Select medications based on patient factors

Class / medication	CV outcome: ASCVD	CV outcome: HF	Worsening renal function	Weight change	Hypoglycemia	Other safety considerations
biguanide metformin (Glucophage)	potential benefit	*	*	loss	no	GI intolerance (start with low dose to minimize, or use extended release)
SGLT-2 inhibitors (flozins) canagliflozin (Invokana) empagliflozin (Jardiance)	benefit	benefit	benefit	loss	no	UTI, ketoacidosis, genital infections, hypotension, fractures (cana), amputation (cana)
dapagliflozin (Farxiga)	neutral					
ertugliflozin (Steglatro)			neutral			
GLP-1 receptor agonists liraglutide (Victoza) semaglutide† (Ozempic) dulaglutide† (Trulicity)	benefit	neutral	potential benefit	loss	no	GI side effects common pancreatitis
exenatide† (Bydureon) lixisenatide (Adlyxin) semaglutide (Rybelsus)§	neutral	neutral	*			
exenatide (Byetta)	*	*	*			
DPP-4 inhibitors (gliptins) linagliptin (Tradjenta) sitagliptin (Januvia)	neutral	neutral	*	*	no	joint pain, pancreatitis
alogliptin (Nesina) saxagliptin (Onglyza)	*	potential risk	*	*		
thiazolidinediones (TZD) pioglitazone (Actos)	potential benefit	increased risk	*	gain	no	fractures, bladder cancer
sulfonylureas glyburide (DiaBeta, Glynase) glimepiride (Amaryl)	neutral	*	*	gain	yes	
glipizide (Glucotrol)	*	*	*			
insulin lispro, aspart, glulisine, regular, NPH	*	*	*	gain	yes	
glargine, degludec, detemir	neutral	*	*			

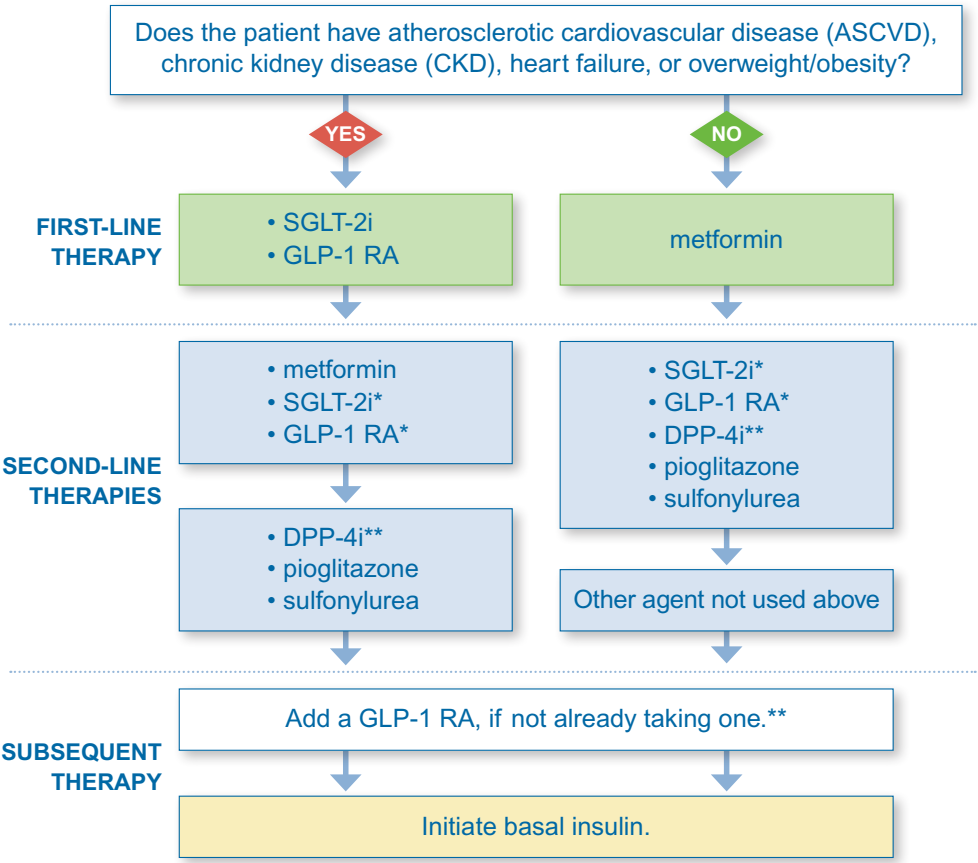
*no data available; †given weekly; §oral formulation

Renal dose adjustment is required for metformin, GLP-1 receptor agonists, and SGLT-2 inhibitors.

Visit AlosaHealth.org/Diabetes for more information and resources.

A framework for adding and adjusting drugs[1]

- Each time a medication is added or adjusted, reinforce diet and exercise, assess adherence to current medications, and optimize doses.
- Add additional medications if needed to achieve the patient's HbA1c goal and/or reduce the risk of end-organ damage.
- Optimize treatment with multiple non-insulin options before adding insulin.



*SGLT-2is and GLP-1 RAs can be used in combination to address specific comorbidities, but this approach has not yet been formally evaluated in a randomized clinical trial.[2]

**Avoid co-prescribing a DPP-4i and GLP-1 RA, because they act through overlapping mechanisms.

(1) Draznin B, et al. *Diabetes Care.* 2022;45(Suppl 1):S1-S258. **(2)** Lam CSP, et al. *Circulation.* 2022;145(8):565-574.

IDIS Independent Drug Information Service
Alosa Health
PACE Pharmaceutical Assistance Contract for the Elderly

Balanced information for better care

These are general recommendations only; specific clinical decisions should be made by the treating clinician based on an individual patient's clinical condition. These materials were made possible by the PACE Program of the Department of Aging of the Commonwealth of Pennsylvania. Links to references can be found at **AlosaHealth.org**. May 2022