Provider Education

Instructions for Prescribing Select Anti-Obesity Agents

MISSISSIPPI DIVISION OF MEDICAID

Request for Accurate Patient Information

The Mississippi Division of Medicaid continues to work towards examining outcomes and changes in healthcare resource utilization among individuals initiating glucagon-like peptide-1 receptor agonists (GLP-1s) for the treatment of obesity. Previous work can be found here: Drug Utilization Review Board - Mississippi Division of Medicaid.

Accurate patient information is essential for reliable data analysis. Additionally, diagnosis codes present on a prescription and claim increase the likelihood of a claim undergoing DUR+ or the electronic prior authorization process (see DUR+ section for more information). For prescribers, please ensure that an updated and accurate diagnosis code is written or submitted on the prescription. For pharmacies, please ensure that diagnosis codes entered on claims are aligned with those submitted by the providers.

Drug Utilization Review+ (DUR+)

Gainwell's DUR+ process is a proprietary electronic prior authorization system used for MS Medicaid pharmacy claims. It performs an upfront, automated review within the claims system using defined algorithms and member claims data, helping providers avoid completing a traditional manual PA when possible. This review occurs each time a claim is processed for any agent or drug class with associated DUR+ rules.

DUR+ Rule(s) for Anti-Obesity Agents

The DUR+ rule for anti-obesity agents includes Foundayo®, Wegovy®, and Zepbound®. The DUR+ criteria generally consider:

- Age ≥ 18 years
- Diagnosis of a body mass index (BMI) indicating obesity (using ICD-10 codes)
- No recent diagnosis of pregnancy
- No concurrent claims with Imcivree®, Xenical®, or another GLP-1 agonist (including the requested agent) in the past month

To optimize the use of the DUR+ rule and reduce the completion of any unnecessary manual PAs, it is recommended that the pharmacy should submit the claim prior to the submission of a manual PA request. Submission of a manual PA will be required when DUR+ criteria are not met. See next section for more information.

Members may obtain authorization through the DUR+ rule for up to 12 months. To confirm continued appropriateness of therapy and allow data collection, reauthorization after 12 months requires submission of a manual PA. Throughout the initial phase of treatment, please ensure that clinical documentation addresses the criteria needed for reauthorization (see manual PA packet for Anti-Obesity Select Agents for reauthorization criteria).

Manual Prior Authorization

Submission of a manual PA and clinical review will be required when DUR+ criteria are not met (e.g., members who are younger than 18 years, members who are overweight with a comorbid condition, members who are dual-eligibles, or pharmacy claims without an ICD-10 diagnosis on the claim).

The manual PA packet for Anti-Obesity Select Agents can be found here: Drug Prior Authorization (PA) - Mississippi Division of Medicaid. With the PA request, please also submit supporting clinical chart notes that include the treatment and dosing titration plan.

Please submit your PA requests through the Gainwell Provider Web Portal (preferred route) or fax completed PA forms to the number below. When submitting PA requests through the web portal, please ensure that all documents, such as the Anti-Obesity Select Agents packet and supporting clinical chart notes, are uploaded as well. The phone and fax numbers for the Gainwell Pharmacy PA Unit are listed below.

Toll-free: 833-660-2402

Fax: 866-644-6147

Associated Quantity Limits and Other Audits/Edits

Anti-obesity agents should be prescribed in compliance with the Division of Medicaid's monthly drug service limits. Anti-obesity agents may not exceed a 30-days supply. The following quantity limits have been established.

Product	Quantity Limit
Anti-Obesity Medications Available as Oral Tablets	30 tablets per 30 days
Anti-Obesity Medications Available as 0.5 mL Single Use Forms or 2 mLs Package Size	2 mLs per 28 days
Anti-Obesity Medications Available as 0.75 mL Single Use Forms or 3 mLs Package Size	3 mLs per 28 days

If the quantity limit needs to be exceeded, please submit a max unit override request with any supporting clinical documentation. This request will be reviewed for clinical appropriateness, and if approved, a super PA will be granted. The Max Unit Override form can be found here: Drug Prior Authorization (PA) - Mississippi Division of Medicaid.

Additionally, concomitant use of GLP-1 receptor agonists, whether prescribed for diabetes or weight management, or multiple anti-obesity agents will not be covered.

Other Prior Authorization Instructions

For adults requiring more than 6 prescriptions per month, please also submit Page 2 of the Universal PA form. For patients who need an early refill, please submit the Max Unit Override form. Both forms can be found here: Drug Prior Authorization (PA) - Mississippi Division of Medicaid.