



GIP/GLP-1 Agonists

Drug Name: Mounjaro

Effective Date: 01/1/2023

Reviewed: 8/2022

<p>Required Medical Information:</p>	<ul style="list-style-type: none"> • Patient is 18 years of age or older; and • Patient has not achieved adequate glucose control using an adequate/maximized dose and appropriate duration of metformin (2 grams/day) • Patient has experienced an inadequate treatment response, intolerance, or contraindication to Ozempic AND Trulicity
<p>Coverage Duration:</p>	<p>12 months</p>
<p>Quantity Limit:</p>	<p>Mounjaro 2.5 mg, 5 mg, 7.5 mg, 10 mg, 12.5 mg, and 15 mg per 0.5 mL: 4 pens (2 mL) per 28 days</p>
<p>Coding Logic for Step Therapy:</p>	<p>Mounjaro will pay if there is at least one paid claim of a 28 day supply of formulary metformin, Ozempic and Trulicity within the last 365 days. Additionally, Mounjaro will pay if there is at least one paid claim of a 28 day supply of Mounjaro within the last 365 days.</p>

Investigational use: Neighborhood does not provide coverage for drugs when used for investigational purposes. All therapies are considered investigational when used at a dose or for a condition other than those that are recognized as medically accepted indications as defined in any one of the following standard reference compendia: American Hospital Formulary Service Drug information (AHFS-DI), Thomson Micromedex DrugDex, Clinical Pharmacology, Wolters Kluwer Lexi-Drugs, or Peer-reviewed published medical literature indicating that sufficient evidence exists to support use.