DELAWARE HEALTH AND SOCIAL SERVICES

DIVISION OF MEDICAID & MEDICAL ASSISTANCE

Delaware Medical Assistance Program

Request for Medication Prior Authorization
Anti-Obesity Drug (Non-Imcivree)

Submit request via the DMAP Provider Portal or by fax: 1-302-454-0224

The purpose of this record is for payment purposes. The member's medical record must substantiate the information provided on this form and compare for consistency. DMAP reserves the right to request chart records to confirm the information provided below.

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General Information

Member Name: _____ DOB: _____

Medicaid ID Number: _____ Date of Request: _____

Practitioner Name: _____ NPI: _____

Office Phone Number: _____ Office Fax Number: _____

Diagnosis with ICD-10: _____

Requested Medication with Strength: _____

Proposed Directions: _____ Proposed Duration: _____

Is Brand Name Medication Medically Necessary? ☐ Yes* ☐ No *if yes, MedWatch Form 3500 is required

Justification

30% of the United States population is obese and 95% of obese people treated with exercise, diet and or behavior modification are unable to maintain their weight loss at 5-year follow-up.

Research is now producing acceptable adjunctive drugs for the treatment of obesity. The Delaware Medical Assistance Program (DMAP) has the authority to provide coverage of this type of treatment for drugs covered under the Medicaid Program with restrictions since it is an optional service under the Medicaid Program. The DMAP, with consultation of the Drug Utilization Review Board, will determine the inclusion of any Food and Drug Administration (FDA) approved anti-obesity therapy. Applicable guidelines for coverage of these products have been established and will be routinely reviewed.

The only drugs for the treatment of obesity that will be covered are those that are FDA approved as both safe and effective for continuous treatment of at least one-year duration. In order to receive such a covered anti-obesity medication, a patient must meet both the general weight criteria and the specific criteria of at least one clinical co-morbid conditions. Obesity by itself is not sufficient criteria but as a minimum requirement the Body Mass Index (BMI) must be > 27 kg/m2. Weight loss products are only covered where the comorbid disease is not controlled by first line therapies.

As more experience is gained with these medications, more clinical restrictions concerning use may be added.

General Criteria for Approval:

1. Dosage, frequency, and indication are within the Food and Drug Administration approved labeling for patient's age.
2. Appropriate diagnosis codes are provided. Must include co-morbid condition(s) diagnosis code(s).
3. Member must have a BMI > 27 kg/m2.
4. Initial assessment must include a thorough history and physical exam.
5. The patient must have documentation of at least 3 months of prior nutritional therapies and results, prior exercise programs and results, and prior behavior modification attempts and results.
6. The patient must be placed on an appropriate calorie restricted diet and supervised by a qualified dietitian/nutritionist prior to seeking prior authorization. The patient must also be placed on a medically appropriate exercise program.
7. The patient cannot have a contraindicated condition/disease(s) and cannot be currently on other weight loss agents and/or contraindicated medications.
8. Appropriate preferred medications have been utilized and are documented on form and in claim history, or pharmacy profile is attached.
9. Attach appropriate and co-morbid condition specific baseline diagnostic and safety laboratory results with dates.

Initial Authorization

If the patient meets the above requirements, then Prior Authorization will be granted for a 1- month trial of an authorized product at a standard dose.

Reauthorization

Weight loss must be documented during the first 30 days of therapy. In order for the authorization to be renewed after that period, the physician must provide documentation that a substantial, minimal amount of weight loss has occurred. The minimum will be 5% of the baseline weight. If adequate weight loss has occurred, the medication will be dispensed in 30-day supplies and allow for no more than 90 days per authorization. Prior authorization must be renewed every 3 months.

If at any time more than 50% of what has been lost is regained or if total weight loss from the baseline is ever < 5% for adults or < 4% for adolescents, then the prior authorization for this or an essentially similar medicine, as determined by the DMAP, may not be renewed for at least one year.

Authorization Information

1. Are previous weight loss records included? ☐ Yes ☐ No
2. Has documentation of appropriate laboratory and/or diagnostic tests been provided? ☐ Yes ☐ No
3. Current Weight: _____ ☐ Pound (lb) ☐ Kilogram (kg)
4. Current Height: _____ ☐ Inches (in) ☐ Centimeter (cm)
5. Current BMI: _____ kg/m^2
6. Previous Therapy: _____
   _____
   _____
7. Current Therapy: _____
   _____
   _____

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Additional Comments

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