



DIABETES RECOMMENDATIONS AND TIER COVERAGE CHART

The American Diabetes Association guidelines for 2020, recommend metformin as the preferred initial treatment for type 2 diabetes (T2DM) along with weight management and physical activity. In patients who have established ASVD or at high risk, CKD, or HF, a SGLT2i or GLP-1 receptor with proven efficacy is recommended independent of A1C.

- **ASCVD** dominates:
 - GLP-1RA with proven CVD benefit (dulaglutide, liraglutide, injectable semaglutide) **OR**
 - SGLT2i with proven CVD benefit (canagliflozin, empagliflozin) if adequate eGFR
- **HF** or **CKD** dominates:
 - SGLT2i with evidence of reducing HF and/or CKD progression (empagliflozin, canagliflozin, dapagliflozin) if adequate eGFR **OR**
 - If SGLT2i intolerant/contraindicated or eGFR is inadequate, then GLP-1RA with proven CVD benefit

In individuals without established cardiovascular disease, pharmacological treatment should be patient-centered taking into account side-effects, cost, impact on weight, risk of hypoglycemia, and other patient preferences. For more detailed information regarding ADA recommendations for pharmacological agents to treat T2DM click [here](#).

The following chart is a list of oral and injectable diabetes medications listed by class with their respective A1C reduction and insurance coverage and/or coverage requirements for BCBS, HPHC, Tufts, TMP, and MassHealth.

Medications	BCBSMA	HPHC	Tufts	Tufts Medicare Preferred	MassHealth
Biguanides					
A1C reduction: 1-1.5%					
metformin	<i>Tier 1</i>	<i>Tier 1;2</i>	<i>Tier 1</i>	<i>Tier 1</i>	<i>Covered</i>
Glucophage (metformin)	<i>NC</i>	<i>NC</i>	<i>NC;Tier 3</i>	<i>NC</i>	<i>PA</i>
metformin ER	<i>Tier 1;2</i>	<i>Tier 1;2</i>	<i>Tier 1</i>	<i>Tier 1</i>	<i>Covered</i>
Gluophage XR (metformin extended release)	<i>NC</i>	<i>NC</i>	<i>NC;Tier 3</i>	<i>NC</i>	<i>PA</i>
metformin solution	-	<i>Tier 1;2</i>	-	-	<i>PA</i>
Riomet solution	<i>Tier 2;3;4</i>	<i>Tier 3;4</i>	<i>Tier 3; (-)</i>	<i>Tier 3</i>	<i>PA ≥ 13 years (Brand preferred)</i>
Riomet ER solution	-	<i>Tier 3;4</i>	-	<i>NC</i>	-



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metformin extended release (modified)	<i>NC</i>	<i>NC</i>	<i>PA</i> <i>(Tier 2;3 once approved)</i>	<i>NC</i>	<i>PA</i>
Glumetza (metformin, modified release)	<i>NC</i>	<i>NC</i>	<i>NC</i>	<i>NC</i>	<i>PA</i>
metformin extended release (osmotic)	<i>NC</i>	Premium Formulary: Tier 1;2 Value Formulary: Tier 1;2;3;4 (depends on strength)	<i>PA</i> <i>(Tier 3 once approved)</i>	<i>NC</i>	<i>PA</i>
Fortamet (metformin, osmotic release)	<i>NC</i>	<i>NC</i>	<i>NC</i>	<i>NC</i>	<i>PA</i>
Sodium-glucose co-transporter 2 Inhibitors (SGLT2) A1C reduction: 0.5-1%					
Jardiance (empagliflozin)	<i>Tier 2;3 (ST)</i>	<i>Tier 2;3</i>	<i>Tier 2</i>	<i>Tier 3</i>	<i>Covered</i>
Invokana (canagliflozin)	<i>Tier 2;3 (ST)</i>	<i>Tier 2;3</i>	<i>NC</i>	<i>NC</i>	<i>Covered</i>
Farxiga (dapagliflozin)	<i>NC</i>	<i>Tier 3;4</i>	<i>NC</i>	<i>Tier 3</i>	<i>Covered</i>
Steglatro (ertugliflozin)*	<i>NC</i>	<i>Tier 3;4</i>	<i>NC</i>	<i>NC</i>	<i>PA</i>
Glucagon-like Peptide-1 (GLP-1) Receptor Agonists** A1C reduction: 1-1.5%					
Trulicity (dulaglutide)	<i>Tier 2;3 (ST)</i>	<i>Tier 2;3 (ST)</i>	<i>Tier 2</i>	<i>Tier 3</i>	<i>PA</i>
Ozempic (semaglutide)	<i>NC</i>	<i>Tier 2;3 (ST)</i>	<i>Tier 2</i>	<i>Tier 3</i>	<i>PA</i>
Rybelsus (oral semaglutide)	<i>NC</i>	<i>NC</i>	<i>NC</i>	<i>NC</i>	<i>-</i>
Victoza (liraglutide)	<i>NC</i>	<i>Tier 2;3 (ST)</i>	<i>Tier 2</i>	<i>Tier 3</i>	<i>PA</i>
Bydureon (exenatide extended release)	<i>Tier 2;3 (ST)</i>	<i>Tier 2;3 (ST)</i>	<i>NC</i>	<i>Tier 3</i>	<i>Covered</i>
Bydureon BCise	<i>Tier 2;3 (ST)</i>	<i>Tier 2;3 (ST)</i>	<i>NC</i>	<i>Tier 3</i>	<i>PA</i>
Byetta (exenatide)	<i>Tier 2;3 (ST)</i>	<i>Tier 2;3 (ST)</i>	<i>NC</i>	<i>Tier 4</i>	<i>Covered</i> <i>(Brand preferred)</i>
Adlyxin (lixisenatide)	<i>NC</i>	Premium Formulary: Tier 3;4 (ST) Value Formulary: <i>NC</i>	<i>NC</i>	<i>NC</i>	<i>PA</i>



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Long-acting Insulin/Glucagon-like Peptide-1 (GLP-1) Receptor Agonists A1C reduction: 0.5-1% versus insulin alone					
Xultophy (insulin degludec/liraglutide)	NC	PA (Tier 3;4 once approved)	NC	NC	PA
Soliqua (insulin glargine/lixisenatide)	NC	Premium Formulary: PA (Tier 3;4 once approved) Value Formulary: NC	NC	NC	PA
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors A1C reduction: 0.5-1%					
Januvia (sitagliptin)	Tier 2;3 (ST)	Tier 2;3	Tier 2	Tier 3	Covered
Tradjenta (linagliptin)	NC	Tier 2;3	NC	Tier 3	Covered
alogliptin	NC	Premium Formulary: NC Value Formulary: Tier 3;4;5 (ST)	Tier 1	NC	PA
Nesina (alogliptin)	NC	NC	NC	NC	PA
Onglyza (saxagliptin)	Tier 2;3 (ST)	NC	NC	NC	Covered
Sulfonylureas A1C reduction: 1-1.5%					
glimepiride	Tier 1	Tier 1;2	Tier 1	PA (Tier 1 once approved)	Covered
Amaryl (glimepiride)	Tier 2;3;4	NC	Tier 3	NC	PA
glipizide	Tier 1	Tier 1	Tier 1	Tier 1	Covered
Glucotrol (glipizide)	Tier 2;3;4	NC	Tier 3	NC	PA
glipizide ER/XL extended release	Tier 1;2	Tier 1;2	Tier 1	Tier 1	Covered
Glucotrol XL (glipizide extended release)	Tier 2;3;4	NC	Tier 3	NC	PA



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glyburide	<i>Tier 1;2</i>	<i>Tier 1;2</i>	<i>Tier 1</i>	<i>PA (Tier 2 once approved)</i>	<i>Covered</i>
glyburide micronized tablets	<i>Tier 1;2</i>	<i>Tier 1;2</i>	<i>Tier 1</i>	<i>PA (Tier 1 once approved)</i>	<i>Covered</i>
Glynase Prestab (glyburide micronized tablets)	<i>Tier 2;3;4</i>	<i>NC</i>	<i>Tier 3</i>	<i>NC</i>	<i>PA</i>
Meglitinides A1C reduction: 0.5-1%					
repaglinide	<i>Tier 1;2</i>	<i>Tier 1;2</i>	<i>Tier 1</i>	<i>Tier 1</i>	<i>Covered</i>
nateglinide	<i>Tier 1;2</i>	<i>Tier 1;2</i>	<i>Tier 1</i>	<i>Tier 3</i>	<i>Covered</i>
Starlix (nateglinide)	<i>Tier 2;3;4</i>	<i>NC</i>	<i>Tier 3</i>	<i>NC</i>	<i>PA</i>
Thiazolidinediones A1C reduction: 1-1.5%					
pioglitazone	<i>Tier 1;2 (ST)</i>	<i>Tier 1;2</i>	<i>Tier 1</i>	<i>Tier 1</i>	<i>Covered</i>
Actos (pioglitazone)	<i>Tier 2;3;4 (ST)</i>	<i>NC</i>	<i>Tier 3</i>	<i>NC</i>	<i>PA</i>
Avandia (rosiglitazone)	<i>Tier 2;3;4; (ST)</i>	<i>Tier 3;4</i>	<i>NC</i>	<i>NC</i>	<i>PA</i>
Alpha-Glucosidase Inhibitors A1C reduction: 0.5-1%					
acarbose	<i>Tier 1;2</i>	<i>Tier 1;2</i>	<i>Tier 1</i>	<i>Tier 1</i>	<i>Covered</i>
Precose (acarbose)	<i>Tier 2;3</i>	<i>NC</i>	<i>Tier 3</i>	<i>NC</i>	<i>PA</i>
miglitol	<i>Tier 1;2</i>	<i>Tier 1;2</i>	<i>Tier 2</i>	<i>Tier 3</i>	<i>Covered</i>
Glyset (miglitol)	<i>Tier 2;3;4</i>	<i>NC</i>	<i>Tier 3</i>	<i>NC</i>	<i>PA</i>
Miscellaneous A1C reduction: 0.5%					
Cycloset (bromocriptine)	<i>Tier 2;3;4</i>	<i>Tier 2;3</i>	<i>Tier 2</i>	<i>Tier 3</i>	<i>PA</i>



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colesevelam	<i>Tier 1;2</i>	<i>Tier 2;3</i>	<i>Tier 2</i>	<i>Tier 3</i>	<i>PA</i>
Welchol (colesevelam)	<i>NC</i>	<i>NC</i>	<i>NC</i>	<i>NC</i>	<i>Covered (Brand preferred)</i>
SymlinPen (pramlintide)	<i>Tier 2;3</i>	<i>Tier 2;3</i>	<i>Tier 3</i>	<i>Tier 3</i>	<i>PA</i>
Combination Products					
metformin/glipizide	<i>Tier 1;2</i>	<i>Tier 1;2</i>	<i>Tier 1</i>	<i>Tier 1</i>	<i>Covered</i>
metformin/glyburide	<i>Tier 1;2</i>	<i>Tier 1;2</i>	<i>Tier 1</i>	<i>PA (Tier 2 once approved)</i>	<i>Covered</i>
metformin/repaglinide	<i>Tier 1;2</i>	<i>NC</i>	<i>Tier 1</i>	<i>NC</i>	<i>PA</i>
pioglitazone/metformin	<i>Tier 1;2 (ST)</i>	<i>Tier 1;2</i>	<i>Tier 1</i>	<i>Tier 3</i>	<i>PA</i>
Actoplus Met (pioglitazone/metformin)	<i>Tier 2;3;4 (ST)</i>	<i>NC</i>	<i>Tier 3</i>	<i>NC</i>	<i>PA</i>
Actoplus Met XR (pioglitazone/metformin extended release)	<i>Tier 2;3;4 (ST)</i>	<i>NC</i>	<i>Tier 3</i>	<i>NC</i>	<i>PA</i>
alogliptin/metformin	<i>NC</i>	<i>NC</i>	<i>Tier 1</i>	<i>NC</i>	<i>PA</i>
Kazano (alogliptin/metformin)	<i>NC</i>	<i>NC</i>	<i>NC</i>	<i>NC</i>	<i>PA</i>
Janumet (sitagliptin/metformin)	<i>Tier 2;3 (ST)</i>	<i>Tier 2;3</i>	<i>Tier 2</i>	<i>Tier 3</i>	<i>Covered</i>
Janumet XR (sitagliptin/metformin extended release)	<i>Tier 2;3 (ST)</i>	<i>Tier 2;3</i>	<i>Tier 2</i>	<i>Tier 3</i>	<i>Covered</i>
Jentadueto (linagliptin/metformin)	<i>NC</i>	<i>Tier 2;3</i>	<i>NC</i>	<i>Tier 3</i>	<i>Covered</i>
Jentadueto XR (linagliptin/metformin extended release)	<i>NC</i>	<i>Tier 2;3</i>	<i>NC</i>	<i>Tier 3</i>	<i>PA</i>
Kombiglyze XR (saxagliptin/metformin extended release)	<i>Tier 2;3 (ST)</i>	<i>NC</i>	<i>NC</i>	<i>NC</i>	<i>Covered</i>
Invokamet (canagliflozin/metformin)	<i>Tier 2;3 (ST)</i>	<i>Tier 2;3</i>	<i>NC</i>	<i>NC</i>	<i>Covered</i>
Invokamet XR (canagliflozin/metformin extended release)	<i>Tier 2;3 (ST)</i>	<i>Tier 2;3</i>	<i>NC</i>	<i>NC</i>	<i>PA</i>
Xigduo XR (dapagliflozin/metformin extended release)	<i>NC</i>	<i>Tier 3;4</i>	<i>NC</i>	<i>Tier 3</i>	<i>Covered</i>
Synjardy (empagliflozin/metformin)	<i>Tier 2;3 (ST)</i>	<i>Tier 2;3</i>	<i>Tier 2</i>	<i>Tier 3</i>	<i>PA</i>
Synjardy XR (empagliflozin/metformin extended release)	<i>Tier 2;3 (ST)</i>	<i>Tier 2;3</i>	<i>Tier 2</i>	<i>Tier 3</i>	<i>PA</i>



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Segluromet (ertugliflozin/metformin)	<i>NC</i>	<i>Tier 3;4</i>	<i>NC</i>	<i>NC</i>	<i>PA</i>
pioglitazone/glimepiride	<i>Tier 1;2 (ST)</i>	<i>Tier 1;2</i>	<i>Tier 1</i>	<i>PA (Tier 2 once approved)</i>	<i>PA</i>
Duetact (pioglitazone/glimepiride)	<i>Tier 2;3;4 (ST)</i>	<i>NC</i>	<i>Tier 3</i>	<i>NC</i>	<i>PA</i>
alogliptin/pioglitazone	<i>NC</i>	<i>NC</i>	<i>Tier 1</i>	<i>NC</i>	<i>PA</i>
Oseni (alogliptin/pioglitazone)	<i>NC</i>	<i>NC</i>	<i>NC</i>	<i>NC</i>	<i>PA</i>
Qtern (dapagliflozin/saxagliptin)	<i>NC</i>	<i>Premium Formulary: Tier 3;4: Value Formulary: Tier 3;4;5</i>	<i>NC</i>	<i>NC</i>	<i>PA</i>
Glyxambi (empagliflozin/linagliptin)	<i>Tier 2;3 (ST)</i>	<i>Tier 3;4:NC</i>	<i>Tier 3</i>	<i>NC</i>	<i>PA</i>
Steglujan (ertugliflozin/sitagliptin)	<i>NC</i>	<i>NC</i>	<i>NC</i>	<i>NC</i>	<i>PA</i>

NC = not covered
PA = prior authorization
ST = step therapy required
(-) = no information provided

* There are no completed clinical trials conducted on cardiovascular or renal outcomes
** Weight loss potency: semaglutide>liraglutide>dulaglutide>exenatide>lixisenatide

REFERENCES:

Tier coverage based on the following:

- BCBS: <https://home.bluecrossma.com/medication/med-search>
- HPHC: https://www.harvardpilgrim.org/portal/page?_pageid=253,13048065&_dad=portal&_schema=PORTAL NOTE: HPHC has 2 formularies (Premium and Value) with different tier plans
- Tufts: <https://tuftshealthplan.com/member/employer-individual-or-family-plans/plans-benefits/pharmacy-benefit/pharmacy-formularies>
- TMP: <https://www.tuftsmedicarepreferred.org/drug-coverage>
- MassHealth: <https://masshealthdruglist.ehs.state.ma.us/MHDL/pubdownloadpdfcurrent.do?id=45>

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