

Medication therapies for type 2 diabetes

2023 quick reference guide

We designed this guide to help you select the appropriate drug therapy for your patient, based on clinical effectiveness and cost for UnitedHealthcare commercial, UnitedHealthcare Community Plan (Medicaid) with the core Prescription Drug List (PDL), Medicare Prescription Drug Plan (PDP) Preferred, Medicare PDP LCE, Medicare PDP Saver Plus and Medicare Advantage Part D (MAPD) members only. Individual PDLs and formularies may vary and can be accessed on UHCprovider.com/pharmacy. If you have questions, please contact your UnitedHealthcare representative.

UnitedHealthcare PDL benefits follow the American Diabetes Association's Standards of Medical Care in Diabetes, available at professional.diabetes.org/content/clinical-practice-recommendations.

Abbreviations

- Continuous glucose monitoring (CGM)
- Dipeptidyl peptidase-4 (DPP-4)
- Extended release (XR)
- Glucagon-like peptide 1 (GLP-1)
- Medicare Advantage Part D (MAPD)
- Prescription drug lists (PDLs)
- Prescription drug plan (PDP)

Clinical guidelines

Blood glucose monitoring

Children and adults with diabetes or prediabetes should regularly monitor their blood glucose levels. This is especially important for those who have prediabetes, are overweight or have 2 or more other risk factors for diabetes.

Covered monitors	Commercial: OneTouch® (Tier 1, Free Meter Program) ¹ , Contour® Next (Tier 2, Free Meter Program), Accu-Chek® Guide and Guide Me® (Tier 3, Free Meter Program) Medicaid: OneTouch (preferred brand, Free Meter Program) Medicare: Covered by Part B (Accu-Chek® Aviva Plus, Accu-Chek® Guide, OneTouch® Verio, OneTouch® Verio IQ, OneTouch® Ultra and OneTouch® Verio Flex, preferred for most MAPD Plans)*
Covered test strips	Commercial: OneTouch (Tier 1), Contour Next (Tier 2), Accu-Chek Guide (Tier 3) Medicaid: OneTouch (preferred brand) Medicare: Covered by Part B (Accu-Chek® SmartView, Accu-Chek Aviva Plus, Accu-Chek Guide, OneTouch Ultra and OneTouch Verio, preferred for most MAPD Plans)

Continuous glucose monitoring (CGM)

CGMs may be utilized to monitor children and adults with type 1 diabetes or insulin-requiring type 2 diabetes.

Covered monitors	Commercial: Dexcom G6,* Freestyle Libre 2,* Freestyle Libre 3,* and Freestyle Libre 14 day* Medicaid: Dexcom G6,* Freestyle Libre 2,* Freestyle Libre 3,* and Freestyle Libre 14 day* Medicare: Please refer to the phone number on the back of the member's card for further assistance.
-------------------------	--

*Step therapy or prior authorization criteria may apply

1. Monotherapy

The American Diabetes Association's Standards of Medical Care in Diabetes recommends metformin as the first-line medication to treat patients with type 2 diabetes who are unable to control their diabetes with lifestyle modifications.

Metformin

Commercial and Medicare: Generic Glucophage®/Glucophage XR (Tier 1); brand and generic Glumetza® and Fortamet® are excluded from coverage or non-formulary.

Medicaid only: Generic Glucophage/Glucophage XR (preferred brand) and generic Fortamet (preferred brand); brand and generic Glumetza, Glucophage/Glucophage XR and brand Fortamet are non-preferred.

2. Dual therapy

If A1C targets aren't achieved with the maximum tolerated dose of metformin, you can add a second agent or insulin. The choice of agent to add to metformin is based on drug side effect and patient characteristics. For example, in patients living with atherosclerotic cardiovascular disease, heart failure or chronic kidney disease, the best second agent is a sodium-glucose cotransporter-2 (SGLT2) inhibitor or glucagon-like peptide-1 (GLP-1) receptor agonist. Most commonly used covered second-line agents for each PDL or formulary are listed in the following charts.

SGLT2 inhibitor	Glucagon-like peptide 1 (GLP-1) receptor agonist	Dipeptidyl Peptidase-4 (DPP-4) inhibitor	Thiazolidine-dione	Sulfonylurea	Long-acting insulin	Insulin
Expected A1C reduction ²	Expected A1C reduction ²	Expected A1C reduction ²	Expected A1C reduction ²	Expected A1C reduction ²	Expected A1C reduction ²	Expected A1C reduction ²
0.5–1%	1–1.5%	0.5–1%	1–1.5%	1–1.5%	1–1.5%	1.5–3.5%

Commercial PDL options (medication placement in Tier 3 and 4 varies by benefit plan)

As of Jan. 1, 2023, UnitedHealthcare eliminated out-of-pocket costs in standard fully insured group plans for certain preferred prescription drugs, including insulin and 4 additional emergency use medications. Additional information is available in the online news release [UnitedHealthcare To Eliminate Out-of-Pocket Costs on Several Prescription Drugs, Including Insulin, for Eligible Members](#).

Tier 2 Glyxambi [®] , [±] Jardiance, Synjardy [®] , [†] Synjardy XR, [†] Trijardy [®] XR [†]	Tier 2 Bydureon BCise [®] , [*] Byetta [®] , [*] Ozempic [®] , [*] Rybelsus [®] , [*] Trulicity [®] , [*] Victoza [®] 2-pack, [*] Soliqua [®] , [±] Mounjaro [®] ^{**}	Tier 2 Nesina, Kazano, [†] Oseni, [±] Onglyza [®] , Kombiglyze [®] XR, [†] Tadjenta [®] , Jentadueto [®] , [†] Jentadueto XR [†]	Tier 1 Pioglitazone	Tier 1 Glimepiride, Glipizide, Glipizide XL, Glyburide, Glyburide- Metformin [†]	Tier 1 Lantus [®] vials/pens Tier 2 Toujeo [®]	Tier 1 Humalog [®] , Humulin [®] , Lyumjev [®] vials Tier 2 Humalog [®] , Humulin [®] , Lyumjev [®] pens
	Tier 3 Victoza 3-pack [*]			Tier 2 Glipizide- Metformin [†]		
	Tier 4 Adlyxin [®] *					

Medicaid Core PDL preferred options (PDLs may vary by state)

Farxiga [®] , [*] Steglatro [®] , [*] Segluromet [®] ^{††}	Adlyxin [®] , [*] Victoza [®] 2-pack, [*] Trulicity [®] , [*] Soliqua [®] [±]	Alogliptin, [*] Alogliptin- Metformin ^{††}	Pioglitazone, Alogliptin- Pioglitazone [±]	Glimepiride, Glipizide, Glyburide, Glyburide- Metformin [†]	Basaglar [®] , Semglee [®] (insulin glargine) vials/pens	Admelog [®] vials, Admelog Solostar [®] , Humulin [®] 70/30 vial, Humulin [®] N vial, Humulin [®] R vial, Novolin [®] vials, ReliOn [®] vials
---	---	--	---	--	--	---

*Step therapy or prior authorization criteria may apply

^{*}Mounjaro is a GLP-1 receptor agonist and a GIP receptor agent

[†]Metformin-combination product

[±]Non-metformin combination product

Medicare Plans

As of Jan. 1, 2023, UnitedHealthcare Medicare members, with a stand-alone Medicare Part D plan or Medicare Prescription Drug Plan (PDP) including Medicare Advantage prescription drug formularies (MAPD), will pay a maximum of \$35 for a 1-month supply of covered insulin products, with no deductible. Additional information is available in the online news release [Medicare cost-share changes begin Jan. 1, 2023](#).

SGLT2 inhibitor	GLP-1 receptor agonist	Dipeptidyl Peptidase-4 (DPP-4) inhibitor	Thiazolidinedione	Sulfonylurea	Long-acting insulin	Insulin
-----------------	------------------------	--	-------------------	--------------	---------------------	---------

Expected A1C reduction²

0.5–1%	1–1.5%	0.5–1%	1–1.5%	1–1.5%	1–1.5%	1.5–3.5%
--------	--------	--------	--------	--------	--------	----------

Medicare Advantage (MAPD) formulary options³

Tier 3	Tier 3	Tier 3	Tier 1	Tier 1	Tier 3	Tier 3
Farxiga [®] , Glyxambi [®] , [†] Jardiance [®] , Synjardy [®] , [†] Synjardy XR [®] , [†] Trijardy XR [®] , [†] Xigduo [™] XR [®] [†]	Bydureon [®] , Bydureon BCise [®] , Ozempic [®] , Rybelsus [®] , Soliqua [®] , [†] Trulicity [®] , Victoza [®] , Mounjaro [®] [^]	Januvia [®] , Janumet [®] , [†] Janumet XR [®] , [†] Jentadueto [®] , [†] Jentadueto XR [®] , [†] Tradjenta [®]	Pioglitazone, Pioglitazone-Glimepiride, [±] Pioglitazone-Metformin [†]	Glimepiride, Glipizide, Glipizide XL, Glipizide ER, Glipizide-Metformin [†]	Lantus [®] vials/pens, Levemir [®] vials/pens, Toujeo [®] , Tresiba [®] vials/pens	Humalog [®] vials/pens, Humalog [®] 75/25 vials/pens, Humalog [®] 50/50 vials/pens, Humulin [®] R vials, Humulin [®] N vials/pens, Humulin [®] 70/30 vials/pens, Lyumjev [®] vials/pens
	Tier 4 Byetta [®]					

Medicare PDP LCE “Walgreens” formulary options³

Tier 3	Tier 3	Tier 3	Tier 2	Tier 1	Tier 3	Tier 3
Farxiga [®] , Jardiance [®] , Synjardy [®] , Synjardy XR [®] , Xigduo XR [®]	Bydureon [®] , Bydureon BCise [®]	Januvia [®] , Janumet [®] , Janumet XR [®] , Jentadueto [®] , Jentadueto XR [®] , Tradjenta [®]	Pioglitazone	Glimepiride Tier 2 Glipizide, Glipizide XL, Glipizide ER Tier 3 Glipizide-Metformin	Lantus [®] vials/pens, Levemir [®] vials/pens, Toujeo [®] , Tresiba [®] vials/pens	Humalog [®] vials/pens, Humalog [®] 75/25 vials/pens, Humalog [®] 50/50 vials/pens, Humulin [®] N vials/pens, Humulin [®] R vials, Humulin [®] R U-500 vials/pens, Lyumjev [®] vials/pens

² Step therapy or prior authorization criteria may apply

[^] Mounjaro is a GLP-1 receptor agonist and a GIP receptor agent

[†] Metformin-combination product

[±] Non-metformin combination product

SGLT2 inhibitor	GLP-1 receptor agonist	Dipeptidyl Peptidase-4 (DPP-4) inhibitor	Thiazolidinedione	Sulfonylurea	Long-acting insulin	Insulin
-----------------	------------------------	--	-------------------	--------------	---------------------	---------

Expected A1C reduction²

0.5–1% 1–1.5% 0.5–1% 1–1.5% 1–1.5% 1–1.5% 1.5–3.5%

Medicare PDP Preferred formulary options³

Tier 3	Tier 3	Tier 3	Tier 1	Tier 1	Tier 3	Tier 3
Farxiga [®] , Glyxambi [®] , [±] Jardiance, Synjardy [®] , [†] Synjardy XR [®] , [†] Trijardy XR [®] , [†] Xigduo XR [®] , [†]	Bydureon [®] , Bydureon Bcise [®] , Ozempic [®] , Rybelsus [®] , Soliqua [®] , [±] Trulicity [®] , Victoza [®] , Mounjaro [®] [^] Tier 4 Byetta [®]	Januvia [®] , Janumet [®] , [†] Janumet XR [®] , [†] Kombiglyze XR [®] , Onglyza [®] Tier 4 Jentadueto [®] , [†] Jentadueto XR [®] , [†] Tradjenta [®]	Pioglitazone Tier 4 Pioglitazone- Glimepiride, [±] Pioglitazone- Metformin [†]	Glimepiride, Glipizide, Glipizide XL, Glipizide ER, Glipizide- Metformin [†]	Lantus [®] vials/pens, Levemir [®] vials/pens, Toujeo [®] , Tresiba [®] vials/pens	Humalog [®] vials/ pens, Humalog [®] 75/25 vials/pens, Humalog [®] 50/50 vials/pens, Humulin [®] R vials, Humulin [®] N vials/ pens, Humulin [®] 70/30 vials/ pens, Humulin [®] R U-500 vials/pens, Insulin Lispro [®] vials/ pens, Lyumjev [®] vials/pens

Medicare PDP Saver Plus formulary options³

Tier 3	Tier 3	Tier 3	Tier 2	Tier 1	Tier 3	Tier 3
Farxiga [®] , Glyxambi [®] , [±] Jardiance [®] , Synjardy [®] , [†] Synjardy XR [®] , [†] Xigduo XR [®] , [†]	Bydureon [®] , Bydureon BCise [®] , Soliqua [®] , [±] Trulicity [®]	Jentadueto [®] , [†] Jentadueto XR [®] , [†] Kombiglyze XR [®] , [†] Onglyza [®] , Tradjenta [®]	Pioglitazone	Glimepiride Tier 2 Glipizide, Glipizide XL, Glipizide ER Tier 3 Glipizide- Metformin	Lantus [®] vials/pens, Toujeo [®]	Humalog [®] vials/ pens, Humulin [®] R vials, Humulin [®] N vials/pens, Humalog [®] 75/25 vials/ pens, Humalog [®] 50/50 vials/ pens, Humulin [®] 70/30 vials/ pens, Humulin [®] R U-500 vials/pens, Lyumjev [®] vials/ pens

* Step therapy or prior authorization criteria may apply

[^]Mounjaro is a GLP-1 receptor agonist and a GIP receptor agent

[†] Metformin-combination product

[±] Non-metformin combination product

¹ For most UnitedHealthcare Signature Value formularies, preferred test strips are OneTouch in Tier 2. Preferred meters are covered under the member's medical benefit.

² A1C lowering based on monotherapy. Source: Drugs for Type 2 Diabetes. Pharmacist's Letter 2012; 28(8):280805. Updated Sept. 2015. Accessed online Aug. 2, 2016: pharmacistletter.therapeuticresearch.com/.

³ Some formularies may have different tier structures. Formularies vary in Florida and New York for Medicare PDP plans.

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Health plan coverage provided by UnitedHealthcare of Arizona, Inc., UHC of California DBA UnitedHealthcare of California, UnitedHealthcare Benefits Plan of California, UnitedHealthcare of Colorado, Inc., UnitedHealthcare of the Mid-Atlantic, Inc., MAMSI Life and Health Insurance Company, UnitedHealthcare of New York, Inc., UnitedHealthcare Insurance Company of New York, UnitedHealthcare of Oklahoma, Inc., UnitedHealthcare of Oregon, Inc., UnitedHealthcare of Pennsylvania, Inc., UnitedHealthcare of Texas, Inc., UnitedHealthcare Benefits of Texas, Inc., UnitedHealthcare of Utah, Inc., UnitedHealthcare of Washington, Inc., Optimum Choice, Inc., Oxford Health Insurance, Inc., Oxford Health Plans (NJ), Oxford Health Plans (CT), Inc., All Savers Insurance Company, Tufts Health Freedom Insurance Company or other affiliates. Administrative services provided by OptumHealth Care Solutions, LLC, OptumRx, Oxford Health Plans LLC, United HealthCare Services, Inc., Tufts Health Freedom Insurance Company or other affiliates. Behavioral health products provided by U.S. Behavioral Health Plan, California (USBHPC), United Behavioral Health (UBH), or its affiliates.