UCLA MEDICAL GROUP – Managed Care Operations		UCLA Health System
DEPARTMENT:	UCLA Medical Group / UCLA Health Care	POLICY NUMBER:
SECTION:	UNIT	UM.GUIDELINE.WTMGMT.1.0
TITLE:	**Practice Guidelines – Weight Management and Obesity Treatment (GLP-1)**	ISSUE DATE: 08/16/2023 EFFECTIVE DATE: 08/16/2023 **REVISION DATE:**
UMC Approval Dates:	**08/16/2023**	

PURPOSE:

Establish an evidence based clinical policy for weight management and obesity management in the UCLA managed care population in order to standardize care and processes across settings, specialties, health plans, lines of business, providers and UM reviewers.

BACKGROUND:

According to the National Institute of Diabetes and Digestive and Kidney Diseases[1], a person whose weight is higher than what is considered to be a normal weight for a given height is described as being overweight or having obesity. According to 2017–2018 data from the National Health and Nutrition Examination Survey (NHANES)

- Nearly 1 in 3 adults (30.7%) are overweight.
- More than 2 in 5 adults (42.4%) have obesity.
- About 1 in 11 adults (9.2%) have severe obesity.

According to 2017–2018 NHANES data

- About 1 in 6 children and adolescents ages 2 to 19 (16.1%) are overweight.
- Almost 1 in 5 children and adolescents ages 2 to 19 (19.3%) have obesity.
- About 1 in 16 children and adolescents ages 2 to 19 (6.1%) have severe obesity.

Using Body Mass Index (BMI) to Estimate Overweight and Obesity

BMI is a tool to estimate and screen for overweight and obesity in adults and children. BMI is defined as weight in kilograms divided by height in meters squared. BMI is related to the amount of fat in the body. A high amount of fat can raise the risk of many health problems. A health care professional can determine if a person's health may be at risk because of his or her weight.

Adults

The table below shows BMI ranges for overweight and obesity in adults 20 and older.

BMI of Adults Ages 20 and Older

BMI	Classification
18.5 to 24.9	Normal, or healthy, weight
25 to 29.9	Overweight
30+	Obesity (including severe obesity)
40+	Severe obesity

Adults with obesity are at increased risk for many other serious health conditions such as heart disease, stroke, type 2 diabetes, some cancers, and poorer mental health.[2]

The American College of Cardiology (ACC) and the American Heart Association (AHA) collaborated with the National Heart, Lung, and Blood Institute (NHLBI) to develop clinical practice guidelines for assessment of cardiovascular risk, lifestyle modifications to reduce cardiovascular risk, management of blood cholesterol in

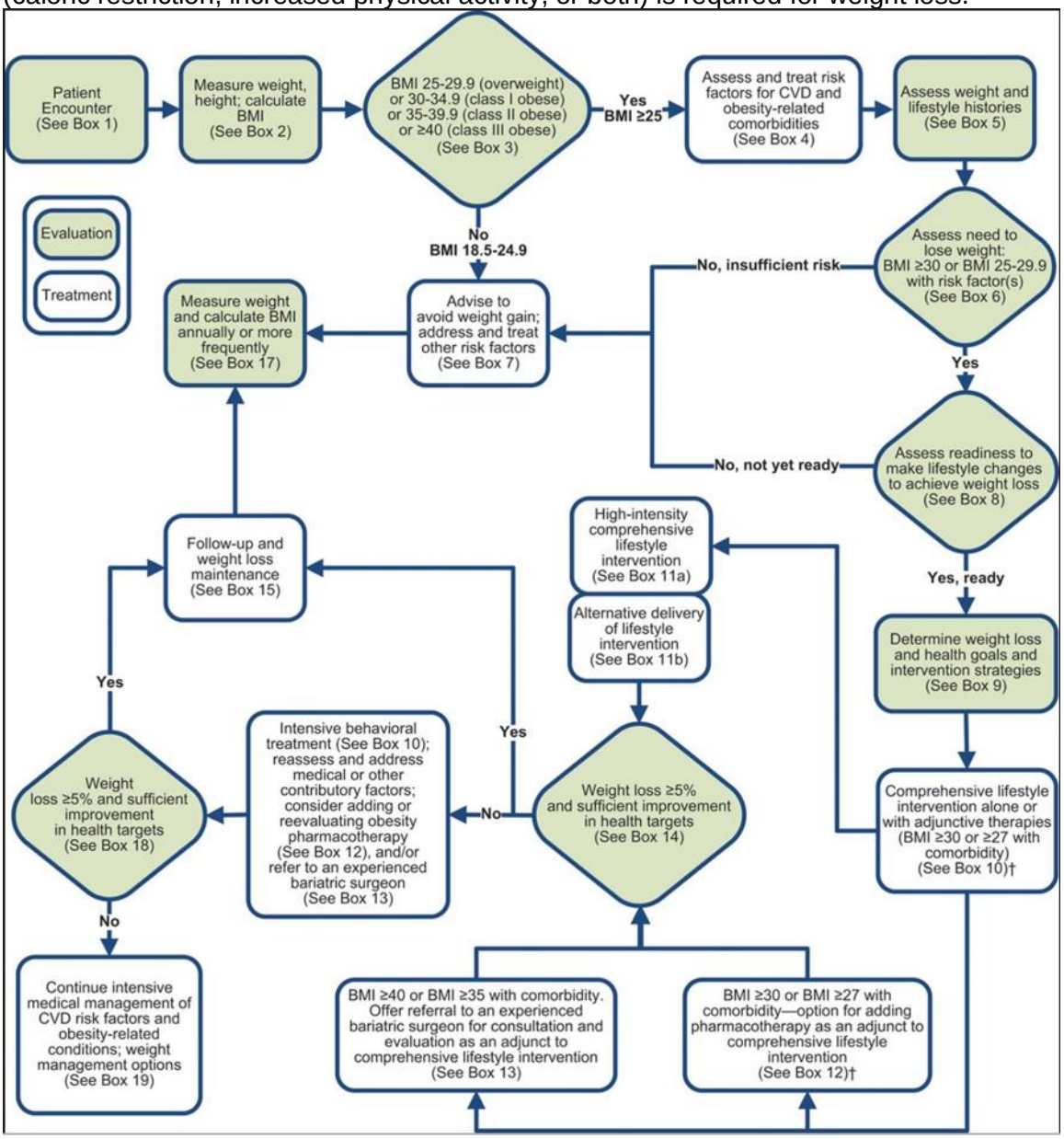
[1] https://www.niddk.nih.gov/health-information/health-statistics/overweight-obesity

[2] https://www.cdc.gov/obesity/data/prevalence-maps.html

adults, and management of overweight and obesity in adults. The Full Panel Report contains background and additional material related to content, methodology, evidence synthesis, rationale, and references and is supported by the NHLBI Systematic Evidence Review, which can be found at:

http://www.nhlbi.nih.gov/guidelines/obesity/ser/..[3]

The ACC/AHA – NHLBI guideline recommends evaluation of metrics, determination of patient's need to lose weight, advise to avoid weight gain and address and treat other risk factors, access readiness to make lifestyle changes to achieve weight loss, determine weight loss and health goals and intervention strategies, and initiate or refer for a comprehensive lifestyle intervention program as initial steps for management. An energy deficit (caloric restriction, increased physical activity, or both) is required for weight loss.



[3] https://www.ahajournals.org/doi/full/10.1161/01.cir.0000437739.71477.ee?rfr_dat=cr_pub++0pubmed&url_ver=Z39.88-2003&rfr_id=ori%3Arid%3Acrossref.org#F1

The algorithm provides guidance on Comprehensive Lifestyle Intervention (Boxes 11a and 11b):

Box 11a. Offer or Refer for High-Intensity Comprehensive Lifestyle Intervention

The most effective behavioral weight loss treatment is an in-person, high-intensity (ie, ≥14 sessions in 6 months) comprehensive weight loss intervention provided in individual or group sessions by a trained interventionist† (CQ4). The principal components of an effective high intensity, on-site comprehensive lifestyle intervention include 1) prescription of a moderately reduced-calorie diet, 2) a program of increased physical activity, and 3) the use of behavioral strategies to facilitate adherence to diet and activity recommendations. As shown in CQ4, comprehensive lifestyle intervention consisting of diet, physical activity, and behavior therapy produces average weight losses of approximately 8 kg in a 6-month period of frequent, in-person treatment. This approximates losses of 5%-10% of initial weight. The observed average weight loss of approximately 8 kg includes people who have variable weight loss (ie, some more and some less than average), so accurate prediction of individual weight loss is not possible. After 6 months, most patients will equilibrate (caloric intake balancing energy expenditure) and will require adjustment of energy balance if they are to lose additional weight. As demonstrated in CQ4, continued intervention contact after initial weight loss treatment is associated with better maintenance of lost weight (Box 15).

Box 11b. Options for Alternative Modes of Delivery of Lifestyle Intervention

In primary care offices where frequent, in-person individual or group sessions led by a trained interventionist† or a nutrition professional* are not possible or available by referral, the physician may consider alternative modes of delivery. As found in CQ4, emerging evidence supports the efficacy, albeit with less weight loss, of electronically delivered interventions (eg, by Internet or telephone) that provide personalized feedback by a trained interventionist† and of some commercial programs that provide counseling (face-to-face or telephonic) with or without prepackaged meals. The Expert Panel recommends, by expert opinion, that physicians may refer to these alternative sources provided their outcomes are supported by scientific evidence of safety and efficacy. An additional option if a high-intensity comprehensive lifestyle intervention program is not available or feasible is referral to a nutrition professional* for dietary counseling.

POLICY:

The patient should be evaluated and weight and height calculated in order to determine Body Mass Index (BMI). If the patient is determined to be overweight or obese, then the physician shall obtain a history of weight and lifestyle interventions used by the patient for weight loss. The physician shall then discuss Intervention Strategies with the patient.

Box 9: Determine Weight Loss and Health Goals and Intervention Strategies

Clinician and patient devise weight loss and health goals and comprehensive lifestyle treatment strategies to achieve these goals.

Recommended goals for weight loss: A realistic and meaningful weight loss goal is an important first step. Although sustained weight loss of as little as 3%-5% of body weight may lead to clinically meaningful reductions in some cardiovascular risk factors, larger weight losses produce greater benefits. The Expert Panel recommends as an initial goal the loss of 5%-10% of baseline weight within 6 months.

Recommended methods for weight loss: Weight loss requires creating an energy deficit through caloric restriction, physical activity, or both. An energy deficit of ≥500 kcal/d typically may be achieved with dietary intake of 1200-1500 kcal/d for women and 1500-1800 kcal/d for men. The choice of calorie-restricted diet can be individualized to the patient's preferences and health status (CQ3). Very-low-calorie diets (<800 kcal/d) should be used only in limited circumstances in a medical care setting where medical supervision and a high intensity lifestyle intervention can be provided. If a specialized diet for CVD risk reduction, diabetes, or other medical conditions is also prescribed, referral to a nutrition professional* is recommended (CQ3).

Recommendations for management of medical conditions during weight loss: While weight loss treatment is ongoing, manage risk factors such as hypertension, dyslipidemia, and other obesity-related conditions. This includes monitoring the patient's requirements for medication change as weight loss progresses, particularly for antihypertensive medications and diabetes medications that can cause hypoglycemia.

For purposes of participating in a weight loss program that involves a reduced calorie diet and increased physical activity, physician must provide documentation of:

- Type of calorie restriction including calorie goals
- Length of time that patient has been participating in this calorie restricted program
- Name of program, if a “formal” program is being followed
- Amount of exercise and type of exercise which patient is doing
- Length of time that patient has been participating in exercise program

It is the policy of UCLA Medical Group that there must be documentation that patient is participating in both calorie restriction and increased physical activity to cause an energy deficit for at least 6 months over the past 12 months, prior to initiation of medication as adjuvant therapy for weight loss for obesity (including GLP-1 Receptor Agonists).

There are certain clinical scenarios where an accelerated time course may be appropriate due to underlying medical conditions that prohibit the patient from engaging in physical activity or require the use of medications that lead to weight gain. In these cases approval for adjuvant medication for weight loss may be appropriate on a case-by-case basis.

Once medication is initiated as adjuvant therapy for weight loss for obesity, there should be documentation of discussion of side effects, contraindications, and alternatives of proposed medication. In addition, the patient shall be educated that per FDA guidelines, medication dose shall be increased up to the maximum allowed amount to facilitate weight loss as long as it is tolerated by the patient. Per FDA recommendations, the maximum dose should be initiated no later than week 17 of therapy. Medication renewal will be based on positive response to therapy regardless of current dose.

Renewal of medication shall require documentation of positive response to therapy with continued documentation of participation in calorie restriction and engagement in physical activity. Initial renewal, which shall occur no later than 6 months from initiation of therapy, must document that the patient has lost $\geq$ 5% of baseline weight (adults) or baseline BMI (pediatrics). Subsequent renewal requests must document that patient has lost weight and/or maintained weight loss on therapy.

Separate from adjuvant medical therapy, UCLA Medical Group offers access several programs in which patients may be eligible for participation based on comorbidities and other enrollment criteria:

- *UCLA Healthier Weight Management Program* – an 8-week course meeting with dieticians and physicians. UCLA Medical Group subsidizes part of the cost of this program; the patient also has a share of cost. In-person as well as Telehealth sessions (including asynchronous sessions) are available.
- *Referral to Center for Obesity (COMET)* REF758. While this program is also referral for surgical management for Obesity, there is also a physician led nutritional component.
- Referral to *Clinical Pharmacist / UCMyRx* REF729– available for patients who are overweight or obese and have comorbidities of prediabetes, diabetes, or hypertension
- *Referral to Clinical Nutrition – Medical Nutrition Counseling* REF161 – for individual counseling for patients

APPLICABILITY:

Relevant Product lines/Health Plans:

Product Type	Y/N
Commercial	Y
Medicare Advantage	Y
Medi-Cal	N/A

DEFINITIONS:

REFERENCES:

1. https://www.niddk.nih.gov/health-information/health-statistics/overweight-obesity
2. https://www.cdc.gov/obesity/data/prevalence-maps.html
3. https://www.ahajournals.org/doi/full/10.1161/01.cir.0000437739.71477.ee?rfr_dat=cr_pub++0pubmed&url_ver=Z39.88-2003&rfr_id=ori%3Arid%3Acrossref.org#F1

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REVISION / REVIEW HISTORY

Date	Action	Reason
08-16-2023	Approved in UMC	Policy Creation