



Medication Adherence for Diabetes Guide

Effective January 2025

This measure tracks the percentage of Medicare Part D beneficiaries aged 18 and older who consistently adhere to their prescribed diabetes medication regimen. To be included in the measure, patients must have at least two separate prescription fills for non-insulin diabetes medications, using their Part D benefit, during the measurement period. To close the gap, the patient must maintain a medication adherence rate measured by prescription fill history that covers at least 80% of days within the measurement year, regardless of the total prescribed therapy duration.

Note: Only prescription drug claims are used to determine both eligibility and adherence for this measure.

Key Factors	Formulary Medications
Who's Included in the Measure	<p>Patients taking medications in the following drug classes are included in the measure: biguanides, sulfonylureas, thiazolidinediones, dipeptidyl peptidase-4 (DPP-4) inhibitors, GIP/GLP-1 receptor agonists, meglitinides, and sodium-glucose cotransporter 2 (SGLT2) inhibitors. (See the Formulary Medications section for a list of formulary medications.)</p> <p>Measure qualification is based solely on prescription drug claims, not on medical diagnosis codes. This means that even if a patient does not have a diabetes diagnosis, they are included in the measure if they take a medication listed in the "Formulary Medications" chart on the following page.</p>
Exclusions	<ul style="list-style-type: none">• In hospice• ESRD diagnosis or dialysis coverage dates• One or more prescriptions for insulin
Metformin	<p>Over 60% of Blue Advantage® members taking metformin are considered non-adherent.</p> <p>When initiating metformin therapy, consider prescribing the extended-release (ER) formulation to help reduce gastrointestinal side effects.</p> <p>For formulary coverage at no cost to the member, prescribe generic Glucophage XR 500 mg or 750 mg* and sign for product selection permitted. Note: Some plans may require the use of a preferred pharmacy to qualify for a \$0 copay.</p>
Writing the Prescription	<p>Write initial prescription to dispense no more than a 30-day supply at a time.</p> <p>Follow-Up and Maintenance Recommendations:</p> <ul style="list-style-type: none">• Schedule a follow-up visit within 30 days to assess dose effectiveness and address any barriers to adherence (e.g., side effects, cost).• Once patients demonstrate tolerance and benefit from therapy, adjust the maintenance prescription to allow up to a 100-day supply through their retail or mail-order pharmacy.• Ensure prescriptions are written or updated to reflect how the patient is taking the medication especially when changing the dose or frequency prescribed.• Reinforce the importance of taking medications as prescribed.• Remind patients to contact their provider if they experience any adverse effects.
Controlling Blood Sugar	<ul style="list-style-type: none">• Help patients connect their medication use with expected outcomes, as measured by regular blood glucose monitoring.• Prescribe preferred products (see the Formulary Medications section for a list) through a pharmacy for \$0 patient cost-share.• Discuss the benefits of blood sugar control and review each patient's target values.• Educate patients on the role of exercise and healthy eating in managing blood glucose levels.

Coverage Resources for Blue Advantage Diabetes Patient

Formulary Medications	
Drug Class	Medication
Biguanide Expected hemoglobin A1C reduction of 1% - 2%	metformin
Sulfonylureas Expected hemoglobin A1C reduction up to 1% - 2%	glimepiride
	glipizide
	glyburide*
Thiazolidinedione Expected hemoglobin A1C reduction up to 1.5%	pioglitazone
Meglitinides Expected hemoglobin A1C reduction up to 1.5%	nateglinide
	repaglinide
Combination Medications	glipizide/metformin
	glyburide/metformin**
	pioglitazone/glimepiride**
	pioglitazone/metformin**
GLP-1* Expected hemoglobin A1C reduction up to 1.5% <i>Medications in this category require confirmation of a diabetes diagnosis for coverage.</i>	Bydureon* (exenatide XR)
	Mounjaro* (tirzepatide)
	Ozempic* (semaglutide)
	Rybelsus* (semaglutide)
	Trulicity* (dulaglutide)
SGLT2* Expected hemoglobin A1C reduction up to 1%	Farxiga* (dapagliflozin)
	Glyxambi* (empagliflozin/linagliptin)
	Jardiance* (empagliflozin)
	Synjardy* (empagliflozin/metformin)
	Synjardy XR* (empagliflozin/metformin XR)
	Xigduo XR* (dapagliflozin/metformin XR)
DPP-4* Expected hemoglobin A1C reduction up to 1%	Januvia* (sitagliptin)
	Janumet* (sitagliptin/metformin)
	Janumet XR* (sitagliptin/metformin XR)
	Jentadueto* (linagliptin/metformin)
	Jentadueto XR* (linagliptin/metformin XR)
	Tradjenta* (linagliptin)

*These medications have a higher cost share.

**Combination drugs may carry a higher cost share. To reduce costs, consider prescribing components of combination drugs separately.

Prescribing Deep Dive

Formulary Medications with Cardiovascular Benefits	Formulary Medications with Heart Failure Benefits	Formulary Medications with Chronic Kidney Disease Benefits
Jardiance (empagliflozin) Ozempic (semaglutide) Trulicity (dulaglutide)	Farxiga (dapagliflozin) Jardiance (empagliflozin) Synjardy (empagliflozin/metformin) Synjardy XR (empagliflozin/metformin XR) Xigduo XR (dapagliflozin/metformin XR)	Farxiga (dapagliflozin) Glyxambi (empagliflozin-linagliptin) Jardiance (empagliflozin) Synjardy (empagliflozin/metformin) Synjardy XR (empagliflozin/metformin XR) Xigduo XR (dapagliflozin/metformin XR)

Average Impact on Weight	
TZD – gain (up to 11 kg)	DPP-4 – neutral
Sulfonylureas – gain (2 to 5 kg)	SGLT2 – loss (2 to 4 kg)
Metformin – neutral	GLP-1 – loss (2 to 5 kg)

Possible Hypoglycemia Risk
Sulfonylureas – high risk
GLP-1/SGLT2/DPP-4 – low risk
Metformin/TZD – none

DPP-4 = Dipeptidyl peptidase-4 inhibitors

SGLT2 = Sodium-glucose cotransporter 2 inhibitors

GLP-1 = Glucagon-like peptide 1 agonists

TZD = Thiazolidinediones

Note: One prescription fill of any insulin within the measurement period will remove a patient from the diabetes adherence measure.

Formulary Insulins	
Humulin 70/30 KwikPen, Vial	Novolin 70/30 FlexPen, Vial*
Humulin N and R KwikPen, Vial	Novolin N and R FlexPen, Vial*
Humulin R U-500 (Concentrated) KwikPen, Vial	NovoLog 70/30 FlexPen, Vial*
Humalog Cartridge, KwikPen, Junior KwikPen, Tempo Pen, Vial	NovoLog FlexPen, PenFill, Vial*
Humalog Mix 50/50 and 75/25 KwikPen, Vial	Soliqua 100/33 Pen
Lantus SoloStar, Vial	Toujeo SoloStar
Lyumjev KwikPen, Tempo Pen, Vial	Toujeo Max SoloStar

Note: All formulary insulins have a quantity limit of six vials or 20 pens/cartridges for a 30-day supply. *ReliOn version is also on formulary.

Duration of Insulin Therapy Prescriptions	Standard Pharmacy	Preferred Pharmacy
30-day supply	\$35	\$35
60-day supply	\$70	\$70
Up to 100-day supply	\$105	\$70*

*Patients save on 100 day-supply of insulin when using a Preferred Pharmacy.

Blood Sugar Monitoring	
<p>\$0 Diabetic Testing supplies (meters and test strips) obtained through the pharmacy are limited to Ascensia products (e.g., Contour) and LifeScan products (e.g., OneTouch).</p> <p>Prior approval will be required for any other brands of meters and test strips. Must try and fail two preferred products before PA can be approved.</p> <p>All test strips will be subject to a quantity limit of 204 per 30 days.</p> <p>There are no quantity limits on lancets</p>	<p>\$0 CGM Products obtained through the pharmacy are limited to Medicare-covered Dexcom products and Abbott Freestyle products.</p> <p>Prior approval will be required for any other CGM brands. Must try and fail one preferred product before PA can be approved.</p> <p>Receivers and transmitters are subject to quantity limits (i.e., one receiver per calendar year, one transmitter every 90 days, and sensors per product labeling).</p>

Note: If obtaining diabetic testing supplies or a CGM products from a durable medical equipment (DME) supplier, standard DME benefits apply.

Adherence Resources

Home Delivery/Mail Order Pharmacies

Amazon Pharmacy

- ▶ **E-scribe:** Amazon Pharmacy Home Delivery
- ▶ **Fax:** 512-677-6267
- ▶ **Address:** 4500 S Pleasant Valley Rd., Suite 201
Austin, TX 78744

Walgreens Mail Service

- ▶ **E-scribe:** Walgreens Mail Service: NCPDP 0320793
- ▶ **Fax:** 1-800-215-6612
- ▶ **Call:** 1-800-345-1036

Express Scripts Pharmacy

- ▶ **E-scribe:** Express Scripts Home Delivery
 - ▶ **Fax:** 1-800-837-0959
 - ▶ **Call:** 1-888-327-9791, Option 2
- Note:** Express Scripts will not fill GLP1s.

Dose Packaging Services*

ExactCare Pharmacy

- ▶ **E-scribe:** Search ExactCare Pharmacy by zip code 44125
- ▶ **Fax:** 1-855-355-3480
- ▶ **Call:** 1-877-355-7225, opt. 2
- ▶ **Address:** 8333 Rockside Road, Valley View, OH 44125

PillPack by Amazon Pharmacy

- ▶ **E-scribe:** PILLPACK LLC, DBA PillPack by Amazon
- ▶ **Address:** 250 Commercial Street, Suite 2012
Manchester, NH 03101

**Limited to 30-day supplies. No cost savings available for 90-day supplies with this option.*



**Patrius
Health**

Blue Advantage® PPO is provided by Patrius Health, an independent licensee of the Blue Cross and Blue Shield Association.
Blue Advantage is a PPO with a Medicare contract. Enrollment in Blue Advantage (PPO) depends on CMS contract renewal.
Walgreens Mail Service is an independent pharmacy providing mail-order pharmacy services to Patrius Health members.
Amazon Pharmacy is an independent pharmacy providing mail-order pharmacy services to Patrius Health members.
ExactCare is an independent company providing in-home medication management services and support to Patrius Health members.
Express Scripts Inc. is an independent company contracted to provide pharmacy benefit management services.
PillPack, Inc., an Amazon company, is an independent online pharmacy which packages and delivers medications to Patrius Health members.