

WEIGHT CONTROL MEDICATION CLINICAL EDIT

BACKGROUND

In September 2014, the FDA approved Contrave[®], a combination product containing naltrexone (8mg) and bupropion (90mg). This product is indicated as a treatment option for chronic weight management in addition to a reduced-calorie diet and physical activity. Contrave[®] is approved for use in adults with a body mass index (BMI) of 30 kg/m² or greater (obese) or adults with a BMI of 27 kg/m² or greater (overweight) who have at least one weight-related condition, such as hypertension, type 2 diabetes or dyslipidemia. As required by Federal guidelines, Mississippi Division of Medicaid (DOM) does not cover weight loss products and thus will not be covering Contrave[®]. However, the active ingredients of Contrave[®] are available as single-entity products. Naltrexone, available as a 50mg tablet, is approved for the treatment of alcohol dependence. Although 50mg is much higher than the 8mg included in Contrave[®], all tablets available are scored and easily split. Bupropion, available in 75mg, 150mg and 300mg strengths, is used to treat depression and as an aid to smoking cessation treatment. Although the single-entity products are not available in the same strengths as the combination product, Xerox has advised that pharmacy programs may want to consider implementing an edit that looks for concurrent therapy with naltrexone and bupropion in order to prevent the use of these products in combination for weight loss.

Although Contrave[®] has only been on the market since September, early published information could have already resulted in physicians prescribing the two active ingredients in order to treat weight loss in Medicaid patients.

METHODS

MS-DUR conducted an analysis of prescriptions for naltrexone and bupropion since January 2014 in order to determine if any combination use has already occurred. A retrospective analysis was conducted using Mississippi Medicaid FFS and MSCan pharmacy claims for the period January 1, 2014 through October 15, 2014. All prescriptions for naltrexone and bupropion were extracted and beneficiaries were identified if concomitant use of both products occurred.

RESULTS

Naltrexone was taken by only a few beneficiaries in each plan. As would be expected, bupropion was more heavily used. Only one case was identified where naltrexone was taken concomitantly with bupropion. This patient had been on bupropion all year and had naltrexone added in April for one month.

TABLE 1: NUMBER OF BENEFICIARIES TAKING NALTREXONE AND BUPROPION BY PLAN			
	FFS	UHC	Magnolia
Naltrexone	40	7	10
Bupropion	773	1090	1523
Both	0	1	0

CONCLUSIONS

To date, there only appears to be one case where naltrexone and bupropion were taken concomitantly. Since prescriptions do not require a diagnosis be recorded, it cannot be determined why naltrexone was prescribed for this beneficiary. Even though there is no evidence that concomitant use of these products will be a big problem, MS-DUR recommends that DOM go ahead and implement the clinical edit suggested by Xerox since eliminating the potential for concomitant use is relatively easy and will not result in a significant number of manual prior authorization requests if the concomitant use is medically justified for treatment of conditions for which the two agents are covered by DOM.

RECOMMENDATION

DOM should implement a clinical edit to prevent naltrexone and bupropion being used in combination. If medically necessary, concomitant use would have to be approved through manual prior authorization.