



### Change Log

Date	Payer	Drug/Device	Change
10/30/23	Medicaid	Contrave	New info: No longer covered, as of Oct 1, 2023
10/4/23	HAP Medicare Advantage	Mounjaro	New info: Changed from "No Info" to "Preferred Brand"
10/4/23	Wellcare Medicare Advantage	Mounjaro	New info: Changed from "No Info" to "Non Formulary"
10/4/23	United Medicare Advantage	CGM	New info: Added "180 day" to insulin claims auto lookback
10/4/23	Aetna	CGM	Coverage expansion: Covered under Pharmacy benefit. Criteria is "unrestricted": Dx of diabetes or clinician recognition of the benefit
10/4/23	McLaren Medicaid	CGM	Fixed: Coverage is DME <i>not</i> Pharmacy. Dexcom removed as Preferred Brand.
10/4/23	Blue Cross Complete	CGM	Coverage expansion: Dexcom G7 added to list of preferred devices
10/4/23	BCBSM	Anti-Obesity Meds	Prior authorization criteria have changed (10/1/2023). See document: <a href="https://michmed.org/zRQZB">https://michmed.org/zRQZB</a>



Date	Payer	Drug/Device	Change
10/4/23	Medicaid	<b>Byetta Trulicity Victoza</b>	New info: Effective November 1, 2023, PA criteria for preferred GLP-1 RAs has changed: <ul style="list-style-type: none"> <li>• Patient has a diagnosis of type 2 diabetes; AND</li> <li>Discontinuation of other GLP-1 agonists</li> </ul>
10/4/23	Medicaid	<b>Bydureon Bcise Mounjaro Ozempic Rybelsus</b>	New info: Effective November 1, 2023, PA criteria for non- preferred GLP-1 RAs has changed: <ul style="list-style-type: none"> <li>• Discontinuation of other GLP-1 agonists</li> <li>• Remove the Ozempic medication-specific PA criteria.</li> <li>• Add quantity limits to each agent in accordance with the FDA approved maximum dosing</li> </ul>
9/5/23	Aetna	<b>Mounjaro</b>	Changed from “Not covered” to “Preferred”
9/1/23	BCBM/BCN Medicare	<b>GLP-1 RAs</b>	PA criteria for first time GLP-1 RA Rx has changed: Must have T2D diagnosis. Read more here: <a href="https://providerinfo.bcbsm.com/documents/alerts/2023/202308/alert-20230818-9-1-req-prior-auth-some-diabetes-drugs.pdf">https://providerinfo.bcbsm.com/documents/alerts/2023/202308/alert-20230818-9-1-req-prior-auth-some-diabetes-drugs.pdf</a>
8/31/23	Aetna	<b>phentermine</b>	Changed from “Not covered” to “Preferred with PA”
8/31/23	Express Scripts	<b>phentermine</b>	Changed from “Not covered” to “Preferred”
8/31/23	Blue Cross Complete	<b>CGM</b>	FIXED: Added Pharmacy Benefit policy effective 8/1/22, including preferred devices and criteria for non-insulin treated T2D



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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
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>

# PRIVATE PLANS

## COVERAGE for Anti-Obesity Meds

	<b>SAXENDA</b> Liraglutide Injectable - Daily	<b>WEGOVY</b> Semaglutide Injectable - Weekly	<b>PHENTERMINE</b> Generic - High Dose Oral - Daily w/ Meals	<b>LOMAIRA</b> Phentermine 8 Low Dose Oral - Daily w/ Meals	<b>QSYMIA</b> Phentermine - Topiramate Oral - Daily	<b>CONTRAVE</b> Naltrexone HCl - Bupropion HC Oral - 2x Day
<b>AETNA</b>	Preferred PA	Preferred PA	Preferred PA	Not Covered	Preferred	Not Covered
<b>BCBSM*</b>	Non-Preferred PA	Non-Preferred PA	Preferred	Non-Preferred	Non-Preferred PA	Non-Preferred PA
<b>EXPRESS SCRIPTS</b> National Preferred	Non-Preferred PA	Preferred PA	Preferred PA	Preferred	Non-Preferred PA	Non-Preferred PA
<b>HAP</b>	Not Covered	Not Covered	Preferred	Not Covered	Non-Preferred PA	Not Covered
<b>PRIORITY (TRADITIONAL)</b>	Not Covered	Not Covered	Preferred	Non-Preferred ST Must try generic first	Non-Preferred** ST Must try generic first	Non-Preferred ST Must try generic first
<b>PRIORITY (OPTIMIZED)</b>	Not Covered	Not Covered	Preferred	Not Covered	Non-Preferred ST Must try generic first	Non-Preferred ST Must try generic first
<b>UNITED</b>	Not Covered	Not Covered	Not Covered May be excluded from coverage or subject to PA in CT, NJ and NY	Not Covered May be excluded from coverage or subject to PA in CT, NJ and NY	Not Covered	Not Covered May be excluded from coverage or subject to PA in CT, NJ and NY

PA

Prior  
Auth

ST

Step  
Therapy

See last page of  
guide for links  
to available  
prior auth and  
step therapy  
documentation

Disclaimer: Information based on general formularies, unless otherwise noted and may not reflect employer-group specific policies and plans with pharmacy carve outs.

\*\*Priority coverage for Qsymia determined by: "Employers plan rider determines weight loss coverage"

## MEDICARE ADVANTAGE

Coverage for  
Anti-Obesity  
Meds

Medicare Advantage plans do not cover anti-obesity medications at this time.

## MEDICAID

Coverage for  
Anti-Obesity  
Meds

	PHENTERMINE	LOMAIRA	QSYMIA	CONTRAVE	SAXENDA	WEGOVY	
	Generic - High Dose Oral - Daily w/ Meals	Phentermine 8 Low Dose Oral - Daily w/ Meals	Phentermine - Topiramate Oral - Daily	Naltrexone HCl - Bupropion HC Oral - 2x Day	Liraglutide Injectable - Daily	Semaglutide Injectable - Weekly	
<b>MEDICAID</b> State and Managed Plans	Preferred <b>PA</b>	Preferred Except McClaren Not Covered <b>PA</b>	Not Covered	Not Covered	Preferred <b>PA</b>	Preferred <b>PA</b>	<b>PA</b> Prior Auth  <b>ST</b> Step Therapy

### Michigan Medicaid PDL Magellan RX Prior Auth Criteria:

See [michmed.org/2VP94](http://michmed.org/2VP94)

- Patient must have a body mass index [BMI]  $\geq$  than 30 kg/m<sup>2</sup> ; **OR**
- Patient must have a body mass index [BMI]  $\geq$  than 27 kg/m<sup>2</sup> but <30 kg/m<sup>2</sup> and at least one of the following risk factors:
  - Hypertension, coronary artery disease, diabetes, dyslipidemia, or sleep apnea; **OR**
- For Wegovy, pediatric patients must have an initial BMI at the 95th percentile or greater for age and sex (obesity); **AND**
- Patient age  $\geq$ 12 years (Wegovy, Xenical, Saxenda); **OR**
- Patient age  $\geq$ 18 years (benzphetamine, diethylpropion, phentermine, phendimetrazine); **AND**

- Prescriber attests to patient's absence of any contraindications to use requested product; **AND**
- Prescriber attests that the patient is not pregnant or lactating; **AND**
- Prescriber attests that at least one previously documented weight reduction attempt in the past year; **AND**
- Prescriber attests medication therapy is part of a total treatment plan including a calorie and fat restricted diet and exercise and/or activity regimen, as appropriate for the patient's ability

MDHHS recommends that prescribers consider the benefits of a diabetes prevention program for their patients.

## 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/97Ay9">michmed.org/97Ay9</a>	<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: <a href="https://michmed.org/2VPGZ">michmed.org/2VPGZ</a>	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

## COVERAGE GUIDE APPENDIX

# Definitions and Disclaimers

### Deductible

Predetermined amount that must be paid annually before insurance pays for anything.

### Copayment

Set amount paid for a prescription.

### Co-insurance

Amount you pay after your deductible is met. Your insurance pays their portion. Co-insurance only applies to prescriptions and services covered under your health plan.

### Medication tier

Levels of insurance medication coverage: You pay a smaller amount for a lower tier and a higher amount for a higher tier.

### Out-of-pocket max

Annual limit on what you pay before insurance covers 100% of covered services. Deductibles, copayment, and co-insurance all apply toward your out-of-pocket maximum.

### Prior authorization

Request made by your health care provider to your insurance company for coverage of a medication.

### Quantity limit

Limitation on the amount of medication (# of pills, pens, etc) covered for a period of time.

### Step therapy

Medication you must have tried prior to approval of a non-preferred medication, typically prior to trying a more expensive medication.

### Pharmacy Carve-Out

Some insurance plans allows for pharmacy carve-outs, where prescription drug coverage is provided by a pharmacy benefits manager (PBM) and may not reflect the same coverage as the medical policy's medication formulary.

*Do I have a pharmacy carve-out?*

Check your insurance ID card. For example, if you have Priority Health, look for "Optimized RX: Yes" on the back of the card

