



Change Log

Payer	Drug/Device	Change
BCBSM	Mounjaro (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"
Priority Health Optimized	Mounjaro (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.
HAP	Mounjaro (tirzepatide)	Mounjaro is now covered
HAP	Qsymia (Phentermine - Topiramate)	Changed from "Not Covered" to Not Preferred (\$\$\$\$) with PA
United	Mounjaro (tirzepatide)	Mounjaro is now covered, with PA/ST trial of, or CI metformin
United	Farxiga (dapagliflozin) Invokana (canagliflozin)	Changed from "Non Preferred with ST " to "May be excluded from coverage or subject to PA in CT, NJ and NY."
Express Scripts	Phentermine	Phentermine is no longer covered
Aetna	Phentermine	Phentermine is no longer covered
All	Adlyxin	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
Aetna Medicare Advantage (MA)	Ozempic Rybelsus (Oral) Trulicity Victoza Bydureon Bcise	Farxiga Jardiance	<p>Most require DME.</p> <p>If plan includes a <i>pharmacy carveout</i>, check the pharmacy carveout company's coverage criteria.</p> <p>Preferred Brand(s): Abbott OR Dexcom</p> <p>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 <p>Try ePrescribing platform Parachute Health for Medicare DME ordering</p>
BCBSM/BCN (MA)	Bydureon Bcise Ozempic Rybelsus Trulicity Victoza	Farxiga	
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	CGM Coverage & Criteria
Medicaid (common formulary for Michigan) And other Privately-Managed Medicaid plans (Aetna, HAP, Priority, United)	Trulicity Victoza	Farxiga (not HAP) Invokana Jardiance	<p>Preferred Brand: Unknown</p> <p>Benefit Type: Unknown</p> <p>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(s): Abbott, Dexcom</p> <p>Benefit Type: Pharmacy</p> <p>IF NOT on insulin, NOT experiencing hypoglycemia, must meet one (1):</p> <ol style="list-style-type: none"> a.) Gaining weight (more than 5 pounds of weight gain in the last 12 months) b.) HbA1C 7% c.) Need for medication changes or titration

			d.) Initiation of a lower carbohydrate diet e.) Patient is unable or reluctant to test their blood glucose via traditional glucometer f.) Patients taking two or more medications to manage their diabetes g.) Patient works with a care team member to improve diet and exercise choices
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)	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.
BlueCross BlueShield Michigan Preferred Drug List	Bydureon Bcise Ozempic Rybelsus (Oral) Trulicity	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
ExpressScripts National	Bydureon BCise Mounjaro Ozempic Rybelsus (Oral) Trulicity	Farxiga Jardiance Steglatro	Preferred Brand(s): Abbott OR Dexcom
HAP	Mounjaro Ozempic (ST) Rybelsus (Oral)(ST) Trulicity (ST) Victoza (ST) ST: Metformin for ALL	Jardiance Farxiga	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 products AND has uncontrolled HgBA1c levels
Priority (Traditional)	Mounjaro (T2D ICD-9 code) Ozempic (T2D ICD-9 code) Trulicity Victoza	Farxiga Jardiance	Preferred Brand(s): Abbott OR Dexcom Benefit type: Pharmacy Criteria: T2D Diagnosis
Priority (Optimized)	Mounjaro (PA) Trulicity (PA)	Farxiga Jardiance	Preferred Brand(s): Abbott OR Dexcom Benefit Type: Pharmacy Criteria: T2D Diagnosis
United	Mounjaro 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	Preferred Brand(s): Abbott OR Dexcom Benefit Type: Pharmacy Criteria for Coverage: For MCT2D Members ONLY: 1. Ordered by an MCT2D participating provider 2. Patient has T2D diagnosis 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

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
Medicare	See MA plans	See MA plans	michmed.org/dJ8z3	800-633-4227
Medicaid	michmed.org/N2wn8	michmed.org/2VP94	n/a	800-292-2550
Blue Cross Complete	michmed.org/xNX5W	michmed.org/PJGPA	michmed.org/xNX5W	See region specific #
Molina	michmed.org/vJ4rz	n/a	michmed.org/gRWVY	855-326-5059
MA: Aetna	michmed.org/8NQrk	michmed.org/KqrMw	See Medicare/CMS policy listed above	800-624-0756
MA: BCBSM	michmed.org/DymRY	michmed.org/yqVYZ	See Medicare/CMS policy listed above	800-344-8525
MA: HAP	michmed.org/WAZqQ	michmed.org/vJV3A	See Medicare/CMS policy listed above	800-292-2550
MA: Humana	michmed.org/kQ894	michmed.org/kQkYr	See Medicare/CMS policy listed above	800-523-0023
MA: Priority	michmed.org/7NVGN	michmed.org/MMxnk	See Medicare/CMS policy listed above	800-942-4765
MA: United	michmed.org/YkDR3	n/a	See Medicare/CMS policy listed above	800-711-4555
MA: Wellcare	michmed.org/gRWDV	michmed.org/8NRev	See Medicare/CMS policy listed above	855-538-0454
Aetna	michmed.org/97Ay9	michmed.org/KqrMw	michmed.org/3xAqb	PA 800-414-2386
BCBSM	michmed.org/nmxVD	michmed.org/zRQZB	michmed.org/w8nMW	800-344-8525
Express Scripts	michmed.org/Dyq2x	michmed.org/3xAey	n/a	888-327-9791
HAP	michmed.org/qdV9P	PA: michmed.org/vJV3A ST: michmed.org/2VPGZ	n/a	888-427-6464
McLaren	michmed.org/QRr9A	n/a	n/a	888-327-0671
Priority Traditional	michmed.org/yq299	michmed.org/jm85Q	n/a	800-942-4765
Priority Optimized	michmed.org/BA4Kb	michmed.org/jm85Q	n/a	800-942-4765
United	michmed.org/7NJrY	michmed.org/Yk9Yb ST Mounjaro: michmed.org/gR89j	michmed.org/nmxYW	800-711-4555