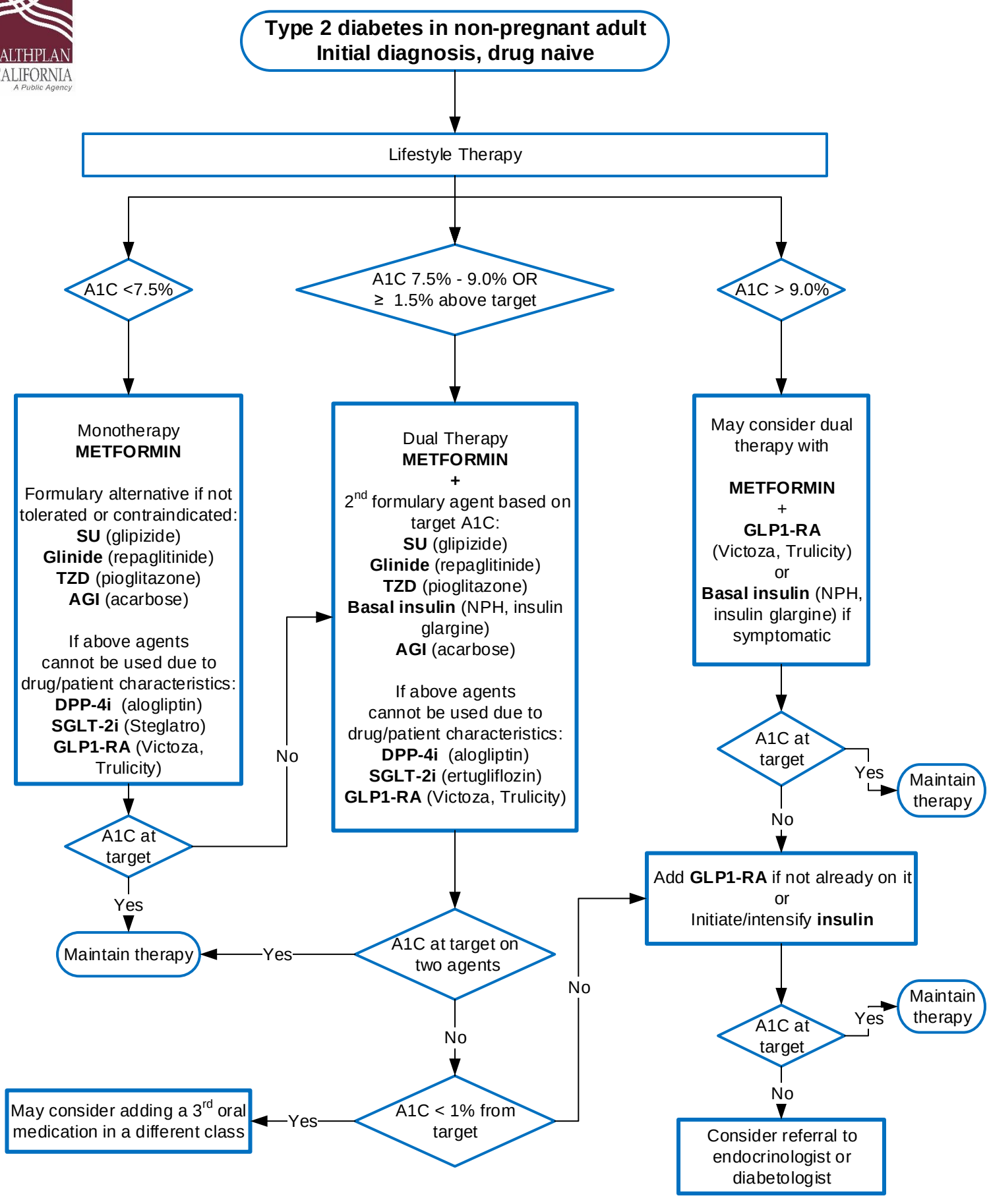
PHC Diabetes Decision Flowchart for Covered Medications 2021



DRUG CLASS	MEDICATION					
Sulfonylureas (SU)	Glipizide	Glimepiride	Glyburide			
Meglitinides (Glinide)	Repaglinide	Nateglinide				
Thiazolidinediones (TZD)	Pioglitazone					
A-glucosidase Inhibitors (AGI)	Acarbose	Miglitol				
DPP-4 Inhibitors (DPP-4i) $$$$$	Alogliptin	Sitagliptin *Non-formulary*	Linagliptin *Non-formulary*	Saxagliptin *Non-formulary*		
SGLT-2 Inhibitors (SGLT-2i) $$$$$	Ertugliflozin	Canagliflozin *Non-formulary*	Dapagliflozin *Non-formulary*	Empagliflozin *Non-formulary*		
GLP-1 receptor agonists (GLP-1 RA) $$$$$$$	Liraglutide	Dulaglutide	Exenatide *Non-formulary*	Exenatide ER *Non-formulary*	Lixisenatide *Non-formulary*	Semaglutide *Non-formulary*
* Relative cost: each $ = $100						

- Initiate metformin 500 mg ½ to 1 tablet once a day with meal and slowly titrate up q 5-7 days. If gastrointestinal side effects occur, consider ER formulation (500 mg and 750 mg on formulary).
- Medication-taking behavior and the medication regimen should be reevaluated every 3-6 months, especially if A1C is not at target.
- Approval will be given for non-formulary SGLT-2i (empagliflozin, canagliflozin, dapagliflozin) in members with established atherosclerotic cardiovascular disease, heart failure or diabetic nephropathy.
- Per AACE guidelines, patients taking 2 oral antihyperglycemic agents with an A1C >8.0% and/or long-standing diabetes are unlikely to reach their target A1C with a third oral antihyperglycemic agent.
- Per AACE guidelines, prandial insulin should be consider when the total daily dose of basal insulin is greater than 0.5 U/kg. Beyond this dose of basal insulin, the risk of hypoglycemia increases without significant improvement in A1C.
- Per ADA guidelines, evaluate for over basalization with insulin if: basal dose is more than ~0.5 U/kg, high bedtime-morning glucose differential, high post-preprandial glucose differential, hypoglycemia, and/or high glucose variability.
- Per ADA guidelines, SU and DPP-4i are typically stopped once more complex insulin regimens beyond basal insulin are used.
- Per ADA guidelines, for patients with suboptimal blood glucose control, especially those requiring increasing insulin doses, adjunctive use of TZD (usually pioglitazone) or SGLT-2i may improve control and reduce the amount of insulin needed, although potential side effects should be considered.

References:
1. American Diabetes Association. 9. Pharmacologic Approaches to Glycemic Treatment: Standards of Medical Care in Diabetes-2021. Diabetes Care 2021;44(Suppl.1):S111-S124
2. American Diabetes Association. 10. Cardiovascular Disease and Risk Management: Standards of Medical Care in Diabetes-2021. Diabetes Care 2021;44(Suppl.1):S125-S150
3. American Diabetes Association. 11. Microvascular Complications and Foot Care: Standards of Medical Care in Diabetes-2021. Diabetes Care 2021;44(Suppl.1):S151-S167
4. Consensus Statement by the American Association of Clinical Endocrinologists and American College of Endocrinology on the Comprehensive Type 2 diabetes Management Algorithm-2020 Executive Summary. Endocrine Practice 2020;26(1):107-139