Clinical Policy: Bupropion/Naltrexone (Contrave)
Reference Number: CP.PCH.12
Effective Date: 05.01.17
Last Review Date: 08.20
Line of Business: Commercial, HIM

See Important Reminder at the end of this policy for important regulatory and legal information.

Description
Bupropion/naltrexone (Contrave®) is a combination of naltrexone, an opioid antagonist, and
bupropion, an aminoketone antidepressant.

FDA Approved Indication(s)
Contrave is indicated as an adjunct to a reduced-calorie diet and increased physical activity for
chronic weight management in adults with an initial body mass index (BMI) of:
• 30 kg/m² or greater (obese), or
• 27 kg/m² or greater (overweight) in the presence of at least one weight-related comorbidity
  such as hypertension, type 2 diabetes mellitus, or dyslipidemia.

Limitation(s) of use:
• The effect of Contrave on cardiovascular morbidity and mortality has not been established.
• The safety and effectiveness of Contrave in combination with other products intended for
  weight loss, including prescription drugs, over-the-counter drugs, and herbal preparations,
  have not been established.

Policy/Criteria
Provider must submit documentation (such as office chart notes, lab results or other clinical
information) supporting that member has met all approval criteria.

It is the policy of health plans affiliated with Centene Corporation® that Contrave is medically
necessary when the following criteria are met:

I. Initial Approval Criteria
   A. Weight Management (must meet all):
      1. Member meets one of the following (a or b):
         a. BMI ≥ 30 kg/m²;
         b. BMI ≥ 27 kg/m² with at least one indicator of increased cardiovascular risk (e.g.,
            coronary artery/heart disease, hypertension, dyslipidemia, diabetes, elevated waist
            circumference) or other obesity-related medical condition (e.g., sleep apnea);
      2. Age ≥ 18 years;
      3. Documentation that member is actively enrolled in a weight loss program that
         involves a reduced calorie diet and increased physical activity adjunct to therapy;
      4. Contrave is not prescribed concurrently with bupropion containing products;
      5. Dose does not exceed 32 mg naltrexone/360 mg bupropion per day (4 tablets per
day).
Approval duration: 12 weeks

B. Other diagnoses/indications
1. Refer to the off-label use policy for the relevant line of business if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized): CP.CPA.09 for commercial and HIM.PHAR.21 for health insurance marketplace.

II. Continued Therapy
A. Weight Management (must meet all):
1. Currently receiving medication via Centene benefit or member has previously met initial approval criteria;
2. BMI $\geq 25$ kg/m$^2$;
3. Member is responding positively to therapy as evidenced by one of the following (a or b):
   a. If this is the first renewal request, member has lost $\geq 5\%$ of baseline body weight;
   b. If this is a second or subsequent renewal request, member has lost weight and/or maintained weight loss on therapy;
4. Documentation that member is actively enrolled in a weight loss program that involves a reduced calorie diet and increased physical activity adjunct to therapy;
5. Contrave is not prescribed concurrently with bupropion containing products;
6. If request is for a dose increase, new dose does not exceed 32 mg naltrexone/360 mg bupropion per day (4 tablets per day).

Approval duration:
First reauthorization – 12 weeks
Subsequent reauthorizations – 6 months

B. Other diagnoses/indications (must meet 1 or 2):
1. Currently receiving medication via Centene benefit and documentation supports positive response to therapy.

Approval duration: Duration of request or 12 weeks (whichever is less); or
2. Refer to the off-label use policy for the relevant line of business if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized): CP.CPA.09 for commercial and HIM.PHAR.21 for health insurance marketplace.

III. Diagnoses/Indications for which coverage is NOT authorized:
A. Non-FDA approved indications, which are not addressed in this policy, unless there is sufficient documentation of efficacy and safety according to the off-label use policies – CP.CPA.09 for commercial and HIM.PHAR.21 for health insurance marketplace or evidence of coverage documents.

IV. Appendices/General Information
Appendix A: Abbreviation/Acronym Key
BMI: body mass index
FDA: Food and Drug Administration

Appendix B: Therapeutic Alternatives
Not applicable

Appendix C: Contraindications/Boxed warnings
- Contraindication(s): uncontrolled hypertension, seizure disorder, pregnancy, concomitant use or use within 14 days of a monoamine oxidase inhibitor, chronic opioid use, use of other bupropion-containing products, bulimia or anorexia nervosa, abrupt discontinuation of alcohol, benzodiazepines, barbiturates, or antiepileptic drugs, and hypersensitivity to any of the ingredients in Contrave
- Boxed warning(s): increased risk of suicidal thinking and behavior in children, adolescents, and young adults taking antidepressants for major depressive disorder and other psychiatric disorders. Monitor for worsening and emergence of suicidal thoughts and behaviors. Contrave has not been studied in pediatric patients.

Appendix D: General Information
- BMI = 703 x [weight (lbs)/height (inches)^2]
- Examples of coronary artery/heart disease include: coronary artery bypass graft, angina, history of myocardial infarction or stroke.
- Per Contrave’s prescribing information, response to therapy should be evaluated after 12 weeks at the maintenance dosage. If a patient has not lost at least 5% of baseline body weight, Contrave should be discontinued, as it is unlikely that the patient will achieve and sustain clinically meaningful weight loss with continued treatment. This is in line with the Endocrine Society’s definition of an effective response to a weight loss medication (2015).

V. Dosage and Administration

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<thead>
<tr>
<th>Indication</th>
<th>Dosing Regimen</th>
<th>Maximum Dose</th>
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<tbody>
<tr>
<td>Weight management</td>
<td>Week 1: One tablet PO QAM</td>
<td>32/360 mg per day</td>
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<td>Week 2: One tablet PO BID</td>
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<td>Week 3: Two tablets PO QAM and 1 tablet PO QPM</td>
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<td>Week 4 and onward: 2 tablets PO BID</td>
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VI. Product Availability
Extended-release tablet: 8 mg naltrexone/90 mg bupropion

VII. References

<table>
<thead>
<tr>
<th>Reviews, Revisions, and Approvals</th>
<th>Date</th>
<th>P&amp;T Approval Date</th>
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<tbody>
<tr>
<td>New Policy. 2Q 2019 annual review: new policy adapted from CP.PMN.133;</td>
<td>02.05.19</td>
<td>05.19</td>
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<td>no significant changes from previously approved corporate policy;</td>
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<td>added contraindications and boxed warnings; added general information</td>
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<td>regarding weight loss evaluation; edited dosage and administration</td>
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<td>for clarity; added contraindications; changed manufacturer; changed</td>
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<td>the initial approval to 12 weeks per package insert; references</td>
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<td>2Q 2020 annual review: no significant changes; references reviewed</td>
<td>02.05.20</td>
<td>05.20</td>
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<td>and updated.</td>
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<td>Criteria added requiring documentation that member is actively</td>
<td>05.26.20</td>
<td>08.20</td>
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<td>enrolled in a weight loss program that involves a reduced calorie diet</td>
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<td>and increased physical activity adjunct to therapy as per FDA label;</td>
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<td>criteria added limiting concurrent use with bupropion containing</td>
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**Important Reminder**

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. “Health Plan” means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan’s affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

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This clinical policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members. This clinical policy is not intended to recommend treatment for members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

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