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Pharmaceutical

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Liraglutide for obesity management

Adjudication Guideline

Approved by:
Daman

Responsible:
Medical Standards & Research

Related Adjudication Guidelines: None

Abstract

For Members

Liraglutide for Obesity management is an injectable prescription medicine which is indicated for weight loss as an adjunct to reduced calorie diet and increased physical activity

For Medical Professionals

Liraglutide for Obesity management is a glucagon-like peptide-1 (GLP-1) receptor agonist indicated as an adjunct to a reduced-calorie diet and increased physical activity for chronic weight management in adult patients with an initial body mass index (BMI) of:

- 30 kg/m2 or greater (obese) (1) or
- 27 kg/m2 or greater (overweight) in the presence of at least one weight-related comorbid condition (e.g. hypertension, type 2 diabetes mellitus, or dyslipidemia)

Scope

This Adjudication Rule highlights the coverage and payment requirements of Liraglutide for Obesity management by Daman as per policy terms and conditions. It also highlights the dosage for 4 months (16 weeks) according to FDA.

Adjudication Policy

Eligibility / Coverage Criteria

Liraglutide for obesity management is a speciality drug, which can be prescribed by the following clinicians:

Eligible clinician specialities
Internal Medicine
Endocrinology
Family Medicine

Medical professionals:

- Before the provider submits preauthorisation request, they should fill in the questionnaires (kindly refer to appendix B) and submit with the request.
- Upon successful eligibility, the first authorization prescription will be 4months (16weeks), however the drug will be dispensed on 2 monthly basis (i.e. first initial prescription and one refill prescription).
- After the completion of the 16 weeks, an updated questionnaire should be submitted with each prescription showing the continued favourable response to the medication (evident as maintenance or further weight loss of the patient).
- All preauthorisation requests subsequent to the first one, will follow standard authorization protocol as relevant to the individual member's Schedule of Benefits.
- Claim will be rejected if the request has not been authorized.

General eligibility requirements for pharmacies to dispense the medication:

- Ability to track patient's history.
- Ability to store the prescription.
- Ability to record and document patient weight (kg) upon each monthly dispense encounter.

*N.B: *Daman may request the patient's data from the pharmacy prior to any approval and for audit purposes.*

Dosage:

Recommended dosage of Liraglutide for Obesity management is 3mg daily.

Dose Escalation Schedule

Week	Daily Dose
1	0.6 mg
2	1.2 mg
3	1.8 mg
4	2.4 mg
5 and onward	3 mg

Evaluate the change in body weight 16 weeks after initiating Liraglutide for Obesity management and discontinue Liraglutide for Obesity management if the patient has not lost more than 4% of baseline body weight, since it is unlikely that the patient will achieve and sustain clinically meaningful weight loss with continued treatment.

Important facts:

- Liraglutide for Obesity management is not indicated for the treatment of type 2 diabetes mellitus.
- Liraglutide (6mg/ml) and Liraglutide (6mg/ml) both are same active ingredient, therefore is not covered when used together.
- Liraglutide for Obesity management should not be used in combination with any other GLP-1 receptor agonist.
- Liraglutide for Obesity management should not be used in patients taking insulin.
- Safety and efficacy has not been established in people with cardiovascular disease, with history of pancreatitis or concurrent use with other products intended for weight loss including prescription drugs, over the counter drugs, herbal preparations.
- Liraglutide for Obesity management is contraindicated in patients with a personal or family history of medullary thyroid carcinoma (MTC) or in patients with MEN 2.
- Liraglutide for Obesity management is contraindicated in patients with prior hypersensitivity reactions to Liraglutide.
- Liraglutide for Obesity management is contraindicated during pregnancy.
- Liraglutide for Obesity management should be discontinued in nursing mothers.

Use of Liraglutide for Obesity management in paediatric age group:

Safety and efficacy has not been established in paediatric age group patients. Liraglutide for Obesity management is not recommended for use in paediatric population.

Requirements for Coverage

- ICD and CPT codes must be coded to the highest level of specificity.
- Failure to submit, upon request or when requesting a clinical history, indication the need for testing will result in rejection of claim.

Non-Coverage

Plan	Coverage
Visitor plan	Not covered
Basic plan	Not covered
Enhanced plan	Coverage as per SOBs
Thiqa	Covered

Payment and Coding Rules

Please apply regulator payment rules and regulations and relevant coding manuals for ICD, CPT.

Denial codes

Code	Code description
MNEC-003	Service is not clinically indicated based on good clinical practice
MNEC-004	Service is not clinically indicated based on good clinical practice, without additional supporting diagnoses/activities
MNEC-005	Service /supply may be appropriate , but too frequent
NCOV-003	Service(s) is (are) not covered
PRC-002	Payment is included in allowance for another service

Adjudication Examples

Example 1

Question: A 30 year old female started Liraglutide for Obesity management with baseline weight of 90kg and height of 5 foot and 6 inches and BMI of 32.0. After 16 weeks patient is evaluated for weight loss and her new weight is 84 kg and her new BMI is 29.9. Can this patient continue Liraglutide for Obesity management for another 16 weeks?

Answer: Yes, she can continue, as she lost more than 4% of her baseline body weight.

Example 2

Question: A 30 year old male started Liraglutide for Obesity management with baseline weight of 90kg and height of 5 foot and 6 inches and BMI of 32.0. After 16 weeks patient is evaluated for weight loss and his new weight is 88 kg and her new BMI is 31.3 Can this patient continue Liraglutide for Obesity management for another 16 weeks?

Answer: No, the patient did not meet the criteria to continue Liraglutide for Obesity management for another 16 weeks as per FDA. Claim will be rejected.

Appendices

A. References

1. *https://www.accessdata.fda.gov/drugsatfda_docs/label/2014/206321Orig1s000lbl.pdf*

2. *https://www.karger.com/Article/FullText/442721*
3. *http://www.obesitynetwork.ca/files/FULLREPORTfinalENG.pdf*
4. *https://ec.europa.eu/health/documents/community-register/2015/20150323131125/anx_131125_en.pdf*
5. *https://www.nice.org.uk/guidance/es14/resources/obese-overweight-with-risk-factors-liraglutide-Liraglutide for Obesity management-pdf-1158115342021*

B. Questionnaire :

https://www.damanhealth.ae/main/pdf/support/Questionnaire/LiraglutideforobesitymanagementQuestionnaire.pdf

Liraglutide for obesity management Questionnaire

Patient card number:
Patient age:
Patient contact no:
Provider name:
Prescribing physician specialty:

CLINICAL CRITERIA

Diagnosis (check the applicable):

- ☐ Over-weight
- ☐ Obesity
- ☐ BMI 27.0 – 27.9
- ☐ BMI 28.0 – 28.9
- ☐ BMI 29.0 – 29.9
- ☐ BMI 30.0 – 30.9
- ☐ BMI 31.0 – 31.9
- ☐ BMI 32.0 – 32.9
- ☐ BMI 33.0 – 33.9
- ☐ BMI 34.0 – 34.9
- ☐ BMI 35.0 – 35.9
- ☐ BMI 36.0 – 36.9
- ☐ BMI 37.0 – 37.9
- ☐ BMI 38.0 – 38.9
- ☐ BMI 39.0 – 39.9
- ☐ BMI 40.0 – 44.9
- ☐ BMI 45.0 – 49.9
- ☐ BMI 50.0 – 59.9
- ☐ BMI 60.0 – 69.9
- ☐ BMI 70.0 or greater

Co-morbidities :

- ☐ Heart disease
- ☐ Diabetes mellitus type 2
- ☐ Dyslipidaemia
- ☐ Hypertension
- ☐ Endocrine disorders
- ☐ Eating disorders

Other co-morbidities (please specify): _____

First prescription :

Date of first prescription : _____/____/____
DD MM YYYY

Height (cm)	Weight (kg)	BMI

Liraglutide (Saxenda)	Dose	No. of pens dispensed
First week (1st month)		
Second week (1st month)		
Third week (1st month)		
Fourth week (1st month)		
Second month		
Third month		
Fourth month		

Patient received diet plan:
□ YES □ NO

Patient receive an exercise plan:
□ YES □ NO

Repeat prescription :

Liraglutide (Saxenda®)dispense month	Dose	No of pens dispensed	Weight (kg)	BMI
Month no-				
Month no -				
Month no -				
Month no -				
Month no -				
Month no -				
Month no -				
Month no -				
Month no -				
Month no -				
Month no -				
Month no -				

C. Revision History

Date	Change(s)
20 January 2018	Release of V1.0
10-01-2023	Questionnaire link update