

To: Jai Medical Providers
From: MC-Rx
Date: March 29, 2024
Subject: Formulary Update April 2024

Effective 4/1/2024, the following products will be added to the formulary:

- Mefloquine – Generic product added to formulary (preferred status)
- Atovaquone/Proguanil – Generic Malarone added to formulary (preferred status)
- Coartem – Brand product added to formulary as a non-preferred product with a Quantity Limit of 24 and Prior Authorization Criteria:
 - Documented resistance or contraindication to other treatments on drug list.

Effective 4/1/2024, the following products will have updates to their PA criteria:

- Generic: Liraglutide Brand: Victoza® –
Indications:
 - 1) Adjunct to diet and exercise to improve glycemic control in patients 10 years and older with type II diabetes mellitus
 - 2) To reduce the risk of major adverse cardiovascular events in adults with type II diabetes mellitus and established cardiovascular diseaseCriteria:
For First Prescription Only:
 - a) Diagnosis of type II diabetes mellitus; **and**
 - b) Failure or intolerance to sulfonylureas and/or metformin at optimal dosing. Failure defined as Hemoglobin A1c \geq 7.0;
- Generic: Exenatide Brand: Bydureon®
Indications:
 - 1) Adjunctive therapy of type 2 diabetes mellitusCriteria:
For First Prescription Only:
 - a. Diagnosis of type II diabetes mellitus; **and**
 - b. Failure or intolerance to sulfonylureas and/or metformin at optimal dosing. Failure defined as Hemoglobin A1c \geq 7.0; **and**
 - c. Patient \geq 10 years of age
- Generic: Dulaglutide Brand: Trulicity®
Indications:
 - 1) Adjunct to diet and exercise to improve glycemic control in adults and pediatric patients 10 years of age and older patients with type II diabetes mellitus
 - 2) To reduce the risk of major adverse cardiovascular events in adults with type II diabetes mellitus who have established cardiovascular disease or multiple cardiovascular risk factorsCriteria:

For First Prescription Only:

- a) Diagnosis of type II diabetes mellitus; **and**
- b) Trial and failure or contraindication of at least 2 antidiabetic agents such as metformin, sulfonylureas, thiazolidinedione or insulin and not achieved adequate glycemic control despite treatment. Failure defined as Hemoglobin A1c \geq 7.0.

Gender Affirming Care Criteria references for Nafarelin, Testosterone, and Leuprolide - The following language will be listed in the criteria:

For all requests for gender affirming care, please refer to the Gender-Affirming Treatment Services Under the Maryland Medicaid Program document. Please ensure that all necessary documentation required under the criteria is included to show consent for treatment and medical necessity (documentation requirements may vary depending on patient age, type of treatment requested, and specialty of requesting provider).

Copay Reminder:

Beginning on May 1, 2024, HealthChoice MCOs are required to charge the following pharmacy copays:

Copayment Charge	New and Refill Drug Type
\$3.00	Non-preferred brand name drugs
\$1.00	All generic drugs (preferred and non-preferred)
\$1.00	Preferred brand name drugs
\$1.00	HIV/AIDS drugs

With the exceptions of the populations and drugs identified in this notice, MCOs must mirror the fee-for-service pricing structure for copayments.

Individuals under the age of 21, pregnant individuals, individuals in long-term care facilities, and Native Americans are not required to pay copayments for prescription drugs in HealthChoice because of other federal and state statutory requirements. Copayments also do not apply to family planning drugs and adult vaccines and their administration, provided that the vaccine is approved by the FDA for use by adults and is administered in accordance with recommendations of the Advisory Committee on Immunization Practices (ACIP). COVID-19 prescription drugs and vaccinations temporarily have copayments waived until further federal guidance is issued. Additionally, in alignment with Medicaid fee-for-service regulations, pharmacy providers are not permitted to deny prescriptions to any Medicaid participant who is unable to pay the copayments.

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.