

Ramsell's Recommendation:

NV ADAP should cover Diabetic Supplies such as Lancets, test strips, needles ONLY.

Diabetic Meters in most cases are obtained free of charge to patients or thru patient assistance programs.

Type I Diabetes Treatments	Clinical notes	Recommendations (Use DM TXT guidelines and for efficient treatment recommendations. X Consider efficacy, safety, and cost combined with a patient-centered approach when choosing formulary/TXT agents.	NV Medicaid	Questions?
Insulins		For Type 1 and some cases of Type 2 DM, ADD ALL INSULINS		Vials & Pens
Short Acting Insulins				
regular insulin (Humulin and Novolin)			√	
Rapid Acting Insulins				
insulin aspart(NovoLog, FlexPen)			√	
insulin glulisine (Apidra)			√	
insulin lispro (Humalog)			√	
Intermediate Acting Insulins				
insulin isophane (Humulin N, Novolin N)			√	
Long Acting Insulins				
insulin degludec (Tresiba)			√	
insulin detemir (Levemir)			√	
insulin glargine (Lantus)			√	
insulin glargine (Toujeo)				
Combination Insulins				
NovoLog Mix 70/30 (insulin aspart protamine-insulin aspart)				
Humalog Mix 75/25 (insulin lispro protamine-insulin lispro)				
Humalog Mix 50/50 (insulin lispro protamine-insulin lispro)				
Humulin 70/30 (human insulin NPH-human insulin regular)				
Novolin 70/30 (human insulin NPH-human insulin regular)				
Ryzodeg (insulin degludec-insulin aspart)				
Amylinomimetic Drug				
Pramlintide (SymlinPen 120, SymlinPen 60)			√	

Type 2 Diabetes Treatments		Consider efficacy, safety, and cost combined with a patient-centered approach when choosing agents.		
Alpha-glucosidase inhibitor	These drugs slow the digestion of starches and sugars and are used for mild cases of diabetes			
acarbose (Precose)			√	
miglitol (Glyset)			√	
Biguanides	Metformin is the preferred first-line agent providing a 1-2% decrease in A1c. • Metformin is not associated with weight gain, has a low risk for hypoglycemia, and is the most cost effective agent. • Titration to the maximally-effective dose helps to mitigate potential adverse gastrointestinal effects. • Renal monitoring is recommended and metformin should be avoided in patients with factors predisposing to lactic acidosis	ADD METFORMIN AND ALL COMBINATIONS?		
metformin (Glucophage, Metformin Hydrochloride ER, Glumetza, Riomet, Fortamet).	Metformin, if not contraindicated and if tolerated, is the preferred initial pharmacologic agent for the treatment of type 2 diabetes. A		√	All brands? Fortamet and Glumetza?? Evaluate Pricing
metformin-alogliptin (Kazano)				
metformin-canagliflozin (Invokamet)				
metformin-dapagliflozin (Xigduo XR)				
metformin-empagliflozin (Synjardy)				
metformin-glipizide			√	
metformin-glyburide (Glucovance)			√	
metformin-linagliptin (Jentadueto)				
metformin-pioglitazone (Actoplus)				
metformin-repaglinide (PrandiMet)				
metformin-rosiglitazone (Avandamet)			√	
metformin-saxagliptin (Kombiglyze XR)			√	
metformin-sitagliptin (Janumet)			√	

Dopamine agonist				
Bromocriptine (Parlodel)				
DPP-4 inhibitors	DPP-4s have intermediate efficacy and a low risk of hypoglycemia. They are weight neutral, have few common side effects, and represent an intermediate cost.			
alogliptin (Nesina)				
alogliptin-metformin (Kazano)				
alogliptin-pioglitazone (Oseni)				
linagliptin (Tradjenta)			√	
linagliptin-empagliflozin (Glyxambi)				
linagliptin-metformin (Jentadueto)			√	
saxagliptin (Onglyza)			√	
saxagliptin-metformin (Kombiglyze XR)				
sitagliptin (Januvia)	Effectiveness: Highly effective in DPP4 class. Achieves A1C reduction >1.5%. Safety: (Usually no meaningful adverse effects): Uncommon or minimal side effects	ADD ALL COMBINATIONS		
sitagliptin-metformin (Janumet and Janumet XR)				
sitagliptin and simvastatin (Juvisync)				
Glucagon-like peptides (incretin mimetics)	GLP1RAs have high efficacy, typically lowering A1c greater than 1%. The results of seven head-to-head trials do not show clinically significant differences between GLP1RAs in effects on glycemic control. • Trulicity, Tanzeum, and Bydureon have the advantage of once weekly dosing, Victoza is dosed once daily, and Byetta is dosed twice daily. • Benefits of GLP1RAs include a low risk of hypoglycemia and weight loss, while gastrointestinal side effects and a significant cost may limit their use.			
albiglutide (Tanzeum)	once weekly dosing advantage		√	
dulaglutide (Trulicity)	once weekly dosing advantage		√	
exenatide (Byetta)			√	
exenatide extended-release (Bydureon)			√	
liraglutide (Victoza)	once daily dosing		√	
Meglitinides				
nateglinide (Starlix)			√	
repaglinide (Prandin)			√	
repaglinide-metformin (Prandimet)			√	

<p>Sodium glucose transporter (SGLT) 2 inhibitors</p>	<p>In general, the SGLT2 inhibitors have intermediate efficacy lowering A1c by 0.4% to 1% when used as monotherapy. There are no head-to-head trials between any of the SGLT2 inhibitors. • Benefits of SGLT2 inhibitors include a low risk of hypoglycemia, slight decrease in weight (reduction on average of 1.8 kg), blood pressure, HDL cholesterol, and triglycerides. Disadvantages include female genital mycotic infections, urinary tract infections, increases in LDL cholesterol, and an intermediate cost. • The SGLT2 inhibitors should be avoided in renal impairment. There is a recent FDA safety alert for the subclass for ketoacidosis. Patients with a history of bladder cancer should avoid dapagliflozin.</p>			
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dapagliflozin (Farxiga)				
dapagliflozin-metformin (Xigduo XR)				

	WARNING: LOWER LIMB AMPUTATION An approximately 2-fold increased risk of lower limb amputations associated with Invokana use was observed in CANVAS and CANVAS-R, two large, randomized, placebo-controlled trials in patients with type 2 diabetes who had established cardiovascular disease (CVD) or were at risk for CVD.			
canagliflozin (Invokana)			√	
canagliflozin-metformin (Invokamet)				
empagliflozin (Jardiance)			√	
empagliflozin-linagliptin (Glyxambi)				
empagliflozin-metformin (Synjardy)				
Sulfonylureas	While sulfonylureas achieve a 1-2% A1c reduction from baseline, they also present a moderate risk of hypoglycemia that requires close monitoring. • Lifestyle changes can help mitigate the potential side effect of 2-3 kg weight gain. • Although historically favored after metformin as an oral option due to cost, individual patients may benefit from alternative options	ADD		
glimepiride (Amaryl)			√	
glimepiride-pioglitazone (Duetact)				
glimeperide-rosiglitazone (Avandaryl)			√	
gliclazide				
glipizide (Glucotrol)			√	
glipizide-metformin (Metaglip)			√	
glyburide (DiaBeta, Glynase, Micronase)			√	
glyburide-metformin (Glucovance)			√	
chlorpropamide (Diabinese)			√	
tolazamide (Tolinase)			√	
tolbutamide (Orinase, Tol-Tab)			√	

	Cost and side effects make TZDs less appealing as an initial therapy. • Pioglitazone reduces HbA1C 1-1.5% from baseline, with a low risk of hypoglycemia. • Side effects of concern include edema, heart failure, and weight gain. • Rosiglitazone and its fixed-dose combinations are nonformulary. The FDA has imposed a Risk Evaluation and Management Strategy (REMS) program for rosiglitazone.		
Thiazolidinediones			
rosiglitazone (Avandia)	Rosiglitazone and its fixed-dose combinations should be nonformulary. The FDA has imposed a Risk Evaluation and Management Strategy (REMS) program for rosiglitazone.		√
rosiglitazone-glimepiride (Avandaryl)			
rosiglitazone-metformin (Amaryl M)			
pioglitazone (Actos)			√
pioglitazone-alogliptin (Oseni)			
pioglitazone-glimepiride (Duetact)			√
pioglitazone-metformin (Actoplus Met, Actoplus Met XR)			√

