

To: Jai Medical Providers
From: MC-Rx
Date: December 1, 2025
Subject: Formulary Update – December 2025

Effective immediately, the following update has been made to the limitations for formulary statins:

- Statin Medications on the formulary that cost up to \$200 for a 90-day supply will be available in up to 90-day supplies, after an initial 30-day supply of the medication has been received.

Effective immediately, the following medications have been added to the drug list with a quantity limit and prior authorization requirement:

- Ozempic Pen Injector – Criteria included below

Medication	SEMGAGLUTIDE (OZEMPIC PEN INJECTOR 0.25MG OR 0.5MG/DOSE (2MG/3ML) OZEMPIC PEN INJECTOR 1MG/DOSE (4MG/3ML) OZEMPIC PEN INJECTOR 2MG/DOSE (8MG/3ML))
Covered Uses	<p>All FDA approved indications:</p> <ul style="list-style-type: none"> • Indicated as an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes mellitus • Indicated to reduce the risk of major adverse cardiovascular events (cardiovascular death, non-fatal myocardial infarction, or non-fatal stroke) in adults with type 2 diabetes mellitus who have established cardiovascular disease. • Indicated to reduce the risk of sustained eGFR decline, end-stage kidney disease, and cardiovascular death in adults with type 2 diabetes mellitus and chronic kidney disease.
Exclusion Criteria	<ul style="list-style-type: none"> • Use for weight loss is not covered (anti-obesity medications are excluded under the HealthChoice program); • Co-administration with any other GLP-1 receptor agonist products is not covered; • Use that is not in accordance with FDA-approved prescribing information for the product is not covered
Required Medical Information	<p>For First Prescription Only:</p> <ul style="list-style-type: none"> • Diagnosis of type II diabetes mellitus; and • Must have tried at least 2 antidiabetic agents such as metformin, sulfonylureas, thiazolidinedione or insulin and not achieved adequate glycemic control despite treatment or intolerant to other antidiabetic medications.

Max Quantity Per Month	One 3mL pen per 28 days (the initial 0.25/0.5mg dose pen should be filled as a 42-day supply)
Max Refills Per Year	Twelve (12) Refills
Required Information for Previous Trials of Rx	<ul style="list-style-type: none"> • A trial, or failure, of a medication is defined by a minimum sixty (60) day trial, UNLESS there is a contraindication that medication • Failure is defined as hbA1c ≥ 7 after trying the medication for at least 60 days
Other Criteria	

All changes in this notice supercede any previous edits to the formulary.

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.