



# DIABETES RECOMMENDATIONS AND TIER COVERAGE CHART

The American Diabetes Association guidelines for 2022, suggests that first-line pharmacological therapy for adults with type 2 diabetes should encompass comorbidities, patient-centered factors including cost, access, and management needs and typically includes both metformin and lifestyle modifications. In patients who have established ASCVD or at high risk, CKD, or HF, a SGLT2i or GLP-1 receptor with proven efficacy is recommended independent of A1C or metformin use.

- FDA Approved for CVD benefit:
  - **GLP-1RA's:** dulaglutide, liraglutide, and injectable semaglutide
  - **SGLT2i's:** canagliflozin and empagliflozin if adequate eGFR
- FDA Approved for HF indication:
  - **SGLT2i's:** empagliflozin and dapagliflozin (canagliflozin and ertugliflozin have also seen benefit in HF although not FDA approved)
- FDA Approved for CKD indication:
  - **SGLT2i's:** canagliflozin and dapagliflozin (empagliflozin has seen benefit in progression of diabetic kidney disease although not FDA approved)
  - **GLP-1RA's:** benefit on renal end point in CVOT's but not FDA approved are dulaglutide, liraglutide, and injectable semaglutide

In individuals without established cardiovascular disease, heart failure, or chronic kidney disease, pharmacological treatment should be patient-centered focusing on 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
<b>Biguanides</b> A1C reduction: 1-1.5%					
metformin	<i>Tier 1</i>	<i>Tier 1</i>	<i>Tier 1</i>	<i>Tier 1</i>	<i>Covered</i>
<b>Glucophage</b> (metformin)	<i>NC</i>	<i>NC</i>	<i>NC</i>	<i>NC</i>	<i>Generic preferred</i>
metformin ER	<i>Tier 1;2</i>	<i>Tier 1;2</i>	<i>Tier 1</i>	<i>Tier 1</i>	<i>Covered</i>
<b>Gluophage XR</b> (metformin extended release)	<i>NC</i>	<i>NC</i>	<i>NC</i>	<i>NC</i>	<i>Generic preferred</i>
metformin solution	<i>Tier 1;2</i>	<i>Tier 1;2</i>	<i>Tier 2</i>	<i>Tier 1</i>	<i>PA ≥ 13 years (Generic preferred)</i>
<b>Riomet</b> solution	<i>Tier 2;3;4</i>	<i>NC</i>	<i>NC</i>	<i>NC</i>	<i>PA ≥ 13 years</i>
<b>Riomet ER</b> solution	<i>Tier 2;3;4</i>	<i>NC</i>	<i>NC</i>	<i>NC</i>	<i>PA</i>
metformin extended release (modified)	<i>NC</i>	<i>NC</i>	<i>PA (Tier 3 once approved)</i>	<i>NC</i>	<i>PA</i>
<b>Glumetza</b> (metformin, modified release)	<i>NC</i>	<i>NC</i>	<i>NC</i>	<i>NC</i>	<i>PA (Brand preferred)</i>
metformin extended release (osmotic)	<i>NC</i>	<i>Tier 1;2</i>	<i>PA (Tier 3 once approved)</i>	<i>NC</i>	<i>PA</i>
<b>Fortamet</b> (metformin, osmotic release)	<i>NC</i>	<i>NC</i>	<i>NC</i>	<i>NC</i>	<i>PA</i>



# DIABETES RECOMMENDATIONS AND TIER COVERAGE CHART

Medications	BCBSMA	HPHC	Tufts	Tufts Medicare Preferred	MassHealth
<b>Sodium-glucose co-transporter 2 Inhibitors (SGLT2)</b>					
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>NC</i>	<i>NC</i>	<i>NC</i>	<i>NC</i>	<i>Covered</i>
Farxiga (dapagliflozin)	<i>Tier 2;3 (ST)</i>	<i>Tier 2;3</i>	<i>Tier 2</i>	<i>Tier 3</i>	<i>Covered</i>
Steglatro (ertugliflozin)	<i>NC</i>	<i>NC</i>	<i>NC</i>	<i>NC</i>	<i>PA</i>
<b>Glucagon-like Peptide-1 (GLP-1) Receptor Agonists*</b>					
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>Covered (Brand Preferred)</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>Tier 2;3 (ST)</i>	<i>Tier 2</i>	<i>Tier 3</i>	<i>PA</i>
Victoza (liraglutide)	<i>NC</i>	<i>Tier 2;3 (ST)</i>	<i>Tier 2</i>	<i>Tier 3</i>	<i>Covered</i>
Bydureon (exenatide extended release)	<i>Tier 2;3 (ST)</i>	<i>NC</i>	<i>NC</i>	<i>NC</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 (Brand preferred)</i>
Adlyxin (lixisenatide)	<i>NC</i>	<i>NC</i>	<i>NC</i>	<i>NC</i>	<i>PA</i>
<b>Long-acting Insulin/Glucagon-like Peptide-1 (GLP-1) Receptor Agonists</b>					
A1C reduction: 0.5-1% versus insulin alone					
Xultophy (insulin degludec/liraglutide)	<i>NC</i>	<i>PA (Tier 3;4 once approved)</i>	<i>PA (Tier 3 once approved)</i>	<i>NC</i>	<i>PA</i>
Soliqua (insulin glargine/lixisenatide)	<i>NC</i>	<i>Premium Formulary: PA (Tier 3;4 once approved) Value Formulary: NC</i>	<i>PA (Tier 3 once approved)</i>	<i>NC</i>	<i>PA</i>
<b>Dipeptidyl Peptidase-4 (DPP-4) Inhibitors</b>					
A1C reduction: 0.5-1%					
Januvia (sitagliptin)	<i>Tier 2;3 (ST)</i>	<i>Tier 2;3</i>	<i>Tier 2</i>	<i>Tier 3</i>	<i>Covered</i>
Tradjenta (linagliptin)	<i>NC</i>	<i>Tier 2;3</i>	<i>NC</i>	<i>Tier 3</i>	<i>Covered</i>
alogliptin	<i>NC</i>	<i>Premium Formulary: NC Value Formulary: Tier 3;4;5 (ST)</i>	<i>Tier 1</i>	<i>NC</i>	<i>PA</i>
Nesina (alogliptin)	<i>NC</i>	<i>NC</i>	<i>NC</i>	<i>NC</i>	<i>PA (Brand preferred)</i>
Onglyza (saxagliptin)	<i>Tier 2;3 (ST)</i>	<i>NC</i>	<i>NC</i>	<i>NC</i>	<i>Covered</i>



# DIABETES RECOMMENDATIONS AND TIER COVERAGE CHART

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<b>Sulfonylureas</b> A1C reduction: 1-1.5%					
glimepiride	<i>Tier 1</i>	<i>Tier 1;2</i>	<i>Tier 1</i>	<i>Tier 1</i>	<i>Covered</i>
<b>Amaryl</b> (glimepiride)	<i>Tier 2;3;4</i>	<i>NC</i>	<i>Tier 3</i>	<i>NC</i>	<i>PA</i>
glipizide	<i>Tier 1</i>	<i>Tier 1</i>	<i>Tier 1</i>	<i>Tier 1</i>	<i>Covered</i>
<b>Glucotrol</b> (glipizide)	<i>Tier 2;3;4</i>	<i>NC</i>	<i>Tier 3</i>	<i>NC</i>	<i>PA</i>
glipizide ER/XL extended release	<i>Tier 1;2</i>	<i>Tier 1;2</i>	<i>Tier 1</i>	<i>Tier 1</i>	<i>Covered</i>
<b>Glucotrol XL</b> (glipizide extended release)	<i>Tier 2;3;4</i>	<i>NC</i>	<i>Tier 3</i>	<i>NC</i>	<i>PA</i>
glyburide	<i>Tier 1;2</i>	<i>Tier 1;2</i>	<i>Tier 1</i>	<i>Tier 1</i>	<i>Covered</i>
glyburide micronized tablets	<i>Tier 1;2</i>	<i>Tier 1;2</i>	<i>Tier 1</i>	<i>Tier 1</i>	<i>Covered</i>
<b>Glynase Prestab</b> (glyburide micronized tablets)	<i>Tier 2;3;4</i>	<i>NC</i>	<i>Tier 3</i>	<i>NC</i>	<i>PA</i>
<b>Meglitinides</b> 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 1</i>	<i>Covered</i>
<b>Thiazolidinediones</b> 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>
<b>Actos</b> (pioglitazone)	<i>Tier 2;3;4 (ST)</i>	<i>NC</i>	<i>Tier 3</i>	<i>NC</i>	<i>PA</i>
<b>Alpha-Glucosidase Inhibitors</b> 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>
<b>Precose</b> (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 1</i>	<i>PA</i>
<b>Miscellaneous</b> A1C reduction: 0.5%					
<b>Cycloset</b> (bromocriptine)	<i>Tier 2;3;4</i>	<i>Tier 3;4</i>	<i>Tier 2</i>	<i>Tier 3</i>	<i>Covered</i>
colesevelam	<i>Tier 1;2</i>	<i>Tier 2;3</i>	<i>Tier 3</i>	<i>Tier 3</i>	<i>PA</i>
<b>Welchol</b> (colesevelam)	<i>NC</i>	<i>NC</i>	<i>NC</i>	<i>NC</i>	<i>Covered (Brand preferred)</i>
<b>SymlinPen</b> (pramlintide)	<i>Tier 2;3</i>	<i>Tier 2;3</i>	<i>Tier 3</i>	<i>Tier 3</i>	<i>Covered</i>
<b>Combination Products</b>					
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>Tier 1</i>	<i>Covered</i>
metformin/repaglinide	<i>Tier 1;2</i>	<i>NC</i>	<i>NC</i>	<i>NC</i>	<i>PA</i>



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metformin/pioglitazone	<i>Tier 1;2 (ST)</i>	<i>Tier 1;2</i>	<i>Tier 1</i>	<i>Tier 1</i>	<i>Covered</i>
<b>Actoplus Met</b> (pioglitazone/metformin)	<i>NC</i>	<i>NC</i>	<i>Tier 3</i>	<i>NC</i>	<i>PA</i>
<b>Actoplus Met XR</b> (pioglitazone/metformin extended release)	<i>NC</i>	<i>NC</i>	<i>Tier 3</i>	<i>NC</i>	<i>-</i>
alogliptin/metformin	<i>NC</i>	<i>NC</i>	<i>Tier 1</i>	<i>NC</i>	<i>PA</i>
<b>Kazano</b> (alogliptin/metformin)	<i>NC</i>	<i>NC</i>	<i>NC</i>	<i>NC</i>	<i>PA (Brand preferred)</i>
<b>Janumet</b> (sitagliptin/metformin)	<i>Tier 2;3 (ST)</i>	<i>Tier 2;3</i>	<i>Tier 2</i>	<i>Tier 3</i>	<i>Covered</i>
<b>Janumet XR</b> (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>
<b>Jentadueto</b> (linagliptin/metformin)	<i>NC</i>	<i>Tier 2;3</i>	<i>NC</i>	<i>Tier 3</i>	<i>Covered</i>
<b>Jentadueto XR</b> (linagliptin/metformin extended release)	<i>NC</i>	<i>Tier 2;3</i>	<i>NC</i>	<i>Tier 3</i>	<i>Covered</i>
<b>Kombiglyze XR</b> (saxagliptin/metformin extended release)	<i>Tier 2;3 (ST)</i>	<i>NC</i>	<i>NC</i>	<i>NC</i>	<i>Covered</i>
<b>Invokamet</b> (canagliflozin/metformin)	<i>NC</i>	<i>NC</i>	<i>NC</i>	<i>NC</i>	<i>Covered</i>
<b>Invokamet XR</b> (canagliflozin/metformin extended release)	<i>NC</i>	<i>NC</i>	<i>NC</i>	<i>NC</i>	<i>Covered</i>
<b>Xigduo XR</b> (dapagliflozin/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>
<b>Synjardy</b> (empagliflozin/metformin)	<i>Tier 2;3 (ST)</i>	<i>Tier 2;3</i>	<i>Tier 2</i>	<i>Tier 3</i>	<i>Covered</i>
<b>Synjardy XR</b> (empagliflozin/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>
<b>Segluromet</b> (ertugliflozin/metformin)	<i>NC</i>	<i>NC</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>Tier 1</i>	<i>PA</i>
<b>Duetact</b> (pioglitazone/glimepiride)	<i>Tier 2;3;4 (ST)</i>	<i>NC</i>	<i>Tier 3</i>	<i>NC</i>	<i>PA (Brand preferred)</i>
alogliptin/pioglitazone	<i>NC</i>	<i>NC</i>	<i>Tier 1</i>	<i>NC</i>	<i>PA</i>
<b>Oseni</b> (alogliptin/pioglitazone)	<i>NC</i>	<i>NC</i>	<i>NC</i>	<i>NC</i>	<i>PA (Brand preferred)</i>
<b>Qtern</b> (dapagliflozin/saxagliptin)	<i>NC</i>	<i>NC</i>	<i>NC</i>	<i>NC</i>	<i>PA</i>
<b>Glyxambi</b> (empagliflozin/linagliptin)	<i>Tier 2;3 (ST)</i>	<i>Tier 2;3</i>	<i>Tier 2</i>	<i>Tier 3</i>	<i>PA</i>
<b>Steglujan</b> (ertugliflozin/sitagliptin)	<i>NC</i>	<i>NC</i>	<i>NC</i>	<i>NC</i>	<i>PA</i>
<b>Trijardy XR</b> (empagliflozin/linagliptin/metformin)	<i>Tier 2;3 (ST)</i>	<i>Tier 2;3</i>	<i>NC</i>	<i>NC</i>	<i>PA</i>

NC = not covered  
PA = prior authorization  
ST = step therapy required

\* Weight loss potency: semaglutide>liraglutide>dulaglutide>exenatide>lixisenatide  
(-) = no information provided



# DIABETES RECOMMENDATIONS AND TIER COVERAGE CHART

## REFERENCES:

Tier coverage based on the following:

- BCBS: <https://home.bluecrossma.com/medication/med-search>
- HPHC: <https://www.harvardpilgrim.org/provider/pharmacy/formulary-lookup-preventive-drug-lists/> 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>

The Medical Letter: Drug's for Type 2 Diabetes, Issue 1584, Volume 61, November 4, 2019.

The American Diabetes Association. January 2022. Introduction: Standards of Medical Care in Diabetes-2022, Retrieved from <https://doi.org/10.2337/cd22-as01>