

**To:** Jai Medical Providers  
**From:** MC-Rx  
**Date:** January 31, 2025  
**Subject:** Formulary Update - Zepbound

Effective 2/5/2025, Zepbound will be added to the formulary with a prior authorization requirement. The required criteria for Zepbound is listed below, and approval is limited to treating moderate to severe obstructive sleep apnea (OSA) in adults with obesity. Other use for weight loss remains excluded under the Maryland Medicaid HealthChoice program and will not be approved.

**Prior Authorization Criteria:**

<b>Medication</b>	<b>ZEPBOUND INJECTION</b>
<b>Covered Uses</b>	<ul style="list-style-type: none"> <li>Treatment of moderate to severe obstructive sleep apnea (OSA) in adults with obesity.</li> </ul>
<b>Exclusion Criteria</b>	<ul style="list-style-type: none"> <li>Use for weight loss when not being used to treat moderate to severe OSA in adults;</li> <li>Use in patients with type 2 diabetes (other GLP-1 products on formulary for treatment of diabetes);</li> <li>Co-administration with any other GLP-1 receptor agonist products;</li> <li>Use that is not in accordance with FDA-approved prescribing information for the product.</li> </ul>
<b>Required Medical Information</b>	<p>All of the following:</p> <ul style="list-style-type: none"> <li>Prescribed by or in consultation with a sleep specialist, pulmonologist, or other provider experienced in treating OSA;</li> <li>Moderate to severe OSA as diagnosed by polysomnography with an apnea-hypopnea index (AHI) <math>\geq</math> 15 events per hour;</li> <li>BMI <math>\geq</math> 30 kg/m<sup>2</sup>;</li> <li>Provide current height and weight measurements (within the last 90 days)</li> <li>Patient meets FDA-approved prescribing information clinical parameters for use (i.e. no contraindications, appropriate screening and monitoring have been completed);</li> <li>If the patient has a diagnosis of Type 2 Diabetes Mellitus (T2DM), they must use a GLP-1 receptor agonist indicated for T2DM;</li> <li>Will not be used concurrently with other tirzepatide-containing products or GLP-1 receptor agonists.</li> </ul>
<b>Age Restriction</b>	Only for patients 18 years of age and older
<b>Prescriber Restriction</b>	Prescribed by or in consultation with a sleep specialist, pulmonologist, or other provider experienced in treating OSA.
<b>Quantity Limitations</b>	Four (4) pens/28 days, any strength

<b>Medication</b>	<b>ZEPBOUND INJECTION</b>
<b>Coverage Duration</b>	Six (6) months for initial approval and subsequent renewals
<b>Renewal Criteria</b>	<ul style="list-style-type: none"> <li>• Prescriber attestation of continued clinical benefit and subsequent evaluation and monitoring performed;</li> <li>• Current BMI, height, and weight measurements must be included with the request for renewal;</li> <li>• Renewal requests will NOT be authorized if the member's BMI is &lt; 30 kg/m<sup>2</sup>;</li> <li>• Therapy beyond 12 months will require repeat documentation confirming moderate to severe OSA and annually thereafter.</li> </ul>

*Providers can contact MC-Rx's Prior-Authorization Department at 800-555-8513 for assistance with PA requests or questions regarding clinical guidelines. Our PA Department is available Monday through Friday from 8:30 am-5:30 pm EST. For assistance with PA requests during non-business hours please contact our 24-hour customer service department at 800-213-5640.*