IHCP bulletin

INDIANA HEALTH COVERAGE PROGRAMS

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IHCP to cover weight-loss medications in select cases under EPSDT

The Indiana Health Coverage Programs (IHCP) may cover weight-loss medications for eligible Medicaid members under the age of 21 through the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) program.

The two drugs currently approved by the Food and Drug Administration (FDA) for weight loss that may be available for an EPSDT eligible member with an approved prior authorization (PA) are Wegovy (semaglutide) and Saxenda (liraglutide).

The fee-for-service (FFS) PA vendor, Kepro, or attributed managed care entity (MCE) will review PA requests for these medications to determine medical necessity. Prescribing providers are encouraged to submit PA requests for FFS using Kepro's Atrezzo Provider Portal. Requests are to be submitted using the generic codes J3490, J3590 and C9399, but it is imperative that the specific drug name be chosen in the associated questionnaire in the Atrezzo Provider Portal or clearly listed on the faxed PA form.



Medical necessity determination for the FDA-approved weight-loss medications under EPSDT for members under the age of 21 will be on a case-by-case basis using peer-reviewed literature. Medical necessity reviews will take into account a particular member's needs and clinical assessment. Additional guidance may be found in the <u>EPSDT Services</u> provider reference module.

PA requests should include a diagnosis of morbid obesity with comorbid conditions and documentation of nutritional counseling and/or weight-loss programs and any pharmacological agents or interventions that have been used by the member. Reassessments of medical necessity for continued authorization will occur every six months.

Upon authorization, the prescriber may submit the prescription through the normal pharmacy ordering process.

Individual MCEs establish and publish reimbursement, PA requirements and billing criteria within the managed care delivery system. Questions about managed care reimbursement, PA and billing should be directed to the MCE with which the member is enrolled.

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