



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) Invokna (canagliflozin)	Changed from “Non Preferred with S” 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

PRIVATE & PBM COVERAGE for Anti-Obesity Meds

	SAXENDA Liraglutide Injectable - Daily	WEGOVY Semaglutide Injectable - Weekly	PHENTERMINE Generic - High Dose Oral - Daily w/ Meals	LOMAIRA Phentermine 8 Low Dose Oral - Daily w/ Meals	QSYMIA Phentermine - Topiramate Oral - Daily	CONTRAVE Naltrexone HCl - Bupropion HC Oral - 2x Day
AETNA	Preferred PA	Preferred PA	Not Covered	Not Covered	Preferred	Not Covered
BCBSM	\$\$\$\$\$\$ Non-Preferred PA	Preferred PA	Preferred	\$\$\$\$\$\$ Non-Preferred	\$\$\$\$\$\$ Non-Preferred PA	\$\$\$\$\$\$ Non-Preferred PA
EXPRESS SCRIPTS National Preferred	\$\$\$\$\$\$ Non-Preferred PA	Preferred PA	Not Covered	Preferred	\$\$\$\$\$\$ Non-Preferred PA	\$\$\$\$\$\$ Non-Preferred PA
HAP	Not Covered	Not Covered	Preferred	Not Covered	\$\$\$\$\$\$ Non-Preferred PA	Not Covered
PRIORITY	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
PRIORITY (OPTIMIZED)	Not Covered	Not Covered	Preferred	Not Covered	\$\$\$\$\$\$ Non-Preferred ST Must try generic first	\$\$\$\$\$\$ Non-Preferred ST Must try generic first
UNITED	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: phentermine (any formulation), Qsymia, Contrave, Saxenda, or Wegovy

MEDICAID
Coverage for
Anti-Obesity
Meds

	PHENTERMINE <i>Generic - High Dose Oral - Daily w/ Meals</i>	LOMAIRA <i>Phentermine 8 Low Dose Oral - Daily w/ Meals</i>	QSYMIA <i>Phentermine - Topiramate Oral - Daily</i>	CONTRAVE <i>Naltrexone HCl - Bupropion HC Oral - 2x Day</i>	SAXENDA <i>Liraglutide Injectable - Daily</i>	WEGOVI <i>Semaglutide Injectable - Weekly</i>
MEDICAID State	Preferred PA <i>Age Criteria</i>	Preferred PA <i>Age Criteria</i>	Preferred PA <i>Age Criteria</i>	Preferred PA <i>Age Criteria</i>	Preferred PA <i>Age Criteria</i>	Preferred PA <i>Age Criteria</i>
AETNA BCBSM HAP MCCLAREN MERIDIAN MOLINA PRIORITY UNITED Managed	Preferred <i>Except Priority Not Covered</i> PA <i>Age Criteria</i>	Preferred <i>Except McClaren Not Covered</i> PA	Preferred PA <i>Age Criteria</i>	Preferred PA <i>Age Criteria</i>	Preferred PA <i>Age Criteria</i>	Preferred PA <i>Age Criteria</i>

PA
**Prior
Auth**

ST
**Step
Therapy**

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

COVERAGE GUIDE APPENDIX

2023 FORMULARY, STEP THERAPY & PRIOR AUTHORIZATION, AND DME POLICY LINKS & PROVIDER PHONE LINES

PAYOR	2023 FORMULARY	ST/PA GUIDELINES	DME POLICY	PROVIDE ASSISTANCE PHONE
Medicare	See MA plans	See MA plans	https://michmed.org/dJ8z3	800-633-4227
Medicaid	https://michmed.org/N2wn8	https://michmed.org/2VP94	n/a	800-292-2550
Blue Cross Complete	https://michmed.org/xNX5W	https://michmed.org/xNX5W	https://michmed.org/xNX5W	See region specific #
Molina	https://michmed.org/vJ4rz	n/a	https://michmed.org/gRWVY	855-326-5059
MA: Aetna	https://michmed.org/8NQrk	https://michmed.org/KqrMw	See Medicare/CMS policy listed above	800-624-0756
MA: BCBSM	https://michmed.org/DymRY	https://michmed.org/yqVYZ	See Medicare/CMS policy listed above	800-344-8525
MA: HAP	https://michmed.org/WAZqQ	https://michmed.org/vJV3A	See Medicare/CMS policy listed above	800-292-2550
MA: Humana	https://michmed.org/kQ894	https://michmed.org/kQkYr	See Medicare/CMS policy listed above	800-523-0023
MA: Priority	https://michmed.org/7NVGN	https://michmed.org/MMxnk	See Medicare/CMS policy listed above	800-942-4765
MA: United	https://michmed.org/YkDR3	n/a	See Medicare/CMS policy listed above	800-711-4555
MA: Wellcare	https://michmed.org/gRWDV	https://michmed.org/8NRev	See Medicare/CMS policy listed above	855-538-0454
Aetna	https://michmed.org/97Ay9	https://michmed.org/KqrMw	https://michmed.org/3xAqb	PA 800-414-2386
BCBSM	https://michmed.org/nmxVD	https://michmed.org/zRQZB	https://michmed.org/w8nMW	800-344-8525
Express Scripts	https://michmed.org/Dyq2x	https://michmed.org/3xAey	n/a	888-327-9791
McLaren	https://michmed.org/QRr9A	n/a	n/a	888-327-0671
Priority Traditional	https://michmed.org/yq299	https://michmed.org/jm85Q	n/a	800-942-4765
Priority Optimized	https://michmed.org/BA4Kb	https://michmed.org/jm85Q	n/a	800-942-4765
United	https://michmed.org/7NJrY	https://michmed.org/Yk9Yb ST Mounjaro: https://michmed.org/gR89j	https://michmed.org/nmxYW	800-711-4555