



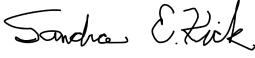
Wes Moore, Governor · Aruna Miller, Lt. Governor · Meena Seshamani, M.D., Ph.D., Secretary

MARYLAND MEDICAL ASSISTANCE PROGRAM

MCO Transmittal No. 239

April 14, 2025

TO: Managed Care Organizations
Primary Care Physicians

FROM: Sandra Kick, Director 
Medical Benefits Management

RE: Notice of Zepbound Coverage Effective February 5, 2025

NOTE: Please ensure that the appropriate staff members in your organization are informed of the content of this transmittal.

This transmittal is to inform Medicaid fee-for-service (FFS) providers and HealthChoice managed care organizations (MCOs) about Maryland Medicaid coverage of Zepbound to treat severe obstructive sleep apnea (OSA) in adults (18 and older) who are obese.

On December 20, 2024, the U.S. Food and Drug Administration (FDA) approved a new indication for Zepbound for obese adults with OSA. FDA labeling for Zepbound indicates that, in combination with a reduced-calorie diet and increased physical activity, Zepbound can help treat moderate to severe OSA. Zepbound works by activating receptors of hormones secreted from the intestine (glucagon-like-peptide-1 (GLP-1) and glucose-dependent insulinotropic polypeptide (GIP)) to reduce appetite and food intake.

For more information on Zepbound administration, please see the FDA news release at <http://bit.ly/3CLj5m9>

Zepbound will be considered for coverage and renewal when all of the criteria below are met, confirmed with supporting medical documentation.

Zepbound Clinical Criteria

- Prescribed by or in consultation with a sleep specialist, pulmonologist, or other provider experienced in treating OSA.

- Moderate to severe OSA as diagnosed by polysomnography with an apnea-hypopnea index (AHI) \geq 15 events per hour.
- BMI \geq 30 kg/m²
- Provide current height and weight measurements (within the last 90 days)
- Patient meets FDA-approved prescribing information clinical parameters for use (i.e. no contraindications, appropriate screening and monitoring have been completed)
- Will not be used concurrently with other GLP-1 receptor agonists.

Zepbound Renewal Criteria

- Prescriber attestation of continued clinical benefit and subsequent evaluation and monitoring performed.
- Renewal requests will NOT be authorized if the member's BMI is $<$ 30 kg/m²
- Therapy beyond 12 months will require repeat documentation confirming moderate to severe OSA and annually thereafter.
- Renewal Approval Duration: Six (6) months

Preauthorization Requirements

Zepbound will be considered for FFS coverage when all of the preauthorization criteria are met and confirmed with supporting medical documentation. To view the Medicaid FFS criteria, visit <https://bit.ly/3CXt0oM>. The Preauthorization form for Pharmacy services can be viewed at <https://bit.ly/4i08QJL>. Medicaid FFS Pharmacy is using the above criteria and authorization form for Zepbound.

Zepbound will not be covered if and when an individual's BMI drops below 30, at which point the individual will not be considered overweight or obese.

For information about clinical criteria and reimbursement by HealthChoice MCOs, please contact the MCOs directly.

For Fee-For-Service questions about this transmittal, please contact Professional Services at mdh.professionalservicespolicy@maryland.gov; for HealthChoice related questions, please contact mdh.healthchoiceprovider@maryland.gov.