

**Letter No. 2014-04**

**Date: March 20, 2014**

Fee-for-Service [3]    Experience-rated HMO [3]    Community-rated [3]

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**SUBJECT: Supplemental Guidance: Management of Obesity in Adults**

Carrier Letter 2013-10 summarizes the management of adult obesity within the FEHB program. This letter provides new, supplemental information in the areas of weight loss medications and preferred facilities for bariatric surgery. All other information in Carrier Letter 2013-10 remains current.

**Weight Loss Medications**

Diet and exercise are the preferred methods for losing weight. We appreciate that FEHB plans have refined wellness activities, health coaching, nutrition counseling and disease management to achieve a greater focus on obesity. Additionally, drug therapy can assist obese adults who do not achieve weight loss goals through diet and exercise alone. The Food and Drug Administration (FDA) has approved several anti-obesity drugs, including two new ones in 2012. Complete prescribing information for Belviq (Lorcaserin) and Qsymia (Phentermine/topiramate ER) is available at [www.accessdata.fda.gov/scripts/cder/drugsatfda/index.cfm](http://www.accessdata.fda.gov/scripts/cder/drugsatfda/index.cfm)

It has come to our attention that many FEHB carriers exclude coverage of weight loss medications. Accordingly, we want to clarify that excluding weight loss drugs from FEHB coverage on the basis that obesity is a “lifestyle” condition and not a medical one or that obesity treatment is “cosmetic”- is not permissible. In addition, there is no prohibition for carriers to extend coverage to this class of prescription drugs, provided that appropriate safeguards are implemented concurrently to ensure safe and effective use.

This is especially prudent for drugs that are classified as central nervous system stimulants, which may be subject to abuse and misuse. To ensure that all weight loss drugs are used appropriately, OPM strongly encourages FEHB carriers who cover these drugs to employ stringent utilization management protocols, including prior approval, duration of therapy limits, and medical necessity review.

FDA indications for weight loss drugs reinforce that diet and physical activity regimens should accompany drug treatment of obesity. We strongly encourage plans to review medical policies to ensure that weight loss drug therapy is delivered in conjunction with these mainstays. As an example of a successful practice, carriers are referred to the VA MOVE! program in which patients must participate in a diet, lifestyle, and behavior modification program before being considered for drug therapy. A pre-treatment checklist is used to ensure

candidates meet BMI and co-morbidity criteria, and have no contra-indications to drug therapy.<sup>1</sup> No more than 90 days of medication are dispensed at one time. Renewal criteria include achieving weight loss milestones along with continued adherence to diet and exercise.

## **Bariatric Surgery**

In Carrier Letter 2013-10, OPM requested that plans address the following items in their 2014 proposals: BMI thresholds for bariatric surgery, covered procedure types, pre-surgical waiting periods, and pre-authorization criteria. OPM expects carriers to update that information annually in their benefit proposals and brochures.

Preferred Facilities: Effective September 24, 2013, the Centers for Medicare & Medicaid Services (CMS) no longer requires that covered bariatric surgery procedures be performed in facilities that are CMS certified as centers of excellence.<sup>2</sup> We note that CMS has continued to maintain a list of certified facilities, and that some carriers self-certify selected bariatric surgery facilities as eligible for payment. Additionally, the joint Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program of the American College of Surgeons and the American Society of Metabolic and Bariatric Surgeons endorses credentialed facilities.<sup>3</sup>

Referring surgical candidates to specialized centers helps ensure high quality care and maximize value. However, carriers should exercise flexibility and consider the additional costs that enrollees may incur for travel to a center of excellence. Additional costs may be accommodated by reducing an enrollee's cost share at the specialized center or by providing a separate travel reimbursement. When travel to a designated facility presents a hardship for the enrollee, carriers should consider referral to an appropriate local facility.

If you have questions regarding this letter or FEHB coverage of obesity management, please contact your contract specialist.

Sincerely,

John O'Brien  
Director  
Healthcare and Insurance

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<sup>1</sup> <http://www.pbm.va.gov/PBM/clinicalguidance/CriteriaForUse.asp>

<sup>2</sup> <http://www.cms.gov/Medicare/Medicare-General-Information/MedicareApprovedFacilitie/Bariatric-Surgery.html>

<sup>3</sup> [www.mbsaqip.org](http://www.mbsaqip.org)