

# ACCELERATING DIABETES CARE **FOR LIFE**



American  
Diabetes  
Association®

Overcoming  
**Therapeutic  
Inertia**

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## Medication Optimization

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# Antihyperglycemic therapy in type 2 diabetes: general recommendations

**Start with Monotherapy unless:**

- A1C is greater than or equal to 9%, consider Dual Therapy.
- A1C is greater than or equal to 10%, blood glucose is greater than or equal to 300 mg/dL, or patient is markedly symptomatic, consider Combination Injectable Therapy (See Figure 8.2).

Monotherapy	Metformin	Lifestyle Management
<b>EFFICACY*</b>	high	
<b>HYPO RISK</b>	low risk	
<b>WEIGHT</b>	neutral/loss	
<b>SIDE EFFECTS</b>	GI/flatulent acidosis	
<b>COSTS*</b>	low	

If A1C target not achieved after approximately 3 months of monotherapy, proceed to 2-drug combination (order not meant to denote any specific preference — choice dependent on a variety of patient- & disease-specific factors):

Dual Therapy	Metformin +	Lifestyle Management																																				
	<table border="1"> <thead> <tr> <th>Sulfonylurea</th> <th>Thiazolidinedione</th> <th>DPP-4 inhibitor</th> <th>SGLT2 inhibitor</th> <th>GLP-1 receptor agent</th> <th>Insulin (basal)</th> </tr> </thead> <tbody> <tr> <td><b>EFFICACY*</b></td> <td>high</td> <td>high</td> <td>intermediate</td> <td>intermediate</td> <td>high</td> </tr> <tr> <td><b>HYPO RISK</b></td> <td>moderate risk</td> <td>low risk</td> <td>low risk</td> <td>low risk</td> <td>low risk</td> </tr> <tr> <td><b>WEIGHT</b></td> <td>gain</td> <td>gain</td> <td>neutral</td> <td>loss</td> <td>loss</td> </tr> <tr> <td><b>SIDE EFFECTS</b></td> <td>hypoglycemia</td> <td>edema, HF, fxs</td> <td>rare</td> <td>GI, dehydration, fxs</td> <td>GI</td> </tr> <tr> <td><b>COSTS*</b></td> <td>low</td> <td>low</td> <td>high</td> <td>high</td> <td>high</td> </tr> </tbody> </table>	Sulfonylurea	Thiazolidinedione	DPP-4 inhibitor	SGLT2 inhibitor	GLP-1 receptor agent	Insulin (basal)	<b>EFFICACY*</b>	high	high	intermediate	intermediate	high	<b>HYPO RISK</b>	moderate risk	low risk	low risk	low risk	low risk	<b>WEIGHT</b>	gain	gain	neutral	loss	loss	<b>SIDE EFFECTS</b>	hypoglycemia	edema, HF, fxs	rare	GI, dehydration, fxs	GI	<b>COSTS*</b>	low	low	high	high	high	
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If A1C target not achieved after approximately 3 months of dual therapy, proceed to 3-drug combination (order not meant to denote any specific preference — choice dependent on a variety of patient- & disease-specific factors):

Triple Therapy	Metformin +	Lifestyle Management																																				
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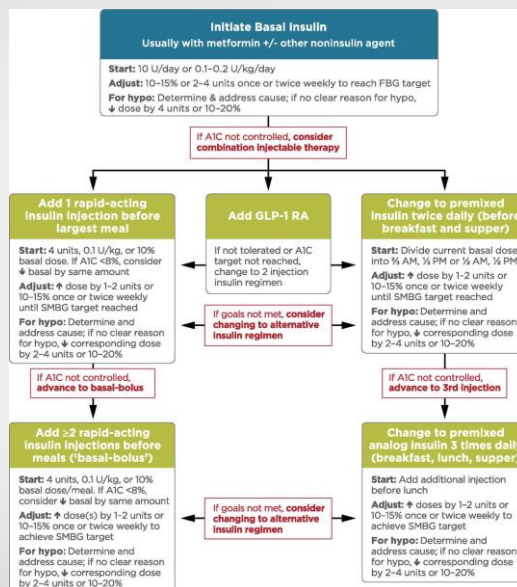
If A1C target not achieved after approximately 3 months of triple therapy and patient (1) on oral combination, move to basal insulin or GLP-1 RA, (2) on GLP-1 RA, add basal insulin, or (3) on optimally titrated basal insulin, add GLP-1 RA or mealtime insulin. Metformin therapy should be maintained, while other oral agents may be discontinued on an individual basis to avoid unnecessarily complex or costly regimens (i.e., adding a fourth antihyperglycemic agent).

**Combination Injectable Therapy (See Figure 8.2)**



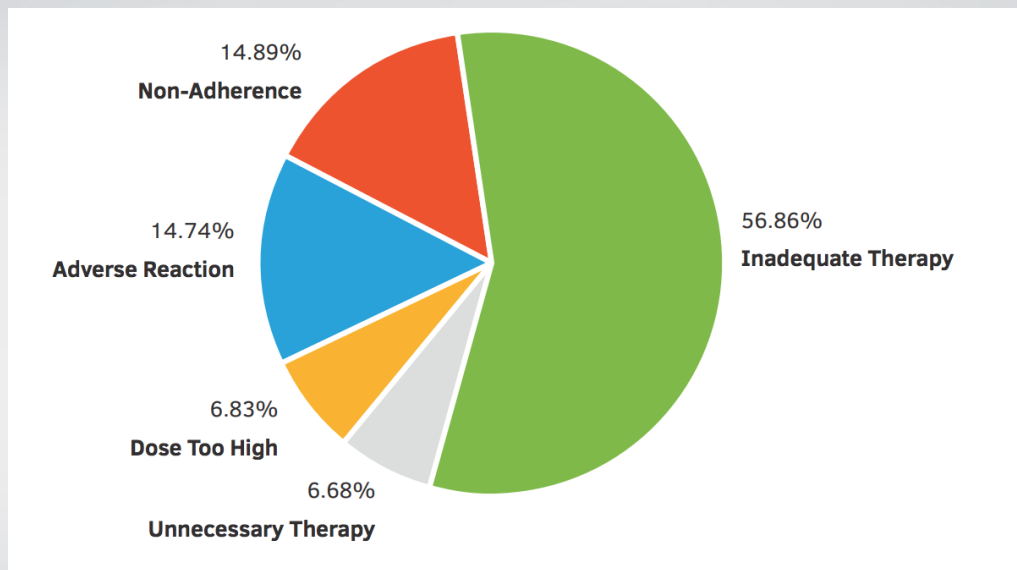
Overcoming Therapeutic Inertia

# Combination injectable therapy for type 2 diabetes

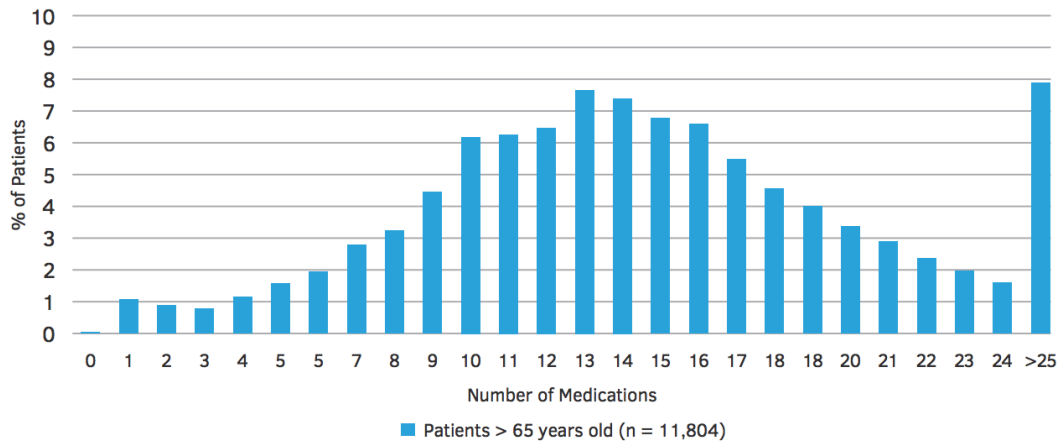


Overcoming Therapeutic Inertia

- **25 Oral Medications**
- **> 14 Injectables**
- **Complex Regimens**
- **Communication**
- **Fear**
- **Coverage/Cost**



## Medications per Patient



Source: Comprehensive Medication Management in Team-Based Care:  
<https://www.accp.com/docs/positions/misc/CMM%20Brief.pdf>

## Who Benefits ...

- Patients who have not reached or are not maintaining the intended therapy goal
- Patients who are experiencing adverse effects from their medications
- Patients who have difficulty understanding and following their medication regimen
- Patients in need of preventive therapy
- Patients who are often readmitted to the hospital
- Us

## Pharmacists as Part of the Care Team



**Adherence**



**Care gaps**



**Safety**



**Cost**

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Average return on investment of medication management

**3-5:1 average,  
12:1**

Source: Comprehensive Medication Management in Team-Based Care:  
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