February 23, 2018

COM-2018-002

Dear provider of pharmaceutical services,

Receive kind greetings from PharmPix. The American Diabetes Association (ADA) has released their "2018 Standards of Medical Care in Diabetes". This communication summarizes the updates on the recommendations for diabetes care and management.

The updated guidelines address the use of the medications with potential cardiovascular benefit. Other areas addressed include diabetes screening, technology, and A1C tests.

SUMMARY OF NOTABLE CHANGES

<table>
<tr><th>Main Topic</th><th>New recommendations</th></tr>
<tr><td>Cardiovascular Disease and Diabetes</td><td>

<u>Incorporation of the use of diabetes drugs with known CV benefit:</u> For adults with DMT2 and heart disease, the ADA recommends that, after lifestyle management and metformin, health care providers should include a medication proven to improve heart health.

<table>
<tr><th>FDA approve medications for CV risk reduction</th></tr>
<tr><td>Victoza™ (liraglutide)</td></tr>
<tr><td>Jardiace™ (empagliflozin)</td></tr>
</table>

<u>Monitor BP at home:</u> All hypertensive patients with diabetes are encouraged to monitor their BP at home to help identify potential discrepancies between office versus home BP, and to improve medication-taking behavior.
<u>Threshold for HTN continues to be 140/90mmHg:</u> The new ADA standards continue with the existing HTN definition, as opposed to the American College of Cardiology's recently updated BP guidelines (which lowered the threshold for HTN to 130/80mmHg, rather than 140/90mmHg). The ADA's guidelines state that most adults with DM and HTN should have a target BP of <140/90mmHg and that risk-based individualization lowers targets, such as 130/80 mmHg, may be appropriate in some patients.

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<tr><td>Youth Diabetes Screening</td><td>

<u>Testing in children and adolescents:</u> Testing for pre-diabetes and DMT2 should be considered in children and adolescents younger than 18 years of age who are overweight or obese (BMI >85th percentile for age and sex, weight for height >85th percentile, or weight >120% of ideal for height), and have 1 or more additional risk factors for diabetes.

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SUMMARY OF NOTABLE CHANGES

Main Topic	New recommendations
	Additional risk factors for diabetes (1) Maternal history of DM or gestational DM during the child's gestation. (2) Family history of DMT2 in first- or second-degree relative. (3) Race/ethnicity (Native American, African American, Latino, Asian American, Pacific Islander). (4) Signs of insulin resistance or conditions associated with insulin resistance (e.g. acanthosis nigricans, HTN, dyslipidemia, polycystic ovary syndrome, or small-for-gestational-age birth weight)
Technology and Diabetes Management	• Use of technology-based methods: Technology-based methods, along with individual and group settings, should be used for the delivery of effective diabetes self-management education and support. • Continuous glucose monitoring (CGM): Use of CGM technology to help improve glycemic control for adults with DMT1 in patients starting at age 18 years old.
A1C Test Considerations	• Updated language and recommendations for A1C tests: Emphasize that health care providers should be aware of potential limitations that can affect A1C results, (e.g. age, ethnicity, and pregnancy). Health care providers are also urged to use the correct type of A1C test (fasting plasma glucose test or oral glucose tolerance test) and to consider alternative diagnostic tests if there is a disagreement between A1C and blood glucose levels.
Diabetes Management in Specific Groups	• Older adults: It is of great importance to individualize pharmacotherapy for older adults with DM to reduce the risk of hypoglycemia, avoid over-treatment, and simplify complex regimens while maintain personalized BG levels. • Pregnant women: Consider daily low-dose aspirin for all pregnant women with preexisting DMT1 or DMT2, starting at the end of the first trimester to reduce the risk of pre-eclampsia.
Patient-Centered Care	• Drug-specific and patient factors: A new table summarize drug-specific and patient factors that may impact diabetes treatment. The chart includes the most relevant considerations (e.g. risk of hypoglycemia, weight effects, kidney effects and costs for all preferred DM medications) in one location to guide the choice of anti-hyperglycemic agents as part of patient-provider shared decision-making.

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Main Topic	New recommendations
	• Social impact on health: Increased awareness and screening for social determinants of health (e.g. financial ability to afford medications, access to healthy food and food insecurity, and community support).

Abbreviations: BMI – Body Mass Index; BP – Blood Pressure; CV – Cardiovascular; DM – Diabetes Mellitus; DMT1 – Diabetes Mellitus Type 1; DMT2 – Diabetes Mellitus Type 2; HTN – Hypertension.

For more details regarding the changes to the ADA recommendations you can find more information regarding and the full guideline in the following link: http://care.diabetesjournals.org/content/41/Supplement_1.

Medical literature is dynamic and is continuously changing as new scientific knowledge is developed. We exhort the frequent revision of treatment guidelines to assure that your recommendations are consistent with the most actualized information.

On PharmPix we are compromised with the health and wellness of our insured. It is our priority to offer high quality services and to promote practices for health promotion and diseases prevention. If you have any doubt or wish to have more information regarding this document, you can call us to 787-522-5252, extension 138.

Regards,

Pharmacy Department

References:
- ADA Releases 2018 Standards of Care for Diabetes. (2017). Pharmacy Times. Retrieved 15 December 2017.
- American Diabetes Association Releases 2018 Standards of Medical Care in Diabetes, with Notable New Recommendations for People with Cardiovascular Disease and Diabetes. (2017). American Diabetes Association. Retrieved 16 December 2017.
- Summary of Revisions: Standards of Medical Care in Diabetes—2018. (2018). Retrieved 21 February 2018.
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