AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name:	Mounjaro (tirzepatide)	Page:	1 of 2
Effective Date:	12/26/2023	Last Review Date:	08/03/2023

Applies to:	☐Illinois	☐Florida	☐New Jersey
	☒Maryland	☒Florida Kids	☒Pennsylvania Kids
	☐Michigan	☐ Virginia	

Intent:

The intent of this policy/guideline is to provide information to the prescribing practitioner outlining the coverage criteria for Mounjaro under the patient's prescription drug benefit.

Description:

FDA-Approved Indication

Mounjaro is indicated as an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes mellitus.

Limitations of Use

- Mounjaro has not been studied in patients with a history of pancreatitis.
- Mounjaro is not indicated for use in patients with type 1 diabetes mellitus.

Applicable Drug List:

Mounjaro

Policy/Guideline:

Criteria for Approval:

I. The requested drug will be covered with prior authorization when the following criteria are met:

- The patient has a diagnosis of type 2 diabetes mellitus

AND

- The patient had a trial and inadequate treatment response, intolerance, or a contraindication to the preferred agents, Ozempic and Trulicity, (Documentation is required for approval).

AND

- The patient has NOT been receiving a stable maintenance dose of the requested drug for at least 3 months **AND**
    - The patient has experienced an inadequate treatment response, intolerance, or has a contraindication to metformin

    OR
    - The patient requires combination therapy AND has an A1C of 7.5 percent or greater

OR

- The patient has been receiving a stable maintenance dose of the requested drug for at least 3 months **AND**
    - The patient has demonstrated a reduction in A1C since starting this therapy

Approval Duration and Quantity Restrictions:

Approval: 12 months

Quantity Level Limit: 4 pens (2mL)/28 days

References:

1. Mounjaro [package insert]. Indianapolis, IN: Lilly USA, LLC; September 2022.
2. Lexicomp Online, AHFS DI (Adult and Pediatric) Online. Waltham, MA: UpToDate, Inc.; 2023. https://online.lexi.com. Accessed March 16, 2023.
3. Micromedex (electronic version). Merative, Ann Arbor, Michigan, USA. Available at: https://www.micromedexsolutions.com/ (cited: 03/16/2023).
4. Blonde L, Umpierrez GE, Reddy SS et. al. American Association of Clinical Endocrinology Clinical Practice Guideline: Developing a Diabetes Mellitus Comprehensive Care Plan – 2022 Update. Endocrine Practice 2022; 28(10) 923-1049.
5. Davies MJ, Aroda VR, Collins BS, et. al. Management of Hyperglycemia in Type 2 Diabetes, 2022. A Consensus Report by the American Diabetes Association (ADA) and the European Association for the Study of Diabetes (EASD). Diabetes Care 2022;45(11):2753-2786.
6. El Sayed NA, Aleppo G, Aroda VR et. al. American Diabetes Association, Standards of Care in Diabetes – 2023. Diabetes Care 2023;46(Suppl. 1):S1-S291.