

Clinical Policy: Bupropion/Naltrexone (Contrave)

Reference Number: CP.PCH.12

Effective Date: 05.01.17

Last Review Date: 05.22

Line of Business: Commercial, HIM

[Revision Log](#)

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 \geq 30 kg/m²;
 - b. BMI \geq 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 \geq 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 (must meet 1 or 2):

1. If this drug has recently (within the last 6 months) undergone a label change (e.g., newly approved indication, age expansion, new dosing regimen) that is not yet reflected in this policy, refer to one of the following policies (a or b):
 - a. For drugs on the formulary (commercial, health insurance marketplace) or PDL (Medicaid), the no coverage criteria policy for the relevant line of business: CP.CPA.190 for commercial and HIM.PA.33 for health insurance marketplace; or
 - b. For drugs NOT on the formulary (commercial, health insurance marketplace) or PDL (Medicaid), the non-formulary policy for the relevant line of business: CP.CPA.190 for commercial and HIM.PA.103 for health insurance marketplace; or
2. If the requested use (e.g., diagnosis, age, dosing regimen) is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized) AND criterion 1 above does not apply, refer to the off-label use policy for the relevant line of business: CP.CPA.09 for commercial and HIM.PA.154 for health insurance marketplace.

II. Continued Therapy

A. Weight Management (must meet all):

1. Member meets one of the following (a or b):
 - a. Currently receiving medication via Centene benefit or member has previously met initial approval criteria;
 - b. Member is currently receiving medication and is enrolled in a state and product with continuity of care regulations (*refer to state specific addendums for CC.PHARM.03A and CC.PHARM.03B*);
2. BMI ≥ 25 kg/m²;
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. If this drug has recently (within the last 6 months) undergone a label change (e.g., newly approved indication, age expansion, new dosing regimen) that is not yet reflected in this policy, refer to one of the following policies (a or b):

- a. For drugs on the formulary (commercial, health insurance marketplace) or PDL (Medicaid), the no coverage criteria policy for the relevant line of business: CP.CPA.190 for commercial and HIM.PA.33 for health insurance marketplace; or
 - b. For drugs NOT on the formulary (commercial, health insurance marketplace) or PDL (Medicaid), the non-formulary policy for the relevant line of business: CP.CPA.190 for commercial and HIM.PA.103 for health insurance marketplace; or
2. If the requested use (e.g., diagnosis, age, dosing regimen) is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized) AND criterion 1 above does not apply, refer to the off-label use policy for the relevant line of business: CP.CPA.09 for commercial and HIM.PA.154 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.PA.154 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, 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

- $BMI = 703 \times [\text{weight (lbs)} / \text{height (inches)}^2]$
- 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

Indication	Dosing Regimen	Maximum Dose
Weight management	Week 1: One tablet PO QAM Week 2: One tablet PO BID Week 3: Two tablets PO QAM and 1 tablet PO QPM Week 4 and onward: 2 tablets PO BID	32/360 mg per day

VI. Product Availability

Extended-release tablet: 8 mg naltrexone/90 mg bupropion

VII. References

1. Contrave Prescribing Information. San Diego, CA: Nalpropion Pharmaceuticals, Inc.; August 2020. Available at: <https://contrave.com/>. Accessed January 19, 2022.
2. Jensen MD, Ryan DH, Apovian CM, et al. 2013 AHA/ACC/TOS guideline for the management of overweight and obesity in adults: a report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines and The Obesity Society. *Circulation*. 2014;129(suppl 2):S102–S138.
3. Apovian CM, Aronne LJ, Bessesen DH, et al. Pharmacological management of obesity: an Endocrine Society clinical practice guideline. *J Clin Endocrinol Metab*. 2015; 100(2): 42-362.

Reviews, Revisions, and Approvals	Date	P&T Approval Date
New Policy. 2Q 2019 annual review: new policy adapted from CP.PMN.133; no significant changes from previously approved corporate policy; added contraindications and boxed warnings; added general information regarding weight loss evaluation; edited dosage and administration for clarity; added contraindications; changed manufacturer; changed the initial approval to 12 weeks per package insert; references reviewed and updated.	02.05.19	05.19
2Q 2020 annual review: no significant changes; references reviewed and updated.	02.05.20	05.20
Criteria added requiring documentation that member is actively enrolled in a weight loss program that involves a reduced calorie diet and increased physical activity adjunct to therapy as per FDA label; criteria added limiting concurrent use with bupropion containing products.	05.26.20	08.20
2Q 2021 annual review: no significant changes; updated reference for HIM off-label use to HIM.PA.154 (replaces HIM.PHAR.21); references reviewed and updated.	02.01.21	05.21
2Q 2022 annual review: no significant changes; references reviewed and updated.	01.19.22	05.22

Reviews, Revisions, and Approvals	Date	P&T Approval Date
Template changes applied to other diagnoses/indications and continued therapy section.	09.29.22	

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.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

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.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom the Health Plan has no control or right of control. Providers are not agents or employees of the Health Plan.

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