Maryland
DEPARTMENT OF HEALTH

PHARMACY
News & Views

FALL 2025

Bausch Health Withdrawal from the Medicaid Drug Rebate Program

Effective October 1, 2025, the Maryland Medicaid Fee-for-Service (FFS) Pharmacy Program has discontinued coverage of medications from Bausch Health US, LLC and its subsidiaries, following their voluntary withdrawal from the Medicaid Drug Rebate Program (MDRP). Claims for these non-rebate Bausch Health drugs will be rejected at the pharmacy. See the manufacturers along with some of the medications that are affected on page 2.

Members should note that while these specific Bausch Health medications are no longer covered, the Maryland Medicaid FFS Pharmacy Program may still cover therapeutically equivalent generic drugs or other clinically appropriate alternatives from manufacturers that participate in the MDRP. For details on covered medications, please refer to the Maryland Medicaid Pharmacy Preferred Drug List.

To ensure continued care, prescribers and pharmacists are encouraged to assist members in finding an alternative, either a therapeutically equivalent generic or a suitable alternative requiring a new prescription. Additionally, if a non-rebate Bausch Health medication has no generic equivalent, such as Xifaxan, Maryland Medicaid members are encouraged to pursue coverage through the manufacturer's dedicated Patient Assistance Program (PAP). Bausch Health has established a new program structured specifically to help Medicaid members with coverage. Find more information here: www.bauschhealthpap.com or by calling 1-833-862-8727.

Benefits of Prescribing Preferred Medications

Prescribing medications from the Maryland Medicaid Fee-for-Service (FFS) Preferred Drug List (PDL) has benefits for both prescribers and patients. Unlike non-preferred medications, most PDL medications do not require prior authorization. PDL medications are the most clinically effective, safe, and least expensive medications within the class of medications being prescribed. Prescribing PDL medications can also save patients money. Medications on the PDL have a lower copayment ($1) than non-preferred medications ($3).

The Maryland Medicaid Office of Pharmacy Services publishes the PDL twice each year in the months of January and July. The PDL is created based on the recommendations from the Maryland Medicaid Pharmacy and Therapeutics (P&T) Committee, which is comprised of external physicians, pharmacists, and consumer representatives. The Committee considers new medical literature and national treatment guidelines when recommending preferred or non-preferred status for medications on the PDL. The Committee's recommendations are based on the clinical effectiveness, safety, outcomes, and FDA-approved indications of all medications included in each PDL class. When medications within a class are clinically equivalent, the Committee considers the comparative cost-effectiveness of the medications in the class. The clinical data always takes precedence over cost considerations in the decision-making process of the P&T Committee.

Review the Maryland Medicaid FFS current PDL at: Maryland Medicaid Pharmacy Preferred Drug List.

MANUFACTURERS AND SELECT MEDICATIONS AFFECTED BY BAUSCH HEALTH WITHDRAWAL	
LABELER CODE	**LABELER NAME**
99207	Bausch Health US, LLC
68682	Oceanside Pharmaceuticals
68012	Santarus, Inc.
66530	Spear Dermatology Products, Inc.
66490	Bausch Health US, LLC
65649	Salix Pharmaceuticals, Inc.
57782	Bausch Health US, LLC
25010	Bausch Health US, LLC
16781	Bausch Health US, LLC
13548	Bausch Health US, LLC
00884	Pedinol Pharmacal Inc.
00187	Bausch Health US, LLC
48102	Fera Pharmaceuticals
NDC	**MEDICATION**
65649000330	Trulance 3mg tablet
65649030302	Xifaxan 550mg tablet
65649040001	Plenvu powder packets
65649015090	Relistor 150mg tablet
65649010302	Apriso ER 0.375g capsule
65649031112	Diuril 250mg/5ml oral susp
65649030303	Xifaxan 550mg tablet
65649055103	Relistor 12mg/0.6ml syringe
65649055102	Relistor 12mg/0.6ml vial
65649055107	Relistor 12mg/0.6ml syringe
65649020175	Moviprep powder packet
65649030103	Xifaxan 200mg tablet

Glucagon-like Peptide 1 Receptor Agonists (GLP-1 RA) Review

Since the first glucagon-like peptide 1 receptor agonist (GLP-1 RA) was FDA approved for use in the United States in 2005 (Byetta (exenatide)), the class has expanded significantly to include seven active ingredients, combination products, injectable and oral formulations, extended administration frequencies, and several different indications. GLP-1 RAs mimic the activity of the body's endogenous glucagon-like peptide-1, a hormone derived from post-translational processing of proglucagon in intestinal endocrine cells. These agents enhance glycemic control by stimulating insulin secretion and suppressing glucagon release. Additionally, they slow gastric emptying and act centrally to suppress appetite and reduce food intake.[1,2]

Currently available single agents are dulaglutide, exenatide, liraglutide, semaglutide, and the dual GLP-1 - glucose-dependent insulinotropic polypeptide (GIP) receptor agonist tirzepatide. Albiglutide (Tanzeum) was discontinued in 2017, and single ingredient lixisenatide (Adlyxin) has been discontinued as of 2023, but the combination product containing lixisenatide and insulin glargine (Soliqua) remains available.

The American Diabetes Association (ADA) 2025 Guidelines recommend individualized treatment plans, including pharmacologic therapy, weight management goals, treatment burden, and the presence of comorbidities or risk factors. Metformin remains the preferred initial agent and may be used as monotherapy in adults with type 2 diabetes mellitus (T2DM) who require glucose-lowering therapy and do not have significant comorbid conditions or risk factors that would necessitate an alternative approach. Combination therapy with an additional glucose-lowering agent should be considered in patients with A1C levels 1.5-2.0% higher than their goal, symptoms of hyperglycemia, or evidence of catabolism.[1]

GLP-1 RAs have also demonstrated some clinical benefit in patients with T2DM and several commonly co-occurring health conditions. This includes atherosclerotic cardiovascular disease (ASCVD), chronic kidney disease (CKD), heart failure with preserved ejection fraction (HFpEF), and metabolic dysfunction associated steatotic liver disease (MASLD) including metabolic dysfunction-associated steatohepatitis (MASH). Not all agents in this class have established data supporting benefit in patients with comorbidities so therapy should be tailored to the individual patient. In many cases, adding a GLP-1 RA has demonstrated benefit and is recommended irrespective of the patient's A1C.[1]

As a class, GLP-1 RAs are contraindicated in patients with a personal or family history of medullary thyroid carcinoma or Multiple Endocrine Neoplasia syndrome type 2. In addition, they are not recommended for use in patients with gastroparesis, or at high risk for pancreatitis or biliary disease such as cholelithiasis or cholecystitis. Other warnings include acute pancreatitis, diabetic retinopathy complications, hypoglycemia, acute kidney injury, severe gastrointestinal adverse reactions, acute gallbladder disease, and pulmonary aspiration during general anesthesia or deep sedation.[3-11] Exenatide products carry

additional warnings of drug induced immune mediated thrombocytopenia and immunogenicity associated decreased glycemic control, and tirzepatide products and Saxenda (liraglutide) have a warning for suicidal behavior and ideation.[4-6,11,12]

The ADA 2025 guidelines also recommend use of a GLP-1 RA (including the dual GLP-1-GIP RA) over insulin in adults with T2DM who need additional glucose lowering with no evidence of insulin deficiency. In adults with T2DM using insulin, combination therapy with a GLP-1 RA is recommended for increased glycemic control, weight management effects, and decreased risk of hypoglycemia (due to reduced need for other medications that increase risks of hypoglycemia).[1]

There are differences in how well a GLP-1 RA achieves and maintains glycemic goals between the five agents that remain available in the market. Dulaglutide, semaglutide, tirzepatide, and combination GLP-1 RA-insulins are considered to have the highest glycemic efficacy. Exenatide and liraglutide are still highly effective, but less than the newer agents. Concurrent use of a GLP-1 RA with a dipeptidyl peptidase 4 (DPP-4) inhibitor is not recommended due to lack of benefit beyond what the GLP-1 RA provides.[1]

Recently several GLP-1 RAs that were originally approved for weight loss received FDA approval for new indications. In March 2024, Wegovy (semaglutide) was approved in combination with a reduced calorie diet and increased physical activity to reduce the risk of major adverse cardiovascular events (MACE: cardiovascular death, non-fatal myocardial infarction, or non-fatal stroke) in adults with established cardiovascular disease and either obesity or overweight. Then in August 2025, Wegovy received accelerated approval for noncirrhotic MASH, with moderate to advanced liver fibrosis (consistent with stages F2 to F3 fibrosis) in adults, making it the first GLP-1 receptor agonist approved for this indication.[10] In December 2024, Zepbound (tirzepatide) received approval in combination with a reduced calorie diet and increased physical activity to treat moderate to severe obstructive sleep apnea (OSA) in adults with obesity.[12] Most recently in October 2025, Rybelsus (semaglutide) received approval to

(continues on next page)

GLP-1 AGONIST PRODUCTS

Generic Name	dulaglutide	exenatide		liraglutide		semaglutide			tirzepatide	
Brand Name	Trulicity	Bydureon BCise	Byetta	Saxenda	Victoza	Ozempic	Rybelsus	Wegovy	Mounjaro	Zepbound
LABELED INDICATIONS										
CKD* Risk reduction +T2DM						✓				
MACE** Risk Reduction + Overweight or Obesity								✓		
MACE** Risk Reduction + T2DM	✓				✓	✓	✓			
MASH*** in Adults								✓		
Moderate-Severe Obstructive Sleep Apnea (OSA) + Obesity in Adults										✓
T2DM-Pediatrics Age 10+	✓	✓			✓					
T2DM-Adults	✓	✓	✓		✓	✓	✓		✓	
Weight Loss Pediatrics Age 12+				✓				✓		
Weight Loss- Adults				✓				✓		✓
FORMULATION AND FREQUENCY										
Daily Injection			2X daily	✓	✓					
Daily tablet							✓			
Weekly injection	✓	✓				✓		✓	✓	✓

* To reduce the risk of sustained eGFR decline, end-stage kidney disease and cardiovascular death
** Major adverse cardiovascular events (cardiovascular death, non-fatal myocardial infarction, or non-fatal stroke)
*** Noncirrhotic metabolic dysfunction-associated steatohepatitis, with moderate to advanced liver fibrosis (consistent with stages F2 to F3 fibrosis)

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DEPARTMENT OF HEALTH

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- **Kidney Disease Program**
  410-767-5000 or 5002
  Monday-Friday, 8:00 am - 5:00 pm
- **Breast and Cervical Cancer Diagnosis and Treatment**
  410-767-6787
  Monday-Friday, 8:00 am - 4:30 pm
- **Maryland AIDS Drug Assistance Program**
  410-767-6535
  Monday-Friday, 8:30 am - 4:30 pm
- **Peer Review Program**
  855-283-0876
  Monday-Friday, 8:00 am - 6:00 pm

GLP-1 RA Review (continued)

reduce the risk of MACE in adults with type 2 diabetes mellitus who are at high risk for these events.[9] A summary of all available GLP-1 RA can be found in the table on page 3.

Several GLP-1 RA label expansions are currently under FDA review. FDA decisions on Wegovy and Zepbound for use in heart failure with preserved ejection fraction (HFpEF) plus obesity are expected later this year, as well as Ozempic for use in T2DM with symptomatic peripheral arterial disease (PAD). Additionally, a decision on oral semaglutide 25 mg is expected during the fourth quarter of 2025.

In accordance with COMAR 10.09.03.05 (A)(14), prescriptions for weight control indications will not be covered at this time. For reference, see Clinical Criteria.

References

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3. Trulicity (dulaglutide) prescribing information. Indianapolis, IN: Eli Lilly and Company; 2025 May.
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5. Byetta (exenatide) prescribing information. Wilmington, DE: AstraZeneca Pharmaceuticals LP; 2025 Sept.
6. Saxenda (liraglutide) prescribing information. Plainsboro, NJ: Novo Nordisk A/ S; 2025 May.
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10. Wegovy (semaglutide) prescribing information. Plainsboro, NJ: Novo Nordisk A/ S; 2025 Aug.
11. Mounjaro (tirzepatide) prescribing information. Indianapolis, IN: Eli Lilly and Company; 2025 May.
12. Zepbound (tirzepatide) prescribing information. Indianapolis, IN: Eli Lilly and Company; 2025 Feb.