



## Change Log

Payer	Drug/Device	Change
<b>Aetna</b> Commercial & MA	<b>Mounjaro</b> (Tirzepatide)	Changed from No Info to Not Covered
<b>Blue Cross Complete</b> Medicaid	<b>Mounjaro</b> (Tirzepatide)	Changed from No Info to Non-preferred, PA required
<b>BCBSM</b> Commercial	<b>All GLP-1 RAs</b>	<i>Beginning August 15, 2023</i> , all GLP-1 RAs will require a prior authorization process: 1. Claims auto-lookback at “point-of-sale” for either a.) previous pharmacy claim for Ty2D drug (except for metformin or another GLP-1 drug) OR b.) diagnosis code denoting T2D in medical claims history. 2. If one of those criteria is met, no PA is required. If one or more of those criteria are not met, PA will be triggered. If required, the prescriber can check a box via electronic prior auth (ePA) to confirm that the member has T2D for coverage
<b>United</b> Commercial	<b>SGLT2is</b>	Step therapy supplemental document updated as of 6/1/23: <a href="https://michmed.org/Yk9Yb">https://michmed.org/Yk9Yb</a>
<b>Aetna</b> Commercial	<b>Wegovy</b> (Semaglutide)	Added Appendix link to Wegovy PA policy from 8-2022 <a href="https://michmed.org/QRQMm">https://michmed.org/QRQMm</a>
<b>BCBSM</b> Commercial	<b>Wegovy</b> (Semaglutide)	Changed from Preferred to Non-preferred (for PPO and HMO plans)
<b>Medicaid</b> McLaren	<b>Lomaira</b> (phentermine 8)	Changed from Non Preferred PA to Not Covered
<b>Medicaid</b> BCC, HAP, McLaren, Meridian, Molina, Priority,	<b>Qsymia</b> (phentermine - topiramate)	Changed from Non Preferred PA to Not Covered

# PRIVATE & PBM 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	Not Covered	Not Covered	Preferred	Not Covered
<b>BCBSM</b>	Non-Preferred PA	Non-Preferred PA	Preferred	Non-Preferred PA	Non-Preferred PA	Non-Preferred PA
<b>EXPRESS SCRIPTS</b> National Preferred	Non-Preferred PA	Preferred PA	Not Covered	Preferred	Non-Preferred PA	Non-Preferred PA
<b>HAP</b>	Not Covered	Not Covered	Preferred	Not Covered	Non-Preferred PA	Not Covered
<b>PRIORITY</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

No plans (at this time) offer coverage for: Qsymia, Contrave, Saxenda, Wegovy, or phentermine

## MEDICAID

Coverage for  
Anti-Obesity  
Meds

	PHENTERMINE <small>Generic - High Dose Oral - Daily w/ Meals</small>	LOMAIRA <small>Phentermine 8 Low Dose Oral - Daily w/ Meals</small>	QSYMIA <small>Phentermine - Topiramate Oral - Daily</small>	CONTRAVE <small>Naltrexone HCl - Bupropion HC Oral - 2x Day</small>	SAXENDA <small>Liraglutide Injectable - Daily</small>	WEGOVY <small>Semaglutide Injectable - Weekly</small>	
<b>MEDICAID<sup>^</sup></b> State	Preferred <b>PA</b>	Preferred <b>PA</b>	Not Covered	Preferred <b>PA</b>	Preferred <b>PA</b>	Preferred <b>PA</b>	<b>PA</b> Prior Auth
<b>AETNA</b> <b>BCBSM</b> <b>HAP</b> <b>MCCLAREN</b> <b>MERIDIAN</b> <b>MOLINA</b> <b>PRIORITY</b> <b>UNITED</b> Managed	Preferred <b>PA</b>	Preferred Except McClaren Not Covered <b>PA</b>	Not Covered	Preferred <b>PA</b>	Preferred <b>PA</b>	Preferred <b>PA</b>	<b>ST</b> Step Therapy

<sup>^</sup>Anti-obesity medication criteria for approval - Michigan Medicaid (Magellan RX Management)

- BMI  $\geq$  than 30 kg/m<sup>2</sup> OR
- 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 (Contrave, 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 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.

- 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.

# COVERAGE GUIDE APPENDIX

## 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	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>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