



Rule 1.5 Use of Diet Medication. Pursuant to Mississippi Code, Section 41-29-139(e), it is unlawful for any physician in this state to prescribe, dispense or administer any amphetamine or amphetamine-like anorectic and/or central nervous system stimulant classified as Schedule II, pursuant to Section 41-29-115, for the exclusive treatment of obesity, weight control, or weight loss.

The Board of Medical Licensure is obligated under the laws of the state of Mississippi to protect the public health and safety. The Board recognizes that inappropriate prescribing of controlled substances, including those used for the purpose of weight

reduction, may lead to drug diversion and abuse by individuals who seek drugs for other than legitimate medical use. Physicians should be diligent in preventing the diversion of drugs for illegitimate purposes.

Prescribing or dispensing a controlled substance for weight reduction or the treatment of obesity should be based on accepted scientific knowledge and sound clinical grounds. All such prescribing and dispensing should be in compliance with applicable state and federal laws.

The physician and/or nurse practitioner/physician assistant being overseen/collaborating to provide comprehensive treatment of obesity shall be present at the facility when he or she prescribes or dispenses controlled substances for the purpose of weight reduction or the treatment of obesity.

As to the administration, dispensation or prescription of controlled substance anorectics in Schedules III, IV and V, use of said medications in the treatment of obesity or weight loss should be done with caution. A physician may administer order, dispense or prescribe said medications for the purpose of weight loss in the treatment of obesity only as an adjunct to a regimen of weight reduction based on caloric restriction, provided the physician complies with the following and that all of the following conditions are met:

- A. An initial comprehensive evaluation is to be conducted by and thoroughly recorded by the prescribing physician and/or mid-level provider prior to the prescribing, ordering, dispensing or administering of any drug. Such evaluation should include a thorough history and thorough physical exam of the patient to include at a minimum:
 1. Past medical history, past surgical history, social history, family history, weight history, dietary history, gynecological (GYN) history if female, review of systems, allergies and medications.
 2. Height, weight, Body Mass Index (BMI), blood pressure, pulse, % body fat or waist circumference/weight hip ratio, HEENT, chest, heart, abdomen, extremities.
 3. Appropriate testing related to medical weight loss (CBC, comprehensive metabolic profile, lipid panel, thyroid panel, EKG, if prior or present history of cardiac disease, hypertension, diabetes, dyslipidemia, or strong family history of cardiac disease age >60
 4. The patient should have a BMI of ≥ 30.0 in a normal otherwise healthy patient, or a BMI ≥ 27.0 in an individual with at least one associated co-morbidity, or current body weight ≥ 120 percent of a well documented, long standing healthy weight that the patient maintained after the age of 18, or body fat $\geq 30\%$ in females, or body fat $\geq 25\%$ in males, or waist-hip circumference such that the individual is known to be at increased cardiovascular and/or co-morbidity risk because of abdominal visceral fat, or presence of a co-morbidity condition or conditions aggravated by the patients excessive adiposity.
 5. Absolute contraindications of Schedule III or IV anorectic drugs for purposes of weight loss management are pregnancy, breast feeding, or severe allergic reactions

to these medications. Relative contraindications of Schedule III and IV anorectics for the purpose of weight loss management are uncontrolled bipolar, uncontrolled epilepsy, uncontrolled hypertension, episodic tachyarrhythmia, excessive stimulation, history of substance abuse, severe anticholinergic effects, such as, extreme dryness of mouth or unmanageable constipation should be addressed with physician prior to starting weight loss medications. Schedule III and IV anorectics can be used in conjunction with any other medications deemed safe by the physician.

- B. The physician shall not utilize any Schedules III, IV or V controlled substance when he or she knows or has reason to believe an absolute contraindication exists or relative contraindication exists that would be harmful to the patient.
- C. The physician shall not initiate or discontinue utilizing controlled scheduled weight loss medication if the patient is in active detoxification and/or withdrawal from an addictive substance/ alcohol.
- D. A physician cannot prescribe, order, or dispense controlled substances for the purpose of weight reduction or treatment of obesity greater than a 30 day supply.
- E. A patient continued on a controlled substance in schedule III, IV, V for the purpose of weight reduction or the treatment of obesity should undergo an in-person re-evaluation once every 30 days. A recording of weight, BMI, blood pressure, pulse, and/or any other test which may be necessary for monitoring potential adverse effects of drug therapy should be completed at each visit. Once medically established goals have been met for an individual patient, it is strongly recommended that reduced dosing and drug holidays be implemented for those patients who need maintenance medication.
- F. Continuation of the prescribing, ordering, dispensing, or administering of controlled substances in schedule III, IV or V should occur only if the patient has continued progress toward achieving or maintaining medically established goals and has no significant adverse effects from the medication.
- G. A physician shall not utilize a Schedules III, IV or V controlled substance or legend drug for purposes of weight loss unless it has an FDA approved indication for this purpose and then only in accordance with all of the above enumerated conditions. The purpose of this rule is to prohibit the use of such drugs as diuretics and thyroid medications for the sole purpose of weight loss.

Any off-label use of any medication that does not have Food and Drug Administration approval for use in the treatment of weight loss is prohibited. Thyroid hormone, diuretics, vitamin B12, B1, B2, B6, methionine, choline, inositol, chromium picolate and human chorionic gonadotropin are examples of medications that may not be used in the sole treatment of weight loss and are not inclusive examples. Off-label use of medication that does not have Food and Drug Administration approval for the sole use and treatment of weight loss is prohibited in individual practice or allowing off-label use by midlevel providers will result in discipline by the Board. (Non FDA approved supplements may be used in the overall treatment of weight loss.)

Record keeping guidelines for medical weight loss: Every physician who prescribes, orders, dispenses, or administers a controlled substance to a patient for the purpose of weight reduction or treatment of obesity is required to maintain medical records in compliance to the above required guidelines. The treatment should be based on evidence based medicine. Adequate medical documentation should be kept so that progress as well as the success or failure of any modality is easily ascertained. The medical record should also contain the information demonstrating the patient's continued efforts to lose weight, the patient's dedication to the treatment program and response to treatment, and the presence or absence of contraindications, adverse effects and indicators of the need to discontinue treatment utilizing controlled substances.

Source: Miss. Code Ann. §73-43-11 (1972, as amended)