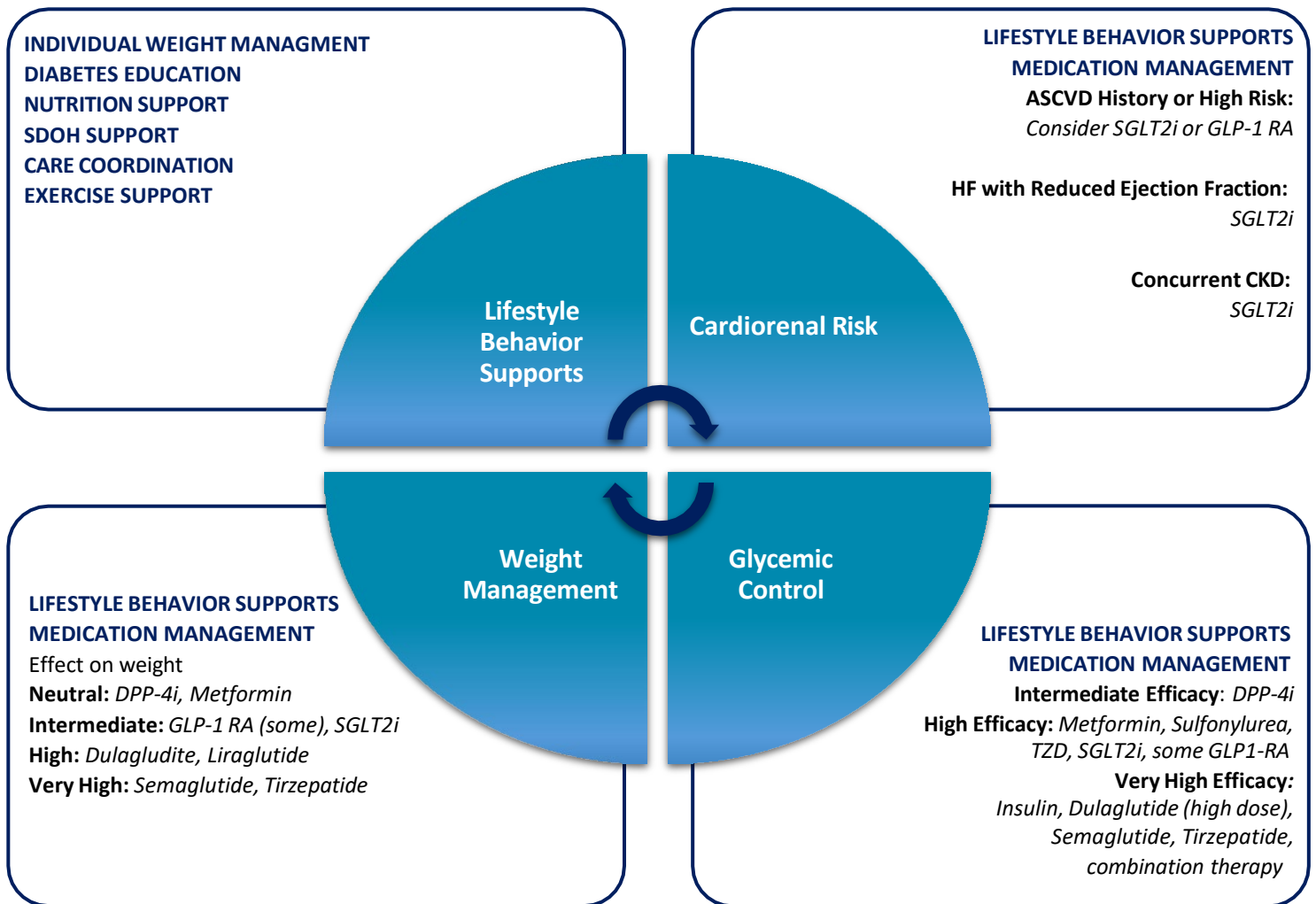


TYPE 2 DIABETES MANAGEMENT KEY POINTS

- ❖ 1st line therapy still includes metformin for most patients.
- ❖ Insulin is recommended for most patients with an A1C >10%.
- ❖ Review treatment barriers such as behavioral health, medication adherence, and social factors before escalating therapy.
- ❖ Encourage patient engagement with behavioral health coordinators and/or clinical pharmacists.
- ❖ Escalate therapy after three months, if member is not at A1c goal.
- ❖ Consider patient-specific factors when selecting pharmacologic treatment.



LIFESTYLE SUPPORT RESOURCES

- ❖ VEGGIE RX ([UCVEG Umpqua Community Veg Education Group](#))
- ❖ EXERCISE SUPPORTS ([YMCA of Douglas County](#))
- ❖ DIABETES PREVENTION PROGRAM ([DPP Program](#))
- ❖ DIABETES SELF MANAGEMENT PROGRAMS

UHA FORMULARY AND CLINICAL CRITERIA SUMMARY

- ❖ The most current formulary and PA guidelines are available online:
<https://www.umpquahealth.com/pharmacy-services/>
- ❖ Non-preferred agents require prior authorization (PA) with documentation of trial and failure or contraindication to preferred agents.
- ❖ Preferred products do not require PA unless indicated.

MEDICATION CLASS	FORMULARY STATUS	MEDICATION NAMES	
Biguanides	Preferred – No PA Required	❖ Metformin IR and ER	
Sulfonylureas and TZDs	Preferred – No PA Required	❖ TZDs: Pioglitazone ❖ Sulfonylureas: Glipizide IR and ER, Glimepiride, Glyburide	
DPP-4 Inhibitor	Preferred – No PA Required	❖ Alogliptin	
Insulin	Preferred – No PA Required	❖ Insulin Glargine 100/ML Pens and Vials ❖ Insulin Glargine-YGFN 100/ML Pens and Vials ❖ Insulin Lispro Kwikpen and Vials ❖ Insulin Aspart Flexpen, Cartridge, and Vials ❖ Humulin and Novolin 70-30	❖ Admelog Vials ❖ Humalog Mix 50-50 and 75-25 Vials ❖ Humulin and Novolin R Vials ❖ Insulin Aspart-Protamine Vials ❖ Humulin and Novolin N Vials
	Non-preferred – PA Required	❖ Admelog Solostar ❖ Basaglar ❖ Humalog Kwikpen and Cartridge ❖ Levemir Vials and Pens ❖ Toujeo 300 units/mL Pen ❖ Novolin and Humulin 70-30 Pens ❖ Novolin R Pen	❖ Lantus Vials and Pens ❖ Humulin R U-500 Pens and Vials ❖ Insulin Lispro-Protamine Pen ❖ Insulin Aspart-Protamine Pen ❖ Humulin N Kwikpen ❖ Novolin N Flexpen
SGLT-2 Inhibitors	Preferred – No PA Required	❖ Steglatro (ertugliflozin)	❖ Brenzavvy (bexagliflozin)
	Non-preferred – PA Required	❖ Farxiga (dapagliflozin) ❖ Invokana (canagliflozin) ❖ Jardiance (empagliflozin)	❖ Inpefa (sotogliflozin)
GLP-1 Agonists	Preferred – PA Required	❖ Byetta (exenatide, daily) ❖ Bydureon (exenatide, weekly) ❖ Rybelsus (semaglutide, oral) ❖ Trulicity (dulaglutide)	❖ Ozempic (semaglutide, SQ) ❖ Victoza (liraglutide)
	Non-preferred – PA Required	❖ Mounjaro (tirzepatide)	