El Paso Health
HEALTH PLANS FOR EL PASOANS. BY EL PASOANS.

MEDICAID

## 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 with diabetes (type 1 and type 2)** | **Assessment** | • Height, weight, BMI, blood pressure at each visit<br>• Psychosocial evaluation and lifestyle changes at each visit<br>• Dental exam twice a year<br>• Cardiovascular risks (tobacco use, hypertension, dyslipidemia, sedentary lifestyle, obesity, stress, family history, age >40)<br>• Nephropathy screening and monitoring as needed<br>• Foot exam; referral to a podiatrist at least annually<br>• Peripheral neuropathy at each visit<br>• Medication adherence at each visit<br>• Screening for food insecurity<br>• 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<br>• Urine test for albumin to creatinine ratio annually<br>• Serum creatinine and estimated GFR annually<br>• Fasting Lipid profile (Total , LDL and HDL cholesterol and triglycerides) as needed<br>• Liver function tests as needed<br>• Thyroid-stimulating hormone in patients with type 1 diabetes as needed<br>• 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<br>• Description of disease process, medications, possible acute and chronic complications<br>• Disease self-management<br>• Tobacco cessation and secondhand smoke avoidance<br>• Ophthalmological care<br>• Self-care to feet and appropriate footwear<br>• Dental care<br>• Provide information on community resources to support healthy lifestyles<br>• Immunizations (Influenza, Pneumonia, Hepatitis, COVID-19)<br>• Restrict alcohol consumption<br>• Medication Compliance<br>• Increased use of Continuous Glucose Monitors (CGMs) and telehealth for availability of remote monitoring |

| Eligible Population | Key Components | Recommendations |
|---|---|---|
| | **Medications** | **Alpha-glucosidase inhibitors:** • Acarbose • Miglitol<br>**Amylin analogs:** • Pramlintide<br>**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<br>**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<br>**Meglitinides:** • Nateglinide • Repaglinide<br>**Biguanides:** • Metformin<br>**Glucagon-like peptide-1 (GLP1) agonists:** • Albiglutide • Lixisenatide • Dulaglutide • Semaglutide • Exenatide • Tirzepatide • Liraglutide<br>**Sodium glucose cotransporter 2 (SGLT2) inhibitor:** • Canagliflozin • Empagliflozin • Dapagliflozin • Ertugliflozin<br>**Sulfonylureas:** • Chlorpropamide • Glyburide • Glimepiride • Tolazamide • Glipizide • Tolbutamide Thiazolidinediones • Pioglitazone<br>**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.<br>• **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.<br>• **Lipids.** Goal of LDL cholesterol <100 mg/dL. Nutrition and medication therapy as needed.<br>• **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.<br>• **Eye Exam.** Annual exam (or more frequent if needed) to reduce risk or slow progression of diabetic retinopathy.<br>• **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.
Individual patient considerations and advances in medical science may supersede or modify these recommendations.

QIC Approved on 07/28/2026