El Paso Health Medicare Advantage

GENERAL PRINCIPLES FOR THE MANAGEMENT OF DIABETES

The following guideline applies to patients with type 1 and type 2 diabetes mellitus. It recommends specific interventions for periodic medical assessment, laboratory tests and education to guide effective patient self-management.

Eligible Population	Key Components	Recommendations
Patients 18 and older with diabetes (type 1 and type 2)	**Assessment**	• Height, weight, BMI, blood pressure at each visit • Psychosocial evaluation and lifestyle changes at each visit • Dental exam twice a year • Cardiovascular risks (tobacco use, hypertension, dyslipidemia, sedentary lifestyle, obesity, stress, family history, age >40) • Nephropathy screening and monitoring as needed • Foot exam; referral to a podiatrist at least annually • Peripheral neuropathy at each visit • Medication adherence at each visit • Screening for food insecurity • Refer patients to an optometrist or ophthalmologist for a dilated or retinal eye exam annually and explain why this is different than a routine eye exam.
	Testing	• Hemoglobin A1c (HbA1c) testing every 3 to 6 months depending on the individual • Urine test for albumin to creatinine ratio annually • Serum creatinine and estimated GFR annually • Fasting Lipid profile (Total , LDL and HDL cholesterol and triglycerides) as needed • Liver function tests as needed • Thyroid-stimulating hormone in patients with type 1 diabetes as needed • Retinal/dilated eye exam (close evaluation of the macula, retinal vasculature, and periphery) by ophthalmologist or optometrist at least annually or bilateral eye enucleation any time during the patient's history.
	Education	• Physical activity, healthy diet, appropriate BMI • Description of disease process, medications, possible acute and chronic complications • Medication compliance • Disease self-management • Tobacco cessation and secondhand smoke avoidance

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Eligible Population	**Key Components**	**Recommendations**
		• Ophthalmological care • Self-care to feet and appropriate footwear • Dental care • Provide information on community resources to support healthy lifestyles • Immunizations (Influenza, Pneumonia,COVID-19, Hepatitis) • Restrict alcohol consumption • Increased use of Continuous Glucose Monitors (CGMs) and telehealth for availability of remote monitoring
	Medications	**Alpha-glucosidase inhibitors:** • Acarbose • Miglitol **Amylin analogs:** • Pramlintide **Antidiabetic combinations:** • Alogliptin-metformin • Ertugliflozin-sitagliptin • Alogliptin-pioglitazone • Glimepiride-pioglitazone • Canagliflozin-metformin • Glipizide-metformin • Dapagliflozin-metformin • Glyburide-metformin • Dapagliflozin-saxagliptin • Linagliptin-metformin • Empagliflozin-linagliptin • Metformin-pioglitazone • Empagliflozin-metformin • Metformin-rosiglitazone • Empagliflozin-linagliptin-metformin • Metformin-saxagliptin • Ertugliflozin-metformin • Metformin-sitagliptin **Insulin:** • Insulin aspart • Insulin glargine-lixisenatide • Insulin aspart-insulin aspart protamine • Insulin glulisine • Insulin isophane human • Insulin degludec • Insulin isophane-insulin regular • Insulin degludec-liraglutide • Insulin lispro • Insulin detemir • Insulin lispro-insulin lispro protamine • Insulin glargine • Insulin regular human **Meglitinides:** • Nateglinide • Repaglinide **Biguanides:** • Metformin **Glucagon-like peptide-1 (GLP1) agonists:** • Albiglutide • Lixisenatide • Dulaglutide • Semaglutide • Exenatide • Tirzepatide • Liraglutide **Sodium glucose cotransporter 2 (SGLT2) inhibitor:** • Canagliflozin • Empagliflozin • Dapagliflozin • Ertugliflozin **Sulfonylureas:** • Chlorpropamide • Glyburide • Glimepiride • Tolazamide • Glipizide • Tolbutamide Thiazolidinediones • Pioglitazone **Dipeptidyl peptidase-4 (DDP-4) inhibitors:** • Alogliptin • Saxagliptin • Linagliptin • Sitagliptin Linagliptin • Sitagliptin
	Goals	• **Glycemic control.** A1C goal for most patients is <7%. Preprandial capillary plasma glucose 80-130 mg/dL. Nutrition and medication therapy as needed. • **Hypertension.** Goal of <140/90 mmHg. Medication therapy as needed. Lifestyle intervention consists of weight loss if overweight or obese; reducing sodium and increasing potassium intake; moderation of alcohol intake; and increased physical activity. • **Lipids.** Goal of LDL cholesterol <100 mg/dL. Nutrition and medication therapy as needed. • **Lifestyle Management.** Diet, Activity, Smoking cessation, diabetes self-management education (DSMES), and mental health support including diet, physical activity, smoking cessation, diabetes self-management education and mental health support—is essential for effective diabetes care. • **Eye Exam.** Annual exam (or more frequent if needed) to reduce risk or slow progression of diabetic retinopathy. • **Medical attention for nephropathy.** Annual exam (or more frequent if needed) to reduce risk or slow progression of diabetic kidney disease.
This guideline is based on the American Diabetes Association Standards of Care in Diabetes 2025; Volume 48, Supplement 1:S6-S13 National Institutes of Health, and HEDIS 2026 Specifications.		QIC Approved on 07/28/2026