

# Diabetic medications

## Overview

May 2018

# List of medications

## ORAL MEDICATIONS

- Metformin
- Glipizide

## INJECTABLE MEDICATIONS

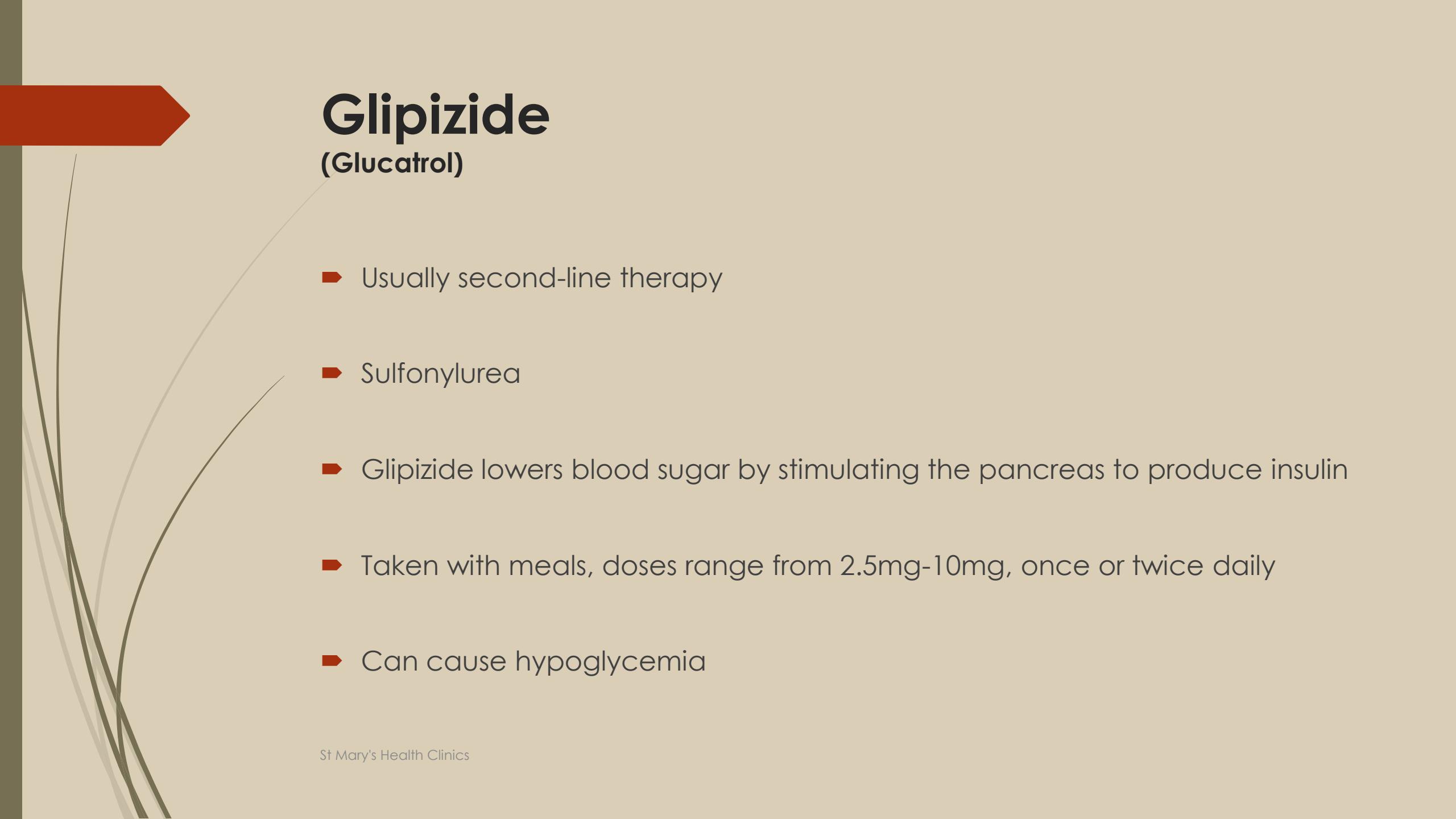
- Tresiba (insulin degludec)
- Levemir (insulin detemir)
- NovoLog
- NovoLog 70/30
- Victoza (liraglutide)



# Metformin HCL

## (Glucophage)

- ▶ First-line therapy
- ▶ Reduces the amount of glucose produced by the liver
- ▶ Increases sensitivity of muscle cells to insulin
- ▶ Dosed 1-2 times daily
- ▶ Doses range from 250mg-1,000 mg/dose
- ▶ Also used in pre-diabetic patients to help prevent onset of T2DM
- ▶ May cause diarrhea, stomach discomfort
- ▶ Does not cause hypoglycemia



# Glipizide

(Glucatrol)

- ▶ Usually second-line therapy
- ▶ Sulfonylurea
- ▶ Glipizide lowers blood sugar by stimulating the pancreas to produce insulin
- ▶ Taken with meals, doses range from 2.5mg-10mg, once or twice daily
- ▶ Can cause hypoglycemia

# Tresiba

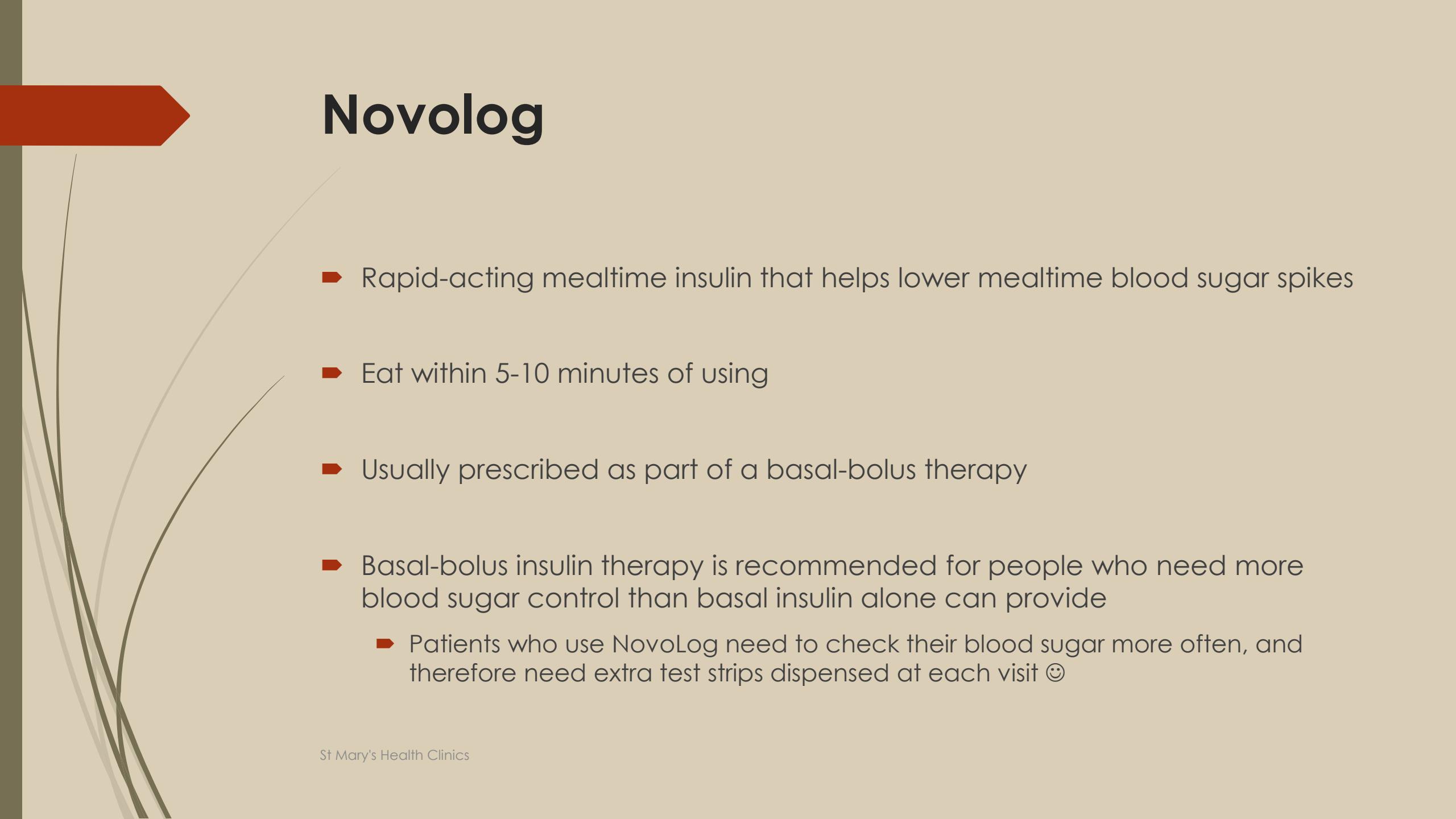
(insulin degludec)

- ▶ Tresiba is available in 2 concentrations: 200 units/mL and 100 units/mL
- ▶ Long acting, once daily dosing
- ▶ U-200 is a 160-unit maximum-dose pen, and U-100 is an 80-unit maximum-dose pen.
  - ▶ U-200 concentration allows adults with type 2 diabetes to attain blood sugar control from half the volume of the insulin
  - ▶ There is no difference in dose between U-100 vs U-200; 80 units of U-100 = 80 units of U-200



# Levemir

- ▶ Long acting
- ▶ Can be dosed once or twice daily
- ▶ We still have a supply of Levemir although we have been slowly transitioning patients to Tresiba
- ▶ We have a supply of both pens and vials



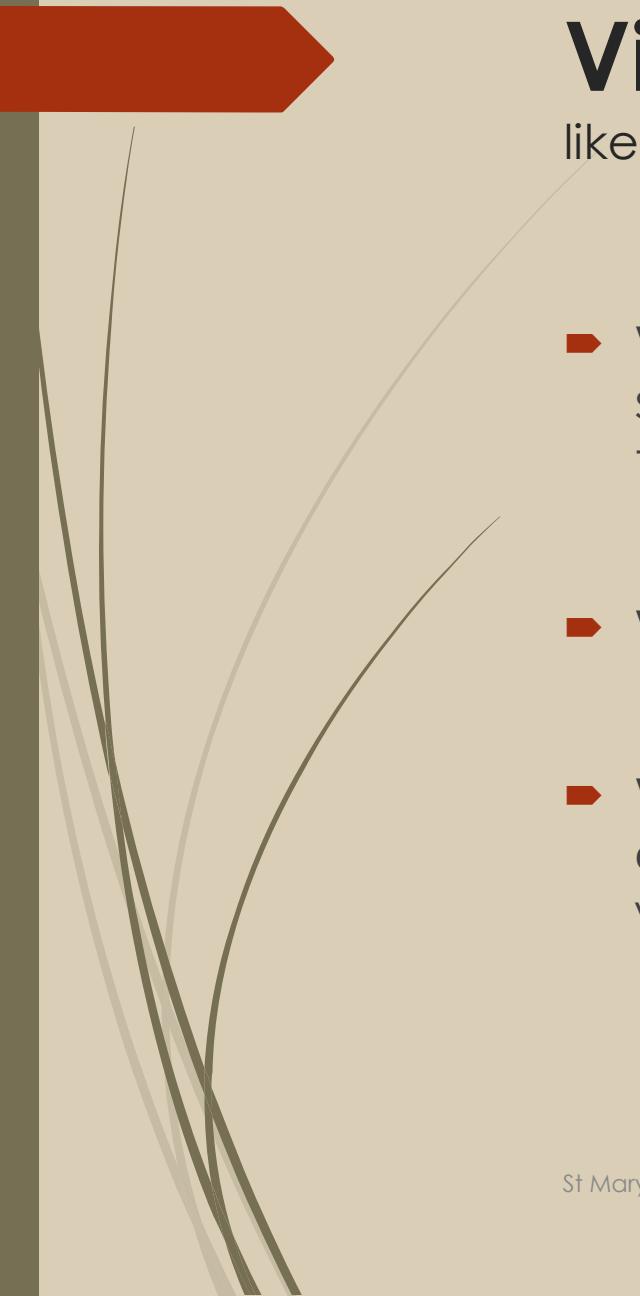
# Novolog

- ▶ Rapid-acting mealtime insulin that helps lower mealtime blood sugar spikes
- ▶ Eat within 5-10 minutes of using
- ▶ Usually prescribed as part of a basal-bolus therapy
- ▶ Basal-bolus insulin therapy is recommended for people who need more blood sugar control than basal insulin alone can provide
  - ▶ Patients who use NovoLog need to check their blood sugar more often, and therefore need extra test strips dispensed at each visit ☺

# Victoza

(liraglutide)

- ▶ Victoza is not insulin or an insulin substitute, but it can be taken in conjunction with basal insulin
  - ▶ It is recorded on the MAR, NOT the Insulin flowsheet
- ▶ Victoza pen has 3 doses: 0.6mg, 1.2mg, and 1.8mg
- ▶ Typically follow a titration schedule: 0.6mg daily for 1 week, then 1.2mg daily for 1 week, then 1.8mg.
  - ▶ 0.6mg dose not indicated for glycemic control, rather to get used to the medication
  - ▶ 1.2mg or 1.8mg doses are indicated to improve glycemic control



# Victoza works in 3 ways

like the hormone GLP-1:

- ▶ **Victoza slows food leaving the stomach.** GLP-1 is normally released from the small intestine when one eats. This slows down the process of food leaving the stomach, which helps control blood sugar after meals.
- ▶ **Victoza helps prevent the liver from making too much sugar.**
- ▶ **Victoza helps the pancreas produce more insulin when blood sugar levels are high.** Victoza does this by helping beta cells function as they usually would—helping control blood sugar by making and releasing insulin.



# Victoza use

- ▶ Victoza is now indicated for reducing the risk of major cardiovascular events such as heart attack, stroke, or death.
- ▶ It has been suggested to use Victoza in place of prandial insulin, such as NovoLog, in some instances when prandial insulin is not available. Studies are not complete.
- ▶ Victoza is now a first-line treatment option for Type II Diabetes.

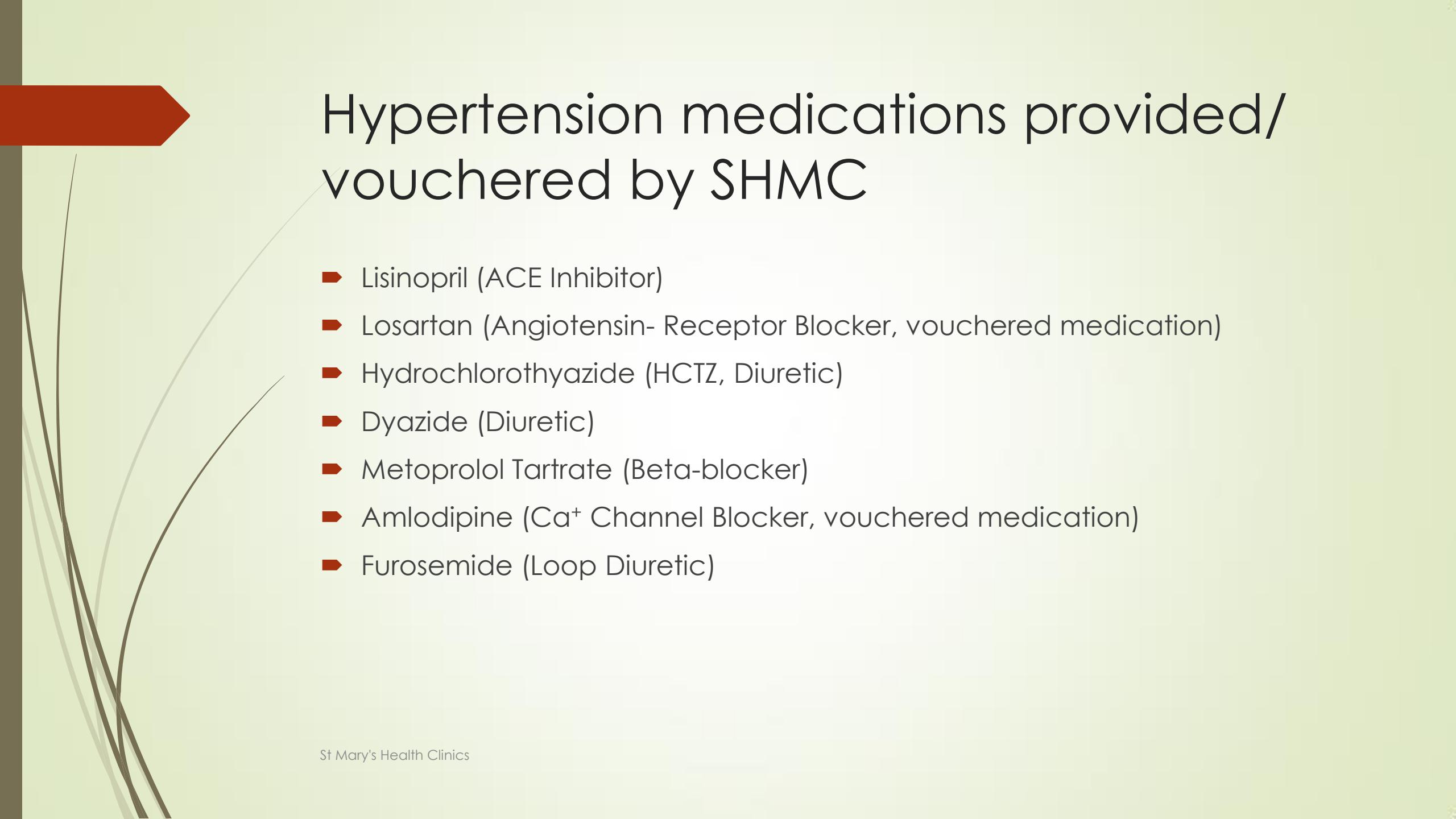
# Reminders

- ▶ Over the past 2 years we have been working to increase our efforts around diabetes prevention/screening
  - ▶ Please remember to utilize the pre-diabetes surveys for any patients who appear at risk
    - ▶ Specifically, surveys given at all well-woman visits, to pts with hx of gestational DM, and to all women >45 years of age
  - ▶ Many diabetic patients who have good control may not need to RTC for 4-6 months—please remember to dispense enough test strips, lancets, medications, etc. if this is the case
    - ▶ Greater time between visits means that more medication and supplies are given out at a time, so please remember to order enough at the end of clinic to ensure there is enough at the next session ☺



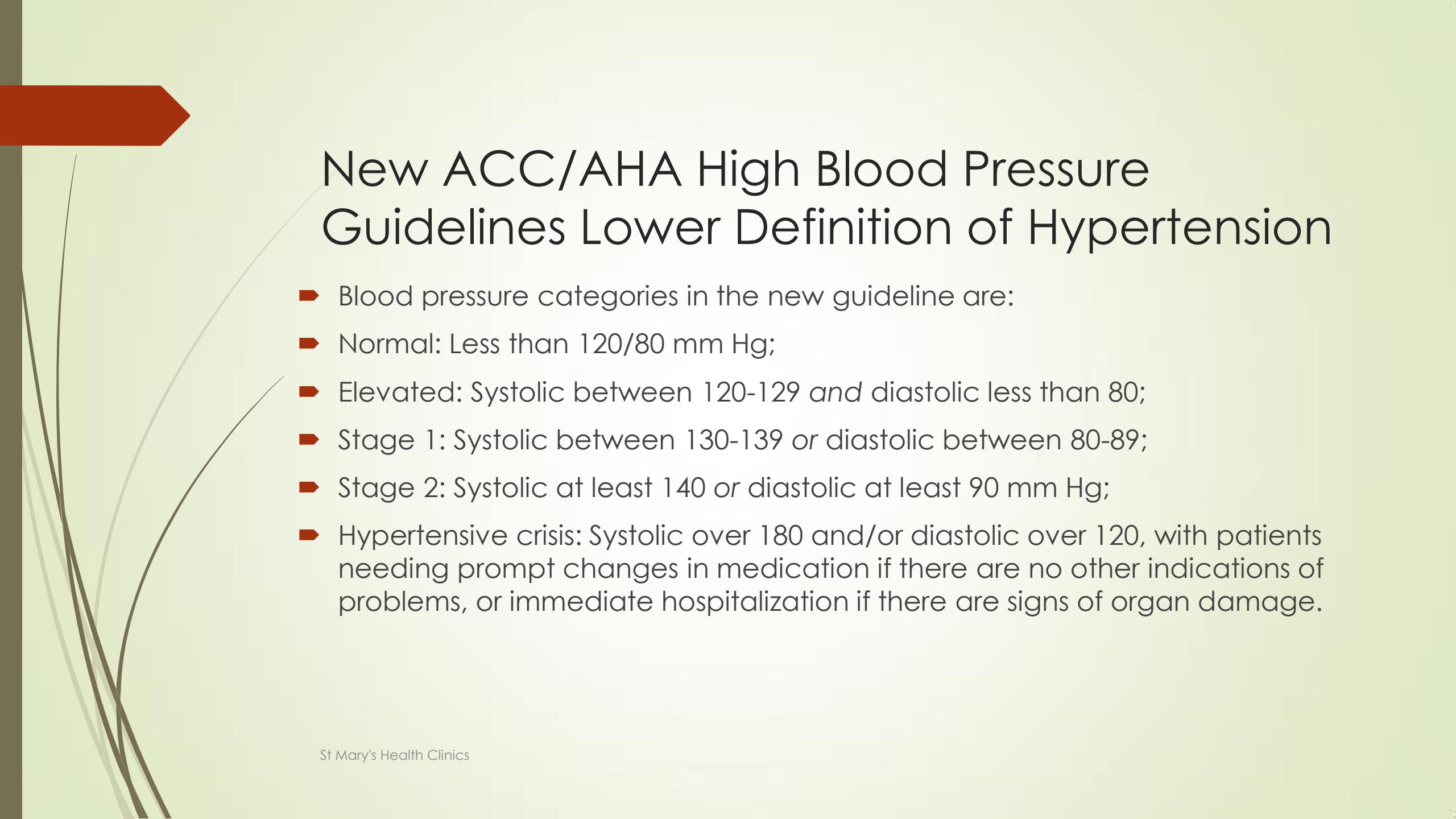
# How to Do a Filament

- ▶ Ask patient to remove shoes and socks
- ▶ Instruct patient to close their eyes, and to tell you when they feel the sensation of the monofilament
- ▶ Begin by touching the filament to different areas of the bottom of each foot, one area at a time, until the patient acknowledges they feel/do not feel the sensation
- ▶ At then end, check their pedal pulses
- ▶ Use the “diabetic foot screen” form to record the results of the filament test



# Hypertension medications provided/ vouchedered by SHMC

- ▶ Lisinopril (ACE Inhibitor)
- ▶ Losartan (Angiotensin- Receptor Blocker, vouchedered medication)
- ▶ Hydrochlorothiazide (HCTZ, Diuretic)
- ▶ Dyazide (Diuretic)
- ▶ Metoprolol Tartrate (Beta-blocker)
- ▶ Amlodipine (Ca<sup>+</sup> Channel Blocker, vouchedered medication)
- ▶ Furosemide (Loop Diuretic)



# New ACC/AHA High Blood Pressure Guidelines Lower Definition of Hypertension

- ▶ Blood pressure categories in the new guideline are:
- ▶ Normal: Less than 120/80 mm Hg;
- ▶ Elevated: Systolic between 120-129 and diastolic less than 80;
- ▶ Stage 1: Systolic between 130-139 or diastolic between 80-89;
- ▶ Stage 2: Systolic at least 140 or diastolic at least 90 mm Hg;
- ▶ Hypertensive crisis: Systolic over 180 and/or diastolic over 120, with patients needing prompt changes in medication if there are no other indications of problems, or immediate hospitalization if there are signs of organ damage.

# Cuídate

## Overview of Cuídate

- ▶ Similar to DEEP, SMHC's Cuídate program will serve hypertensive patients by assisting with education, medication management and support of lifestyle changes including diet and exercise by way of consultations and on-going patient support.
- ▶ **Participants** of Cuídate will include patients who have 2 elevated blood pressure readings recorded at 2 separate visits, as well as patients with an existing diagnosis of hypertension.
- ▶ They will receive:
- ▶ Education about managing and maintaining a healthy blood pressure, and the risks of hypertension
- ▶ Clinic services and medication therapy, as necessary
- ▶ On-going monitoring and support by SMHC staff

# Cuídate continued

- ▶ **Workflow:**
- ▶ RN clinic volunteers are responsible for measuring BP readings at clinic
- ▶ Process for checking BP at clinic:
  - ▶ BP measured at the end of RN check-in process to assure pt has time to sit calmly before measurement
  - ▶ If high during first check, must be re-checked at the end of visit
- ▶ Diagnosis achieved after elevated BP recorded two times over at least 3 separate visitsOnce diagnosed, pts receive follow-up visits monthly until BP at goal.
- ▶ Once diagnosed, pts given a card and instructed to have BP checked at least once between visits.