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** $\geq$ 30 kg/m^2; OR

Patient has a body mass index $\geq$ 27 and < 30 kg/m^2 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 $\geq$ 140 mm Hg or diastolic blood pressure $\geq$ 90 mm Hg on more than one occasion)
- Dyslipidemia:

  LDL cholesterol $\geq$ 160 mg/dL; or

  HDL cholesterol < 35 mg/dL; or

  Serum triglyceride levels $\geq$ 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)

- 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 $\geq$ 35 or BMI $\geq$ 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.

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:

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

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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