

**GIP/GLP-1 Agonists****Drug Name:** Mounjaro**Effective Date:** 01/1/2023**Reviewed:** 8/2022

<b>Required Medical Information:</b>	<ul style="list-style-type: none"><li>• Patient is 18 years of age or older; and</li><li>• Patient has not achieved adequate glucose control using an adequate/maximized dose and appropriate duration of metformin (2 grams/day)</li><li>• Patient has experienced an inadequate treatment response, intolerance, or contraindication to Ozempic AND Trulicity</li></ul>
<b>Coverage Duration:</b>	12 months
<b>Quantity Limit:</b>	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
<b>Coding Logic for Step Therapy:</b>	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.

**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.