Obesity Care and Prevention - What’s Next After the Affordable Care Act?

#OW2017
Advocacy Forum

- **Clinical Perspectives on the Impact of the ACA in Obesity Care** – Scott Butsch, MD MSc FTOS
- **Current Challenges Facing Surgeons in the Age of the ACA** – John Scott, MD, FASMBS
- **Perspective on Progress and Gaps in Addressing Obesity** – Bill Dietz, MD, PhD
- **Perspective on a Healthy Workforce** – Trina Histon PhD
- **Opportunities for New Policies to Address Obesity** – Matt Galavan, MBA
- **Panel Discussion**
Clinical Perspectives on the Impact of the ACA in Obesity Care

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Massachusetts General Hospital Weight Center
Obesity, Metabolism and Nutrition Institute, MGH
Diplomat, American Board of Obesity Medicine
Clinical Guidelines for Treatment of Obesity

1. Behavioral management activities (setting wt goals)
2. Improving diet or nutrition
3. Increasing physical activity eg walking (150 min/wk)
4. Addressing barriers to change
5. Self-monitoring
6. Strategizing how to maintain lifestyle change

Intensive Behavioral Therapy (IBT) is covered by CMS but infrequently used

- Adopted in 2011 by Centers for Medicare and Medicaid Services (CMS)
- Qualified physician and non-physician practitioners (eg CNS, NP, PA)
- Maximum of 22 visits (10-15min) over 12 months

- <1% beneficiaries use IBT
- Behavioral counseling by a trained interventionalist (RD, PhD) is not covered
- Most physicians and qualified non-physicians are poorly trained in nutrition and obesity
Two Categories of Anti-Obesity Medications

**FDA Approved Medications**
- Phentermine* (Adipex-P, Ionamin, tramontin)
- Orlistat (Xenical)
- Naltrexone/Bupropion (Contrave)
- Phentermine/Topiramate (Qsymia)
- Liraglutide (Saxenda)
- Lorcaserin (Belviq)

**Off label Medications**
- Metformin
- Pramlintide (Symlin)
- Exenatide (Byetta)
- Canagliflozin (Invokanna)
- Topiramate (Topamax)
- Zonisamide (Zonegran)
- Bupropion (Wellbutrin)

* One of three sympathomimetics approved for obesity: Diethylpropion, Phendimetrazine are other approved meds

For:
- Diabetes
- Seizures, migraines
- Depression
Average Weight Loss with Anti-Obesity Agents

**Note:** Diethypropion not listed, 3.0kg, duration 6-52wks
* Most trials are ≥ 1 year (*except Phentermine, 2-24wks, meta-analysis of trials, weight range 0.6-6.0kg)

<table>
<thead>
<tr>
<th>Anti-Obesity Agent</th>
<th>Weight Loss (kg)</th>
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<tbody>
<tr>
<td>Phent/Top</td>
<td>-8.8</td>
</tr>
<tr>
<td>Loraser'in</td>
<td>-3.6</td>
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<tr>
<td>Nal/Bupr</td>
<td>-5.2</td>
</tr>
<tr>
<td>Liraglutide</td>
<td>-5.6</td>
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<tr>
<td>Orlistat</td>
<td>-2.8</td>
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<tr>
<td>Phentermine</td>
<td>+3.6</td>
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<tr>
<td>Topiramate</td>
<td>-4.5</td>
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<tr>
<td>Bupropion</td>
<td>-2.8</td>
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<tr>
<td>Exenatide</td>
<td>-2.8</td>
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<tr>
<td>Zonisamide</td>
<td>-3.3</td>
</tr>
<tr>
<td>Metformin</td>
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</tr>
</tbody>
</table>

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**FDA-Approved**

**Off-Label**

Gadde K. Arch Int Med, 2013
Powell AG et al. Clin Pharm Ther, 2011;90
Torgerson JS. Diab Care, 2004
Smith et al. NEJM, 2010;363.
Garvey WT. AJCN. 2012.
Medicaid Coverage for Obesity: Obesity Medications

Pharmaceuticals:
13 states cover obesity drugs. Of these states, five – AL, LA, ND, NJ, SC – limit coverage to lipase inhibitors (Orlistat/Xenical). Five states – AL, HI, ND, VA, and WI – require that certain weight-loss benchmarks be met over a specified timeframe in order to continue medication coverage once started. 36 states explicitly exclude all obesity drug coverage, with one state – VT – expressly citing safety concerns as justification for non-coverage. Coverage for 3 states – KS, IA, DC – was undeterminable.

Individual Obesity Medication Coverage

Xenical: Seven states – AL, HI, ID, MI, ND, VA, WI - cover Xenical with a prior authorization. Four states – AK, CT, LA, NH- do not have Xenical listed on the preferred drug list (PDL) or prior authorization list, but claim drugs not on the PDL will be covered with documented medical necessity and prior authorization. One state – MD – does not cover Xenical.

Alli: Five states – AK, CT, HU, LA, NH - did not have Alli on the PDL or prior authorization list but claim drugs not on the PDL will be covered with documented medical necessity and prior authorization. Four states – AL, MD, MI, ND - do not cover Alli. Three states – ID, VA, WI - had indeterminable coverage.

Qsymia: One state – WI - covers Qsymia with a prior authorization. Six states – AK, CT, HI, ID, LA, and NH- did not have Qsymia on the PDL or prior authorization list but claim drugs not on the PDL will be covered with documented medical necessity and prior authorization. Four states – AL, MD, MI, and ND- do not cover Qsymia. 1 state – VA - had indeterminable coverage.

Belviq: Two states – MD and WI - cover Belviq with a prior authorization. Seven states – AK, CT, HW, ID, LA, MI, and NH- did not have Belviq on the PDL or prior authorization list but claim drugs not on the PDL will be covered with documented medical necessity and prior authorization. Two states – AL and ND – do not cover Belviq. One state – VA – had indeterminable coverage.

Phentermine: Forty-one states do not cover phentermine. Of the remaining states, nine – ID, AR, HI, VA, RI, NH, FL, MD – did not have Phentermine on the PDL or prior authorization list but claim drugs not on the PDL will be covered with documented medical necessity and prior authorization. One state – KS – had undeterminable coverage. WI is the only state to clearly cover phentermine.

Saxenda: Three states- HI, NH—did not have Saxenda on the PDL or prior authorization list, but claim drugs not on the PDL will be covered with documented medical necessity and prior authorization. While general obesity coverage for 3 states – KS, IA, DC – was undeterminable, none of these states listed Saxenda on the PDL.

Language Matters despite Coverage

Mississippi
• “not permitted to prescribe, order or dispense controlled substance for the purposes of weight reduction or the treatment of obesity for more than 30 days….”

Florida
• ”Each physician who prescribes, orders, dispenses, or administers weight loss enhancers for the purpose of providing medically assisted weight loss shall provide to each patient a legible copy of the Weight-Loss Consumer Bill of Rights..”
Medicaid Coverage for Obesity: Nutrition Consult and Services

Nutrition

18 states and the District of Columbia cover all obesity-related nutritional consult CPT codes. 12 states cover one or more obesity-related nutritional consult CPT code. 18 states cover no obesity-related nutritional consult CPT codes. Coverage for one state – IA – was undeterminable. Coverage for TN was not assessed as the state’s Medicaid population is entirely managed care. Provider manuals indicated that while six states – CT, MN, NM, SD, UT, WV – may utilize nutrition CPT codes, they are not reimbursable for treating obesity. Provider manuals also indicated that four states – GA, MI, NE, VT – that do not utilize nutrition CPT codes, do reimburse for nutritional counseling.

Medicaid Coverage for Obesity: Behavioral Consult and Therapy Services

Behavioral Consultation-
16 states cover all obesity-related behavioral consult CPT codes. 15 states and the District of Columbia cover one or more obesity-related behavioral consult CPT code. 17 states cover no obesity-related behavioral consult CPT codes. Coverage for one state – IA – was undeterminable. Coverage for TN was not assessed as the state’s Medicaid population is entirely managed care.

State Essential Health Benefits (EHB) Mostly Contain Exclusions

1. Prevention: Obesity Screening
2. Treatment: Referral for intensive multicomponent behavioral interventions

45 States have language that **EXCLUDES** coverage for AOM (36) or have blanket exclusionary language i.e. no mention of AOM (9)

3 States cover surgery but **EXCLUDE** all other coverage for obesity

2 States (NC, NM) provide coverage
Need for individualized treatment in obesity
Need for interdisciplinary care of obesity

Obesity

- Monogenetic obesity
- Hypothalamic obesity
- Lipomatoses
- Medication-induced obesity
- Severe obesity
- Obesity s/p bariatric surgery
Summary

• Obesity is a complex, highly regulated disease that needs to be treated appropriately
• For many patients with obesity, few treatment options exist
• Current coverage for behavioral counseling is variable
• Current coverage for anti-obesity medications is mostly non-existent
• Treatment for non-surgical obesity care is highly variable and mostly not available.
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