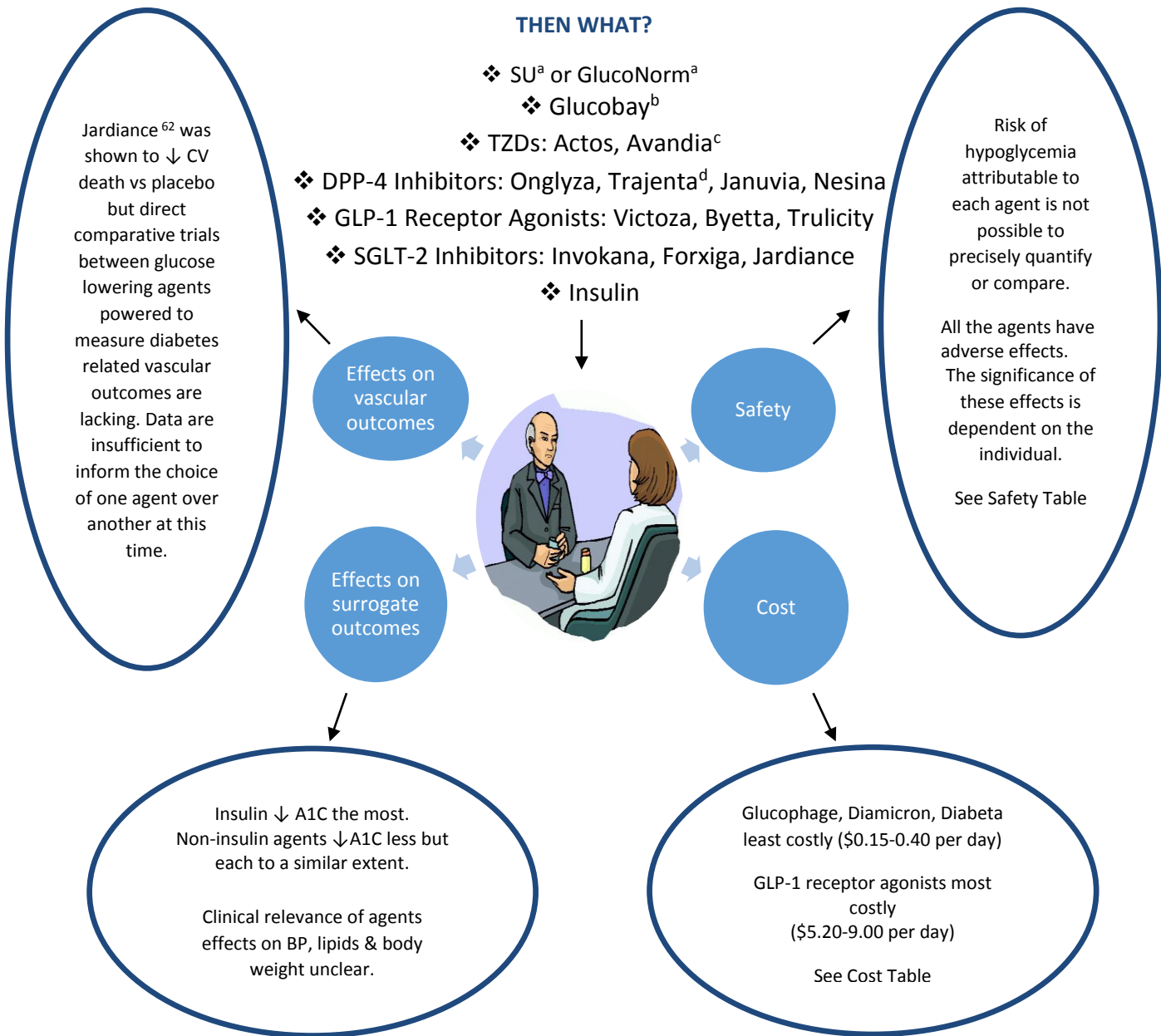


# Treatment considerations for T2DM

## METFORMIN FIRST LINE AGENT

### THEN WHAT?

- ❖ SU<sup>a</sup> or GlucoNorm<sup>a</sup>
- ❖ Glucobay<sup>b</sup>
- ❖ TZDs: Actos, Avandia<sup>c</sup>
- ❖ DPP-4 Inhibitors: Onglyza, Trajenta<sup>d</sup>, Januvia, Nesina
- ❖ GLP-1 Receptor Agonists: Victoza, Byetta, Trulicity
- ❖ SGLT-2 Inhibitors: Invokana, Forxiga, Jardiance
- ❖ Insulin



Jardiance<sup>62</sup> was shown to ↓ CV death vs placebo but direct comparative trials between glucose lowering agents powered to measure diabetes related vascular outcomes are lacking. Data are insufficient to inform the choice of one agent over another at this time.

Risk of hypoglycemia attributable to each agent is not possible to precisely quantify or compare.  
All the agents have adverse effects. The significance of these effects is dependent on the individual.  
See Safety Table

Insulin ↓ A1C the most.  
Non-insulin agents ↓ A1C less but each to a similar extent.

Clinical relevance of agents effects on BP, lipids & body weight unclear.

Glucophage, Diamicon, Diabeta least costly (\$0.15-0.40 per day)

GLP-1 receptor agonists most costly (\$5.20-9.00 per day)

See Cost Table

#### Footnotes:

<sup>a</sup> Glucose lowering mechanism similar between sulfonylureas (SUs) and GlucoNorm; concomitant use not recommended. Current evidence does not confidently differentiate between SU agents or between SU agents and repaglinide in terms of their efficacy and safety due to insufficient comparative data; repaglinide use not recommended in ages > 75 yrs; Diamicon & Diabeta least costly

<sup>b</sup> Poorly tolerated, rarely used

<sup>c</sup> Canadian prescribing restrictions: Use only if all other oral glucose lowering medications are inadequate, contraindicated or not tolerated and obtain patients written informed consent

<sup>d</sup> Not indicated for use with insulin due to possible increase in CV risk with combination

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