JAI MEDICAL SYSTEMS

ProCare Rx

To: **Jai Medical Providers**
From: **MC-Rx**
Date: **July 1, 2026**
Subject: **Formulary Update – July 2026 –**

The following changes have recently been made based on updates from Maryland Medicaid:

- **Hepatitis C Criteria** (see separate Hepatitis C Criteria document on the pharmacy page https://jaimedicalsystems.com/providers/pharmacy/) – A copy is also attached to this notice - Update includes criteria for Mavyret for new indication for Acute Hepatitis C
- **Universal Opioid Prior Authorization Form** (see document on the pharmacy page https://jaimedicalsystems.com/providers/pharmacy/) – a copy is also attached to this notice
- **CGM Criteria** – For Formulary Freestyle Libre CGM Products see criteria further down in document or in the Prior Authorization Guidelines Document. For non-formulary CGM products the same criteria applies with the additional requirement to explain why formulary CGM alternative is not appropriate. For requests to access CGM through DME please follow separate process rather than using the Pharmacy PA Form.

GENERIC NAME	BLOOD-GLUCOSE SENSOR [CONTINUOUS GLUCOSE MONITOR (CGM)]
LABEL NAME(S)	**(FREESTYLE LIBRE 3 SENSOR | FREESTYLE LIBRE 10 DAY READER | FREESTYLE LIBRE 14 DAY READER | FREESTYLE LIBRE 2 READER | FREESTYLE LIBRE 10 DAY SENSOR | FREESTYLE LIBRE 14 DAY SENSOR | FREESTYLE LIBRE 2 SENSOR)**
Formulary	
Covered Uses	• For the management of diabetes in members aged 4 years and older with Type 1 and Type 2 diabetes who are using insulin, members with gestational diabetes mellitus, or diabetic members who have problematic hypoglycemic events
Required Medical Information	For the treatment of patients indicated for the management of diabetes in persons aged 4 years and older who meet all of the following initial coverage criteria: 1. The member meets one of the following: a. Diagnosed with Diabetes mellitus (Type I or Type II) and is currently receiving insulin treatment; b. Member has a diagnosis of Gestational Diabetes Mellitus; or c. Member has a history of problematic hypoglycemia with documentation of at least one of the following [as specified in the Policy Specific Documentation Requirements of the LCD-related Policy Article (A52464) from CMS https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleId=52464]: ○ More than one level 2 hypoglycemic event (glucose <54mg/dL (3.0mmol/L)) that persist despite multiple attempts to adjust medications or modify the diabetes treatment plan; or

	○ A history of one level 3 hypoglycemic event (glucose <54mg/dL (3.0mmol/L)) characterized by altered mental or physical state requiring third-party assistance for treatment of hypoglycemia; and 2. The treating practitioner has concluded that the member or their caregiver has sufficient training to use the CGM as shown by writing the prescription; and 3. The CGM is prescribed in accordance with its FDA indications for use
Max Quantity Per Month	2 SENSORS PER MONTH SUPPLY (3 SENSORS FOR 10 DAY READER)
Max Refills Per Year	Twelve (12) Refills
Other Criteria	• Renewal request must include information from the practitioner that the member is utilizing the system successfully. • If product is to be used in conjunction with a compatible insulin pump that has already been approved, please include that information with the request. • Approval requested with a Pharmacy PA Form is for pharmacy benefit and is not transferable between pharmacy and DME benefit without a new request. For requests under the DME benefit, please utilize PCP referral and standard authorization form. • Requests for any other brands of CGM through the pharmacy benefit must include rationale of why Freestyle CGMs are not appropriate. • Criteria based on instructions from Maryland Medicaid (PT 71-26). Criteria will be updated to align with future updates from Maryland Medicaid.

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.