



### Change Log

Date	Payer	Drug/Device	Change
9/5/23	Aetna	Mounjaro	Changed from "Not covered" to "Preferred"
8/31/23	Aetna	phentermine	Changed from "Not covered" to "Preferred with PA"
8/31/23	Express Scripts	phentermine	Changed from "Not covered" to "Preferred"
8/31/23	Blue Cross Complete	CGM	FIXED: Added Pharmacy Benefit policy effective 8/1/22, including preferred devices and criteria for non-insulin treated T2D
8/27/23	Aetna Commercial	Preferred GLP-1 and SGLT2	Removed "Prior authorization" not noted in most recent 2023 Formulary
8/27/23	Aetna Commercial	Mounjaro	Changed from "Not Covered" to "Non preferred"
8/10/23	Molina Medicaid	CGM	Added CGM pharmacy criteria for Molina-managed Medicaid with criteria for CGM pharmacy benefit coverage
8/10/23	Molina Medicaid	CGM	Added CGM pharmacy criteria for Molina-managed Medicaid with criteria for CGM pharmacy benefit coverage



### Change Log

Date	Payer	Drug/Device	Change
8/10/23	Michigan Medicaid	CGM	FIXED: Removed “2x daily insulin” as a requirement, error. <b>Thank you for reporting the error</b>
8/10/23	United Medicare Advanage	CGM	Added CGM pharmacy benefit criteria for United-managed MA plans. <b>Thank you for reporting this</b>
8/10/23	All Plans	CGM	Simplified the style of the CGM criteria table to increase clarity on T2D, Insulin, and additional criteria requirements for CGM coverage. <b>Thank you for your feedback!</b>

# MCT2D Medication & CGM Coverage - Preferred Drugs

## Medicare Advantage Plans

Updated 08-27-2023 using Fingertip Formulary Lookup and MCT2D outreach

For complete coverage information, see the full Medication and CGM Coverage Guide



Medicare Advantage Plan with formulary URL	GLP-1 RA	SGLT2-i	CGM Coverage & Criteria
<b>Aetna</b> <a href="http://michmed.org/8NQrk">michmed.org/8NQrk</a>	Ozempic Rybelsus (Oral) Trulicity Victoza Bydureon Bcise	Farxiga Jardiance	<p>Most MA plans require DME. Device must have standalone reader (not just smart phone app) to qualify for Medicare DME.</p> <p>Preferred Brand(s): Abbott Freestyle Libre 2* OR Dexcom G6, G7</p> <p><b>For all Medicare plans, must document the following:</b> <a href="http://michmed.org/dJ8z3">michmed.org/dJ8z3</a></p> <ol style="list-style-type: none"> <li>1. Diabetes diagnosis</li> <li>2. The beneficiary (or the beneficiary's caregiver) has received appropriate training in the use of the device as evidenced by a prescription</li> <li>3. The CGM is being prescribed in accordance with FDA indications for use</li> <li>4. The CGM is being prescribed to improve glycemic control for a beneficiary who is <b>insulin treated</b> or has a <b>history of problematic hypoglycemia</b>. Definition as follows:</li> </ol> <p><b>If NON insulin treated, must also have a history of hypoglycemia (defined as EITHER):</b></p> <p><b>Moderate (Level 2):</b></p> <ol style="list-style-type: none"> <li>a. At LEAST two documented events in EMR (glucose &lt;54mg/dL or "Level 2") and</li> <li>b. At LEAST two previous medication adjustments prior to the most recent Level 2 event</li> </ol> <p><b>or</b></p> <p><b>Severe (Level 3):</b></p> <ol style="list-style-type: none"> <li>a. At LEAST one documented event in EMR (glucose &lt;54mg/dL or "Level 3") and</li> <li>b. Documentation in EMR that patient required 3rd party assistance for treatment.</li> </ol> <p>*As of 8/28/23, Freestyle Libre 3 (smartphone only, no reader) is not covered by the CMS Medicare policy.</p>
<b>BCBSM/BCN</b> <a href="http://michmed.org/DymRY">michmed.org/DymRY</a>	Bydureon Bcise Ozempic Rybelsus Trulicity Victoza <b>Claims Hx: T2D Dx or med</b>	Farxiga Jardiance	
<b>HAP</b>  Step Therapy (ST): <a href="http://michmed.org/2VPGZ">michmed.org/2VPGZ</a>	Ozempic Rybelsus (Oral) Trulicity Victoza  <b>Claims Hx: Metformin Rx (&lt;120 days)</b>	Farxiga Jardiance	
<b>Humana (MA)</b> <a href="http://michmed.org/kQ894">michmed.org/kQ894</a>	Mounjaro Ozempic Rybelsus (Oral) Trulicity Victoza	Invokana Jardiance	
<b>Priority</b> <a href="http://michmed.org/7NVGN">michmed.org/7NVGN</a>	Bydureon Bcise Mounjaro Trulicity	Farxiga Jardiance	
<b>United</b> AARP Medicare RX <a href="http://michmed.org/YkDR3">michmed.org/YkDR3</a>	Bydureon Bcise Mounjaro Ozempic Rybelsus (Oral) Trulicity Victoza	Farxiga Jardiance	
<b>Wellcare</b> <a href="http://michmed.org/gRWDV">michmed.org/gRWDV</a>	Bydureon Bcise Ozempic Rybelsus (Oral) Trulicity Victoza	Farxiga Jardiance	

# MCT2D Medication & CGM Coverage - Preferred Drugs

## Medicaid Plans



If plan includes a pharmacy carveout, check the pharmacy carveout company's coverage criteria.

**For complete coverage information, see the full Medication and CGM Coverage Guide**

MEDICAID Plans with Formulary URL	GLP-1 RA (Injectable)	SGLT2-i	CGM Coverage & Criteria
<b>Medicaid</b> State Plan and managed plans (Aetna, HAP, McLaren, Meridian, Priority, United)  <a href="http://michmed.org/N2wn8">michmed.org/N2wn8</a>	Byetta Trulicity Victoza	Farxiga (not HAP) Invokana Jardiance	Preferred Brand: Abbott Freestyle Libre, Dexcom Benefit Type: DME Medicaid Criteria:  1.) The beneficiary is under the care of an endocrinologist, a physician, or a non-physician practitioner (nurse practitioner, physician assistant, or clinical nurse specialist) who is managing their type 2 diabetes. 2.) Has diabetes requiring the administering of insulin or pump. 3.) The beneficiary or their caregiver is educated on the use of the device and is willing and able to use the CGMS.
<b>Blue Cross Complete</b> <i>(BCBSM managed Medicaid)</i>  <a href="http://michmed.org/xNX5W">michmed.org/xNX5W</a>  CGM Policy effective 8/1/22: <a href="http://michmed.org/PJGPA">michmed.org/PJGPA</a>	Byetta Trulicity Victoza  <b>Claims Hx: T2D Dx or med</b>	Farxiga (not HAP) Invokana Jardiance	Preferred Brand: Freestyle Libre 14 Day, Freestyle Libre 2, FreeStyle Libre 3, Dexcom G6 Benefit Type: Pharmacy  1. Diagnosis of diabetes AND Either <b>Criteria #1</b> or <b>one of the criteria under #2:</b>  <b>Criteria 1:</b> Treatment with insulin (type 1 or type 2)  OR  <b>Criteria 2:</b> Treatment of Type 2 diabetes with an antihyperglycemic drug without insulin.  <i>One of the following must be met:</i>  a. Frequent hypoglycemia, hypoglycemia unawareness, or concerns of nocturnal hypoglycemia b. Gaining weight (more than 5 pounds of weight gain in the last 12 months) c. HbA1C $\geq$ 7% d. Need for medication changes or titration e. Initiation of a lower carbohydrate diet f. Patient is unable or reluctant to test their blood glucose via traditional glucometer. g. Patient is taking two or more medications to manage their diabetes. h. Patient works with a care team member to improve diet and exercise choices.  <b>With treatment of Type 2 Diabetes and no insulin</b> * Documentation of positive clinical response (i.e. improved HbA1C or reduced frequency of severe hypoglycemia episodes)

# MCT2D Medication & CGM Coverage - Preferred Drugs

## Commercial Plans



If plan includes a pharmacy carveout, check the pharmacy carveout company's coverage criteria.

For complete coverage information, see the full Medication and CGM Coverage Guide

Commercial Plans with Formulary URL	GLP-1 RA (Injectable)	SGLT2-i	CGM Coverage & Criteria (Disclaimer: Pharmacy Carve-Outs may augment the benefit type and criteria)
<b>Aetna</b> (Advanced Control)  <a href="http://michmed.org/97Ay9">michmed.org/97Ay9</a>  CGM: <a href="http://michmed.org/3xAqb">michmed.org/3xAqb</a>	Mounjaro Ozempic Rybelsus Trulicity Victoza	Farxiga Jardiance	Preferred Brand: Dexcom Benefit type: DME Criteria: 1. Type 1 or type 2 diabetes diagnosis 2. 3+ daily insulin injections or insulin pump therapy 3. a.) experiencing improved glycemic control or decreased hypoglycemia episodes while using a CGM b.) are being assessed every six months by the prescriber for adherence to their CGM regimen and diabetes treatment plan.
<b>BlueCross BlueShield Michigan</b>  <a href="http://michmed.org/nmxVD">michmed.org/nmxVD</a> CGM: <a href="http://michmed.org/w8nMW">michmed.org/w8nMW</a>	Mounjaro Ozempic Rybelsus (Oral) Trulicity Victoza  <b>Claims Hx: T2D Dx OR T2D Med</b>	Farxiga Jardiance	Preferred Brand(s): Abbott OR Dexcom Benefit type: Pharmacy Criteria: T2D Diagnosis Benefit type: DME Criteria: 1. 3+ daily insulin injections or pump and not meeting glycemic targets 2. Have recurrent, unexplained, severe hypoglycemia (generally blood glucose levels <50 mg/dL) or impaired awareness of hypoglycemia that puts the patient or others at risk
<b>ExpressScripts National</b>  <a href="http://michmed.org/Dyq2x">michmed.org/Dyq2x</a>	Bydureon Bcise Mounjaro Ozempic Rybelsus (Oral) Trulicity	Farxiga Jardiance Steglatro	Preferred Brand(s): Abbott OR Dexcom
<b>HAP</b>  <a href="http://michmed.org/qdV9P">michmed.org/qdV9P</a>	Mounjaro Ozempic Rybelsus (Oral) Trulicity Victoza  <b>Claims Hx: Metformin Rx (&lt;120 days) <a href="http://michmed.org/2VPGZ">michmed.org/2VPGZ</a></b>	Farxiga Jardiance	Preferred Brand(s): Abbott OR Dexcom Pharmacy ONLY: Contact Pharmacy Advantage at 800-456-2112. 1. Diagnosis of Type 1 or 2 diabetes 2. Ability to use the system or access to a caregiver who has such abilities, and ONE of the following: 3. Must be treated with insulin OR treated with 3+ non-insulin
<b>Priority (Traditional)</b>  <a href="http://michmed.org/yq299">michmed.org/yq299</a> CGM: <a href="http://michmed.org/dJzPq">michmed.org/dJzPq</a>	Mounjaro Ozempic Trulicity Victoza  <b>Claims Hx: T2D Dx</b>	Farxiga Jardiance	Preferred Brand(s): Abbott OR Dexcom Benefit type: Pharmacy Criteria: T2D Diagnosis
<b>Priority (Optimized)</b>  <a href="http://michmed.org/BA4Kb">michmed.org/BA4Kb</a> CGM: <a href="http://michmed.org/dJzPq">michmed.org/dJzPq</a>	Mounjaro Trulicity  <b>PA criteria (PDF) <a href="http://michmed.org/jm85Q">michmed.org/jm85Q</a></b>	Farxiga Jardiance	Preferred Brand(s): Abbott OR Dexcom Benefit Type: Pharmacy Criteria: T2D Diagnosis

# MCT2D Medication & CGM Coverage - Preferred Drugs

## Commercial Plans



If plan includes a pharmacy carveout, check the pharmacy carveout company's coverage criteria.

**For complete coverage information, see the full Medication and CGM Coverage Guide**

Commercial Plans with Formulary URL	GLP-1 RA (Injectable)	SGLT2-i	CGM Coverage & Criteria (Disclaimer: Pharmacy Carve-Outs may augment the benefit type and criteria)
<b>United</b>  <a href="http://michmed.org/7NJrY">michmed.org/7NJrY</a>  CGM: <a href="http://michmed.org/nmxYW">michmed.org/nmxYW</a>	Bydureon BCise Mounjaro Ozempic Rybelsus (Oral) Trulicity Victoza	Jardiance <i>Farxiga</i> <i>Invokana</i> <i>Steglatro</i>	Preferred Brand(s): Abbott OR Dexcom Benefit Type: Pharmacy Criteria for Coverage: <b>For MCT2D Members ONLY:</b> 1. Ordered by an MCT2D participating provider 2. Patient has T2D diagnosis
	Step therapy 3 month metformin trial, C&I or suboptimal response  <a href="http://michmed.org/vJmqe">michmed.org/vJmqe</a>	Jardiance: ST 3 month metformin trial, C&I or suboptimal response  Others: Metformin & Jardiance trial  CKD/HF/T2D <a href="http://michmed.org/Yk9Yb">michmed.org/Yk9Yb</a>	Benefit Type: DME, For Non-MCT2D Members: 1. Diagnosis of diabetes requiring insulin 2. Blood glucose testing at least 4x daily 3. Insulin injections at least 3 x daily OR pump 4. Frequent adjustments to treatment regimen necessary based on glucose testing results 5. Documented compliance to physician-directed comprehensive diabetes management program 6. Assessed by a provider every six months

## 2023 FORMULARY, STEP THERAPY & PRIOR AUTHORIZATION, AND DME POLICY LINKS & PROVIDER PHONE LINES

PAYOR	2023 FORMULARY URL	ST/PA GUIDELINES URL	CGM DME POLICY URL	PROVIDER PHONE
<b>Medicare</b>	See MA plans	See MA plans	<a href="https://michmed.org/dJ8z3">michmed.org/dJ8z3</a>	800-633-4227
<b>MA: Aetna</b>	<a href="https://michmed.org/8NQrk">michmed.org/8NQrk</a>	<a href="https://michmed.org/KqrMw">michmed.org/KqrMw</a>	See Medicare/CMS policy listed above	800-624-0756
<b>MA: BCBSM</b>	<a href="https://michmed.org/DymRY">michmed.org/DymRY</a>	<a href="https://michmed.org/yqVYZ">michmed.org/yqVYZ</a>	See Medicare/CMS policy listed above	800-344-8525
<b>MA: HAP</b>	<a href="https://michmed.org/WAZqQ">michmed.org/WAZqQ</a>	<a href="https://michmed.org/vJV3A">michmed.org/vJV3A</a>	See Medicare/CMS policy listed above	800-292-2550
<b>MA: Humana</b>	<a href="https://michmed.org/kQ894">michmed.org/kQ894</a>	<a href="https://michmed.org/kQkYr">michmed.org/kQkYr</a>	See Medicare/CMS policy listed above	800-523-0023
<b>MA: Priority</b>	<a href="https://michmed.org/7NVGN">michmed.org/7NVGN</a>	<a href="https://michmed.org/MMxnk">michmed.org/MMxnk</a>	See Medicare/CMS policy listed above	800-942-4765
<b>MA: United</b>	<a href="https://michmed.org/YkDR3">michmed.org/YkDR3</a>	n/a	See Medicare/CMS policy listed above	800-711-4555
<b>MA: Wellcare</b>	<a href="https://michmed.org/gRWDV">michmed.org/gRWDV</a>	<a href="https://michmed.org/8NRev">michmed.org/8NRev</a>	See Medicare/CMS policy listed above	855-538-0454
<b>Aetna</b>		<a href="https://michmed.org/KqrMw">michmed.org/KqrMw</a> <a href="https://michmed.org/Wegovy">Wegovy:</a> <a href="https://michmed.org/QRQMm">michmed.org/QRQMm</a>	<a href="https://michmed.org/3xAqb">michmed.org/3xAqb</a>	PA 800-414-2386
<b>BCBSM</b>	<a href="https://michmed.org/nmxVD">michmed.org/nmxVD</a>	<a href="https://michmed.org/zRQZB">michmed.org/zRQZB</a>	<a href="https://michmed.org/w8nMW">michmed.org/w8nMW</a>	800-344-8525
<b>Express Scripts</b>	<a href="https://michmed.org/Dyq2x">michmed.org/Dyq2x</a>	<a href="https://michmed.org/3xAey">michmed.org/3xAey</a>	n/a	888-327-9791
<b>HAP</b>	<a href="https://michmed.org/qdV9P">michmed.org/qdV9P</a>	PA: <a href="https://michmed.org/vJV3A">michmed.org/vJV3A</a> ST:	n/a	888-427-6464
<b>Priority Traditional</b>	<a href="https://michmed.org/yq299">michmed.org/yq299</a>	<a href="https://michmed.org/jm85Q">michmed.org/jm85Q</a>	<a href="https://michmed.org/dJzPq">michmed.org/dJzPq</a>	800-942-4765
<b>Priority Optimized</b>	<a href="https://michmed.org/BA4Kb">michmed.org/BA4Kb</a>	<a href="https://michmed.org/jm85Q">michmed.org/jm85Q</a>	<a href="https://michmed.org/dJzPq">michmed.org/dJzPq</a>	800-942-4765
<b>United</b>	<a href="https://michmed.org/7NJrY">michmed.org/7NJrY</a>	SGLT2i: <a href="https://michmed.org/Yk9Yb">michmed.org/Yk9Yb</a> GLP-1 RA: <a href="https://michmed.org/vJmqe">michmed.org/vJmqe</a>	<a href="https://michmed.org/nmxYW">michmed.org/nmxYW</a>	800-711-4555
<b>Medicaid</b>	<a href="https://michmed.org/N2wn8">michmed.org/N2wn8</a>	<a href="https://michmed.org/2VP94">michmed.org/2VP94</a>	<a href="https://michmed.org/Dyeme">michmed.org/Dyeme</a>	800-292-2550
<b>Blue Cross Complete</b>	<a href="https://michmed.org/xNX5W">michmed.org/xNX5W</a>	<a href="https://michmed.org/xNX5W">michmed.org/xNX5W</a>	<a href="https://michmed.org/PJGPA">michmed.org/PJGPA</a>	See region specific #
<b>McLaren</b>	<a href="https://michmed.org/QRr9A">michmed.org/QRr9A</a>	n/a	n/a	888-327-0671
<b>Molina</b>	<a href="https://michmed.org/vJ4rz">michmed.org/vJ4rz</a>	n/a	<a href="https://michmed.org/gRWVY">michmed.org/gRWVY</a>	855-326-5059