Select medications based on patient factors

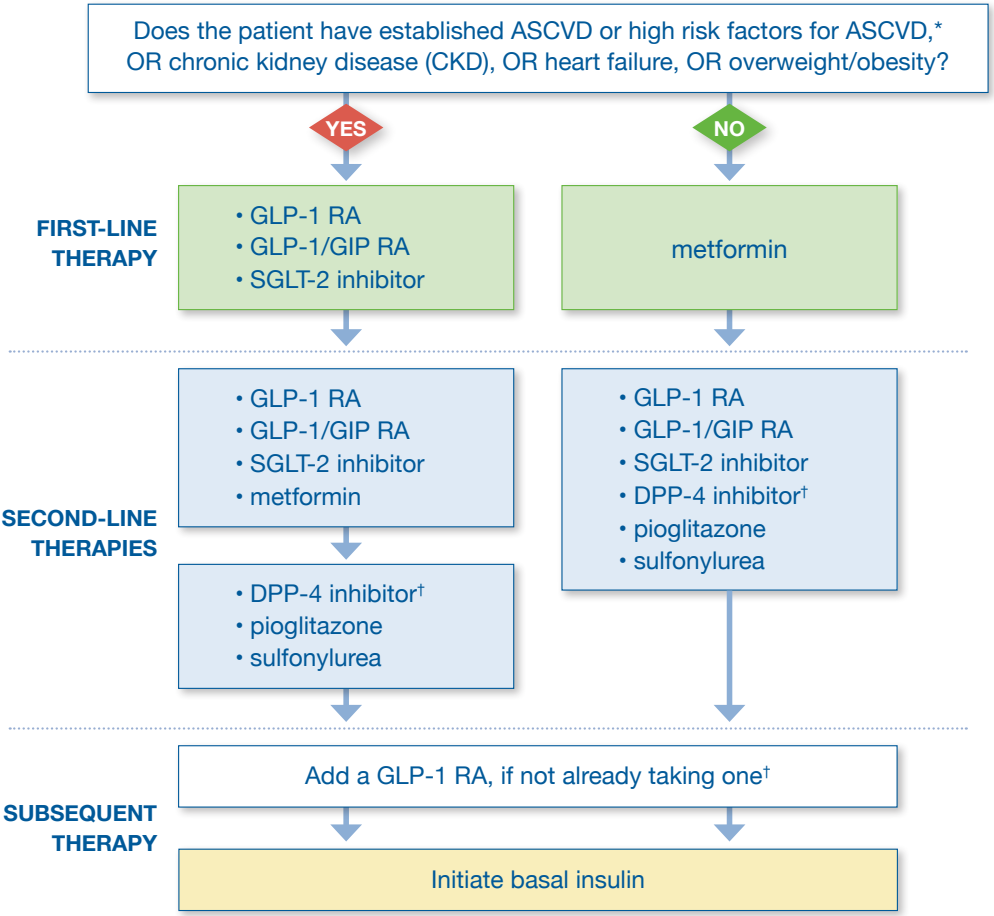
Class / medication	CV outcome: ASCVD	CV outcome: HF risk	DKD progression	Weight change	Hypoglycemia	Precautions
SGLT-2 inhibitors canagliflozin (Invokana) empagliflozin (Jardiance)	benefit	benefit	benefit	loss	no	UTI, ketoacidosis, genital infections, hypotension, fractures (cana)
bexagliflozin (Brenzavvy) dapagliflozin (Farxiga) ertugliflozin (Steglatro)	neutral					
GIP/GLP-1 RA tirzepatide (Mounjaro)	benefit	benefit	*	loss	no	GI side effects common, pancreatitis
GLP-1 RA dulaglutide (Trulicity) liraglutide (Victoza) semaglutide (Ozempic) semaglutide (Rybelsus)	benefit	neutral†	potential benefit	loss	no	GI side effects common, pancreatitis
exenatide (Bydureon) lixisenatide (Adlyxin)	neutral	neutral	*			
biguanide metformin (Glucophage)	potential benefit	*	*	potential benefit	no	GI intolerance (start low, or use extended release)
thiazolidinediones (TZD) pioglitazone (Actos)	potential benefit	increased risk	*	gain	no	fractures, bladder cancer
DPP-4 inhibitors linagliptin (Tradjenta) sitagliptin (Januvia)	neutral	neutral	*	*	no	joint pain, pancreatitis
alogliptin (Nesina) saxagliptin (Onglyza)		potential risk	*	*		
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. †Semaglutide (Ozempic) improves quality of life metrics.
DKD = diabetic kidney disease; GIP = glucose-dependent insulinotropic polypeptide;
GLP-1 RA = glucagon-like peptide-1 receptor agonist; HF = heart failure; UTI = urinary tract infection

Visit AlosaHealth.org/Diabetes for more information and resources

A framework for medication therapy[1]

- Continuously reinforce patient efforts to optimize diet and be physically active.
- Assess for barriers to obtaining or adhering to medications.
- Adjust treatment recommendations based on cost and/or insurance coverage.
- Optimize doses of other medications before adding insulin.



*Risk factors: age ≥ 55 with two or more of the following additional risk factors: obesity, hypertension, smoking, dyslipidemia, or albuminuria. †Avoid co-prescribing a DPP-4 inhibitor and any GLP-1 RA because they act through overlapping mechanisms.

(1) American Diabetes Association Professional Practice Committee. Standards of Care in Diabetes-2025. *Diabetes Care.* 2025;48(1 Suppl 1):S1-S343.

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PACE Pharmaceutical Assistance Contract for the Elderly

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