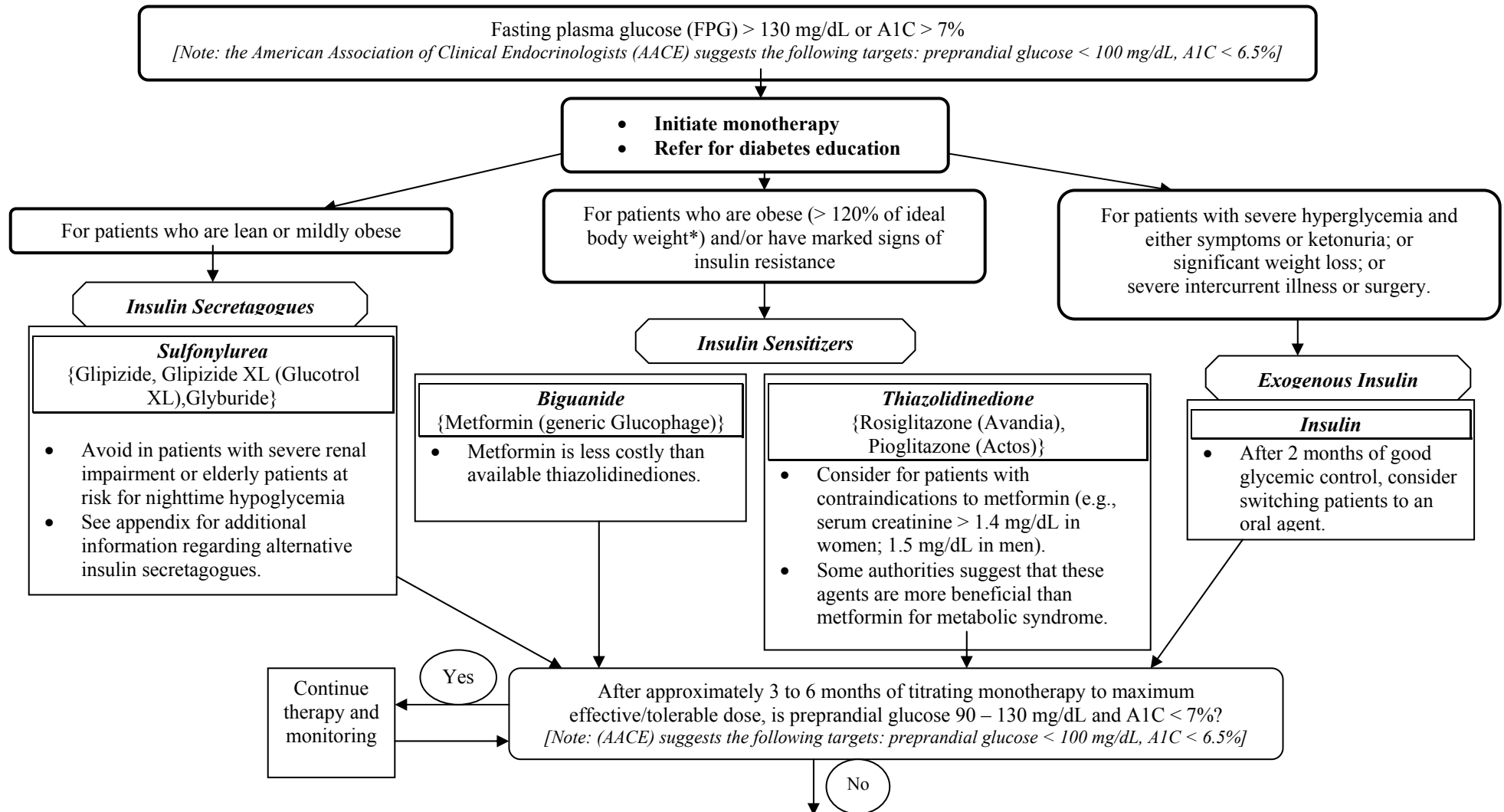


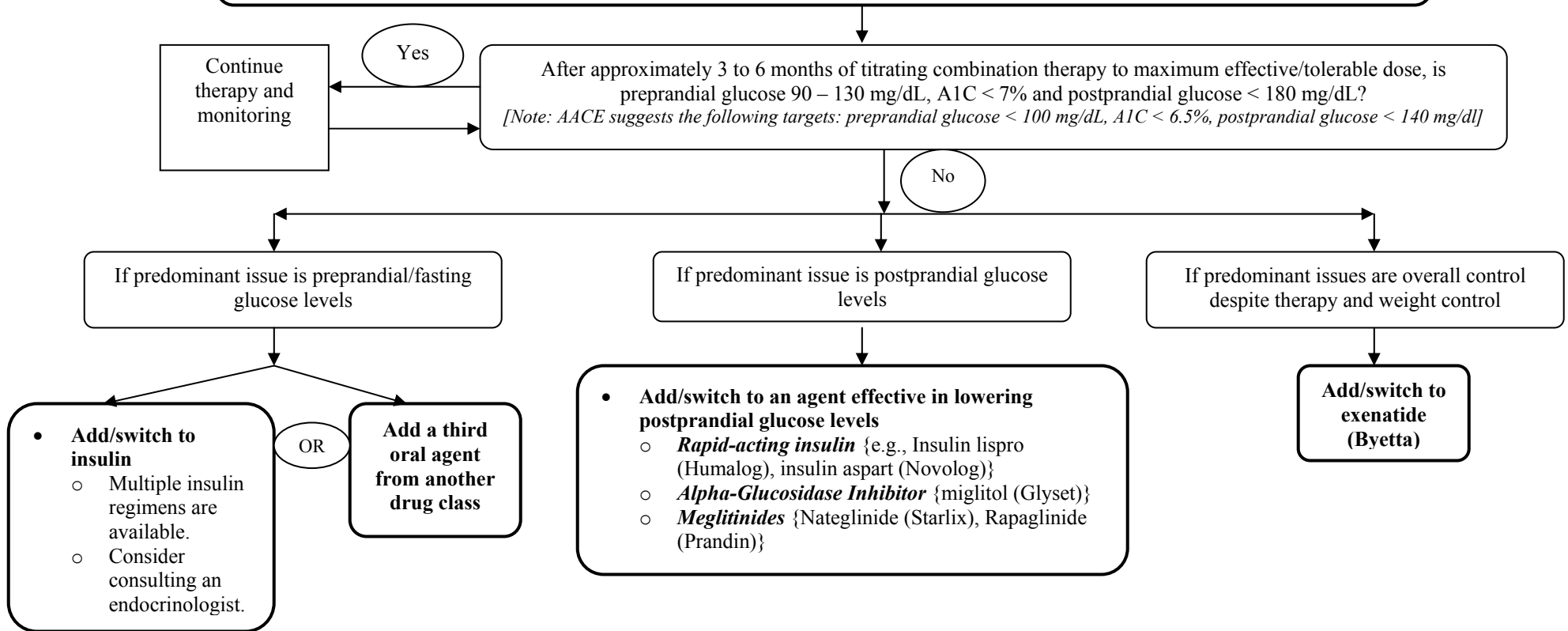
MedVentive Guide to Type 2 Diabetes Mellitus Pharmacotherapy

- These recommendations do **not** apply to patients with gestational diabetes mellitus. For more information please visit <http://care.diabetesjournals.org/>.
- Diabetes standards of care continue to evolve and may vary, therefore, information from the American Diabetes Association (ADA) and the American Association of Clinical Endocrinologists (AACE) is included.
- Patients with pre-diabetes (fasting plasma glucose 100 – 125 mg/dL) should receive counseling on weight loss and increased physical activity.
- Pharmacotherapy should be instituted when nutrition therapy and exercise fail to achieve desired glycemic control.
- Pharmacotherapy should be used in combination with nutrition therapy and exercise to try to achieve an A1C < 7%. More stringent goals (e.g., < 6.5%) may be considered to further reduce complications associated with long-standing hyperglycemia.
- Patient education and self-blood glucose monitoring are also essential components of optimal management.



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- **Add a second oral agent from a different class. The following combinations are frequently used and have been well studied.**
 - **Insulin Secretagogue + Insulin Sensitizer** (e.g., sulfonylurea + biguanide or thiazolidinedione)
 - **Insulin Sensitizer + Insulin Sensitizer** (e.g., biguanide + thiazolidinedione)
- **Monitor postprandial glucose levels in addition to preprandial glucose and A1C levels.**



- *If no contraindications exist, low-dose aspirin (i.e., 81 – 325 mg/day) should be given to patients as secondary prevention for cardiovascular disease. It should also be considered as a primary prevention strategy in patients who are at high risk for cardiovascular events. To further minimize morbidity associated with diabetes, treat hypertension to achieve a goal of < 130/80 mm Hg, and dyslipidemia to achieve an LDL goal < 70 - 100 mg/dL.*

For more detailed information see supporting appendix

MedVentive pharmacotherapy recommendations are designed to assist providers in drug therapy decision-making through the provision of thorough, unbiased evaluation of available clinical and economic data. These recommendations are not intended to replace a provider's clinical judgment nor are they designed to be inclusive of all patient conditions and all clinical circumstances. Rather, they are developed as an educational tool and can serve as a framework for therapeutic decision-making.