



Prior Authorization Approval Criteria
Department of Pharmacy Services

Generic Name: sibutramine

Brand Name: Meridia

Medication Class: Anti-obesity agent

FDA Approved Uses: Management of obesity in conjunction with a reduced caloric diet. Approved for people with a BMI of 30 kg/m² and greater, or a BMI of 27kg/m² or greater with serious co-morbid conditions.

Usual Dose: 10mg qd, after 4 weeks of therapy may be increased to 15mg qd. 5 mg reserved for 10mg intolerant patients.

Duration of Therapy: Safety and efficacy beyond 12 months has not been established.

Criteria for Use: (bullet points below are all inclusive unless otherwise noted)

- Drug class not excluded from coverage.
- BMI \geq 30 or a body weight greater than 140% of ideal weight

Or

- BMI \geq 27 with a co-morbid condition
Co-morbid condition includes:
 - Hypertension
 - Obstructive Sleep Apnea
 - Diabetes mellitus
 - Degenerative joint disease
 - Dyslipidemia
- Institutional nutritional program has been tried for at least 3 months and found not to be effective
- Behavioral modification program has been tried for at least 3 months and found not to be effective
- Diet, exercise and behavioral modification programs must be ongoing with other therapies during pharmacological therapy
- Failure/intolerance to orlistat

Criteria for continued use:

- Weight loss of 4 lbs over first 4 weeks must be achieved
- Weight loss of 4 pounds per month should continue, with maximum loss of 10 lbs per month.



Contraindications:

- Patients receiving monoamine oxidase inhibitors, selective serotonin reuptake inhibitors, and serotonergic agents.
- Hypersensitivity to sibutramine or any of the inactive ingredients.
- Anorexia nervosa
- Concomitant use of other centrally acting appetite suppressants
- Severe renal or hepatic dysfunction.
- History of coronary artery disease, congestive heart failure, arrhythmias or stroke.

Not Approved for use if:

- Patient does not meet the above stated criteria
- Patient has any contraindications to the use of sibutramine.

Special Considerations:

- It is suggested to have blood pressure checked 1 week after starting medication and then regularly thereafter.

P&T Approval: _____ Date: _____