Pharmacist's Letter
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Help Ensure Safe Dispensing of Diabetes Meds

You'll see **more patients getting an SGLT2 inhibitor (canagliflozin, etc) or GLP-1 agonist (semaglutide, etc) first-line for type 2 diabetes**.

Metformin will still be the gold standard for most patients...because of its established efficacy, safety, and low cost.

But certain patients will now start with an SGLT2 inhibitor or GLP-1 agonist instead...since these meds also have heart or kidney benefits.

For example, patients with chronic kidney disease may begin treatment for type 2 diabetes with semaglutide (*Ozempic*)...since it reduces the risk of kidney failure and worsening kidney function.

And an SGLT2 inhibitor, such as canagliflozin (*Invokana*), may be a good first option in patients who also have heart failure (HF)...since these meds reduce the risk of HF hospitalization or cardiovascular death.

Continue to keep patients' medical conditions current...so the pharmacist can evaluate which diabetes meds may offer the most benefit.

But still expect the choice to consider cost, side effects, etc.

For instance, GLP-1 agonists can cause stomach side effects...carry warnings, such as gallbladder disease...and cost about $1,000/month.

Plus most are injectable...and shortages are an ongoing issue.

SGLT2 inhibitors are linked to problems, such as yeast infections and urinary tract infections...and cost about $600/month.

Anticipate prior auths...and stay alert for errors.

For example, watch for look-alike/sound-alike generic names. GLP-1 agonists all end in "-tide"...dulaglutide, liraglutide, etc. SGLT2 inhibitors all end in "-flozin"...dapagliflozin, empagliflozin, etc.

Don't auto-sub between products...they're not considered equivalent.

And double-check dosing and days' supply. For instance, *Ozempic* or *Trulicity* is injected weekly...but *Victoza* is once daily.

Ensure that patients get a pharmacist consult to go over injection technique. For example, patients should rotate injection sites and properly clean the injection site before administering.

Continue to ask patients for their current meds and add these to med profiles...even if they get the Rx elsewhere. Risky interactions may fly under the radar. For example, some GLP-1 agonists may slow the absorption of oral contraception...reducing efficacy.

Get our chart, *Comparison of GLP-1 Agonists*, and our resource, *Dispensing Insulin and Other Injectable Diabetes Meds*, for more tips on pen needles and other supplies.

Key References:

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