

# COVERAGE GUIDE

## Change Log *Last updated 4 March 2024*

| Date   | Player/Plan                        | Drug/Device      | Change   |
|--------|------------------------------------|------------------|--|
|        |                                    |                  | <b>GLP-1 RA Commercial</b>   |
| 1/1/24 | All Plans                          | All Meds         | Nomenclature change: "Preferred" has changed to "Preferred Brand" or "Preferred Generic" when drug is covered as "Tier 1: Preferred generic" or "Tier 2/3: Preferred Brand." Added nomenclature for "Select Care Tier 6" "Non preferred brand Tier 4" etc, when applicable.                              |
| 1/1/24 | Aetna                              | Bydureon BCise   | No longer covered  |
| 1/1/24 | Priority Traditional               | Ozempic, Victoza | No longer covered. WAS "Preferred" → NOW Tier 9: \$\$\$\$ "A drug that your prescription plan will not pay for or that is not included on the Approved Drug List. Check your plan documents for details." Was previously "Preferred with ICD10 DX."  |
| 1/1/24 | Priority Traditional               | Ozempic, Victoza | No longer covered. WAS Preferred → NOW "Not Covered (Tier 9)." Tier 9 = "A drug that your prescription plan will not pay for or that is not included on the Approved Drug List. Check your plan documents for details."  |
| 1/1/24 | Priority Optimized                 | Ozempic, Victoza | No longer covered. WAS "Specialty \$\$\$\$ with PA/ST." → NOW "Not Covered - Tier 9." Tier 9 = "A drug that your prescription plan will not pay for or that is not included on the Approved Drug List. Check your plan documents for details."   |
| 1/1/24 | Priority Traditional and Optimized | Bydureon BCise   | No longer covered. WAS "Non-Preferred with ST" (Priority Trad) or "Specialty \$\$\$\$ with PA" (Priority Optimized) → NOW "Not Covered Tier 9." Tier 9 = "A drug that your prescription plan will not pay for or that is not included on the Approved Drug List. Check your plan documents for details." |

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| Date   | Player/Plan                    | Drug/<br>Device                              | Change  |
|--------|--------------------------------|--|---|
|        |                                |  | <b>GLP-1 RA Medicare Advantage</b>  |
| 1/1/24 | Aetna Medicare Advantage       | Mounjaro                                     | Now covered. WAS “Non Formulary” → NOW “Preferred Brand with PA”  |
| 1/1/24 | Aetna Medicare Advantage       | Victoza                                      | No longer covered. WAS “Preferred” → NOW “Not covered”  |
| 1/1/24 | Aetna Medicare Advantage       | Trulicity, Ozempic, Rybelsus, Bydureon BCise | WAS “Preferred” → NOW “Preferred Brand with ICD10 in RX or PA” If there is no ICD10 in RX, then must have T2D med or supply claim within last 730 days, else, PA may be required. |
| 1/1/24 | BCBSM Medicare Advantage       | Mounjaro                                     | Now covered. WAS “Non Formulary” → NOW “Preferred Brand with HX of T2D med or ICD10”  |
| 1/1/24 | BCBSM Medicare Advantage       | Victoza                                      | No longer covered. WAS Preferred with HX T2D diagnosis or diabetes med” → NOW “Non formulary except for UAW Group”  |
| 1/1/24 | HAP Medicare Advantage         | Victoza                                      | No longer covered. WAS “Preferred with ST” → NOW “Non formulary”  |
| 1/1/24 | Priority Medicare Advantage    | Mounjaro, Trulicity, Victoza                 | Now “Preferred with PA: T2D ICD10 diagnosis.” Previously “Preferred.”   |
| 1/1/24 | United AARP Medicare Advantage | Victoza                                      | Now “Non formulary.” Previously “Preferred”   |
| 1/1/24 | Wellcare Medicare Advantage    | Trulicity, Ozempic, Rybelsus, Bydureon Bcise | Now “Tier 6: Select Care with PA.” Previously “Preferred”   |
| 1/1/24 | Wellcare Medicare Advantage    | Mounjaro                                     | Now “Tier 6: Select Care with PA.” Previously “Non Formulary”   |

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|--------|-----------------------------|------------------------|---|
| 1/1/24 | Wellcare Medicare Advantage | Victoza                | Now "Non formulary." Previously "Preferred"   |
|        |                             |                        | <b>SGLT2i</b>   |
| 1/1/24 | All Plans                   | Brenzavvy              | Add new drug Brenzavvy (bexagliflozin)  |
| 1/1/24 | Priority Medicare Advantage | Steglatro              | No longer covered and removed from guide. Previously "Non-preferred ST: Farxiga, Xigduo, Jardiance, Synjardy" |
| 1/1/24 | Wellcare Medicare Advantage | Jardiance, Farxiga     | Select Care Tier 6. Previously "Preferred Brand."   |
|        |                             |                        | <b>Medicaid - GLP-1 RA and SGLT2i</b>   |
| 1/1/24 | Michigan Medicaid           | Non-Preferred GLP-1 RA | Updated footnote with PA criteria   |
|        |                             |                        | <b>Anti-Obesity Medications - All plan types</b>  |
| 1/1/24 | All Plans                   | Zepbound               | Added new medication Zepbound (tirzepatide)   |
| 1/1/24 | BCBSM                       | Zepbound               | Non-Preferred Brand with PA, same as other AOM (with the exception of phentermine, Lomaira)                   |
| 1/1/24 | ExpressScripts              | Saxenda                | Not covered. Previously "Non Preferred \$\$\$\$ with PA"  |
| 1/1/24 | ExpressScripts              | Zepbound               | Preferred   |
| 1/1/24 | ExpressScripts              | Lomaira                | Not Covered. Previously "Preferred."  |
| 1/1/24 | ExpressScripts              | phentermine            | Not Covered. Previously "Preferred with PA"   |
| 1/1/24 | ExpressScripts              | Qsymia                 | Not covered. Previously "Non Preferred \$\$\$\$ with PA"  |
| 1/1/24 | United                      | phentermine            | Preferred generic (Tier 1). Previously "Not covered"  |

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| Date   | Player/Plan                              | Drug/<br>Device | Change   |
|--------|--|-----------------|--|
|        |  |                 | <b>CGM - All Plans</b>   |
| 1/1/24 | All plans                                | CGMs            | Updated “look and feel.” Note: All plans (except Aetna) require a T2D diagnosis. <b>Include ICD10 code in prescription whenever possible.</b>  |
| 1/1/24 | BCBSM Commercial and Medicare Advantage  | CGM             | Criteria reflects 3/1/2024 BCBSM medical policy change, including CGM covered now only through DME supplier, with CMS-aligned guidelines. Addition of BCBSM-supplied disclaimers and tips for new PA and ordering process. |
| 1/1/24 | United Commercial and Medicare Advantage | CGM             | Addition of United preferred DME suppliers   |
| 1/1/24 | HAP Medicare Advantage                   | CGM             | Added HAP MA pharmacy benefit information for CGMs   |

| COMMERCIAL PLAN<br>Formulary Link   | MOUNJARO<br><i>Tirzepatide</i><br>Injectable - Weekly | TRULICITY<br><i>Dulaglutide</i><br>Injectable - Weekly | OZEMPIC<br><i>Semaglutide (SQ)</i><br>Injectable - Weekly | RYBELSUS<br><i>Semaglutide</i><br>Oral - Daily        | VICTOZA<br><i>Liraglutide</i><br>Injectable - Daily   | BYDUREON BCISE<br><i>Exenatide</i><br>Injectable - Weekly |
|---|---|--|---|---|---|---|
| <b>AETNA</b><br><a href="http://michmed.org/97Ay9">michmed.org/97Ay9</a>              | Preferred<br>ICD10 in RX                              | Preferred<br>ICD10 in RX                               | Preferred<br>ICD10 in RX                                  | Preferred<br>ICD10 in RX                              | Preferred<br>ICD10 in RX                              | Not Covered   |
| <b>BCBSM/BCN</b><br><a href="http://michmed.org/nmxVD">michmed.org/nmxVD</a>          | Preferred<br>Hx of T2D med<br>OR ICD10 in RX          | Preferred<br>Hx of T2D med<br>OR ICD10 in RX           | Preferred<br>Hx of T2D med<br>OR ICD10 in RX              | Preferred<br>Hx of T2D med<br>OR ICD10 in RX          | Preferred<br>Hx of T2D med<br>OR ICD10 in RX          | Not Covered*  |
| <b>EXPRESS SCRIPTS</b><br><a href="http://michmed.org/Dyq2x">michmed.org/Dyq2x</a>    | Preferred   | Preferred  | Preferred   | Preferred   | Not Covered   | Preferred   |
| <b>HAP</b><br><a href="http://michmed.org/qdV9P">michmed.org/qdV9P</a>                | Preferred Brand<br>ST: Metformin within last 120 days | Preferred Brand<br>ST: Metformin within last 120 days  | Preferred Brand<br>ST: Metformin within last 120 days     | Preferred Brand<br>ST: Metformin within last 120 days | Preferred Brand<br>ST: Metformin within last 120 days | Non Formulary   |
| <b>PRIORITY</b><br><a href="http://michmed.org/yq299">michmed.org/yq299</a>           | Preferred<br>ICD10 on file                            | Preferred<br>ICD10 on file                             | Not Covered<br>Tier 9                                     | Not Covered<br>Tier 9                                 | Not Covered<br>Tier 9                                 | Not Covered<br>Tier 9                                     |
| <b>PRIORITY OPTIMIZED</b><br><a href="http://michmed.org/BA4Kb">michmed.org/BA4Kb</a> | Preferred<br>PA**                                     | Preferred<br>PA**                                      | Not Covered<br>Tier 9                                     | Not Covered<br>Tier 9                                 | Not Covered<br>Tier 9                                 | Not Covered<br>Tier 9                                     |
| <b>UNITED</b><br><a href="http://michmed.org/7NJrY">michmed.org/7NJrY</a>             | Preferred<br>ICD10 in RX AND<br>Trial of metformin    | Preferred<br>ICD10 in RX AND<br>Trial of metformin     | Preferred<br>ICD10 in RX AND<br>Trial of metformin        | Preferred<br>ICD10 in RX AND<br>Trial of metformin    | Preferred<br>ICD10 in RX AND<br>Trial of metformin    | Preferred<br>ICD10 in RX AND<br>Trial of metformin        |

\*Bydureon BCise: Patient should contact their employer benefits office to determine if their employer elected the BCBSM 'Preferred Drug List' (PDL). If yes, this drug is covered.

\*\* Priority Optimized PA for Mounjaro/Trulicity: 1. Trial and failure, or intolerance to at least 2 generic oral anti-diabetic agents used in combination OR

2. insulin after THREE continuous months of receiving maximal daily doses, in conjunction with diet and exercise, and not achieving adequate glycemic control (must be within the last SIX months) AND A1c less than or equal to 9%, but not less than 7%.

| MEDICARE PLAN<br>Formulary Link  | MOUNJARO<br><i>Tirzepatide</i><br>Injectable - Weekly | TRULICITY<br><i>Dulaglutide</i><br>Injectable - Weekly | OZEMPIC<br><i>Semaglutide (SQ)</i><br>Injectable - Weekly | RYBELSUS<br><i>Semaglutide</i><br>Oral - Daily        | VICTOZA<br><i>Liraglutide</i><br>Injectable - Daily | BYDUREON<br>BCISE<br><i>Exenatide</i><br>Injectable - Weekly |
|--|---|--|---|---|---|--|
| <b>AETNA MA</b><br><a href="http://michmed.org/8NQrk">michmed.org/8NQrk</a>                                  | Preferred Brand<br>ICD10 in RX<br><b>PA</b>           | Preferred Brand<br>ICD10 in RX<br><b>PA</b>            | Preferred Brand<br>ICD10 in RX<br><b>PA</b>               | Preferred Brand<br>ICD10 in RX<br><b>PA</b>           | Not Covered   | Preferred Brand<br>ICD10 in RX<br><b>PA</b>                  |
| <b>BCBSM/BCN MA</b><br><a href="http://michmed.org/DymRY">michmed.org/DymRY</a><br>See footnote on last page | Preferred Brand<br>Hx of T2D med OR ICD10 in RX       | Preferred Brand<br>Hx of T2D med OR ICD10 in RX        | Preferred Brand<br>Hx of T2D med OR ICD10 in RX           | Preferred Brand<br>Hx of T2D med OR ICD10 in RX       | Non Formulary<br>Except for UAW Group               | Preferred Brand<br>Hx of T2D med OR ICD10 in RX              |
| <b>HAP MA</b><br><a href="http://michmed.org/8NQrk">michmed.org/8NQrk</a>                                    | Preferred Brand<br>ST: Metformin within last 120 days | Preferred Brand<br>ST: Metformin within last 120 days  | Preferred Brand<br>ST: Metformin within last 120 days     | Preferred Brand<br>ST: Metformin within last 120 days | Not Covered   | Non Formulary  |
| <b>HUMANA MA</b><br><a href="http://michmed.org/kQ894">michmed.org/kQ894</a>                                 | Preferred Brand                                       | Preferred Brand  | Preferred Brand   | Preferred Brand                                       | Preferred Brand                                     | Non-Preferred<br>Tier 4                                      |
| <b>PRIORITY MA</b><br><a href="http://michmed.org/7NVGN">michmed.org/7NVGN</a>                               | Preferred Brand<br>ICD10 in RX<br><b>PA</b>           | Preferred Brand<br>ICD10 in RX<br><b>PA</b>            | Non-Preferred<br><b>PA</b>                                | Not Covered   | Non-Preferred<br><b>PA</b>                          | Preferred Brand<br>ICD10 in RX<br><b>PA</b>                  |
| <b>UNITED MA</b><br>AARP Preferred<br><a href="http://michmed.org/YkDR3">michmed.org/YkDR3</a>               | Preferred Brand<br><b>PA</b>                          | Preferred Brand<br><b>PA</b>                           | Preferred Brand<br><b>PA</b>                              | Preferred Brand<br><b>PA</b>                          | Not Covered   | Preferred Brand<br><b>PA</b>                                 |
| <b>WELLCARE MA**</b><br><a href="http://michmed.org/gRWDV">michmed.org/gRWDV</a>                             | Select Care<br>Tier 6<br><b>PA</b>                    | Select Care<br>Tier 6<br><b>PA</b>                     | Select Care<br>Tier 6<br><b>PA</b>                        | Select Care<br>Tier 6<br><b>PA</b>                    | Non-Preferred                                       | Select Care<br>Tier 6<br><b>PA</b>                           |

\*\*Note on Wellcare MA: "Tier 6: Select Care Drugs" denotes certain brand-name medications that treat type 2 diabetes with relatively low copays

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## SGLT2i for COMMERCIAL

Last updated 4 March 2024

| COMMERCIAL PLAN<br>Formulary Link   | JARDIANCE<br><i>Empagliflozin</i><br>Oral - Daily | FARXIGA<br><i>Dapagliflozin</i><br>Oral - Daily | INVOKANA<br><i>Canagliflozin</i><br>Oral - Daily | STEGLATRO<br><i>Ertugliflozin</i><br>Oral - Daily | BRENZAVVY<br><i>Bexagliflozin</i><br>Oral - Daily |
|---|---|---|--|---|---|
| <b>AETNA</b><br><a href="http://michmed.org/97Ay9">michmed.org/97Ay9</a>              | Preferred Brand                                   | Preferred Brand                                 | Not Covered                                      | Not Covered                                       | Unknown   |
| <b>BCBSM</b><br><a href="http://michmed.org/nmxVD">michmed.org/nmxVD</a>              | Preferred Brand                                   | Preferred Brand                                 | Not Covered                                      | Not Covered                                       | Not Covered                                       |
| <b>EXPRESS SCRIPTS</b><br><a href="http://michmed.org/Dyq2x">michmed.org/Dyq2x</a>    | Preferred   | Preferred                                       | Not Covered                                      | Preferred   | Unknown   |
| <b>HAP</b><br><a href="http://michmed.org/qdV9P">michmed.org/qdV9P</a>                | Preferred Brand                                   | Preferred Brand                                 | Non Formulary                                    | Non Formulary                                     | Unknown   |
| <b>PRIORITY</b><br><a href="http://michmed.org/yq299">michmed.org/yq299</a>           | Preferred Brand                                   | Preferred Brand                                 | Non-Preferred<br><b>ST*</b>                      | Non-Preferred<br><b>ST*</b>                       | Not Covered                                       |
| <b>PRIORITY OPTIMIZED</b><br><a href="http://michmed.org/BA4Kb">michmed.org/BA4Kb</a> | Preferred Brand                                   | Preferred Brand                                 | Non-Preferred<br><b>ST*</b>                      | Non-Preferred<br><b>ST*</b>                       | Not Covered                                       |
| <b>UNITED</b><br><a href="http://michmed.org/7N JrY">michmed.org/7N JrY</a>           | Preferred Brand                                   | Non Formulary                                   | Non Formulary                                    | Non Formulary                                     | Unknown   |

**\*ST =**  
**Step therapy for Priority**  
 Must first try  
 Jardiance,  
 Farxiga, Xigduo,  
 or Synjardy

# COVERAGE GUIDE

## SGLT2i for MEDICARE ADVANTAGE

Last updated 4 March 2024

| MEDICARE PLAN<br><a href="#">Formulary Link</a>                                  | JARDIANCE<br><i>Empagliflozin</i><br>Oral - Daily | FARXIGA<br><i>Dapagliflozin</i><br>Oral - Daily | INVOKANA<br><i>Canagliflozin</i><br>Oral - Daily | STEGLATRO<br><i>Ertugliflozin</i><br>Oral - Daily | BRENZAVVY<br><i>Bexagliflozin</i><br>Oral - Daily |
|--|---|---|--|---|---|
| <b>AETNA MA</b><br><a href="http://michmed.org/8NQrk">michmed.org/8NQrk</a>      | Preferred Brand                                   | Preferred Brand                                 | Not Covered                                      | Not Covered                                       | Unknown   |
| <b>BCBSM/BCN MA</b><br><a href="http://michmed.org/DymRY">michmed.org/DymRY</a>  | Preferred Brand                                   | Preferred Brand                                 | Not Covered                                      | Not Covered                                       | Non Formulary                                     |
| <b>HAP MA</b><br><a href="http://michmed.org/8NQrk">michmed.org/8NQrk</a>        | Preferred Brand                                   | Preferred Brand                                 | Non Formulary                                    | Non Formulary                                     | Unknown   |
| <b>HUMANA MA</b><br><a href="http://michmed.org/kQ894">michmed.org/kQ894</a>     | Preferred Brand                                   | Non-Preferred<br>Tier 4                         | Preferred Brand                                  | Not Covered                                       | Unknown   |
| <b>PRIORITY MA</b><br><a href="http://michmed.org/7N">michmed.org/7N</a><br>VGN  | Preferred Brand                                   | Preferred Brand                                 | Non-Preferred<br>ST*                             | Not Covered                                       | Unknown   |
| <b>UNITED AARP</b><br><a href="http://michmed.org/YkDR3">michmed.org/YkDR3</a>   | Preferred Brand                                   | Preferred Brand                                 | Not Covered                                      | Not Covered                                       | Unknown   |
| <b>WELLCARE MA**</b><br><a href="http://michmed.org/gRWdV">michmed.org/gRWdV</a> | Select Care<br>Tier 6                             | Select Care<br>Tier 6                           | Non-Preferred<br>Tier 4                          | Not Covered                                       | Unknown   |

**\*ST = Step therapy for Priority**  
Must first try Jardiance, Farxiga, Xigduo, or Synjardy

\*\*Note on Wellcare MA: "Tier 6: Select Care Drugs" denotes certain brand-name medications that treat type 2 diabetes with relatively low copays



| MEDICAID PLAN<br>Formulary Link   | MOUNJARO<br><i>Tirzepatide</i><br>Injectable - Weekly | TRULICITY<br><i>Dulaglutide</i><br>Injectable - Weekly | OZEMPIC<br><i>Semaglutide (SQ)</i><br>Injectable - Weekly | RYBELSUS<br><i>Semaglutide</i><br>Oral - Daily | VICTOZA<br><i>Liraglutide</i><br>Injectable - Daily | BYDUREON BCISE<br><i>Exenatide</i><br>Injectable - Weekly | BYETTA<br><i>Exenatide</i><br>Injectable - 2x daily |
|---|---|--|---|--|---|---|---|
| MICHIGAN MEDICAID<br><a href="http://michmed.org/N2wn8">michmed.org/N2wn8</a> | Non-Preferred PA                                      | Preferred Brand PA<br>ICD10 in RX or T2D med           | Non-Preferred PA  | Non-Preferred PA                               | Preferred Brand PA<br>ICD10 in RX or T2D med        | Non-Preferred PA  | Preferred Brand PA<br>ICD10 in RX or T2D med        |

Find a glossary of ICD10 codes on last page

| MEDICAID PLAN<br>Formulary Link   | JARDIANCE<br><i>Empagliflozin</i><br>Oral - Daily | FARXIGA<br><i>Dapagliflozin</i><br>Oral - Daily | INVOKANA<br><i>Canagliflozin</i><br>Oral - Daily | STEGLATRO<br><i>Ertugliflozin</i><br>Oral - Daily | BRENZAVVY<br><i>Bexagliflozin</i><br>Oral - Daily |
|---|---|---|--|---|---|
| MICHIGAN MEDICAID<br><a href="http://michmed.org/N2wn8">michmed.org/N2wn8</a> | Preferred Brand                                   | Preferred Brand                                 | Preferred Brand                                  | Non-Preferred PA                                  | Unknown   |

**MICHIGAN MEDICAID PRIOR AUTHORIZATION CRITERIA FOR Non-Preferred GLP-1 RAs:**

For most up-to-date criteria, see Michigan Medicaid page [michmed.org/2VP94](http://michmed.org/2VP94) and click on "Drug PA criteria" link.

As of March 1, 2024, must meet one of the below and document in PA:

1. History of unacceptable side effects (or allergy or contraindication) with one preferred medication **OR**
2. Trial & failure with one preferred medication



| PLAN NAME<br>Formulary Link  | SAXENDA<br>Liraglutide<br>Injectable - Daily | WEGOVY<br>Semaglutide<br>Injectable - Weekly | ZEPBOUND<br>Tirzepatide<br>Injectable - Weekly | CONTRAVE<br>Naltrexone HCl<br>- Bupropion<br>HC<br>Oral - 2x Daily | LOMAIRA<br>Phentermine 8mg<br>Low Dose<br>Oral - Daily w/Meals | PHENTERMINE<br>Generic - High Dose<br>Oral - Daily w/ Meals | QSYMIA<br>Phentermine -<br>Topiramate<br>Oral - Daily |
|--|--|--|--|--|--|---|---|
| <b>AETNA</b><br><a href="http://michmed.org/97Ay9">michmed.org/<br/>97Ay9</a>              | Preferred Brand<br>PA                        | Preferred Brand<br>PA                        | Non Formulary                                  | Non Formulary  | Not Covered  | Preferred Generic<br>PA                                     | Preferred Brand<br>PA                                 |
| <b>BCBSM*</b><br><a href="http://michmed.org/nmxVD">michmed.org/<br/>nmxVD</a>             | Non-Preferred Brand<br>PA                    | Non-Preferred Brand<br>PA                    | Non-Preferred Brand<br>PA                      | Non-Preferred Brand<br>PA  | Non-Preferred Brand  | Preferred Generic   | Non-Preferred Brand<br>PA                             |
| <b>EXPRESS SCRIPTS</b><br><a href="http://michmed.org/Dyq2x">michmed.org/<br/>Dyq2x</a>    | Not Covered                                  | Preferred                                    | Preferred                                      | Non-Preferred<br>PA  | Not Covered  | Not Covered   | Not Covered   |
| <b>HAP</b><br><a href="http://michmed.org/qdV9P">michmed.org/<br/>qdV9P</a>                | Non Formulary                                | Non Formulary                                | Non Formulary                                  | Non Formulary  | Non Formulary  | Non Preferred Generic<br>Tier 1A                            | Non-Preferred Brand<br>PA                             |
| <b>PRIORITY</b><br><a href="http://michmed.org/yq299">michmed.org/<br/>yq299</a>           | Not Covered                                  | Not Covered                                  | Unknown  | Non-Preferred<br>ST: Try generic first                             | Non-Preferred<br>ST: Try generic first                         | Preferred Generic   | Non-Preferred<br>ST: Try generic first                |
| <b>PRIORITY OPTIMIZED</b><br><a href="http://michmed.org/BA4Kb">michmed.org/<br/>BA4Kb</a> | Not Covered                                  | Not Covered                                  | Unknown  | Non-Preferred<br>ST: Try generic first                             | Not Covered  | Preferred Generic   | Non-Preferred<br>ST: Try generic first                |
| <b>UNITED</b><br><a href="http://michmed.org/7NJrY">michmed.org/7<br/>NJrY</a>             | Not Covered                                  | Not Covered                                  | Not Covered                                    | Non Preferred Brand<br>Tier 3                                      | Non Preferred Brand<br>Tier 3                                  | Preferred Generic<br>Tier 1                                 | Non Preferred Brand<br>Tier 3                         |

\*BCBSM disclaimer: Providers must verify member eligibility and benefits using availity.com provider portal. Not all members have weight loss drugs covered under their benefit and/or drug formulary

# COVERAGE GUIDE

## ANTI-OBESITY MEDS for Medicaid/Medicare Last updated 4 March 2024

| PLAN NAME<br><a href="#">Formulary Link</a>   | SAXENDA<br><i>Liraglutide</i><br>Injectable - Daily | WEGOVY<br><i>Semaglutide</i><br>Injectable - Weekly | ZEPBOUND<br><i>Tirzepatide</i><br>Injectable - Weekly | CONTRAVE<br><i>Naltrexone HCl -</i><br><i>Bupropion HC</i><br>Oral - 2x Daily | LOMAIRA<br><i>Phentermine 8</i><br>Low Dose<br>Oral - Daily w/Meals | PHENTERMINE<br><i>Generic - High</i><br>Dose<br>Oral - Daily w/ Meals | QSYMIA<br><i>Phentermine -</i><br><i>Topiramate</i><br>Oral - Daily |
|---|---|---|---|---|---|---|---|
| MICHIGAN<br>MEDICAID<br><a href="http://michmed.org/N2wn8">michmed.org/<br/>N2wn8</a> | Preferred<br>PA                                     | Preferred<br>PA                                     | Not Covered   | Not Covered   | Preferred<br>PA   | Preferred<br>PA   | Not Covered   |

### Michigan Medicaid PDL Magellan RX Prior Auth Criteria for Anti-Obesity Medications:

For most up-to-date criteria, see Michigan Medicaid page [michmed.org/2VP94](http://michmed.org/2VP94) and click on "Drug PA criteria" link (Last checked March 1, 2024)

#### INITIAL RX (6 MONTHS)

1. Adult patient (18+)
2. BMI  $\geq$  than 30 **OR**
3. BMI  $\geq$  than 27 but  $<$ 30 and **at least one** of the following risk factors: Hypertension, coronary artery disease, diabetes, dyslipidemia, or sleep apnea **AND** (4-7)
4. Prescriber attests that metabolic or other reason(s) for obesity/symptoms have been ruled out or diagnosed and treated (e.g., thyroid dysfunction, diabetes, sleep apnea, etc.)
5. Prescriber attests to patient's absence of any contraindications to use of the requested product, including pregnancy, lactation, a personal or family history of medullary thyroid cancer or multiple endocrine neoplasia type II;
6. Prescriber attests medication therapy is part of a total treatment plan including diet and exercise/activity as appropriate for the patient's ability;
7. Prescriber attests that patient has been informed weight may return with cessation of medication unless healthy lifestyle diet and activity changes, as appropriate for the patient's ability, are permanently adopted.

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

#### RENEWAL RX (6 MONTHS)

1. Adults (18+), prescriber provides clinical documentation showing that the patient has maintained a weight loss of  $\geq$  5% from baseline weight at initiation of therapy.

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

| PLAN<br><a href="#">policy_url</a>  | BENEFIT<br>TYPE &<br>PA STATUS   | TYPE 2 DIABETES DIAGNOSIS AND |   | ADDITIONAL<br>DOCUMENTATION  | ORDERING  |
|---|----------------------------------|-------------------------------|---|--|---|
|   |                                  | INSULIN                       | OR NON-INSULIN CRITERIA   |  |   |
| <b>AETNA</b><br>Formulary<br><a href="#">michmed.org/97Ay9</a>  | <b>Pharm<br/>RX</b>              | <b>Not required</b>           | Only "Clinician's recognition of BENEFIT to patient." No T2D Dx required.   |  | <b>Preferred Devices</b><br>Dexcom G6/G7  |
| <b>BCBSM</b><br><i>Consult individual plans</i><br><br>New CGM policy as of 3/1/24<br><a href="#">michmed.org/w8nMW</a> | <b>DME<br/><br/>Pharm<br/>RX</b> | <b>Insulin requiring</b>      | <p><b>"Problematic hypoglycemia"</b> defined as EITHER:*</p> <p><b>Level 2</b> at least <b>TWO</b> with at least two prior med adjustments and/or modifications to treatment plan (e.g. raising A1c targets) <b>OR</b></p> <p><b>Level 3</b> history of <b>ONE</b> event</p> <p>-----</p> <p><i>Level 2</i> defined as glucose less than 54 mg/dL</p> <p><i>Level 3</i> defined as less than 54 mg/dL with altered mental and/or physical state requiring third party assistance to treat</p> | <p>For DME/medical benefit: Submit PA via Northwood.<br/>                     For pharmacy benefit: Submit PA via CoverMyMeds.<br/>                     See below BCBSM disclaimers. ^</p> |   |
|   |                                  |                               |   |  | <p><b>Pharmacy Preferred Models</b><br/>Abbott Freestyle Libre 14 Day, Libre 2/3, Dexcom G6/G7**</p> <p><b>Preferred DME Vendor</b><br/>Northwood</p> <p>For list of covered CGMs under DME, please contact Northwood, Inc.</p> |

\*Criteria for pregnant patients: "Pregnant individuals that are not on insulin therapy AND who experience postprandial hyperglycemia as defined by ACOG."

\*\* At \$0 Copay Tier: Dexcom G6 receiver, Dexcom G6 transmitter, Dexcom G7 receiver

**^BCBSM Disclaimers and Tips**

- Authorization isn't a guarantee of payment. Health care practitioners need to verify eligibility and benefits for members
- Review member eligibility through the Eligibility & Benefits Inquiry application within the BCBSM provider portal: [www.availity.com](#)
  1. Access application on the Patient Registration menu at the top of your Availity home screen.
  2. Use this application to confirm whether the BCBSM/BCN commercial member has Diabetes Supplies covered under their medical (DME) benefit, and to verify whether the member has pharmacy benefit coverage.
- Information on DME coverage under the medical benefit for BCBSM/BCN commercial and Medicare beneficiaries: <https://ereferrals.bcbsm.com/bcn/bcn-dme-po.shtml>
- Procedure codes billed under the medical benefit that require PA approval (including CGM): <https://ereferrals.bcbsm.com/docs/common/common-procedure-codes-that-require-prior-auth.pdf>
- More info on preferred BCBSM DME vendor Northwood: <https://ereferrals.bcbsm.com/docs/common/common-northwood-dmepos-faq.pdf>
- **How to submit pharmacy benefit PA** for BCBSM/BCN commercial members: <https://ereferrals.bcbsm.com/bcbsm/bcbsm-drugs-pharm-benefit.shtml>
- Northwood, Inc. does not manage or distribute the Eversense CGM implantable sensor. Requests for authorization for Eversense are reviewed by BCBSM/BCN and should be submitted via e-referral after verification of member eligibility and benefits.

| PLAN<br><small>policy url</small>  | BENEFIT TYPE & PA STATUS                                | TYPE 2 DIABETES DIAGNOSIS AND   |  | ADDITIONAL DOCUMENTATION   | ORDERING   |
|--|---|---|--|--|--|
|  |   | INSULIN   | OR NON-INSULIN CRITERIA  |  |  |
| <b>HAP</b><br><small>(COMMERCIAL)</small><br>Formulary<br><a href="http://michmed.org/gdV9P">michmed.org/gdV9P</a>   | <b>Pharm RX</b>   | <b>Insulin</b><br>Verified with claims lookback within 120 days   | <b>3+ non-insulin medications</b><br><br>AND<br><br><b>Uncontrolled A1c</b>  | If no insulin, submit PA via CoverMyMeds.  |  |
|  |   |   |  | <b>Preferred Models</b><br>Dexcom 6/7, Freestyle Libre 2/3<br>\$0 copay, see preferred vendor<br><br><b>Preferred Vendor</b><br>Pharmacy Advantage   |  |
| <b>PRIORITY</b><br><small>(TRAD &amp; OPTIMIZED)</small><br><a href="http://michmed.org/yq299">michmed.org/yq299</a><br><a href="http://michmed.org/BA4Kb">michmed.org/BA4Kb</a> | <b>Pharm RX</b>   | <b>Insulin</b><br>Verified with RX fill within last 6 months  |  |  | <b>Preferred Models</b><br>Freestyle Libre 14 Day, Libre 2, Libre 3, Dexcom G6 or G7                 |
| <b>UNITED</b><br><small>(COMMERCIAL)</small><br><a href="http://michmed.org/nmXYW">michmed.org/nmXYW</a>   | <b>If MCT2D Pharm RX</b><br>See note below              | <b>None</b><br><br><b>T2D Dx</b> is only requirement for patients with OptumRX.                             | <b>If not MCT2D:</b> <ul style="list-style-type: none"> <li>• 4x daily testing</li> <li>• Frequent adjustments to treatment based on testing</li> <li>• Compliance to physician-directed comprehensive diabetes mgmt program</li> <li>• Assessed every 6 months</li> </ul> | <b>If not MCT2D, submit PA via Optum RX ePA <a href="http://michmed.org/eWmY5">michmed.org/eWmY5</a></b>   |  |
|  |   | <b>3x daily insulin</b>   |  | <ul style="list-style-type: none"> <li>• T2D Dx</li> <li>• Lab results and office notes from within the last three months</li> <li>• Treatment plan</li> <li>• Current signed physician order</li> <li>• Make and model of the device requested</li> </ul> |  |
|  | <b>If not MCT2D, DME with PA</b>                        |   |  |  |  |
|  | <b>UNITED HEALTH CARE (UHC) PREFERRED DME SUPPLIERS</b> | <b>AdaptHealth LLC</b><br><a href="https://adapthealth.com/">https://adapthealth.com/</a><br>1-844-727-6667 | <b>Advanced Diabetes Supply</b><br><a href="https://www.northcoastmed.com">https://www.northcoastmed.com</a><br>1-866-422-4866   | <b>Byram Healthcare</b><br><a href="https://www.byramhealthcare.com/">https://www.byramhealthcare.com/</a><br>1-877-902-9726   | <b>Edgepark</b><br><a href="http://www.edgepark.com/">http://www.edgepark.com/</a><br>1-800-321-0591 |

**Note:** MCT2D members who are UHC in-network providers can bypass PA and DME. Contact UHC if having prescribing issues, use this form: [michmed.org/zRwGW](http://michmed.org/zRwGW)

| PLAN  | BENEFIT TYPE  | TYPE 2 DIABETES DIAGNOSIS AND  |  | ADDITIONAL DOCUMENTATION  | ORDERING  |
|---|---|--|--|---|---|
|   |   | INSULIN  | OR NON-INSULIN CRITERIA  |   |   |
| <b>MEDICARE / ADVANTAGE</b><br><br><a href="http://michmed.org/dJ8z3">michmed.org/dJ8z3</a> | <b>DME</b>  | <b>Insulin treated</b>   | <b>“Problematic hypoglycemia”</b><br>defined as <i>EITHER</i> :<br><br><b>Level 2</b> at least <b>TWO</b> with at least two prior med adjustments and/or modifications to treatment plan (e.g. raising A1c targets) <b>OR</b><br><br><b>Level 3</b> history of <b>ONE</b> event<br>-----<br>Level 2 defined as glucose less than 54 mg/dL<br><br>Level 3 defined as less than 54 mg/dL with altered mental and/or physical state requiring third party assistance to treat | BCBSM MA, submit DME PA via Northwood.<br>See BCBSM Disclaimer on last page of CGM guide.<br><br>1. <b>Visit for T2D Mgmt:</b> Within 6 months (virtual or in-person)<br>2. <b>CGM training:</b> Pt or caregiver has received appropriate training.<br>3. <b>FDA indication for use:</b> For diabetes treatment decisions | <b>DME Preferred Models (excluding BCBSM/BCN MA)</b><br>Abbott Freestyle Libre 2 or Libre 3*, Dexcom, and Medtronic<br><br><b>Pharmacy Preferred Model:</b><br>Abbott Freestyle Libre (under Medicare Part B)<br><br><i>*If pt does not have a Libre 2 reader and does not need a standalone reader</i><br><br>Note on BCBSM/BCN MA: Use Northwood for DME. |
| <b>HAP MA</b>   | <b>Pharm RX</b>   | <b>Insulin</b><br>Verified with claims lookback within 120 days  | <b>3+ non-insulin oral medications</b><br><br><b>AND Uncontrolled A1c</b>  | If no insulin, submit PA via CoverMyMeds.   | <b>Preferred Models</b><br>Dexcom 6/7, Freestyle Libre 2/3<br>\$0 copay, see preferred vendor<br><b>Preferred Vendor</b><br>Pharmacy Advantage  |
| <b>UNITED MA</b><br><br>Policy <a href="http://michmed.org/nmxYW">michmed.org/nmxYW</a>     | <b>If MCTD, Pharm RX*</b><br><br><b>If not MCT2D, DME with PA</b> | <b>None</b><br><br><b>T2D Dx</b> is only requirement for patients with OptumRX.<br><br><b>3x daily insulin</b> | <b>If not MCT2D:</b> <ul style="list-style-type: none"> <li>• 4x daily testing</li> <li>• Frequent adjustments to treatment based on testing</li> <li>• Compliance to physician-directed comprehensive diabetes mgmt program</li> <li>• Assessed every 6 months</li> </ul>   | If not MCT2D, submit PA via Optum RX ePA <a href="http://michmed.org/eWmY5">michmed.org/eWmY5</a>   | <b>Preferred Models</b><br>Abbott Freestyle Libre, Dexcom<br><br><b>Preferred Vendors</b><br>See <i>United Commercial</i>   |

\*Note: MCT2D members who are UHC in-network providers can bypass PA and DME. Contact UHC if having prescribing issues, use this form: [michmed.org/zRwGW](http://michmed.org/zRwGW)

| PLAN<br><small>policy url</small>   | BENEFIT TYPE             | TYPE 2 DIABETES DIAGNOSIS AND |   | ADDITIONAL DOCUMENTATION  | ORDERING   |
|---|--------------------------|-------------------------------|---|---|--|
|   |                          | INSULIN                       | OR NON-INSULIN CRITERIA   |   |  |
| <b>MICHIGAN MEDICAID</b><br><br><a href="http://michmed.org/Dyeme">michmed.org/Dyeme</a>              | <b>DME</b>               | <b>Insulin treated</b>        |   | Submit PA via CoverMyMeds or MDHHS <a href="http://michmed.org/BnJxD">michmed.org/BnJxD</a> .   |  |
|   |                          |                               |   | <b>Documentation within last 90 days, MUST HAVE:</b> <ol style="list-style-type: none"> <li><b>T2D cared for by:</b> PCP, NP, PA, or Endocrinology</li> <li><b>CGM Education:</b> on use and is willing and able to use (or caregiver)</li> <li><b>Insulin dosing frequency and current treatment plan</b></li> <li><b>Length of need</b></li> <li><b>Disease specifics:</b> Hypoglycemia, A1C, presence of microvascular complications.</li> </ol> | <b>Preferred Models</b><br>Abbott Freestyle Libre 2/3*, Dexcom 6/7<br><br><b>Note</b><br>This policy applies to Medicaid Fee-for-Service (FFS). MHPs and ICOs must provide the full range of covered services described in this policy at a minimum and may choose to provide services over and above those specified. For beneficiaries enrolled in a MHP or ICO, the provider must check with the beneficiary's MHP/ICO for prior authorization requirements |
| <b>Molina Medicaid</b><br><br><a href="http://michmed.org/gRWVY">michmed.org/gRWVY</a>                | <b>Pharm RX (or DME)</b> |                               |   | <b>Refill Limitations</b><br><b>Year 1</b><br><i>1st order:</i> Written for 6 months.<br><i>2nd order:</i> Written for 6 months.<br><b>Year 2</b><br><i>Orders:</i> Written for 12 months.  |  |
| <b>Blue Cross Complete (Medicaid)</b><br><br><a href="http://michmed.org/PJGPA">michmed.org/PJGPA</a> | <b>Pharm RX (or DME)</b> | <b>Insulin treated</b>        | <b>Treatment with non-insulin antihyperglycemic drug</b><br><br><i>ONE of the following (1-8) MUST be documented if NOT on insulin</i> <ol style="list-style-type: none"> <li><b>Hypoglycemia</b> (frequent, unaware, OR nocturnal)</li> <li><b>Weight gain:</b> &gt;5 lb in last 12 months</li> <li><b>A1C</b> ≥ 7%</li> </ol> | Submit PA via CoverMyMeds or <a href="http://michmed.org/nDqkD">michmed.org/nDqkD</a> .   |  |
|   |                          |                               |   | <ol style="list-style-type: none"> <li><b>Need for medication changes</b></li> <li><b>Initiation of lower carb diet</b></li> <li><b>Unable/reluctant to test finger BG</b></li> <li><b>On two or more T2D meds</b></li> <li><b>Care Team:</b> Working with pt to improve diet/exercise</li> </ol>   | <b>Preferred Models:</b> Abbott Freestyle Libre 2/3/14-day, Dexcom G6/G7<br><b>Search pharmacy network</b><br><a href="http://bccmi.darwinrx.com/PharmacyLocator">bccmi.darwinrx.com/PharmacyLocator</a><br><b>For reauthorization after 12-months:</b> Treatment of T2D without insulin, must document positive clinical response (i.e. improved A1C, reduced hypoglycemia)   |

# COVERAGE GUIDE

## APPENDIX: FORMULARY, STEP THERAPY, PRIOR

## AUTHORIZATION, DME POLICY LINKS *Last updated 4 March 2024*

| PAYOR                       | 2024 FORMULARY   | ST/PA GUIDELINES   | CGM POLICY   | PROVIDER PHONE                      |
|-----------------------------|--|--|--|-------------------------------------|
| <b>Medicare</b>             | See MA plans   | See MA plans   | <a href="http://michmed.org/dJ8z3">michmed.org/dJ8z3</a> | 800-633-4227                        |
| <b>MA: Aetna</b>            | <a href="http://michmed.org/8NQrk">michmed.org/8NQrk</a> | <a href="http://michmed.org/KqrMw">michmed.org/KqrMw</a>   | See Medicare/CMS policy listed above                     | 800-624-0756                        |
| <b>MA: BCBSM</b>            | <a href="http://michmed.org/DymRY">michmed.org/DymRY</a> | <a href="http://michmed.org/yqVYZ">michmed.org/yqVYZ</a>   | See Medicare/CMS policy listed above                     | 800-344-8525<br>DME: 1-800-447-9599 |
| <b>MA: HAP</b>              | <a href="http://michmed.org/WAZqQ">michmed.org/WAZqQ</a> | <a href="http://michmed.org/vJV3A">michmed.org/vJV3A</a>   | See Medicare/CMS policy listed above                     | 800-292-2550                        |
| <b>MA: Humana</b>           | <a href="http://michmed.org/kQ894">michmed.org/kQ894</a> | <a href="http://michmed.org/kQkYr">michmed.org/kQkYr</a>   | See Medicare/CMS policy listed above                     | 800-523-0023                        |
| <b>MA: Priority</b>         | <a href="http://michmed.org/7NVTN">michmed.org/7NVTN</a> | PA: <a href="http://michmed.org/MMxnk">michmed.org/MMxnk</a> ST: <a href="http://michmed.org/QkZxq">michmed.org/QkZxq</a>              | See Medicare/CMS policy listed above                     | 800-942-4765                        |
| <b>MA: United</b>           | <a href="http://michmed.org/YkDR3">michmed.org/YkDR3</a> | n/a  | See Medicare/CMS policy listed above                     | 800-711-4555                        |
| <b>MA: Wellcare</b>         | <a href="http://michmed.org/gRWDV">michmed.org/gRWDV</a> | n/a  | See Medicare/CMS policy listed above                     | 855-538-0454                        |
| <b>Aetna</b>                | <a href="http://michmed.org/97Ay9">michmed.org/97Ay9</a> | <a href="http://michmed.org/KqrMw">michmed.org/KqrMw</a><br>Wegovy: <a href="http://michmed.org/QRQMm">michmed.org/QRQMm</a>           | <a href="http://michmed.org/3xAqb">michmed.org/3xAqb</a> | PA 800-414-2386                     |
| <b>BCBSM</b>                | <a href="http://michmed.org/nmxVD">michmed.org/nmxVD</a> | <a href="http://michmed.org/zRQZB">michmed.org/zRQZB</a>   | <a href="http://michmed.org/w8nMW">michmed.org/w8nMW</a> | 800-344-8525<br>DME: 1-800-447-9599 |
| <b>Express Scripts</b>      | <a href="http://michmed.org/Dyq2x">michmed.org/Dyq2x</a> | <a href="http://michmed.org/3xAey">michmed.org/3xAey</a>   | n/a  | 888-327-9791                        |
| <b>HAP</b>                  | <a href="http://michmed.org/qdV9P">michmed.org/qdV9P</a> | Use Provider Portal <a href="http://hap.org/providers/provider-resources">hap.org/providers/provider-resources</a>                     | n/a  | 888-427-6464                        |
| <b>Priority Traditional</b> | <a href="http://michmed.org/yq299">michmed.org/yq299</a> | <a href="http://michmed.org/jm85Q">michmed.org/jm85Q</a>   | <a href="http://michmed.org/dJzPq">michmed.org/dJzPq</a> | 800-942-4765                        |
| <b>Priority Optimized</b>   | <a href="http://michmed.org/BA4Kb">michmed.org/BA4Kb</a> | <a href="http://michmed.org/jm85Q">michmed.org/jm85Q</a>   | <a href="http://michmed.org/dJzPq">michmed.org/dJzPq</a> | 800-942-4765                        |
| <b>United</b>               | <a href="http://michmed.org/7NJrY">michmed.org/7NJrY</a> | SGLT2i: <a href="http://michmed.org/Yk9Yb">michmed.org/Yk9Yb</a><br>GLP-1 RA: <a href="http://michmed.org/vJmge">michmed.org/vJmge</a> | <a href="http://michmed.org/nmxYW">michmed.org/nmxYW</a> | 800-711-4555                        |
| <b>Medicaid</b>             | <a href="http://michmed.org/N2wn8">michmed.org/N2wn8</a> | <a href="http://michmed.org/2VP94">michmed.org/2VP94</a>   | <a href="http://michmed.org/Dyeme">michmed.org/Dyeme</a> | 800-292-2550                        |
| <b>Blue Cross Complete</b>  | <a href="http://michmed.org/xNX5W">michmed.org/xNX5W</a> | <a href="http://michmed.org/xNX5W">michmed.org/xNX5W</a>   | <a href="http://michmed.org/PJGPA">michmed.org/PJGPA</a> | See region specific #               |
| <b>McLaren</b>              | <a href="http://michmed.org/QRr9A">michmed.org/QRr9A</a> | n/a  | n/a  | 888-327-0671                        |
| <b>Molina</b>               | <a href="http://michmed.org/vJ4rz">michmed.org/vJ4rz</a> | n/a  | <a href="http://michmed.org/gRWVY">michmed.org/gRWVY</a> | 855-326-5059                        |



# COVERAGE GUIDE

## DEFINITIONS AND DISCLAIMERS *Last updated 4 March 2024*

### PRESCRIBER TIP

Include type 2 diabetes ICD10 code in the “note to pharmacy” field in Epic (or equivalent field in your EMR) prescription sent to pharmacy. Avoid placing in the “sig” field.

*Why?* Having T2D diagnosis code in RX, can reduce likelihood of PA for some plans. Many insurance plans check coverage requirements using an auto lookback in either medical claims or RX before authorizing coverage.

### ICD10 Codes for Type 2 Diabetes

Common list, see full list at

[www.aapc.com/codes/icd-10-codes/E11](http://www.aapc.com/codes/icd-10-codes/E11)

*Without* Complications: **E11.9**

*Without* complications + *with insulin*: **E11.9, Z79.4**

*With* hypoglycemia *without* coma: **E11.649**

*With* hypoglycemia *with* coma: **E11.641**

*With* hyperglycemia: **E11.65**

*With* diabetic chronic kidney disease: **E11.22**

*With* unspecified diabetic retinopathy: **E11.31**

*With* moderate non proliferative diabetic retinopathy: **E11.33**

*With* proliferative diabetic retinopathy: **E11.35**

*With* diabetic neuropathy, unspecified: **E11.40**

### Prescription code add-on to above ICD10 codes

*With* insulin (Z79.4)

### 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 play 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

If you're a provider:  
Within Michigan, call 800.942.4765 for Eligibility/Benefits/Prior Authorization.  
Outside of Michigan, call 833.300.3628 for Eligibility/Benefits/Prior Authorization.

Submit medical claims to: Priority Health,  
PO Box 232, Grand Rapids, MI 49501-0232.  
EDI Payer: 38217

For electronic claims submission instructions, visit [priorityhealth.com/claims](http://priorityhealth.com/claims).

NOTICE: Possession of this card or obtaining prior authorization does not guarantee coverage or payment for the service or procedure reviewed. Please call the number on this card to verify eligibility.

FF This plan is sponsored by Priority Health.  
Benefits are not insured by Cigna or affiliates

Optimized Rx: Yes  
Rx BIN: 003858  
Rx PCN: A4  
Rx Group #: PHCMRCL

Cigna Open Access Cigna  
AWAY FROM HOME CARE