Clinical Policy: Phendimetrazine IR (Bontril PDM)
Reference Number: HIM.PA.114
Effective Date: 06.01.17
Last Review Date: 05.20
Line of Business: HIM

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

Description
Phendimetrazine immediate-release (IR) (Bontril® PDM) is a sympathomimetic amine with pharmacologic activity similar to the amphetamines.

FDA Approved Indication(s)
Bontril PDM is indicated in the management of exogenous obesity as a short term adjunct (a few weeks) in a regimen of weight reduction based on caloric restriction in patients with an initial body mass index (BMI) of 30 kg/m^2 or higher who have not responded to appropriate weight reducing regimen (diet and/or exercise) alone.

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 Bontril PDM 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/m^2;
         b. BMI ≥ 27 kg/m^2 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 ≥ 16 years;
      3. Dose does not exceed 210 mg per day (6 tablets per day).
      Approval duration: 12 weeks
   B. Other diagnoses/indications
      1. Refer to HIM.PHAR.21 if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized).

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 ≥ 25 kg/m^2;
3. Member is responding positively to therapy as evidenced by weight loss from baseline;
4. Total treatment duration does not exceed 12 weeks;
5. If request is for a dose increase, new dose does not exceed 210 mg per day (6 tablets per day).

**Approval duration: Up to 12 weeks total**

**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 HIM.PHAR.21 if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized).

**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 policy – HIM.PHAR.21 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): known hypersensitivity or idiosyncrasy to sympathomimetics, advanced arteriosclerosis, symptomatic cardiovascular disease, moderate to severe hypertension, hyperthyroidism, glaucoma, highly nervous or agitated patients, patients with a history of drug abuse, patients taking other CNS stimulants including monoamine oxidase inhibitors
- Boxed warnings(s): none reported

*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.
- The extended-release formulation of phendimetrazine is also indicated in patients with an initial BMI of greater than or equal to 27 kg/m2 in the presence of other risk factors (e.g., controlled hypertension, diabetes, hyperlipidemia) who have not responded to appropriate weight reducing regimen (diet and/or exercise) alone.
V. Dosage and Administration

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<th>Indication</th>
<th>Dosing Regimen</th>
<th>Maximum Dose</th>
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<tr>
<td>Weight management</td>
<td>35 mg PO BID-TID 1 hour before meals</td>
<td>210 mg</td>
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VI. Product Availability

Immediate-release tablet: 35 mg

VII. References


Reviews, Revisions, and Approvals

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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
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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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