

2022 MCT2D Medication & CGM Coverage - Preferred Drugs

Updated 9-1-2022 using Fingertip Formulary Lookup and MCT2D outreach

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



Medicare Advantage Plans - Use Patient Assistance Program	GLP-1 RA	SGLT2-i	CGM Coverage & Criteria
Aetna Medicare Advantage (MA)	Bydureon BCise Ozempic Rybelsus (Oral) Trulicity Victoza	Jardiance Farxiga	<p>Most require DME. Criteria for all Medicare Plans:</p> <ol style="list-style-type: none"> 1. Diabetes diagnosis 2. 3+ Daily insulin injections 3. Insulin regimen requires frequent adjustment 4. In person appointment 6 months prior to ordering CGM AND 6 months after - virtual visits may apply depending on plan policy
BCBSM (MA)	Ozempic Rybelsus (Oral) Trulicity Victoza	Farxiga	
Blue Care Network	Bydureon Bcise Ozempic Rybelsus Trulicity Victoza	Farxiga Invokana Jardiance	
HAP (MA)	Ozempic (ST) Rybelsus (Oral)(ST) Trulicity (ST) Victoza (ST)	Farxiga Jardiance	
Humana (MA)	Mounjaro Ozempic Rybelsus (Oral) Trulicity Victoza	Invokana Jardiance	
Priority (MA)	Bydureon BCise Mounjaro Trulicity	Farxiga Jardiance	
United (MA)	Trulicity Ozempic Victoza Bydureon BCise Rybelsus (Oral)	Farxiga Jardiance	
Wellcare (MA)	Trulicity Ozempic Victoza Bydureon BCise Rybelsus (Oral)	Farxiga Jardiance	
Other Public Plans	GLP-1 RA (Injectable)	SGLT2-i	
Medicaid (common formulary for Michigan) And other Privately-Managed Medicaid plans (Aetna, HAP, Priority, United)	Trulicity Victoza	Farxiga (not HAP) Jardiance Invokana	<p>Preferred Brand: Unknown Benefit Type: Unknown Criteria: Prior Auth - "Determined on a case-by-case basis"</p>
Blue Cross Complete (BCBSM managed Medicaid)	Trulicity Victoza	Farxiga (not HAP) Jardiance Invokana	<p>Preferred Brand: Unknown Benefit Type: Pharmacy Criteria: *COVERAGE EXPANSION AS OF 8/1/22** Patient must have a diagnosis of diabetes AND</p> <ol style="list-style-type: none"> 1. Treatment with insulin (type 1 or type 2) OR 2. Treatment of Type 2 diabetes with an antihyperglycemic drug without insulin AND One of the following must be met: <ol style="list-style-type: none"> 2a. Frequent hypoglycemia, hypoglycemia unawareness, or

			<p>concerns of nocturnal hypoglycemia</p> <p>2b. Gaining weight (more than 5 pounds of weight gain in the last 12 months)</p> <p>2c. HbA1C \geq 7%</p> <p>2d. Need for medication changes or titration</p> <p>2e. Initiation of a lower carbohydrate diet</p> <p>2f. Patient is unable or reluctant to test their blood glucose via traditional glucometer.</p> <p>2g. Patient is taking two or more medications to manage their diabetes.</p> <p>2h. Patient works with a care team member to improve diet and exercise choices</p>
Commercial Plans - Use Co-Pay Coupon	GLP-1 RA (Injectable)	SGLT2-i	CGM Coverage & Criteria <i>(Disclaimer: Pharmacy Carve-Outs may augment the benefit type and criteria)</i>
Aetna (Aetna Advanced Control)	Ozempic (PA) Rybelsus (Oral)(PA) Trulicity (PA) Victoza (PA)	Farxiga (ST) Jardiance (ST)	<p>Preferred Brand: Dexcom</p> <p>Benefit type: DME</p> <p>Criteria: 1. Type 1 or type 2 diabetes diagnosis 2. 3+ daily insulin injections or insulin pump therapy 3. Not meeting glycemic targets or experiencing hypoglycemia (including hypoglycemic unawareness)</p>
BlueCross BlueShield Michigan Preferred Drug List	Byetta Bydureon Bcise Ozempic Rybelsus (Oral) Trulicity	Farxiga Jardiance	<p>Preferred Brand: Abbott OR Dexcom</p> <p>Benefit type: Pharmacy</p> <p>Criteria: T2D Diagnosis OR</p> <p>Benefit type: DME</p> <p>Criteria:</p> <ol style="list-style-type: none"> 1. Insulin treated 2. Understanding of the technology 3. Motivated to use the device correctly and consistently 4. Adheres to diabetes treatment plan 5. Capable of using the devices alerts and alarm
ExpressScripts National	Byetta Bydureon BCise Mounjaro Ozempic Rybelsus (Oral) Trulicity	Farxiga Jardiance Steglatro	Not Covered
HAP	ST: Metformin for ALL Ozempic (ST) Rybelsus (Oral)(ST) Trulicity (ST) Victoza (ST)	Jardiance Farxiga	<p>Pharmacy ONLY: Contact Pharmacy Solutions at 800-456-2112.</p> <p>**Coverage Change as of October 2022**</p> <ol style="list-style-type: none"> 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: <ol style="list-style-type: none"> A. Treated with insulin (long or short acting) B. Treated with 3+ non-insulin products AND has uncontrolled HgBA1c levels
Priority (Traditional)	Mounjaro (T2D ICD-9 code) Ozempic (T2D ICD-9 code) Trulicity Victoza	Farxiga Jardiance	<p>Preferred Brand: Abbott OR Dexcom</p> <p>Benefit type: Pharmacy</p> <p>Criteria: T2D Diagnosis</p>
Priority (Optimized)	Mounjaro (PA) Trulicity (PA)	Farxiga Jardiance	<p>Preferred Brand: Abbott OR Dexcom</p> <p>Benefit Type: Pharmacy</p> <p>Criteria: T2D Diagnosis</p>
United	Byetta (ST, PA) Bydureon BCise (ST, PA) Ozempic (ST, PA) Rybelsus (Oral)(ST, PA) Trulicity (ST, PA) Victoza (ST, PA) ST = Metformin for ALL	Jardiance (ST) ST = Metformin	<p>Preferred Brand: Abbott OR Dexcom</p> <p>Benefit Type: Pharmacy</p> <p>Criteria for Coverage: **Coverage expansion as of August 2022**</p> <p>For MCT2D Members ONLY:</p> <ol style="list-style-type: none"> 1. Ordered by an MCT2D participating provider 2. Patient has T2D diagnosis <p>Benefit Type: DME, For Non-MCT2D Members:</p> <ol style="list-style-type: none"> 1. Diagnosis of diabetes requiring insulin 2. Blood glucose testing at least 4x daily 3. Insulin injections at least 3 x daily OR use of continuous insulin infusion pump 4. Frequent adjustments to treatment regimen necessary based on glucose testing results 5. Documented compliance to physician-directed comprehensive diabetes management program