. Padwal R, Li SK, Lau DC. Long-term pharmacotherapy for obesity and overweight. *Cochrane Database Syst Rev.* 2004;(3):CD004094.
41. Pittler MH, Ernst E. Dietary supplements for body-weight reduction: A systematic review. *Am J Clin Nutr.* 2004;79(4):529-536.
42. Smartt P. Evidence based review of weight loss medicines: A report commissioned by the New Zealand Accident Compensation Corporation (ACC). NZHTA Report. Christchurch, New Zealand: New Zealand Health Technology Assessment (NZHTA); 2004;7(6).
43. Day P. What is the evidence for the safety and effectiveness of surgical and non-surgical interventions for patients with morbid obesity? NZHTA Technical Brief Series. Christchurch, New Zealand: New Zealand Health Technology Assessment (NZHTA); 2005;4(1).
44. Institute for Clinical Systems Improvement (ICSI). Diet programs for weight loss in adults. Technology Assessment Report No. 83. Bloomington, MN: ICSI; March 2004.
45. Institute for Clinical Systems Improvement (ICSI). Behavioral therapy programs for weight loss in adults. Technology Assessment Report No. 87. Bloomington, MN: ICSI; January 2005. Available at: <http://www.icsi.org/knowledge/detail.asp?catID=107&itemID=1993>. Accessed February 7, 2006.
46. Institute for Clinical Systems Improvement (ICSI). Treatment of obesity in children and adolescents. Technology Assessment Report No. 90. Bloomington, MN: ICSI; 2005. Available at: <http://www.icsi.org/knowledge/detail.asp?catID=107&itemID=2243>. Accessed February 7, 2006.
47. McTigue K M, Hess R, Ziouras J. Diagnosis and treatment of obesity in the elderly. *Health Technology Assessment.* Rockville, MD: Agency for Healthcare Research and Quality (AHRQ); December 18, 2003. Available at: <http://www.cms.hhs.gov/mcd/viewtechassess.asp?where=search&tid=23>. Accessed January 15, 2008.
48. Shekelle PG, Morton SC, Maglione MA, et al. Pharmacological and surgical treatment of obesity. Evidence Report/Technology Assessment No. 103. Prepared by the Southern California–RAND Evidence-Based Practice Center, Santa Monica, CA, under contract no. 290-02-0003. AHRQ Publication No. 04-E028-2. Rockville, MD: Agency for Healthcare Research and Quality; July 2004.

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Available at <http://www.ncbi.nlm.nih.gov/books/bv.fcgi?rid=hstat1a.chapter.19289>. Accessed June 13, 2005.

49. Snow V, Barry P, Fitterman N, et al. 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.
50. Li Z, Maglione M, Tu W, et al. Meta-analysis: Pharmacologic treatment of obesity. *Ann Intern Med.* 2005;142(7):532-546.
51. Tsai AG, Wadden TA. Systematic review: An evaluation of major commercial weight loss programs in the United States. *Ann Intern Med.* 2005;142(1):56-66.
52. Whitlock EP, Williams SB, Gold R, et al. Screening and interventions for childhood overweight: A summary of evidence for the US Preventive Services Task Force. *Pediatrics.* 2005;116(1):e125-e144.
53. Wadden TA, Berkowitz RI, Womble LG, et al. Randomized trial of lifestyle modification and pharmacotherapy for obesity. *N Engl J Med.* 2005;353(20):2111-2120.
54. Swedish Council on Technology Assessment in Healthcare (SBU). *Interventions to prevent obesity: A systematic review.* Stockholm, Sweden; SBU; 2005.
55. Ioannides-Demos LL, Proietto J, Tonkin AM, McNeil JJ. Safety of drug therapies used for weight loss and treatment of obesity. *Drug Saf.* 2006;29(4):277-302.
56. Abell TL, Minocha A, Abidi N. Looking to the future: Electrical stimulation for obesity. *Am J Med Sci.* 2006;331(4):226-232.
57. Dixon JB. Weight loss medications--where do they fit in? *Aust Fam Physician.* 2006;35(8):576-579.
58. Blissmer B, Riebe D, Dye G, et al. Health-related quality of life following a clinical weight loss intervention among overweight and obese adults: Intervention and 24 month follow-up effects. *Health Qual Life Outcomes.* 2006;4:43.
59. Arterburn DE, DeLaet DE, Schauer DP. Obesity. In: *BMJ Clinical Evidence.* London, UK: BMJ Publishing Group; July 2005.
60. National Institute for Health and Clinical Excellence (NICE). *Obesity: The prevention, identification, assessment and management of overweight and obesity in adults and children. Clinical Guideline 43.* London, UK: NICE; 2006.
61. Lambert M-L, Kohn L, Vinck I, et al. Pharmacological and surgical treatment of obesity. Residential care for severely obese children in Belgium. *KCE Reports 36.* Brussels, Belgium: Belgian Health Care Knowledge Centre (KCE); 2006.

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62. *Dansinger ML, Tatsioni A, Wong JB, et al. Meta-analysis: The effect of dietary counseling for weight loss. Ann Intern Med. 2007;147(1):41-50.*
63. *Wilfley DE, Stein RI, Saelens BE, et al. Efficacy of maintenance treatment approaches for childhood overweight: A randomized controlled trial. JAMA. 2007;298(14):1661-1673.*