

Thiqa reimbursement policy for obesity medications

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1. Policy Purpose and Brief

Purpose

The primary objective of this policy is to regulate the coverage for pharmacological therapies medically prescribed and used in obesity management within the Thiqa. This policy delineates the instances and conditions under which patients who benefit from obesity treatments are eligible for coverage of their medications. Furthermore, the policy outlines a system to promote and ensure healthier lifestyles for patients, while mitigating risks such as medication waste, misuse, and suboptimal health outcomes due to non-compliance. This document is not a guideline on a clinical management system, and it in no way replaces the clinical judgement of the clinician.

For clinical management, this document refers to “*Standard for non-surgical management of obesity*”

Intended results

The intended result of this policy is to provide coverage for effective weight management amongst patients with obesity, and particularly patients with multiple obesity-related complications, enhanced overall health outcomes resulting from that, improved adherence to obesity management medications (incl. GLP-1 agonist treatment regimens), and an equitable prioritization of healthcare resources.

Additionally, the policy aims to ensure that the coverage is regulated efficiently and effectively, ensuring patient safety and deterring non-compliance from the coverage. Regular monitoring and evaluation will be conducted to assess the effectiveness of the policy and make necessary adjustments to optimize its impact.

Benefits of regulating the coverage

- **Improved adherence:** Encourage patient adherence and compliance with the prescribed drug treatment regimen and activity requirements.
- **Patient Safety:** To ensure the prescribed drugs treatment are monitored by trained health care professional for tolerance and side effects.
- **Optimized health outcomes:** Promotes improved lifestyle, regular exercise and better management of obesity-related complications.
- **Cost efficiency:** Only patients who remain compliant are entitled to avail the coverage for obesity medication.
- **Accessibility:** Anchored in primary care model, ensuring broad access through obesity certified primary care physician.

2. Definitions and Abbreviations

No.	Term / Abbreviation	Definition
2.1	AHI	Apnea-Hypopnea Index (severity scoring)
2.2	BMI	Body Mass Index
2.3	GLP-1 agonist	Glucagon-like peptide-1 receptor agonists
2.4	HCP	Healthcare Practitioner
2.5	Malaffi	Abu Dhabi's Health Information Exchange
2.6	MDT	Multidisciplinary team for weight management
2.7	OMM	Obesity Management Medication
2.8	PCOS	Polycystic Ovarian Syndrome
2.9	Sahatna	Application by Department of Health that helps residents track their health, access medical records, and connect with healthcare providers
2.10	Thiqa	Comprehensive health program offered by the Abu Dhabi government to eligible UAE nationals and likened in the Emirate of Abu Dhabi

3. Policy Content

3.1 SCOPE

- 3.1.1 Thiqa patients will be covered for OMM where it is determined they have satisfied the requirements stated in the *Standard for non-surgical management of obesity*, and the criteria stated in this policy.
- 3.1.2 This policy only applies to the adult population (aged 18 and above).
- 3.1.3 The eligibility criteria apply for all OMM available, including, but not limited to, GLP-1 agonists and phentermine-topiramate combination therapies.

3.2 ELIGIBILITY CRITERIA FOR COVERAGE OF OMM

- 3.2.1 Patients diagnosed and treated in line with requirements set in *Standard for non-surgical management of obesity*.
- 3.2.2 **BMI:** Equal to or greater than 30, with specified requirements for obesity-related complications based on BMI level:
 - 3.2.2.1 BMI 30.0-34.9 must have one of the following complications:
 - Cardiovascular & ischemic heart disease
 - Asthma, severe (confirmed by pulmonologist)
 - Arthropathy, disabling
 - Dyslipidemia (severe, as demonstrated by high lipid levels)
 - Hypertension
 - Non-alcoholic fatty liver disease and steatohepatitis
 - Obesity syndrome hypoventilation (Pickwickian syndrome)
 - Obstructive sleep apnea, severe (as demonstrated by AHI > 30)
 - PCOS with infertility (confirmed by gynecologist)
 - Urinary incontinence, severe (confirmed by urologist)
 - 3.2.2.2 BMI 35.0-39.9 must have one of the following complications:
 - Cardiovascular & ischemic heart disease
 - Asthma (confirmed by pulmonologist)
 - Arthropathy, disabling
 - Dyslipidemia
 - Hypertension
 - Non-alcoholic fatty liver disease and steatohepatitis
 - Obesity syndrome hypoventilation (Pickwickian syndrome)
 - Obstructive sleep apnea
 - PCOS with infertility (confirmed by gynecologists)
 - Urinary incontinence, severe (confirmed by urologist)
 - Vascular disease
 - Severely reduced quality of life (determined by obesity multidisciplinary team)
 - 3.2.2.3 BMI 40.0 or above – no complications required
 - 3.2.2.4 Age: 18yrs & above
- 3.2.3 **Prescriber:** To ensure compliance with eligibility criteria and coverage requirements, the prescription must be issued by one of the following physicians
 - 3.2.3.1 Primary care physician (family medicine physician) & Internal medicine with obesity management certification approved by DoH.

3.2.3.2 Specialist physician with training and certification in obesity management (e.g., endocrinology, diabetology or similar)

3.2.4 **Cross check for effective treatment**

3.2.4.1 To assess the effective treatment and coverage, that patient should fulfil the following:

- Maintained weight loss: >5% weight loss compared to baseline (pre-treatment) weight.
- Sustained physical activity in line with best practice: Patient is mandated to meet any of the criteria below, unless there is a medical reason to lower or adjust the criteria temporarily.
 - 75 min vigorous exercise per week on average, defined as 70-85% of the individual's maximum heart rate
 - 150 min moderate exercise per week on average, defined as 50-70% of the individual's maximum heart rate
 - 10,000 steps per day on average
 - Individualized training or activity programs as mandated by physician or multidisciplinary team, in collaboration with other relevant healthcare professionals (only in cases where the patient's medical condition does not allow to meet the bar set of the above criteria)
- Exceptions: The prescribing physician may apply exceptions to weight loss >5% criteria for each period, (e.g., conditions which drive weight gain independently from caloric intake such as increase oedema), and activity criteria exception may apply if a medical reason hinders the patient from being active (e.g., hospitalization, bone fracture, severe arthrosis etc.).
- Compliance: Physicians must encourage patients to download the SEHANTA app (or any other compatible fitness application that synchronizes with SEHANTA) and utilize wearable devices to automatically report physical activity. The synchronized tracking report within the Malaffi portal is mandatory, ensuring documented evidence of effective treatment and securing continued program enrolment.
- If a patient is exempt or if the physical activity criteria are adjusted, these modifications must be reported either manually or automatically. Proper documentation and supporting evidence are required to maintain compliance.
- Additionally, further investigation criteria will be implemented to ensure adherence to compliance requirements, supporting continuous monitoring and policy enforcement.

3.3 **Obesity Program**

3.3.1 **Registration:** Once a patient has fulfilled the criteria under section 3.2 and indicates willingness to enroll in the obesity program, the prescriber will register the patient in the program and provide a one-month trial treatment

3.3.2 **Baseline:** Prior to initiating OMM therapy, patient's baseline (pre-medication) body weight is measured and applied for later audit of treatment effect and adherence. If the patient has already been using OMM, the baseline will be the pre-medication weight recorded in electronic health records.

3.3.3 **Treatment:** Patients are encouraged to counsel with licensed healthcare professionals (e.g., physiotherapist, doctor, nutritionist), within their regular health service providers as they see fit, to facilitate lifestyle change. Refer to *Standard for non-surgical management of obesity*.

3.3.4 **1-month initial trial:** Upon initiating OMM therapy for eligible patients (see 3.2), patients are to be prescribed the selected medication for one month of supply (for coverage

reimbursement refer to section 3.4)

3.3.4.1 The purpose of this trial period is to ensure that the patient can tolerate the medication, with regards to the common side and adverse effects (e.g., nausea) which frequently cause patients to drop-off.

3.3.5 **Enrolment:** following the completion of the trial, the patient may be prescribed up to a 3-month supply by the prescriber, provided both the patient and prescriber agree to continue the treatment if it proves effective. (for coverage reimbursement, refer to section 3.4)

3.4 REQUIREMENT FOR COVERAGE

3.4.1 **Cross-check of eligibility for coverage:**

3.4.1.1 At the end of the first 4-months of the program enrolment period, the prescriber will evaluate the effectiveness of the treatment. If it is effective, the patient will be covered and reimbursed for the dispensed OMM cost under the obesity program and subsequent treatment will be covered on direct billing. The effectiveness will be assessed based on the criteria (refer to 3.2.4).

3.4.1.2 **Initial 4 Months:**

3.4.1.2.1 If the patient loses more than 5% of their initial body weight but has not complied with lifestyle changes condition:

- No reimbursement for the OMM for the initial 4 months dispensed.
- OMM will still be prescribed and covered for another 3 months on direct billing and the patients should comply with criteria (refer to 3.2.4)

3.4.1.3 **Subsequent 3 months**

3.4.1.3.1 If the patient still doesn't meet all conditions (refer to 3.2.4):

- The patient will not be covered for OMM for subsequent months.
- The patient will be considered as having opted out due to ineffective treatment.

3.4.2 **Submission:** All eligible patients who meet the coverage requirements of the Obesity program are required to apply to the Thiqa app, to receive their reimbursement of OMM cost as mentioned 3.4. This ensures continuous support and adherence to the program's requirements for effective obesity management.

3.4.3 **Non-eligibility for coverage:** If the criteria outlined in 3.4 are not met (not including exceptions outlined in the policy) the patient will not receive coverage as per the period mentioned above.

3.5 MAINTENANCE, MONITORING AND DROP-OFF

3.5.1 **Continuation:** Once the patient is enrolled in the program, their coverage for OMM will continue as it was at the time of initiation, if the patient maintains the weight loss & BMI improvements and compliance with lifestyle changes i.e. effective treatments.

3.5.1.1 Patients are eligible to continue receiving coverage of OMM cost for the maintenance dose, even if their BMI reaches 24.9 or below.

3.5.1.2 Continuation of treatment to be determined at the discretion of the prescriber every 3 months and as per effectiveness criteria.

3.5.2 **Stopping criteria:** To be determined at the discretion of the prescriber if the treatment is not effective.

3.5.3 **Drop-off:** coverage of OMM costs necessitates a long-term commitment to ensure effective treatment. If a patient withdraws from the Obesity program without a valid medical reason or guidance from healthcare professionals, they will be opted out of the

obesity program. However, patients may re-enroll in the program at any time, but they will have to start again from the beginning of the obesity program.

3.6 MAIN REQUIREMENTS AND KEY SUCCESS FACTORS FOR EFFECTIVE TREATMENT

3.6.1 Clear communication: Ensure that patients are fully informed about the treatment effectiveness criteria, coverage and reimbursement, lifestyle requirements, and consequences of non-compliance. This responsibility lies with all clinical parties involved.

3.6.2 Measurement and Monitoring tools

3.6.2.1 Activity criteria are recommended to be measured through a wearable device that monitors steps and heart rate (e.g., smartwatch, fitness tracker). It is expected that the patient, as advised by the prescriber, will connect the wearable device or health app to SEHATNA. This ensures tracking compliance with activity and lifestyle changes and enables monitoring of health metrics progression to ensure treatment effectiveness and enablement of coverage.

3.6.2.2 For patients who do not have access to required technologies, and are particularly medically constrained, exceptional circumstances may be granted. These include manual monitoring of weight and food intake registration, and enrolment to weight management program which should have a monitoring scheme.

3.6.2.3 The prescriber must provide clear justification based on patient assessment.

3.6.3 Data collection: A robust data collection method to track patient adherence and outcomes are crucial for the success of the program.

3.6.4 Data privacy and security: Ensure data collected through Sahatna app and other monitoring tools is securely stored and complies with data privacy regulations. Patients should be informed about how their data will be used and protected.

3.7 CONSIDERATIONS

3.7.1.1 If pharmacogenomics genotype report is available at the point of prescription, make sure to check the updated literature regarding pharmacogenomics.

3.7.1.2 Ensure the Patient has signed and understood the content of the patient's consent, as per the newly developed standard. Please refer to the DoH relevant documents.

4. Policy Roles and Responsibilities

Stakeholder name	Stakeholder Key Role
Department of Health	To ensure policy remains updated on developments and amend accordingly.
Healthcare providers	<p>To uphold the criteria stated by the policy in clinical practice</p> <p>Licensed Healthcare Professional: All DoH licensed healthcare professionals certified in Weight management must provide clinical services in accordance with the requirements of the Standard for Non-Surgical Management of Obesity, and the relevant DoH Standards associated.</p> <p>The weight management services can be provided through the multidisciplinary team (MDT) for weight management which includes licensed physician, dietitian/nutritionist, exercise physiologist, behavioral therapist/psychologist, nurse/nurse practitioner and</p>

	<p>other allied healthcare professional to comprehensively address the complex nature of obesity,</p> <p>Provider should self-report compliance and KPIs mentioned in the Standard for Non-Surgical Management of Obesity, and the relevant DoH Standards associated.</p>
Thiqa TPA	To ensure compliance with the policy
Patient	Patients will do their best to meet the enrolment criteria for effective treatment and coverage.

5. Policy Scope of Implementation

This Policy applies to Thiqa and all DoH licensed Weight Management providers within the Emirate of Abu Dhabi.

6. Exempted from Policy Scope

Exclusions and Limitations of the obesity management medications Policy for Non-Compliance

Non-Applicable Cases:

1. **Non-Medical Use:** The policy does not apply to the use of OMMs for non-medical purposes, such as cosmetic weight loss or enhancement. These medications are strictly regulated for medical use in managing obesity and related complications.
2. **Unapproved Indications:** The policy excludes the use of OMMs for indications not approved by relevant health authorities. Off-label use is not covered under this policy unless supported by robust clinical evidence and sanctioned by regulatory bodies.
3. **Pediatric Patients:** The policy does not apply to pediatric patients unless specific guidelines and approvals are established for this age group. The current focus is on adult patients with obesity.
4. **Pregnant or Nursing Women:** The use of OMMs in pregnant or nursing women is excluded due to potential risks to the mother and child. Alternative weight management strategies should be considered for these populations.
5. **Patients with Specific Contraindications:** Patients with known contraindications to specific medications, such as a personal or family history of medullary thyroid carcinoma or multiple endocrine neoplasia syndrome type 2, or a personal history of pancreatitis are excluded from this policy.
6. **History of intolerance to OMMs:** Previous experience of adverse effects on a previous OMM of the same class

Event or Place-Specific Exclusions:

1. **Emergency Situations:** The policy does not apply in emergency medical situations where immediate weight loss intervention is not the primary concern.
2. **Non-Healthcare Settings:** The policy is not applicable in non-healthcare settings such as fitness centers, wellness spas, or other non-medical establishments.

7. Enforcement and Compliance (Consequences/sanction of not applying policy by related stakeholder)

Non-Compliance Consequences:

DoH-licensed providers who have eligible prescriber and Thiqa's TPA must comply with the terms and requirements of Thiqa's rules & regulations & the provisions of this Policy.

DoH may impose sanctions in relation to any breach of requirements under this Policy in accordance with the

8. Monitoring and Evaluation (Key success factors)

DoH has put in place clear monitoring mechanisms to assess the policy.

Performance will be evaluated based on mechanisms such as:

- Enrolment of patients (within scope of coverage)
- Rate of adherence to prescribed treatments
- Clinical outcomes, such as weight loss and reduction in obesity-related complications

9. Relevant Reference Documents

No.	Reference Date	Reference Name	Relation Explanation / Coding / Publication Links
1	May 03, 2024	Obesity in adults: Prevalence, screening, and evaluation	Obesity in adults: Prevalence, screening, and evaluation - UpToDate
2	July 2023	Obesity: identification, assessment and management	Obesity: identification, assessment and management (nice.org.uk)
3	June 2024	Obesity National clinical management guidelines	https://www.researchgate.net/profile/Noora-Al-Shihi/publication/381291045_Obesity_National_clinical_management_guidelines/links/6665b94a85a4ee7261b2e6ea/Obesity-National-clinical-management-guidelines.pdf?_tp=eyJjb250ZXh0Ijp7ImZpcnN0UGFnZSI6InB1YmxpY2F0aW9uIiwicGFnZSI6InB1YmxpY2F0aW9uIn19
4	Sep 2024	Obesity in adults: Overview of management	Obesity in adults: Overview of management - UpToDate
5	2023	Standard for the Principles and Procedures Governing the Recovery of Payment for Healthcare Services under the Health Insurance Scheme	https://www.doh.gov.ae/-

6	2011	HAAD Standard for Medical Billing Services in the Emirate of Abu Dhabi	HAAD Standard for Medical Billing Services in the Emirate of Abu Dhabi
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