

To: Jai Medical Providers
From: MC-Rx
Date: December 26, 2025
Subject: Formulary Update – Wegovy Criteria and Opioid PA Form Updates

Effective immediately, the following updates have been made:

- Maryland Medicaid has updated the ***Unified OPIOID PRIOR AUTHORIZATION FORM*** for pharmacy prior authorization requests for opioid medications for the HealthChoice Program, including MCOs. Please begin using this new form; any requests received on the old form after April 1, 2026 will be returned to the requestor. A copy of this form has been attached to this notice and is available on our pharmacy page at <https://www.jaimedicalsystems.com/providers/pharmacy/>. Non-exempt opioid prior authorizations continue to need renewal every 6 months.

- Maryland Medicaid has updated their PA criteria for Wegovy. Jai Medical Systems follows Maryland Medicaid criteria for this medication, and the updated criteria is below. The changes that were made to the PA criteria for Wegovy include:
 - Type 1 and Type 2 diabetics are no longer excluded from approval criteria for Wegovy
 - Criteria for the new MASH indication have been added
 - Criteria for the MACE indication were updated to include that a cardiologist needs to be either the prescriber or requestor for Wegovy or documentation needs to be included that a cardiologist was consulted and agreed that Wegovy was appropriate to use for the reduction of MACE.
 - The renewal criteria require that the initial approval criteria continue to be met.
 - The initial approval for Wegovy will now be 4 months and subsequent renewals will be for periods of 6 months.
 Other details of note include:
 - Other uses for weight loss remain excluded from coverage under the HealthChoice Program and Jai Medical Systems benefit.
 - Specialist involvement, at least as a consultant, is needed for all Wegovy or Zepbound requests (see criteria for required specialty information).
 - There is a list of acceptable tests that can be used as part to demonstrate the member’s Fibrosis for the MASH indication. Other tests cannot be accepted, though the requestor may use other lab results to calculate a FNI or MACK-3 score.
 - To continue to meet initial approval criteria for renewals, ensure that visit notes and labs (if applicable) are up to date with renewal requests.

Medication	(WEGOYV 0.25 MG/0.5ML, 0.5MG/0.5ML, 1 MG/0.5ML, 1.7 MG/0.75ML, 2.4 MG/0.75ML)
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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; 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
Required Medical Information	<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:</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: <ol 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: <ol 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:</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"> ○ 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

	<p>(d) Absence of concurrent use of another medication(s) indicated for noncirrhotic MASH; AND</p> <p>(e) Prescriber attests that medication is prescribed in accordance with prescribing information, including screening for any black box warnings and all contraindications; AND</p> <p>(f) Patients will be excluded from treatment when:</p> <ol 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) 																														
Age Restriction	Age 18 or older																														
Max Quantity Per Month	Four (4) pens/28 days, any strength																														
Coverage Duration	4 months for initial approval and 6 months for subsequent renewals																														
Accepted Fibrosis Testing	<p>Noninvasive methods for the determination of fibrosis in MASLD</p> <p>Numerous noninvasive methodologies have been developed to determine the degree of fibrosis in patients with Metabolic dysfunction-associated steatotic liver disease (MASLD). These methodologies employ either the use of biomarkers or the evaluation of liver stiffness to make a determination regarding the degree of liver fibrosis. 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.</p> <table border="1"> <thead> <tr> <th>Noninvasive test</th> <th>CPT Code</th> <th>Score comparable to F2-F3 fibrosis</th> </tr> </thead> <tbody> <tr> <td colspan="3">Imaging-Based Fibrosis Tests</td> </tr> <tr> <td>Transient elastography</td> <td>91200</td> <td>8 kPa to 15 kPa</td> </tr> <tr> <td>Shear wave elastography (pSWE)</td> <td>76981</td> <td>1.2 m/s to 2 m/s</td> </tr> <tr> <td>Magnetic resonance elastography (MRE)</td> <td>76391</td> <td>3.4 kPa to 6.7 kPa</td> </tr> <tr> <td colspan="3">Blood-Based Fibrosis Tests</td> </tr> <tr> <td>ELF</td> <td>81517</td> <td>7.7 to 9.8</td> </tr> <tr> <td>Fibrotest</td> <td>81596</td> <td>0.32 to 0.48</td> </tr> <tr> <td>Fibrotic NASH Index (FNI)*</td> <td>N/A</td> <td>0.10 to 0.33</td> </tr> <tr> <td>MACK-3*</td> <td>N/A</td> <td>0.135 to 0.549</td> </tr> </tbody> </table> <p>* CPT code is not available, but FNI or MACK-3 score may be submitted to fulfill the diagnostic requirement for the clinical criteria.</p>	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
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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 earlier 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.