GLIN

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June 2022

PHARMACYFACTOR

Type 2 Diabetes Quality Update

GREAT LAKES INTEGRATED NETWORK™

Drug Information Update

QUESTION OF THE MONTH

What is the current evidence behind using an SGLT2i in patients with Type 2 diabetes and an eGFR between 30-90 ml/min?

The current evidence stems from the CREDENCE trial, which was a prospective, double-blinded, randomized, placebo-controlled trial that looked at the use of canagliflozin 100mg daily versus placebo in patients with Type 2 diabetes and albuminuric chronic kidney disease. Patients were included if they had an eGFR between 30 to <90 mL/min and had an albumin to creatinine ratio >300 to 5000 mg/g for the ACR. Additionally, the trial included a prespecified plan to include approximately 60% of patients with eGFR's 30 to <60 mL/min. The trial was stopped early at 2.5 years out of 5 years planned after an interim analysis showed clear benefit for the primary outcome (a composite of eGFR <15 ml/min for >30 days, doubling of baseline creatinine level, or death from renal or CV disease) and for individual components of the primary outcome with additional benefit in MACE, as well as for heart failure hospitalization. This effect was seen despite changes in blood glucose indicating that nephroprotective and CV benefits are independent of blood glucose effect. As renal function declines glucosuria decreases resulting in diminished response as an anti-diabetic medication.

Type 2 Diabetes Quality Update

NON-INSULIN MEDICATIONS FOR TYPE 2 DIABETES

Medication Class	Drug Name
Biguanides	Metformin
Sulfonylureas	Glipizide, Glyburide, Glimepiride
Thiazolidinedione	Pioglitazone, Rosiglitazone
Meglitinides	Nateglinide, Repaglinide
SGLT2-Inhibitors	Jardiance™, Invokana™, Farxiga™, Steglatro™
GLP-1 Agonists	Rybelsus™, Ozempic™, Trulicity™, Bydureon™, Victoza™, Adlyxin™
DPP4-Inhibitors	Alogliptin, Tradjenta™, Januvia™, Onglyza™

WHAT ARE THE TYPE 2 DIABETES QUALITY METRICS FOR 2022?

IHA Metric Only

- Decrease Utilization of Bolus Insulin

IHA Metric Only

- Increase Use of Metformin

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- Decrease Utilization of DPP4-Inhibitors

- Adherence to Non-Insulin Diabetes Medication

BEST PRACTICES TO IMPROVE IHA QUALITY METRICS

Increase Use of Metformin

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Best Practices

Eligible Patients
Diagnosis of Type 2 diabetes in which dose optimization of metformin up to 2000mg/day is appropriate.

Goal
Attempt dose optimization as appropriate .

Helpful Tips to Close Quality Metric

- Gradually dose titrate to minimize gastrointestinal upset (i.e. 500mg once daily, increase dose by 500mg/weekly to target dose of 1000mg twice daily
- Advise patients to take metformin with meals to minimize gastrointestinal upset
- Trial extended release formulation of metformin to minimize gastrointestinal upset
  - Avoid OSM or MOD formulation due to expense
  - "XR" combination formulations of metformin (i.e. Synjardy XR and Invokamet XR) provide OSM formulation without added expense to patient therapy

Decrease Utilization of DPP4-Inhibitors

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Best Practices

Eligible Patients
Patients prescribed DPP4-inihibitors as single or combination therapy

Goal
Discontinue use of DPP4i and promote superior Type 2 diabetes options which optimize A1C control and cardiovascular benefit

Helpful Tips to Close Quality Metric

- Consider discontinuation of a DPP4i in favor of a SGLT2-inhibitor which has cardiovascular and renal protective benefits, weight loss, and blood pressure lowering effects
- Consider discontinuation of a DPP4i in favor of a GLP-1 agonist which has cardiovascular protective benefits, weight loss, and more robust A1C lowering. (Avoid prescribing GLP-1 agonists in combination with DPP4i due to lack of synergistic benefit given similar mechanism of action.)
- Consider discontinuation of a DPP4i in favor of pioglitazone or metformin in cases where GLP-1 agonists may be cost prohibitive

Decrease Utilization of Bolus Insulin

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Best Practices

Eligible Patients
Patients prescribed bolus insulin therapy, including rapid and regular insulin therapy.

Goal
Discontinue use of bolus insulin to minimize use of medications that pose high hypoglycemic risk and weight gain, if medically appropriate.

Helpful Tips to Close Quality Metric
If low-dose insulin is prescribed, consider conversion to medications with prandial management effects, as medically appropriate. Medications to consider include SGLT2-inhibitors and GLP-1 agonists.

Adherence to Non-Insulin Diabetes Medication

Best Practices

Refer to The Pharmacy Factor Newsletter on Lipid Management for Adherence Best Practices

Notes

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