

**Rational Drug Therapy Program
Prior Approval Criteria for Orlistat**

Prior Approval for payment of prescriptions for orlistat will be approved for patients who are:

Non-Obese Primary Hyperlipidemic Patients (Body Mass Index below 28) who:

Have not fully responded to other lipid lowering strategies such as diet control, HMG-CoA reductase inhibitors, nicotinic acid products, and fibric acid analogs. (Drugdex® 1999)

Have increased levels of low-density lipoprotein cholesterol between 100 and 150 mg/dL because the maximum expected reduction in LDL from orlistat is 10%.

(Ann. Int. Med. (124) 515-17, 1996 or ACP online and Drugdex® Review 1999)

Prior Approval Requirements

1. Orlistat will not be approved for its weight loss indication.

2. Body Mass Index of Less than 28.

The BMI or the Height and the Weight of the Patient must be provided.

The formula for calculating BMI is: $\text{Weight (kg)}/\text{Height (m)}^2$

Table 1 presents an easy way to calculate an individual's BMI based on the person's height and weight.

The upper boundary of healthy weight corresponds to a BMI of about 25, based on the significant increase in risk of mortality that occurs among persons with BMI values above this cutoff point. The lower boundary of healthy weight represents a BMI of 19, although whether a weight below this level is unhealthy remains unclear. BMI values above 28 to 29, the boundary between moderate and severe overweight, are associated with an increasingly higher risk of disease and death. (Clinician's Handbook of Preventive Services, 2nd Edition)

3. Documentation of Lab tests indicating a high LDL-Cholesterol between 100 and 150 mg/dL

Copy of the lab test or a written statement quoting the lab levels is required and must be dated within the last 60 days.

4. Documentation of failure of other therapies

Previous drug therapy must be able to be located in the WVBMS prescription claims processing computer or a written statement from the provider.

5. Initial approval will be granted for 60 days.

Re-authorization will be required with documented lab tests indicating an appropriate decrease in LDL-cholesterol levels.

The 60 day reauthorization is based on the recommendations of the NIH Publication [NHLBI No. 97-3794, September 1997] which indicates the recommended review of lipid lowering therapy in coronary heart disease patients.

6. Maximum approvable dosage will be 360mg daily.

Table 1. Body Weights in Pounds According to Height and Body Mass Index

Directions: To use the table, find the appropriate height in the left-hand column. Move across the row to a given weight. The number at the bottom of the column is the body mass index for the height and weight

Body Mass Index (kg/m²) Chart

Height (Inches)	Body Weight (Pounds)														
	91	96	100	105	110	115	119	124	129	134	138	143	167	191	
58	91	96	100	105	110	115	119	124	129	134	138	143	167	191	
59	94	99	104	109	114	119	124	128	133	138	143	148	173	198	
60	97	102	107	112	118	123	128	133	138	143	148	153	179	204	
61	100	106	111	116	122	127	132	137	143	148	153	158	185	211	
62	104	109	115	120	126	131	136	142	147	153	158	164	191	218	
63	107	113	118	124	130	135	141	146	152	158	163	169	197	225	
64	110	116	122	128	134	140	145	151	157	163	169	174	204	232	
65	114	120	126	132	138	144	150	156	162	168	174	180	210	240	
66	118	124	130	136	142	148	155	161	167	173	179	186	216	247	
67	121	127	134	140	146	153	159	166	172	178	185	191	223	255	
68	125	131	138	144	151	158	164	171	177	184	190	197	230	262	
69	128	135	142	149	155	162	169	176	182	189	196	203	236	270	
70	132	139	146	153	160	167	174	181	188	195	202	207	243	278	
71	136	143	150	157	165	172	179	186	193	200	208	215	250	286	
72	140	147	154	162	169	177	184	191	199	206	213	221	258	294	
73	144	151	159	166	174	182	189	197	204	212	219	227	265	302	
74	148	155	163	171	179	186	194	202	210	218	225	233	272	311	
75	152	160	168	176	184	192	200	208	216	224	232	240	279	319	
76	156	164	172	180	189	197	205	213	221	230	238	246	287	328	
Body Mass Index	19	20	21	22	23	24	25	26	27	28	29	30	35	40	