PREScribing POLICY: ANTI-OBESITY AGENTS IN OVERWEIGHT AND OBESE ADULTS

- Patients are able to self-care and purchase orlistat 60mg capsules from local community pharmacies.
- Anti-obesity medication should only be considered after dietary, exercise and behavioral approaches have been tried for at least 3 months and evaluated through a weight management programme (Tier 2/3). Medication should never be used as the sole element of treatment.
- It is recommended that prescribing orlistat on the NHS in Cambridgeshire and Peterborough should only be considered where the patient is unable or unwilling to self-care, is being reviewed as part of a weight management programme (Tier 2/3), AND fulfils the criteria given below.
- Cambridgeshire and Peterborough Clinical Commissioning Group does not currently recommend the prescribing of liraglutide (Saxenda®) or naltrexone/bupropion (Mysimba®) for the management of obesity.
- If there is concern about micronutrient intake adequacy, patient should be advised to purchase a supplement providing the reference nutrient intake for all vitamins and minerals.

Background

The approach to preventing and managing obesity is multifaceted. Treatments include weight management programmes (i.e. dietary advice and weight loss targets, physical activity programmes, behavioural interventions and psychological support), pharmacological therapy and surgery. Pharmacological therapy should only be considered for patients who have already attempted to lose weight and are within a weight management programme (Tier 2/3).

Any weight management program should include behaviour change strategies to increase people’s physical activity levels or decrease inactivity, improve eating behaviour and the quality of the person’s diet and reduce energy intake. Individuals should also be monitored for changes in blood pressure, blood lipids and changes to other associated conditions in addition to any weight loss.

This document aims to outline the criteria by which anti-obesity agents should be prescribed at NHS expense within Cambridgeshire and Peterborough.

Anti-obesity agents on the NHS within Cambridgeshire and Peterborough

Anti-obesity medication should not be considered first line. Anti-obesity medication, whether self-purchased or prescribed (where the patient is unable or unwilling to self-care) should only be considered after dietary, exercise and behavioral approaches have been tried for at least 3 months and evaluated through a weight management programme (Tier 2/3). Medication should never be used as the sole element of treatment.

Orlistat is a potent, specific and long-lasting inhibitor of gastrointestinal lipases. It acts locally within the digestive system to prevent dietary fat absorption, so there is a minimal absorption of the active ingredient in the bloodstream. It exerts its therapeutic activity by forming a covalent bond with the active serine site of the gastric

Written: March 2017. Review: March 2019
and pancreatic lipases. The inactivated enzyme is thus unavailable to hydrolyse dietary fat into absorbable free fatty acids and monoglycerides.

The over the counter pack of orlistat 60mg (Alli®) should NOT be prescribed and patients should be referred for self-purchase. It is estimated that orlistat 60mg taken three times daily blocks the absorption of approximately 25% of dietary fat. Treatment should not normally exceed 6 months. 


Where orlistat 120mg capsules are prescribed on a FP10 prescription this should be generically and only where the patient is unable or unwilling to self-care with orlistat 60mg capsules AND fulfils the following criteria:

- those with a body mass index 30 kg/m² or greater in whom at least 3 months of managed care involving supervised diet, exercise and behaviour modification fails to achieve a realistic reduction in weight OR
- those with a body mass index 28 kg/m² or greater in whom at least 3 months of managed care involving supervised diet, exercise and behaviour modification fails to achieve a realistic reduction in weight and have associated risk factors

Body mass index should be used as an initial measurement to classify the degree of obesity however waist circumference should also be used in those with a body mass index <35kg/m² to assess health risks. 


All patients’ prescribed orlistat should be reviewed at 3 months. Only continue treatment for longer than 3 months if the person has lost at least 5% of their initial body weight since starting drug treatment. Less strict goals may be appropriate for people with type 2 diabetes. Drug treatment should be discontinued if the individual regains weight at any time whilst receiving drug treatment.

Continuation of treatment beyond 12 months should only be considered on the advice of a specialist, where recommended as part of an Intensive Weight Management Programme (Tier 3). Patients who continue to be prescribed orlistat at 12 months should be reviewed and the benefits and limitations of continued treatment should be discussed with the patient.

The recommended dose of orlistat is one 120 mg capsule taken with water immediately before, during or up to one hour after each main meal. If a meal is missed or contains no fat, the dose of orlistat should be omitted. The patient should be on a nutritionally balanced, mildly hypocaloric diet that contains approximately 30 % of calories from fat. It is recommended that the diet should be rich in fruit and vegetables. The daily intake of fat, carbohydrate and protein should be distributed over three main meals.

The co-prescribing of orlistat with other drugs aimed at weight reduction is not recommended. [NICE Do Not Do]

Liraglutide (Saxenda®) which is indicated as an adjunct to a reduced-calorie diet and increased physical activity for weight management in adult patients with an initial Body Mass Index (BMI) of ≥ 30kg/m² (obese), or ≥ 27kg/m² to < 30kg/m² (overweight) in the presence of at least one weight related comorbidity. The East of England Priorities Advisory Committee does not currently recommend Saxenda® for routine commissioning.

Naltrexone/bupropion 8mg/90mg (Mysimba®) is indicated as an adjunct to a reduced-calorie diet and increased physical activity for the management of weight in adult patients with an initial Body Mass Index (BMI) of ≥ 30kg/m² (obese), or ≥ 27kg/m² to < 30kg/m² (overweight) in the presence of one or more weight-related comorbidities. Daily dose is two tablets twice a day. The East of England Priorities Advisory Committee does not currently recommend Mysimba® for routine commissioning.

Anti-obesity agents for children under 12 years of age

Prescribing in children under 12 should only be started and monitored in a specialist paediatric setting and in those over 12 by a multidisciplinary team with experience of prescribing in this age group.

Written: March 2017. Review: March 2019
Do not give orlistat to children for obesity unless prescribed by a multidisciplinary team with expertise in drug monitoring, psychological support, behavioural interventions, interventions to increase physical activity and interventions to improve diet [NICE Do Not Do]

**Vitamin Supplementation**

If there is concern about micronutrient intake adequacy, patient should be advised to purchase a supplement providing the reference nutrient intake for all vitamins and minerals.

Providers commissioned to provide services on behalf of Cambridgeshire and Peterborough CCG are reminded that they are required to follow the Cambridgeshire and Peterborough CCG formulary and prescribing guidance as detailed in their contract.

Cambridgeshire LMC advises all GPs to prescribe responsibly, and to encourage people to buy things over the counter when appropriate, but where a patient with a health need (as defined by you with your knowledge of the patient, their condition, and the item in question) requests an FP10 a GP is obliged to offer such a prescription.

**References**