

5-Star Best Practices ★★★★★

What Is the Diabetes Measure?

Medication Adherence for Diabetes Medications	
Definition	Percentage of patients with a prescription diabetes medication filled on two unique dates of service who fill their prescription often enough throughout the measurement year to achieve a PDC (proportion of days covered) of 80% or more of the time they are supposed to be taking the medication.
Exclusion	<ul style="list-style-type: none"> • Hospice enrollment • End Stage Renal Disease or dialysis coverage dates • One or more prescriptions for insulin

Diabetes Adherence Medications on the SCAN Formulary

Tier 1 (Preferred Generic)	Tier 2 (Generic)	Tier 3 (Preferred Brand)
glimepiride, glipizide, glipizide ER, glipizide & metformin, metformin, metformin ER, pioglitazone	glimepiride & pioglitazone ¹ , nateglinide, pioglitazone & metformin, repaglinide	Bydureon BCise ^{®1,2} , Farxiga ^{®1} , Glyxambi ^{®1} , Janumet ^{®1} , Janumet [®] XR ¹ , Januvia ^{®1} , Jardiance ^{®1} , Jentadueto ^{®1} , Jentadueto [®] XR ¹ , Mounjaro ^{®1,2} , Ozempic ^{®1,2} , Rybelsus ^{®1,2} , Synjardy ^{®1} , Synjardy [®] XR ¹ , Tradjenta ^{®1} , Trijardy [®] XR ¹ , Trulicity ^{®1,2} , Xigduo [®] XR ¹

1 = Quantities dispensed are limited; 2 = Prior authorization applies

Insulin Medications on the SCAN Formulary: Insulin Savings

- Humalog
- Humulin
- Lantus
- Levemir
- Lyumjev
- Soliqua
- Toujeo
- Tresiba

Insulin Member Copay	Retail			
	Preferred		Standard	
	30-day supply	100-day supply	30-day supply	100-day supply
<ul style="list-style-type: none"> • SCAN Balance • SCAN Embrace 	\$0	\$0	\$0	\$0
Other Participating Plans*	\$35	\$55	\$35	\$85

* SCAN Strive (non-LIS members) and VillageHealth (non-LIS members) pay no more than \$35 for a one-month supply and \$105 for a three-month supply of each insulin covered on the SCAN Formulary, even if they have not paid their deductible. SCAN Connections and SCAN Connections at Home members pay no more than \$0 or \$4.80 or \$12.15 for a one-month supply of each insulin product covered on the SCAN Formulary.

Strategies for Achieving Adherence and Improving Diabetes Measure Performance

If patient tells you that paying for medications is difficult	
Choose a lower-cost alternative.	Most SCAN members who get their medications at a Preferred pharmacy will pay \$0 for Tier 1 and Tier 2 drugs.* For more information, visit SCAN's Formulary at www.scanhealthplan.com/findadrug .
Escalate treatment of low-cost medications.	Ensure dose maximization of Tier 1 and/or Tier 2 medications prior to considering the addition of brand name medications.
If patient's A1C is greater than 10%	
Escalate treatment.	The ADA recommends initiating insulin in patients with evidence of ongoing catabolism, symptoms of hyperglycemia, A1C >10%, or glucose ≥ 300 mg/dL. ¹ Consider insulin initiation for improved clinical outcomes and removal of patient from adherence measure.
If patient's blood sugar is uncontrolled with noninsulin antihyperglycemic agents	
Escalate treatment.	The AACE recommends initiation of insulin in patients who require additional glycemic control and are already undergoing three or more diabetes medications including a GLP-1 RA. ² Consider insulin initiation for improved clinical outcomes and removal of patient from adherence measure.
If patient's A1C is less than 6.3% and glucose is less than 70 mg/dL	
Reduce treatment.	The Action to Control Cardiovascular Risk in Diabetes (ACCORD) trial showed that lower A1C levels (near euglycemia) were associated with a higher risk for hypoglycemia and mortality in patients with long-standing type 2 diabetes and cardiovascular risk. ³ Consider dose reduction or discontinuation of medication early in the measurement year before patient enters adherence measure.
If patient reports barriers to taking metformin immediate release (IR)	
Switch to metformin extended release (ER).	Consider switching to metformin ER if patient reports difficulty remembering to take multiple doses per day or reports gastrointestinal side effects. Metformin ER 500 mg and 750 mg are covered metformin ER formulations.*
If patient is taking GLP-receptor agonist for off-label use	
Ensure appropriate prescribing.	If the patient is taking a GLP-1 receptor agonist for indications other than diabetes, such as weight loss, their current treatment regimen should be switched to formulation indicated for use.**
If patient has other diabetes management gaps in care	
Order appropriate labs and start/renew meds.	<ol style="list-style-type: none"> 1. Annual A1c for Diabetes Care – Blood Sugar Controlled 2. BMP (eGFR) + Urine albumin/creatinine ration (uACR) for Kidney Health Evaluation for Patients with Diabetes (KED) 3. Initiate/renew appropriate intensity statin for Statin Use in Persons with Diabetes (SUPD) 4. Annual diabetic retinal eye exam for Diabetes Care – Eye Exam

[1] American Diabetes Association Professional Practice Committee . 9. Pharmacologic Approaches to Glycemic Treatment: Standards of Care in Diabetes-2025. Diabetes Care. 2025;48(Supplement_1):S181-S206. doi:10.2337/dc25-S009

[2] Samson SL, Vellanki P, Blonde L, et al. American Association of Clinical Endocrinology Consensus Statement: Comprehensive Type 2 Diabetes Management Algorithm - 2023 Update [published correction appears in Endocr Pract. 2023 Sep;29(9):746] [published correction appears in Endocr Pract. 2023 Dec;29(12):1025]. Endocr Pract. 2023;29(5):305-340. doi:10.1016/j.eprac.2023.02.001

[3] Action to Control Cardiovascular Risk in Diabetes Study Group, Gerstein HC, Miller ME, et al. Effects of intensive glucose lowering in type 2 diabetes. N Engl J Med. 2008;358(24):2545-2559. doi:10.1056/NEJMoa0802743

* Copay/coinsurance may vary by plan, county, pharmacy type (e.g., Preferred or Standard, etc.), day supply, Part D benefit phase, or in members who receive "Extra Help." Drug List is subject to change. For a complete and updated Drug List, please refer to the 2025 SCAN Formulary or visit our website. Other pharmacies are available in the SCAN network. For a complete list of SCAN network pharmacies, go to our website.

** Medications used solely for weight loss are excluded from Medicare Part D coverage. Drug List is subject to change. For a complete and updated Drug List, please refer to the 2025 SCAN Formulary or visit our website.