

If your goals have not been achieved, please consider the following:

### Lifestyle

- Weight management.
- Healthy food choices.
- Portion control.
- Physical activity: 150 minutes total per week (three to five days) of aerobics, plus two to three sessions of resistance exercises, flexibility, stretching, and balance.

### Metformin

- Always first-line therapy.
- Try extended release (ER) formulation for fewer gastrointestinal (GI) side effects.
- OK to use if glomerular filtration rate (GFR) is greater than 30 ml/minute.
- May need to hold temporarily for dehydration or for dye study.
- Continue as long as tolerated or not contraindicated, even if adding other medications.
- May develop B12 deficiency with long-term use.

Metformin: 500 mg, 850 mg, and 1,000 mg dosages; ER dosages of 500 mg and 750 mg.

*\*Medications are on formulary as of Sept. 2019. Always refer to the plan website for current formulary.*

### Medications to avoid hypoglycemia

#### DPP-4:

- Moderate efficacy.
- May need real dose adjustment.
- Weight loss neutral.
- Potential risk for acute pancreatitis.
- May cause joint pain.

#### Do not use GLP-1.

#### On VIP formulary

- **Alogliptin** 12.5 mg, 25 mg, 6.25 mg; renal dosing.
- **Januvia® (sitagliptin)** 100 mg, 25 mg, 50 mg; renal dosing.
- **Tradjenta® (linagliptin)** 5 mg; no renal dosing.
- **Combo:**
  - **Alogliptin-metformin** 12.5/1,000 mg and 12.5/500 mg.
  - **Janumet® XR** 100/1000 mg, 50/1000 mg, 50/500 mg.

#### SGLT-2:

- Moderate efficacy.
- Cardiovascular benefits.
- Avoid if estimated GFR is less than 45 ml/minute.
- Can cause genitourinary infections.
- Can cause volume depletion.

#### On VIP formulary

- **Jardiance® (empagliflozin)** 10 mg and 25 mg.
- **Invokana® (canagliflozin)** 100 mg and 300 mg (risk of bone fractures).

#### GLP-1:

- High efficacy.
- Weight loss.
- GI side effects; usually improve over time.
- Injectable.
- May be associated with pancreatitis.
- Risk of thyroid C cell tumors.
- Some protect the cardiovascular system.

#### Do not use DPP-4.

#### On VIP formulary

- **Trulicity® (dulaglutide)** 0.75 mg and 1.5 mg; once weekly.
- **Ozempic® (semaglutide)** 0.25 mg, 0.5 mg, and 1 mg; once weekly.
- **Victoza® (liraglutide)** 0.6 mg; once daily.

Medications to promote weight loss	Medications with cardiovascular protection	Medications beneficial with chronic kidney disease	Medications for step therapy
<b>GLP-1:</b> Refer to VIP formulary. <b>SGLT-2:</b> Refer to VIP formulary.	<b>GLP-1:</b> Refer to VIP formulary. <b>SGLT-2:</b> Refer to VIP formulary if GFR is greater than 45 ml/minute.	<b>SGLT-2:</b> Hold for GFR < 30 <b>GLP-1</b>	<b>GLP-1:</b> Refer to VIP formulary. <b>SGLT-2:</b> Refer to VIP formulary. <b>DPP-4:</b> Refer to VIP formulary. To get approval for second-line therapy, record must indicate metformin was tried and was not tolerated, was contraindicated, or did not achieve full control of diabetes.

If patient still needs better control, please consider the following:

- Add basal insulin — start at 10 units/day or 0.1 – 0.2 IU/kg a day.
- Titrate every three to five days by 2 units to reach fasting plasma goal.
- If patient develops hypoglycemia, lower dose by 10 – 20 percent.
- **Lantus® SoloStar® U-100.**
- **Levemir® Flextouch® pen U-100.**
- **Toujeo® SoloStar® U-300.**