

To: Jai Medical Providers
From: MC-Rx
Date: April 1, 2026
Subject: Formulary Update – April 2026 – Generic Symbicort and Wegovy tablets

Effective immediately, the following products have been updated and no longer have a PA requirement but do have a quantity limit (2 inhalers per month or 6 inhalers as a 90 day supply):

- Budesonide-Formoterol Fumarate Dihydrate Inhalation Aerosol 80-4.5 Mcg
- Budesonide-Formoterol Fumarate Dihydrate Inhalation Aerosol 160-4.5mcg

Effective immediately, the following products have been added to the formulary with a quantity limit (2 inhalers per month or 6 inhalers as a 90 day supply):

- Breynd Inhaler 80-4.5 Mcg
- Breynd Inhaler 160-4.5mcg

Effective immediately, the following products have been added drug list with a Prior Authorization requirement:

- Wegovy Tablets (1.5mg, 4mg, 9mg, 25mg)
 Current PA criteria for Wegovy is included at the end of this notice. Use for weight loss remains excluded from coverage from Maryland Medicaid MCOs. Because the FDA has not approved the tablets for the MASH indication, the tablets may only be requested for the MACE indication while the injectable may be requested for either the MACE or MASH indication.

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| Covered Uses | <p>Only the following FDA approved indications (other uses remain excluded with other weight loss medications):</p> <ul style="list-style-type: none"> ○ To reduce the risk of (MACE) Major Adverse Cardiovascular Events (cardiovascular death, non-fatal myocardial infarction, or non-fatal stroke), in combination with a reduced calorie diet and increased physical activity, for adults with established cardiovascular disease (ASCVD) who are either obese or overweight ○ Treatment of non-cirrhotic metabolic dysfunction-associated steatohepatitis (MASH), formerly known as nonalcoholic steatohepatitis (NASH), with moderate to advanced liver fibrosis (consistent with stages F2 to F3 fibrosis) in adults |
| Exclusion Criteria | <ul style="list-style-type: none"> (a) Use for weight loss NOT in conjunction with one of the covered uses listed above (in accordance with COMAR 10.09.03.05 (A) (14)); or (b) Co-administration with any other GLP-1 receptor agonist products. (c) Use that is not in accordance with prescribing information (d) Any other indication-specific exclusions as described in the Required Medical Information below |

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| <p>Required Medical Information</p> | <p>For Initial Approval: Wegovy will be considered for coverage when <u>all</u> of the criteria below are met, confirmed with supporting medical documentation.</p> <p>Criteria for MACE (tablets or injectable):</p> <ul style="list-style-type: none"> (a) Member age is 18 years or older; AND (b) Prescribed by or in consultation with a cardiologist; AND (c) Member is overweight/obese with a recent BMI (based on accurate height and weight within the past 90 days) greater than or equal to 27kg/m²; AND (d) Member has established and documented atherosclerotic cardiovascular disease (ASCVD) as evidenced by one or more of the following: <ul style="list-style-type: none"> 1. Prior myocardial infarction; AND/OR 2. Prior stroke (ischemic or hemorrhagic stroke); AND/OR 3. Symptomatic peripheral arterial disease (PAD) as evidenced by: <ul style="list-style-type: none"> a. Intermittent claudication with ankle-brachial index (ABI) less than 0.85 (at rest); OR b. Peripheral arterial revascularization procedure; OR c. Amputation due to atherosclerotic disease; AND (e) Prescriber attests that medication is prescribed in accordance with prescribing information, including screening for any black box warnings and all contraindications. <p>Criteria for non-cirrhotic MASH (injectable only):</p> <ul style="list-style-type: none"> (a) Member age is 18 years or older; AND (b) Prescribed by or in consultation with a gastroenterologist or hepatologist; AND (c) The member has noncirrhotic metabolic dysfunction-associated steatohepatitis (MASH), with moderate to advanced liver fibrosis (consistent with stages F2 to F3 fibrosis). <ul style="list-style-type: none"> o Diagnosis of noncirrhotic MASH with liver fibrosis stage F2 or F3, confirmed by liver biopsy or one of the noninvasive testing methods in the list below, from within the past 180 days; AND (d) Absence of concurrent use of another medication(s) indicated for noncirrhotic MASH; AND (e) Prescriber attests that medication is prescribed in accordance with prescribing information, including screening for any black box warnings and all contraindications; AND (f) Patients will be excluded from treatment when: <ul style="list-style-type: none"> 1. There are documented causes of chronic liver disease other than non-alcoholic fatty liver disease (NAFLD) 2. Presence of liver cirrhosis or a history of decompensated liver diseases 3. History of liver transplantation or current/ prior hepatocellular carcinoma 4. Excessive alcohol consumption (20 gm per day for female; 30 gm per day for male) |
| <p>Age Restriction</p> | <p>Age 18 or older</p> |
| <p>Max Quantity Per Month</p> | <p>Four (4) pens/28 days, any strength 30 tablets/30 days</p> |
| <p>Coverage Duration</p> | <p>4 months for initial approval and 6 months for subsequent renewals</p> |

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| Accepted Fibrosis Testing | Noninvasive methods for the determination of fibrosis in MASLD | | |
| | Below is a list of acceptable noninvasive testing (as identified by Maryland Medicaid) to determine if a patient meets the criteria for approval of Wegovy for this indication. Wegovy is labeled for the treatment of patients with metabolic dysfunction-associated steatohepatitis (MASH) who have a fibrosis score of F2-F3. | | |
| | Noninvasive test | CPT Code | Score comparable to F2-F3 fibrosis |
| | Imaging-Based Fibrosis Tests | | |
| | Transient elastography | 91200 | 8 kPa to 15 kPa |
| | Shear wave elastography (pSWE) | 76981 | 1.2 m/s to 2 m/s |
| | Magnetic resonance elastography (MRE) | 76391 | 3.4 kPa to 6.7 kPa |
| | Blood-Based Fibrosis Tests | | |
| | ELF | 81517 | 7.7 to 9.8 |
| | Fibrotest | 81596 | 0.32 to 0.48 |
| | Fibrotic NASH Index (FNI)* | N/A | 0.10 to 0.33 |
| | MACK-3* | N/A | 0.135 to 0.549 |
| | <ul style="list-style-type: none"> * CPT code is not available, but FNI or MACK-3 score may be submitted to fulfill the diagnostic requirement for the clinical criteria. | | |
| Renewal Criteria | All criteria in the initial approval must continue to be met. | | |
| Criteria Updates | Criteria for Wegovy will be updated to align with the criteria from Maryland Medicaid as further updates are reported. | | |

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

Providers can contact ProCare 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.