VCHCP Ventura County Health Care Plan

Prior Authorization DRUG Guidelines

XENICAL (orlistat)

Archived: 10-25-11: Xenical is available as OTC.

Effective Date: 10-27-05

Date Developed: 09-26-05 by C. Wilhelmy MD
Date Approved by P&T Committee: 10-27-05

Orlistat is a lipase inhibitor. It is a reversible inhibitor of gastric and pancreatic lipases thus inhibiting absorption of dietary fats by 30% (at doses of 120 mg 3 times/day with meals).

Pre-Authorization Criteria

Xenical is indicated for obesity management including weight loss and weight maintenance when used in conjunction with a reduced-calorie diet. Xenical is also indicated to reduce the risk for weight regain after prior weight loss. Xenical is indicated for obese patients with an initial body mass index (BMI) $\geq$ 30 kg/m^2 or $\geq$ 27 kg/m^2 in the presence of other risk factors (e.g., hypertension, diabetes, dyslipidemia).

Phentermine is indicated as a short term (8 to 12 weeks) adjunct in a regimen of weight reduction based on exercise, behavioral modification and caloric restriction in the management of exogenous obesity for patients with an initial body mass index (BMI) $\geq$ 30 kg/m^2 or $\geq$ 27 kg/m^2 in the presence of the following severe comorbid conditions:

- Coronary artery /heart disease, symptomatic
- Diabetes
- Clinically significant obstructive sleep apnea
- Pulmonary hypertension
- Hypertension (140/90 or greater) and two or more of the following risk factors: Family history of premature cardiovascular disease (a female relative < 65 years or a male relative < 55 years) ,High LDL, Low HDL (< 40 mg/dL),Impaired fasting glucose (FPG > 100 mg/dL, but < 126 mg/dL) ,Cigarette smoking

WARNINGS / PRECAUTIONS — Patients should be advised to adhere to dietary guidelines; gastrointestinal adverse events may increase if taken with a diet high in fat (>30% total daily calories from fat). The daily intake of fat should be distributed over three main meals. If taken with any one meal very high in fat, the possibility of gastrointestinal effects increases. Patients should be counseled to take a multivitamin

supplement that contains fat-soluble vitamins to ensure adequate nutrition because orlistat has been shown to reduce the absorption of some fat-soluble vitamins and beta-carotene. Some patients may develop increased levels of urinary oxalate following treatment; caution should be exercised when prescribing it to patients with a history of hyperoxaluria or calcium oxalate nephrolithiasis. As with any weight-loss agent, the potential exists for misuse in appropriate patient populations (eg, patients with anorexia nervosa or bulimia). Phentermine should not be used in patients with uncontrolled blood pressure or with a history of CAD, CHF, arrhythmias or stroke.

Safety and efficacy have not been established in children <12 years of age. Write/fill prescription carefully. Dispensing errors have been made between Xenical® (orlistat) and Xeloda® (capecitabine).

DRUG INTERACTIONS

Amiodarone: Orlistat may decrease amiodarone absorption; monitor.

Cyclosporine: Cyclosporine serum levels may de decreased; administer cyclosporine 2 hours before or after orlistat; monitor. Phentermine is contraindicated in patients receiving monoamine oxidase inhibitors (MAOIs e.g., phenelzine)

Warfarin: Orlistat does not alter the pharmacokinetics of warfarin, however, vitamin K absorption may be decreased during orlistat therapy. Therefore, patients stabilized on warfarin should be monitored for changes in warfarin effects.

PREGNANCY IMPLICATIONS — There are no adequate and well-controlled studies of orlistat in pregnant women. Because animal reproductive studies are not always predictive of human response, orlistat is not recommended for use during pregnancy. Teratogenicity studies were conducted in rats and rabbits at doses up to 800 mg/kg/day. Neither study showed embryotoxicity or teratogenicity. This dose is 23 and 47 times the daily human dose calculated on a body surface area basis for rats and rabbits, respectively.

LACTATION — Excretion in breast milk unknown/not recommended

DIETARY CONSIDERATIONS — Absorption of vitamins A, D, E, and K may be decreased by orlistat. Multivitamin supplements that contain fat-soluble vitamins should be taken once daily at least 2 hours before or after the administration of orlistat (ie, bedtime). Distribute the daily intake of fat over 3 main meals. Gastrointestinal effects of orlistat may increase if taken with any 1 meal very high in fat.

PATIENT EDUCATION — Patient should be on a nutritionally balanced, reduced-calorie diet that contains approximately 30% of calories from fat; daily intake of fat, carbohydrate, and protein should be distributed over the three main meals

REFERENCES

1. Davidson, MH, Hauptman, J, DiGirolamo, M, et al. Weight Control and Risk Factor Reduction in Obese Subjects Treated for 2 Years With Orlistat: A Randomized Controlled Trial. JAMA 1999; 281:235.

2. Heymsfield, SB, Segal, KR, Hauptman, J, et al. Effects of Weight Loss With Orlistat on Glucose Tolerance and Progression to Type 2 Diabetes in Obese Adults. Arch Intern Med 2000; 160:1321.
3. Hollander, PA, Elbein, SC, Hirsch, IB, et al. Role of Orlistat in the Treatment of Obese Patients With Type 2 Diabetes. A 1-year Randomized Double-Blind Study. Diabetes Care 1998; 21:1288.
4. Torgenson, JS, Pauptman, J, Boldrin, MN, et al. XENical in the Prevention of Diabetes in Obese Subjects (XENDOS) Study: A Randomized Study of Orlistat as an Adjunct to Lifestyle Changes for the Prevention of Type 2 Diabetes in Obese Patients. Diabetes Care 2004; 27:155.