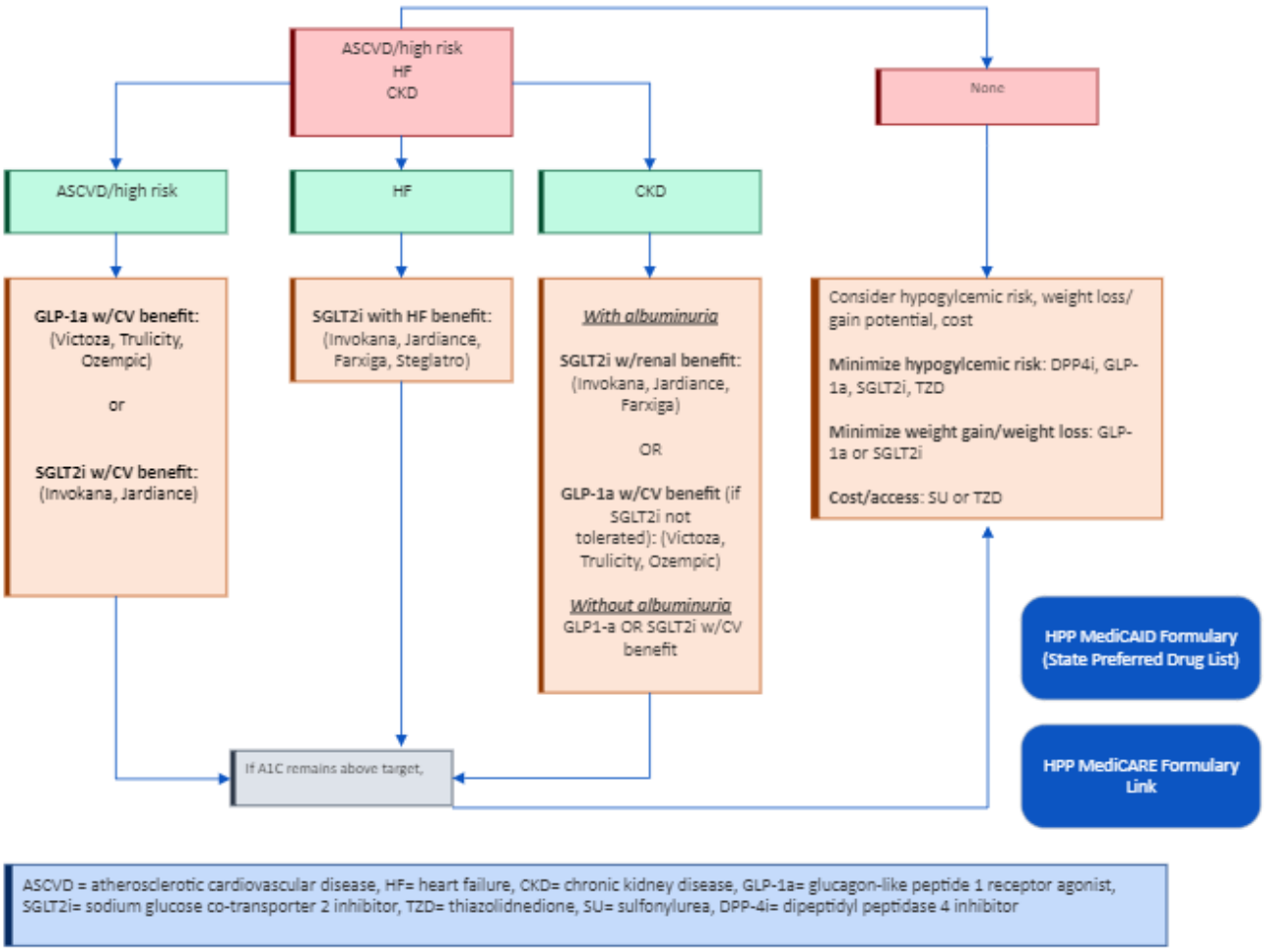
Jefferson Health Plans | Health Partners Plans

TYPE 2 DIABETES GUIDELINES WORKFLOW DIAGRAM 2022



*HbA1c goal <7.0% in most patients to reduce the incidence of microvascular disease.
*HbA1c 7.5-8.0% are the goals in patients with a history of severe hypoglycemia, limited life expectancy, advanced complications, extensive comorbid conditions
* HbA1c < 9 is the 2022 HPP QCP goal for Comprehensive Diabetes Care

Sulfonylurea (SU)	*Glucagon-like peptide* (GLP-1)
- Glipizide (Glucotrol) - Glyburide (Diabeta, Micronase) - Glyburide micronized (Glynase) - Glimeperide (Amaryl)	- Exenatide (Byetta) - Liraglutide (Victoza) - Dulaglutide (Trulicity) - Semaglutide (Ozempic)
Thiazolidinedione (TZD)	Sodium Glucose Co-Transporter 2 Inhibitors (SGLT2i)
- Pioglitazone (Actos) - Rosiglitazone (Avandia)	- Canagliflozin (Invokana) - Dapagliflozin (Farxiga) - Empagliflozin (Jardiance)
Insulin	Dipeptidyl peptidase 4 inhibitor (DPP-4)
- Lantus (insulin glargine) - Levemir (insulin detemir) - Tresiba (insulin degludec)	- Sitagliptin (Januvia) - Saxagliptin (Onglyza) - Linagliptin (Tradjenta)

Medication	Pros	Cons
Insulin	• A1c reduction: variable	• Injection • Hypoglycemia Risk • Weight gain • High cost
SGLT2i	• CV benefit • Weight Loss • A1c reduction: 0.5-0.7%	• High cost • Genitourinary infections • Fracture Risk • Amputations (canagliflozin) • Normoglycemia DKA
GLP-1 a	• CV benefit • Weight Loss • A1c reduction: 0.5-1.5%	• Injection • High cost • GI upset • Pancreatitis risk
DPP-IV inhibitors	• Fewer side effects • A1c reduction: ~1.0%	• High cost • No determined CV benefits • HF risk (alogliptin & saxagliptin)
Sulfonylureas	• Low cost • A1c reduction: 1.0-2.0%	• Hypogylcemia risk • Weight gain • No determined CV benefits
TZDs	• Low cost • A1c reduction: 0.5-1.4% • Some CV benefits	• Cannot be used in patients with heart failure • Weight gain • Bladder cancer risk • Fracture risk

	HbA1c lowering %
Insulin	Variable
Metformin	1.5 %
Sulfonylurea	1.5 %
Meglitinides	1-1.5 %
TZD	0.5-1.4 %
α- Glucosidase Inhibitors	0.5-0.8 %
DPP-4 Inhibitors	0.5-1 %

References:

1. Standards of Medical Care in Diabetes—2022 Abridged for Primary Care Providers | Clinical Diabetes | American Diabetes Association (diabetesjournals.org)
2. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3000926/

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