



## Change Log

<b>Payer</b>	<b>Drug/Device</b>	<b>Change</b>
<b>BCBSM</b>	<b>Mounjaro</b> (tirzepatide)	Changed from “No Info” to Non Preferred, PA=“For the treatment of Type 2 Diabetes or trial of one generic or preferred medication for the treatment of Type 2 Diabetes”
<b>Priority Health Optimized</b>	<b>Mounjaro</b> (tirzepatide)	Changed from “No Info” to Preferred Tier 2 (brand) with prior authorization. Please review the plan’s PA criteria, as it is more stringent than Priority Health Traditional commercial plan.
<b>HAP</b>	<b>Mounjaro</b> (tirzepatide)	Mounjaro is now covered
<b>HAP</b>	<b>Qsymia</b> (Phentermine - Topiramate)	Changed from “Not Covered” to Not Preferred (\$\$\$\$) with PA
<b>United</b>	<b>Mounjaro</b> (tirzepatide)	Mounjaro is now covered, with PA/ST trial of, or CI metformin
<b>United</b>	<b>Farxiga</b> (dapagliflozin) <b>Invokana</b> (canagliflozin)	Changed from “Non Preferred with ST ” to “May be excluded from coverage or subject to PA in CT, NJ and NY.”
<b>Express Scripts</b>	<b>Phentermine</b>	Phentermine is no longer covered
<b>Aetna</b>	<b>Phentermine</b>	Phentermine is no longer covered
<b>All</b>	<b>Adlyxin</b>	Adlyxin is no longer covered in the United States

# 2022 MCT2D Medication & CGM Coverage - Preferred Drugs

Updated 2-24-2023 using Fingertip Formulary Lookup and MCT2D outreach

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

ST = Step Therapy, PA = Prior Authorization



Medicare Advantage Plans - Use Patient Assistance Program	GLP-1 RA	SGLT2-i	CGM Coverage & Criteria
<b>Aetna Medicare Advantage (MA)</b>	Ozempic Rybelsus (Oral) Trulicity Victoza Bydureon Bcise	Farxiga Jardiance	<p><b>Most require DME.</b></p> <p><b>If plan includes a <i>pharmacy carveout</i>, check the pharmacy carveout company's coverage criteria.</b></p> <p><b>Preferred Brand(s):</b> Abbott OR Dexcom</p> <p>Criteria for all Medicare Plans:</p> <ol style="list-style-type: none"> <li>1. Diabetes diagnosis</li> <li>2. 3+ Daily insulin injections</li> <li>3. Insulin regimen requires frequent adjustment</li> <li>4. In person appointment 6 months prior to ordering CGM AND 6 months after - virtual visits may apply depending on plan policy</li> </ol> <p>Try ePrescribing platform Parachute Health for Medicare DME ordering</p>
<b>BCBSM/BCN (MA)</b>	Bydureon Bcise Ozempic Rybelsus Trulicity Victoza	Farxiga	
<b>HAP (MA)</b>	Ozempic (ST) Rybelsus (Oral)(ST) Trulicity (ST) Victoza (ST)	Farxiga Jardiance	
<b>Humana (MA)</b>	Mounjaro Ozempic Rybelsus (Oral) Trulicity Victoza	Invokana Jardiance	
<b>Priority (MA)</b>	Bydureon BCise Mounjaro Trulicity	Farxiga Jardiance	
<b>United (MA)</b>	Trulicity Ozempic Victoza Bydureon BCise Rybelsus (Oral)	Farxiga Jardiance	
<b>Wellcare (MA)</b>	Trulicity Ozempic Victoza Bydureon BCise Rybelsus (Oral)	Farxiga Jardiance	
Other Public Plans	GLP-1 RA (Injectable)	SGLT2-i	CGM Coverage & Criteria
<b>Medicaid</b> (common formulary for Michigan) And other Privately-Managed Medicaid plans (Aetna, HAP, Priority, United)	Trulicity Victoza	Farxiga (not HAP) Invokana Jardiance	<p><b>Preferred Brand:</b> Unknown</p> <p><b>Benefit Type:</b> Unknown</p> <p><b>Criteria:</b> Prior Auth - "Determined on a case-by-case basis"</p>
<b>Blue Cross Complete</b> (BCBSM managed Medicaid)	Trulicity Victoza	Farxiga (not HAP) Jardiance Invokana	<p><b>Preferred Brand(s):</b> Abbott, Dexcom</p> <p><b>Benefit Type:</b> Pharmacy</p> <p><b>IF NOT on insulin, NOT experiencing hypoglycemia</b>, must meet one (1):</p> <ol style="list-style-type: none"> <li>a.) Gaining weight (more than 5 pounds of weight gain in the last 12 months)</li> <li>b.) HbA1C 7%</li> <li>c.) Need for medication changes or titration</li> </ol>

			<p>d.) Initiation of a lower carbohydrate diet</p> <p>e.) Patient is unable or reluctant to test their blood glucose via traditional glucometer</p> <p>f.) Patients taking two or more medications to manage their diabetes</p> <p>g.) Patient works with a care team member to improve diet and exercise choices</p>
<b>Commercial Plans - Use Co-Pay Coupon</b>	<b>GLP-1 RA (Injectable)</b>	<b>SGLT2-i</b>	<b>CGM Coverage &amp; Criteria</b> <i>(Disclaimer: Pharmacy Carve-Outs may augment the benefit type and criteria)</i>
<b>Aetna (Aetna Advanced Control)</b>	<p>Ozempic (PA)</p> <p>Rybelsus (Oral)(PA)</p> <p>Trulicity (PA)</p> <p>Victoza (PA)</p>	<p>Farxiga (ST)</p> <p>Jardiance (ST)</p>	<p><b>Preferred Brand:</b> Dexcom</p> <p><b>Benefit type:</b> DME</p> <p><b>Criteria:</b> 1. Type 1 or type 2 diabetes diagnosis</p> <p>2. 3+ daily insulin injections or insulin pump therapy</p> <p>3. a.) experiencing improved glycemic control or decreased hypoglycemia episodes while using a CGM</p> <p>b.) are being assessed every six months by the prescriber for adherence to their CGM regimen and diabetes treatment plan.</p>
<b>BlueCross BlueShield Michigan Preferred Drug List</b>	<p>Bydureon Bcise</p> <p>Ozempic</p> <p>Rybelsus (Oral)</p> <p>Trulicity</p>	<p>Farxiga</p> <p>Jardiance</p>	<p><b>Preferred Brand(s):</b> Abbott OR Dexcom</p> <p><b>Benefit type:</b> Pharmacy</p> <p><b>Criteria:</b> T2D Diagnosis</p> <p><b>Benefit type:</b> DME</p> <p><b>Criteria:</b> 1. 3+ daily insulin injections or pump and not meeting glycemic targets</p> <p>2. Have recurrent, unexplained, severe hypoglycemia (generally blood glucose levels &lt;50 mg/dL) or impaired awareness of hypoglycemia that puts the patient or others at risk</p>
<b>ExpressScripts National</b>	<p>Bydureon BCise</p> <p>Mounjaro</p> <p>Ozempic</p> <p>Rybelsus (Oral)</p> <p>Trulicity</p>	<p>Farxiga</p> <p>Jardiance</p> <p>Steglatro</p>	<p><b>Preferred Brand(s):</b> Abbott OR Dexcom</p>
<b>HAP</b>	<p>Mounjaro</p> <p>Ozempic (ST)</p> <p>Rybelsus (Oral)(ST)</p> <p>Trulicity (ST)</p> <p>Victoza (ST)</p> <p><b>ST: Metformin for ALL</b></p>	<p>Jardiance</p> <p>Farxiga</p>	<p><b>Preferred Brand(s):</b> Abbott OR Dexcom</p> <p><b>Pharmacy ONLY:</b> Contact Pharmacy Advantage at 800-456-2112.</p> <p>1. Diagnosis of Type 1 or 2 diabetes</p> <p>2. Ability to use the system or access to a caregiver who has such abilities, and ONE of the following:</p> <p>3. Must be treated with insulin <b>OR</b> treated with 3+ non-insulin products <b>AND</b> has uncontrolled HgBA1c levels</p>
<b>Priority (Traditional)</b>	<p>Mounjaro (T2D ICD-9 code)</p> <p>Ozempic (T2D ICD-9 code)</p> <p>Trulicity</p> <p>Victoza</p>	<p>Farxiga</p> <p>Jardiance</p>	<p><b>Preferred Brand(s):</b> Abbott OR Dexcom</p> <p><b>Benefit type:</b> Pharmacy</p> <p><b>Criteria:</b> T2D Diagnosis</p>
<b>Priority (Optimized)</b>	<p>Mounjaro (PA)</p> <p>Trulicity (PA)</p>	<p>Farxiga</p> <p>Jardiance</p>	<p><b>Preferred Brand(s):</b> Abbott OR Dexcom</p> <p><b>Benefit Type:</b> Pharmacy</p> <p><b>Criteria:</b> T2D Diagnosis</p>
<b>United</b>	<p>Mounjaro</p> <p>Bydureon BCise (ST, PA)</p> <p>Ozempic (ST, PA)</p> <p>Rybelsus (Oral)(ST, PA)</p> <p>Trulicity (ST, PA)</p> <p>Victoza (ST, PA)</p> <p><b>ST = Metformin for ALL</b></p>	<p>Jardiance (ST)</p> <p><b>ST = Metformin</b></p>	<p><b>Preferred Brand(s):</b> Abbott OR Dexcom</p> <p><b>Benefit Type:</b> Pharmacy</p> <p><b>Criteria for Coverage:</b></p> <p><b>For MCT2D Members ONLY:</b></p> <p>1. Ordered by an MCT2D participating provider</p> <p>2. Patient has T2D diagnosis</p> <p><b>Benefit Type: DME, For Non-MCT2D Members:</b></p> <p>1. Diagnosis of diabetes requiring insulin</p> <p>2. Blood glucose testing at least 4x daily</p> <p>3. Insulin injections at least 3 x daily <b>OR</b> pump</p> <p>4. Frequent adjustments to treatment regimen necessary based on glucose testing results</p> <p>5. Documented compliance to physician-directed comprehensive diabetes management program</p> <p>6. Assessed by a provider every six months</p>

**COVERAGE GUIDE APPENDIX**  
**2023 FORMULARY, STEP THERAPY & PRIOR AUTHORIZATION,**  
**AND DME POLICY LINKS & PROVIDER PHONE LINES**

PAYOR	2023 FORMULARY URL	ST/PA GUIDELINES URL	DME POLICY URL	PROVIDE ASSISTANCE PHONE
<b>Medicare</b>	See MA plans	See MA plans	<a href="https://michmed.org/dJ8z3">michmed.org/dJ8z3</a>	800-633-4227
<b>Medicaid</b>	<a href="https://michmed.org/N2wn8">michmed.org/N2wn8</a>	<a href="https://michmed.org/2VP94">michmed.org/2VP94</a>	n/a	800-292-2550
<b>Blue Cross Complete</b>	<a href="https://michmed.org/xNX5W">michmed.org/xNX5W</a>	<a href="https://michmed.org/PJGPA">michmed.org/PJGPA</a>	<a href="https://michmed.org/xNX5W">michmed.org/xNX5W</a>	See region specific #
<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
<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/97Ay9">michmed.org/97Ay9</a>	<a href="https://michmed.org/KqrMw">michmed.org/KqrMw</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: <a href="https://michmed.org/2VPGZ">michmed.org/2VPGZ</a>	n/a	888-427-6464
<b>McLaren</b>	<a href="https://michmed.org/QRr9A">michmed.org/QRr9A</a>	n/a	n/a	888-327-0671
<b>Priority Traditional</b>	<a href="https://michmed.org/yq299">michmed.org/yq299</a>	<a href="https://michmed.org/jm85Q">michmed.org/jm85Q</a>	n/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>	n/a	800-942-4765
<b>United</b>	<a href="https://michmed.org/7NJrY">michmed.org/7NJrY</a>	<a href="https://michmed.org/Yk9Yb">michmed.org/Yk9Yb</a> ST Mounjaro: <a href="https://michmed.org/gR89j">michmed.org/gR89j</a>	<a href="https://michmed.org/nmxYW">michmed.org/nmxYW</a>	800-711-4555