Diabetes Treatment Pathway Medication Pearls

**SGLT2 Inhibitor: Steglatro 5-15 mg once daily (≈$270/month)**

- **How they work:** SGLT-2 inhibitors are a new class of glucose-lowering drugs that cause the kidneys to excrete excess glucose through the urine; they are a unique drug class in that they work independently of insulin
- **Contraindicated for GFR<60 mL/min**
- **Pros:** Relatively low risk of hypoglycemia, good efficacy/A1c reduction (0.7-1% A1c lowering), weight loss, reductions in blood pressure, cardioprotection (only proven for Jardiance)
- **Cons:** Increased risk of genital fungal infections especially for women, can cause frequent urination

**DPP4 Inhibitor: Alogliptin 25 mg once daily (≈$200/month)**

- **How they work:** increases insulin secretion in response to elevated blood glucose, decreases glucagon secretion, increases sense of fullness, and slows gastric emptying
- **Not to be Combined With:** a GLP-1 agonist
- **Requires dose adjustment at CrCL< 60 mL/min**
- **Pros:** Low risk of hypoglycemia, weight neutral, 0.7% A1c lowering
- **Cons:** Not as effective as GLP-1 agonists, mild gastrointestinal side effects, risk of new or worsening heart failure

**Pioglitazone 15-45 mg once daily**

- **How it works:** increases insulin sensitivity in fat and muscle
- **Contraindicated:** heart failure. Avoid in patients with significant risks of heart failure
- **Pros:** Glycemic control better sustained over diabetes course than metformin or sulfonylurea, lowers triglycerides, CV benefit, low risk of hypoglycemia when used as monotherapy, 0.8% A1C lowering
- **Cons:** Edema, weight gain, risk of worsening heart failure, possible increased risk of bladder cancer

**Soliqua (100 insulin glargine/33 units lixisenatide) 15-60 units injected daily (≈$800/month)**

- **How it works:** combination basal insulin and GLP-1 agonist
- **Pros:** Less expensive than two agents used separately, CV benefit, weight loss
- **Cons:** Nausea, injection site reactions, may be associated with pancreatitis (rare)

**CareOregon Preferred Insulins:** Basal: *NPH, Basaglar*; Mealtime: *Admelog*
CareOregon Diabetes Treatment Pathway

- All patients should receive diabetes education + metformin

Oral Pathway
- A1c 8-10%
  - Pioglitazone

Injectable Pathway
- A1c ≥ 10%
  - Basal insulin (NPH, Basaglar)

A1c 8-10%
- SGLT-2 (Steglatro) OR DPP-4 (Alogliptin)
- GLP-1 Agonist
- Mealtime Insulin (Admelog) OR Basal/GLP-1 (Soliqua)

Treatment pearls: Review for treatment barriers, such as adherence, behavioral health and social determinants, before adding therapy. Consider frequent follow-up visits to improve patient engagement and treatment success.