

<b>Class</b>	<b>SGLT2i</b>	<b>GLP-1RA</b>
<b>Drugs with Proven CV Benefit/ Doses/ Titration (for GLP-1RA only)</b>	<ul style="list-style-type: none"> <li>• Empagliflozin (10mg qD)</li> <li>• Canagliflozin (100mg qD)</li> <li>• Dapagliflozin (10mg qD)</li> </ul>	<ul style="list-style-type: none"> <li>• Liraglutide (start 0.6mg qD, titrate up to 1.2mg then 1.8mg qWeek)</li> <li>• Semaglutide (start 0.25mg qWeek, titrate up to 0.5mg qWeek)</li> <li>• Dulaglutide (start 0.75mg qWeek, titrate up to 1.5mg qWeek)</li> </ul>
<b>Deciding between the classes:</b>	<ul style="list-style-type: none"> <li>• When reducing risk HF or renal disease progression is top priority</li> <li>• When oral agent is preferred</li> </ul>	<ul style="list-style-type: none"> <li>• When preventing ASCVD complications is top priority</li> <li>• When maximizing weight loss is important</li> </ul>
<b>Indicated in:</b>	<ul style="list-style-type: none"> <li>• T2DM and high-risk primary prevention or secondary prevention</li> <li>• Canagliflozin: T2DM and diabetic nephropathy with macroalbuminuria</li> <li>• Dapagliflozin: HFrEF</li> </ul>	<ul style="list-style-type: none"> <li>• T2DM and high-risk primary prevention or secondary prevention</li> </ul>
<b>Be cautious in patients with:</b>	<ul style="list-style-type: none"> <li>• Severe PAD or open wound</li> <li>• Recurrent mycotic genital infections</li> <li>• DKA</li> <li>• eGFR&lt;45 (except canagliflozin: can used down to eGFR 30)</li> </ul>	<ul style="list-style-type: none"> <li>• Pancreatitis</li> <li>• Gastroparesis</li> <li>• MEN2 or medullary thyroid cancer</li> </ul>
<b>Adjusting other DM therapies prophylactically:</b>	<ul style="list-style-type: none"> <li>• If A1c &lt;8.5 AND on SU (replace) or insulin (lower by 20%)</li> </ul>	<ul style="list-style-type: none"> <li>• If A1c &lt;8.5 AND on SU (replace) or insulin (lower by 20%)</li> <li>• Stop DPP4i if taking</li> </ul>
<b>Adjusting diuretic therapies prophylactically:</b>	<ul style="list-style-type: none"> <li>• Reduce other meds if patient is already on dry side, has low-ish BP or orthostatic symptoms</li> </ul>	<ul style="list-style-type: none"> <li>• n/a</li> </ul>
<b>Potential side effects:</b>	<ul style="list-style-type: none"> <li>• Orthostatic hypotension</li> <li>• Mycotic genital infections</li> <li>• Euglycemic DKA (rare)</li> <li>• Amputation (canagliflozin only)</li> <li>• Bone density loss (canagliflozin only)</li> </ul>	<ul style="list-style-type: none"> <li>• Nausea/vomiting (improves with continued use)</li> <li>• Pancreatitis (rare)</li> <li>• Injection site reaction</li> </ul>
<b>Patient counseling:</b>	<ul style="list-style-type: none"> <li>• Good genital hygiene: bathe daily, pat dry</li> <li>• Orthostatic hypotension can occur</li> <li>• Maintain good foot care</li> <li>• DKA warning signs: fruity odor, thirst, nausea, vomiting, abdominal pain, LH, generally feeling unwell with unclear cause – tell provider that they are on SGLT2i (who should check BMP)</li> <li>• If feeling sick, having decreased PO intake, hospitalized, and/or about to undergo surgery – hold SGLT2i</li> </ul>	<ul style="list-style-type: none"> <li>• Prefilled pens: online/youtube videos, outpatient pharmacies can also teach</li> <li>• Nausea/vomiting (if occurs) will usually improve with continued use – the medicine slows gastric motility (and also promotes satiety!)</li> </ul>
<b>Monitoring:</b>	<ul style="list-style-type: none"> <li>• No routine monitoring required</li> </ul>	<ul style="list-style-type: none"> <li>• No routine monitoring required</li> </ul>

	<b>Commercial</b>	<b>Medicare</b>	<b>Medicaid</b>	<b>Uninsured</b>
<b>Coverage/Prior Authorization</b>	<ul style="list-style-type: none"> <li>At least 1 SGLT2i and 1 GLP1RA are on each formulary for the major carriers → Rare Prior Auths!</li> </ul>	<ul style="list-style-type: none"> <li>Impossible to know before prescribing</li> </ul>	<ul style="list-style-type: none"> <li>At least 1 SGLT2i and 1 GLP1RA are on each formulary for each state → Rare Prior Auths!</li> </ul>	<ul style="list-style-type: none"> <li>N/A</li> </ul>
<b>Patient Assistance</b>	<ul style="list-style-type: none"> <li>Copay cards available on drug website → Free to patient!</li> </ul>	<ul style="list-style-type: none"> <li>Impossible to know before prescribing</li> <li>Additional resources may be available.</li> </ul>	<ul style="list-style-type: none"> <li>Co-pay for any medication is generally \$3-11.</li> </ul>	<ul style="list-style-type: none"> <li>Patient assistance programs through company websites</li> </ul>