

COM-2024-001

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JANUARY
2024PLEASE
REVIEW **Drug Information**
PharmPix Clinical Department**Drug Information:**

Remember that 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 updated information.

It is our priority to offer high-quality services and support practices for health promotion and disease prevention. If you have any questions or wish to have more information regarding this document, you can call us directly or view PharmPix communications online.

QUESTIONS

Call us at 787-522-5252, ext. 219.

Access our recent communications at our providers' portal:
<https://www.pharmpix.com/providers/>.



PharmPix is committed to the health and wellness of our members.

The clinical team wants to communicate the latest up-to-date drug information requested.

Updates Related to Drug Therapy in Diabetes Guidelines

The American Diabetes Association (ADA) has released its latest evidence-based guidelines for the management of diabetes, *Standards of Care in Diabetes—2024*.

Tzield™ (teplizumab)

A recommendation was added to address use of Tzield™ (teplizumab) to delay the onset of stage 3 type 1 diabetes in adults and pediatric individuals (aged 8 years and older) with stage 2 type 1 diabetes. Tzield™ is administered by IV infusion once daily for 14 consecutive days. In the clinical trial, patients with Stage 2 type 1 diabetes were randomized to receive Tzield™ or placebo. The primary efficacy endpoint in this study was the time from randomization to Stage 3 T1D diagnosis. The median time to stage 3 type 1 diabetes diagnosis was 48.4 months in the teplizumab group and 24.4 months in the placebo group. The most common adverse reactions were transient lymphopenia (73%) followed by rash (36%).

Obesity Management

In people with diabetes and overweight or obesity, the preferred pharmacotherapy should be a glucagon-like peptide 1 receptor agonist or dual glucose-dependent insulinotropic polypeptide and glucagon-like peptide 1 receptor agonist with greater weight loss efficacy (i.e., semaglutide or tirzepatide). Both drug classes aid in weight loss and have led to improvements in glycemic control and cardiometabolic outcomes.

In terms of Mounjaro™ (tirzepatide), in the SURMOUNT-2 clinical trial, tirzepatide resulted in body weight loss of 9.6% and 11.6% more than placebo and A1C lowering of 1.55% and 1.57% more than placebo after 72 weeks of treatment with the 10 mg and 15 mg doses, respectively, with adverse effects similar to those seen with the GLP-1 receptor agonist class.

The Standards of Care is available online and will be published as a supplement to the January 2024 issue of Diabetes Care. Additional information can be found at: https://diabetesjournals.org/care/issue/47/Supplement_1

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REFERENCES:

1. American Diabetes Association Professional Practice Committee (2023, December 11). 8. Obesity and Weight Management for the Prevention and Treatment of Type 2 Diabetes: Standards of Care in Diabetes-2024. American Diabetes Association. https://diabetesjournals.org/care/article/47/Supplement_1/S145/153942/8-Obesity-and-Weight-Management-for-the-Prevention
2. American Diabetes Association Professional Practice Committee (2023, December 11). 9. Pharmacologic Approaches to Glycemic Treatment: Standards of Care in Diabetes-2024. American Diabetes Association. https://diabetesjournals.org/care/article/47/Supplement_1/S158/153955/9-Pharmacologic-Approaches-to-Glycemic-Treatment

