
Letter Number 2023-01

Date: January 19, 2023

Fee-for-service [1]

Experience-rated HMO [1]

Community-rated HMO [1]

Subject: Prevention and Treatment of Obesity

Long recognized as a disease that impacts children and adults in the U.S., obesity is a complex, multifactorial, common, serious, relapsing, and costly chronic disease that serves as a major risk factor for developing conditions such as cardiovascular disease, type 2 diabetes, renal disease, non-alcoholic steatohepatitis, and certain types of cancer. Obesity disproportionately affects some ethnic and/or racial groups with non-Hispanic Black adults having the highest prevalence, followed by Hispanic adults. There are also significant psychosocial burdens experienced by those with obesity.¹

This Carrier Letter supplements and updates OPM's previous guidance on obesity treatment and coverage and supersedes guidance that was previously issued to the extent it is inconsistent with this guidance. We request that each Carrier review and update their medical policies accordingly.

Background

OPM requested that plans propose specific services to reduce the incidence of obesity in Carrier Letter [2011-05](#). The following year, Carrier Letter [2012-09](#) outlined OPM's expectation that FEHB plans offer programs to help members attain and maintain a healthy weight. Both letters focused on nutrition and exercise as primary options. In response, many plans refined wellness activities, health coaching, nutrition counseling and disease management to achieve a greater focus on obesity. Carrier Letter [2013-10](#)

¹ [The Psychosocial Burden of Obesity](#)

provided detailed guidance on bariatric surgery and in 2014, OPM issued Carrier Letter [2014-04](#) clarifying that it is not permissible to exclude weight loss drugs from FEHB coverage on the basis that obesity is a “lifestyle” condition and not a medical one or that obesity treatment is “cosmetic.”

Screening and Prevention

Recognizing that obesity continues to be a significant public health problem, the United States Preventive Services Task Force (USPSTF) published updated recommendations that all adults, children and adolescents, and pregnant women be screened for risk factors associated with obesity. These recommendations are referenced in:

- [*Healthy Weight and Weight Gain In Pregnancy: Behavioral Counseling Interventions*](#) (2021)
- [*Healthy Diet and Physical Activity for Cardiovascular Disease Prevention in Adults With Cardiovascular Disease Risk Factors: Behavioral Counseling Interventions*](#) (2020)
- [*Weight Loss to Prevent Obesity-Related Morbidity and Mortality in Adults: Behavioral Interventions*](#) (2018).

The USPSTF reaffirmed their recommendation that adults with a body mass index of 30 kg/m² or higher be referred for intensive, multicomponent behavioral interventions such as behavior-based weight loss and weight loss maintenance interventions. The purpose of this recommendation is to prevent or mitigate the health conditions associated with obesity. USPSTF rated this recommendation as Grade B.

The USPSTF recommendation, *Obesity in Children and Adolescents: Screening* (2017), is currently under review and expected to be updated by *Weight Management in Children and Adolescents: Interventions*. The USPSTF recommends that clinicians screen for obesity in children and adolescents 6 years and older and offer or refer them to comprehensive, intensive behavioral interventions to promote improvements in weight status. As stated in Carrier Letter [2022-03](#) adolescents experienced sharp increases in their rates of weight gain during the COVID-19 pandemic, particularly

school-aged children and those who already had obesity. The focus on obesity coverage for children and adolescents is critical with more children and families needing support in achieving and maintaining optimal weight for long-term health.

As a reminder, FEHB Carriers must cover the full scope of required preventive services recommendations as outlined in Carrier Letter [2019-01](#). Specific to obesity, this means the benefit includes screening, and if referred, the multicomponent, family centered programs that are part of intensive behavioral interventions.

Pediatric screenings and preventive care endorsed by the American Academy of Pediatrics Bright Futures Guidelines and Women's Preventive Services recommended in guidelines issued by the Health Resources and Services Administration (HRSA) are also included in this requirement.

Treatment Options

Anti-Obesity Medications

Research in populations with diabetes, hypertension, and cardiovascular diseases has shown that a 5% decrease in weight results in clinically significant improvements in these obesity-related comorbid conditions. Many of the Food and Drug Administration (FDA) approved anti-obesity medications result in at least a 5% weight loss, with newer approved drugs approaching a 20% weight loss. Timely management of obesity can be cost effective, lower health risks, and prevent disease progression. The landscape of pharmaceuticals available to treat obesity continues to evolve and there are currently a variety of FDA approved medications available with different mechanisms of action. The FDA indications for anti-obesity medications reinforce that nutrition and physical activity regimens should accompany drug treatment of obesity.

Treatment with anti-obesity medications is highly individualized and will depend on the individual's comorbidities, their current medication regimen, and the potential for adverse effects.

Anti-obesity medications also provide an important therapy option for members who do not meet bariatric/metabolic surgery criteria (discussed below) or those for whom the surgical option is otherwise deemed inappropriate. Carriers should also support the use of anti-obesity medications in consultation with the patient when there are ineffective surgical outcomes such as insufficient weight loss or excessive weight regain post-surgery.

In Carrier Letter [2022-03](#), OPM stated that FEHB Carriers are not allowed to exclude anti-obesity medications from coverage based on a benefit exclusion or a carve out. Carrier Letter [2022-02](#) outlines the requirements for Non-Discriminatory Formulary Design, namely, that a non-discriminatory formulary design does not have cost or access barriers imposed by disease or condition.

FEHB Carriers must have adequate coverage of FDA approved anti-obesity medications on the formulary to meet patient needs and must make available their exception process to members. Carriers must cover at least one anti-obesity drug from the GLP-1 class for weight loss and cover at least 2 additional oral anti-obesity drug options. As new anti-obesity drugs are approved by the FDA, OPM expects Carriers to evaluate and update their coverage of anti-obesity drugs. Carriers should provide access to a range of obesity drugs on the formulary in order to satisfy OPM's requirement in Carrier Letter [2022-02](#) that Carriers must ensure non-discriminatory access to safe, clinically appropriate drug therapy for members with chronic conditions. This includes drug therapies indicated for adolescents age 12 years and older.

In cases where utilization management edits are applied, the process and evidence-based criteria for coverage must be transparent, readily accessible, and follow OPM required turnaround timelines for standard and expedited reviews. We recognize the progress made in covering anti-obesity medications; our goal is to have all Carriers offer adequate coverage.

Bariatric/Metabolic Surgery

Surgical procedures to restrict the size of the stomach or induce malabsorption of ingested calories were first introduced to treat severe obesity in the 1950s. Currently, two of the most performed bariatric surgical procedures are Roux-en-Y gastric bypass and sleeve gastrectomy. The major effect of these surgeries is gastric restriction, causing weight loss, which is then augmented by hormonal changes and leads to improved cardiometabolic outcomes. Bariatric surgery can result in durable weight loss along with improvement of obesity related conditions such as type 2 diabetes and cardiovascular disease. These procedures are now referred to as *metabolic surgery* given the mechanism of action. Surgical techniques are now more refined, improving the safety of these procedures. Evidence now supports surgical procedures for adolescents.

Recent studies report both improved mortality and cardiovascular outcomes with metabolic surgery in individuals with type 2 diabetes and obesity (BMI>35) with suboptimal control of hyperglycemia, despite both optimal medical therapy and lifestyle intervention.² Metabolic surgery is now considered a treatment option in the 2022 guidelines³ put forth by the American Diabetes Association. OPM requests that plans promptly adjust their criteria for metabolic surgery to reflect the most current guidelines.

For questions about this Carrier Letter or other aspects of comprehensive obesity management for the FEHB Program, please e-mail your Health Insurance Specialist.

Sincerely,

Laurie Bodenheimer
Associate Director
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² [Clinical practice guidelines for the perioperative nutrition, metabolic, and nonsurgical support of patients undergoing bariatric procedures – 2019 update](#)

³ [Obesity and Weight Management for the Prevention and Treatment of Type 2 Diabetes: Standards of Medical Care in Diabetes—2022](#)