

**VIRGINIA MEDICAID
REQUEST FOR
SERVICE AUTHORIZATION

ANTI-OBESITY DRUGS**



COMMONWEALTH of VIRGINIA
Department of Medical Assistance Services

Requests for service authorization (SA) must include patient name, Medicaid ID#, drug name, and appropriate clinical information to support the request on the basis of medical necessity. Please include all requested information; incomplete forms will delay the SA process. **SUBMISSION OF DOCUMENTATION DOES NOT GUARANTEE COVERAGE BY THE DEPARTMENT OF MEDICAL ASSISTANCE SERVICES AND FINAL COVERAGE DECISIONS MAY BE AFFECTED BY SPECIFIC MEDICAID LIMITATIONS.**

The completed form may be **FAXED TO 800-932-6651**. Requests may be phoned to 800-932-6648.

Requests may be mailed to: Magellan Medicaid Administration / 11013 W. Broad St / Glen Allen, VA 23060 / ATTN: MAP
All questions must be answered

Today's Date: ____/____/____

Requested Start Date: ____/____/____

PATIENT INFORMATION

Name: (Last, First) _____ Medicaid ID#: _____

Date of Birth: ____/____/____ Gender: Male Female

DRUG INFORMATION

All weight loss medications will require SA which include but not limited to the following:

| | |
|---|-------------------------------------|
| Adipex-P®/Suprenza™ (Phentermine) | Didrex®/Regimex® (Benzphetamine) |
| Alli®/Xenical® (Orlistat) | Qsymia™ (Phentermine/Topiramate ER) |
| Belviq® (Lorcaserin) | Radtue® (Diethylpropion) |
| Bontril®/Bontril PDM® (Phendimetrazine) | Saxenda® (liraglutide) |
| Contrave® (bupropion SR/naltrexone SR) | |

Drug Name/ Form: _____ Strength: _____

Dosing Frequency: _____ Length of Therapy: _____

Coverage for these medications will be limited to the following:

1. BMI requirements:

- Body mass index (BMI) \geq 30, if no applicable risk factors
- Body mass index (BMI) \geq 27 with two or more of the following risk factors: Coronary heart disease, Dyslipidemia, Hypertension, Sleep apnea, Type II Diabetes

2. Age restrictions:

- Covered only for members 16 years of age or older (**Exception: Saxenda only covered for members 18 years or older**)

3. Initial Request Requirements:

- No contraindications to use
- No malabsorption syndromes, cholestasis, pregnancy and/or lactation
- No history of an eating disorder (e.g. anorexia, bulimia)
- Previous failure of a weight loss treatment plan (e.g. nutritional counseling, an exercise regimen and a calorie/fat-restricted diet) in the past 6 months and will continue to follow as part of the total treatment plan

4. The written documentation must include:

- Current medical status including nutritional or dietetic assessment
- Current therapy for all medical condition(s) including obesity, identifying specific treatments including medications
- Current accurate height and weight measurements
- No medical contraindications to use a reversible lipase inhibitor (**Xenical**)
- Current weight loss plan or program including diet and exercise plan
- No chronic opioid use concurrently with **Contrave**
- Patient not concurrently on Victoza or other GLP-1 inhibitors (**Saxenda**)

5. If the physician does not have the necessary information, the request will be denied and the fax form requesting additional information will be sent to the prescriber.

6. Length of Authorization:

Initial request: Varies (drug specific)

- Benzphetamine, Diethylpropion, Phendimetrazine, Phentermine, Belviq[®], Qsymia[™], Contrave[®] - 3 months
- Alli[®]/Xenical[®] - 6 months
- Saxenda[®] - 4 months

Renewal requests: Varies (drug specific)

- **Benzphetamine, Diethylpropion, Phendimetrazine, Phentermine** – If member achieves at least a 10 lb weight loss during initial 3 months of therapy, an additional 3-month SA may be granted. Maximum length of continuous drug therapy = 6 months (waiting period of 6 months before next request)
- **Belviq[®]** at least 5% of baseline body weight loss during initial 3 months of therapy, an additional 3-month SA may be granted
- **Qsymia[™]** - If member achieves a weight loss of at least 3% of baseline weight, an additional 3-month SA may be granted. For a subsequent renewal, patient must meet a weight loss of at least 5% of baseline weight to qualify for an additional 6-month SA. Maximum length of continuous drug therapy = 12 months (waiting period of 6 months before next request)
- **Alli[®]/Xenical[®]** - If member achieves at least a 10lb weight loss, an additional 6-month SA may be granted. Maximum length of continuous drug therapy = 24 months (waiting period of 6 months before next request)
- **Contrave[®]** - approve for 6 months with each renewal if weight reduction continues.
- **Saxenda[®]** - If member achieves a weight loss of at least 4% of baseline weight, additional 6-month SAs may be granted as long as weight reduction continues.

Note – Renewal SA requests will NOT be authorized if the member’s BMI is < 24.

Quantity Limit: 34-day supply

7. Assessment: _____

8. Other Diagnoses/Risk Factors: _____

9. Current medications: _____

10. Current body mass index (BMI): _____ Height: _____ Current Weight: _____

11. Are there any contraindication for this use, malabsorption syndromes, cholestasis, pregnancy and/or lactation? YES__ NO__

If YES, please describe:

12. Document details of previous weight loss treatment plans to include diet and exercise plans. Submit copy of plan.

Additional Comments: _____

PRESCRIBER INFORMATION

Name (print): _____ NPI Number: _____

Phone Number: (____) _____-____-____ Fax Number: (____) _____-____-____

Signature of Prescribing Provider: _____

**PLEASE INCLUDE ALL REQUESTED INFORMATION INCOMPLETE FORMS
WILL DELAY THE PRIOR AUTHORIZATION PROCESS**