CONCOMITANT USE OF NALTREXONE AND BUPROPION FOR WEIGHT CONTROL

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. 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.

This issue was reported to the November 2014 Board meeting and the Board made a recommendation that a clinical edit should be put in place to prevent concomitant use of the individual products. Prior to the Board meeting, MS-DUR analysis found that only one case of concomitant use had occurred in 2014. MS-DUR recently ran a follow-up analysis to determine if providers have started prescribing concomitant use of the products as potential weight loss treatment.

METHODS

MS-DUR conducted an analysis of prescriptions for naltrexone and bupropion since this issue was last reported in November 2014. A retrospective analysis was conducted using all Mississippi Medicaid pharmacy claims and encounters for the period November 1, 2014 through March 31, 2015. All prescriptions for naltrexone and bupropion were extracted and beneficiaries were identified if concomitant use of both products occurred.

RESULTS

Table 1 shows the results of the first analysis reported at the November 2014 Board Meeting. During the first 2 months after approval of Contrave® only 1 beneficiary was prescribed the two products concomitantly.

TABLE 1: NUMBER OF BENEFICIARIES TAKING NALTREXONE AND BUPROPION (January 2014 - October 2014)			
	FFS	UHC	Magnolia
Naltrexone	40	7	10
Bupropion	773	1090	1523
Both	0	1	0

Table 2 shows the utilization of Naltrexone and Bupropion starting in November 2014. It appears that some providers are attempting to use the two product concomitantly. 8 beneficiaries have been concomitantly taking the two products. In two of these cases, the prescribers were different. However, in the other 6 cases, both medications were prescribed by the same provider. Since this prescribing behavior did not occur before approval of Contrave®, it can only be concluded that these providers are prescribing the two products together for weight control.

TABLE 2: NUMBER OF BENEFICIARIES TAKING NALTREXONE AND BUPROPION (November 2014 - March 2015)			
	FFS	UHC	Magnolia
Naltrexone	41	6	18
Bupropion	605	1247	1766
Concomitant use of both	2	0	6

CONCLUSIONS

- It appears that some providers are trying to use Naltrexone and Bupropion together for weight control. Concomitant use should be prevented without prior authorization (PA). Concomitant use could be monitored through electronic PA or since there is little use of Naltrexone, it could be accomplished by requiring manual PA for Naltrexone.

RECOMMENDATION

MS-DUR makes the following recommendations to the Board:

- DOM and the coordinated care plans should implement a clinical edit that would prevent concomitant use of the two products without manual prior authorization (PA) and documentation of medical necessity.