

Diabetes Medication Pearls

Metformin	Covered by CareOregon	Metformin	Considerations: <ul style="list-style-type: none"> • 1.5% A1C reduction • Low risk of hypoglycemia • Weight neutral • \$3/month
	Dosing	500-2000 mg once or twice daily	
	How it works	Decrease amount of glucose produced by the liver, increases cells response to insulin Reduces appetite	
	Side effects	Gas, nausea, diarrhea	
Sulfonylureas	Covered by CareOregon	Glimepiride, Glipizide, Glyburide	Considerations: <ul style="list-style-type: none"> • 1.2% A1C Reduction • \$5/month
	Dosing	Varying doses once or twice daily	
	How it works	Increases insulin secretion	
	Side effects	Risk for hypoglycemia, weight gain	
TZDs	Covered by CareOregon	Pioglitazone	Considerations: <ul style="list-style-type: none"> • 1% A1C reduction • Low risk of hypoglycemia • CV benefit • \$10/month
	Dosing	15-45 mg once daily	
	How it works	Increases cells response to insulin (requires presence of insulin for its action)	
	Side effects	Weight gain, fluid retention, risk of worsening heart failure, may increase risk of bladder cancer	
SGLT2 inhibitors	Covered by CareOregon	Steglatro® (ertugliflozin)	Considerations: PA REQUIRED <ul style="list-style-type: none"> • 0.7-1% A1C reduction • Some have ASCVD benefit • Some reduce CKD progression • Some have HF benefit • ~\$300/month
	Dosing	5-15 mg once daily	
	How it works	Increases amount of glucose excreted in the urine	
	Side effects	Weight loss (initially), dizziness/low blood pressure, increased risk of urinary tract and genital mycotic infections	
DPP-4 inhibitors	Covered by CareOregon	Alogliptin	Considerations: PA REQUIRED <ul style="list-style-type: none"> • 0.7% A1C reduction • Low risk of hypoglycemia • Weight neutral • ~\$200/month
	Dosing	25 mg once daily	
	How it works	Increases insulin production during meals, decreases amount of glucose produced by liver	
	Side effects	Risk of new or worsening heart failure	
GLP-1 agonists	Covered by CareOregon	Trulicity®, Bydureon®, Byetta®, Victoza®, Adlyxin®	Considerations: PA REQUIRED <ul style="list-style-type: none"> • 1% A1C reduction • Low risk of hypoglycemia • Requires failure of 3 orals and basal insulin • Some have proven ASCVD benefit • ~\$900/month
	Dosing	Inject under the skin once daily (Victoza, Adlyxin), twice daily (Byetta) or once weekly (Bydureon, Trulicity)	
	How it works	Increases insulin secretion, decreases release of stored glucose, decreases appetite	
	Side effects	Weight loss, nausea, vomiting, satiety, injection site reactions, rare pancreatitis	
Insulin	Covered Basal Insulin	Basaglar pens, Semglee pens, NPH (Novolin or Humulin) vials	Considerations: <ul style="list-style-type: none"> • Highest A1C reduction, (variable) • NPH less expensive than other basal insulins • ~\$200-400/month
	Covered Bolus Insulin	Admelog pens, Regular (Novolin or Humulin) vials	
	Dosing	Basal: 10 units/day or 0.1-0.2 units/kg/day, then titrate to FBG target Bolus: 4 units, 0.1 units/kg, or 10% of basal dose before largest meal	
	Side effects	Hypoglycemia, weight gain	



CareOregon®

CareOregon Diabetes Treatment Pathway

A1c < 7.5%

Monotherapy

Metformin

A1c 7.5 - 9%

Dual Therapy

1) Metformin +
2) Sulfonylurea or Pioglitazone

A1c > 9% and no symptoms

Triple Therapy

1) Metformin +
2) Sulfonylurea or Pioglitazone +
3) DPP-4: Alogliptin (PA) or SGLT-2: Steglatro (PA) or Basal insulin (Basaglar or Semglee or NPH)

A1c > 9%

Add-on Injectable Therapy

1) Basal insulin (Basaglar or Semglee or NPH) → 2) Mealtime insulin: Admelog Pen
or
GLP-1 agonist (PA)

- If not at goal in 3 months, proceed to additional therapy.

- Review for treatment barriers before adding therapy: adherence, behavioral health and social determinants.

- Consider frequent follow-up visits to improve patient engagement and treatment success. Have patients engage with Behavioral Health coordinators and/or Clinical Pharmacists.

All patients should receive diabetes education