



Diabetes Tips 2022

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GLP, SGLT, CGM for Primary Care



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Speaker Disclosures

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- I have no financial relationships or affiliations to disclose.
- I will shorten drug class names “GLP vs GLP-1”
- I will refer to brand name drugs vs generic names, since some are sold under multiple brands.
- These are PRIMARY CARE tips for a practice that is not “rich” in resources or specialty staff and much “work”  falls to the provider to make happen.




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Objectives

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- Identify 2 compelling indications for selecting GLP treatment
- Verbalize the purpose of dose titration of GLP drugs
- Identify 1 cardioprotective GLP drug
- Identify 2 compelling indications for selecting SGLT treatment
- Name 1 significant complication or caution for SGLT use

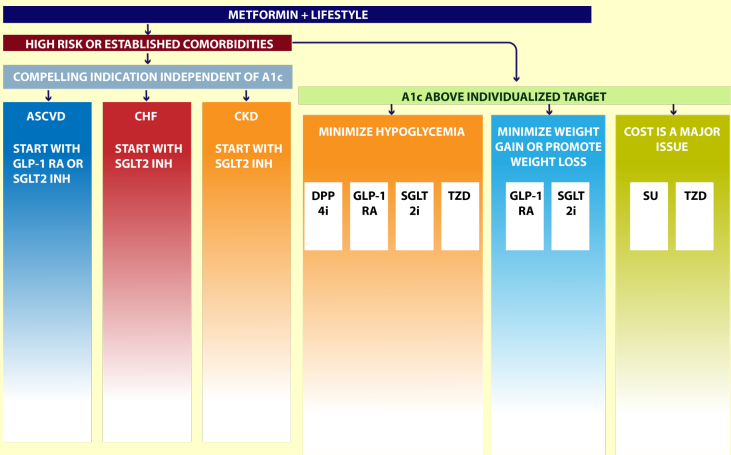



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Type 2 DM Med Choices


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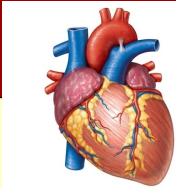


ADA Standards of Care 2022

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GLP




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COMPELLING INDICATIONS:


- **ASCVD**
- Promote Wt loss/minimize gain
- Hypo avoidance
- Write on Rxn: “for diabetes & ASCVD risk” to avoid PAs



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GLP Options




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- Semaglutide
 - Weekly injectable **Ozempic**
 - Daily oral Rybelsus
 - Weekly injectable for wt loss Wegovy
- Dulaglutide
 - Weekly injectable **Trulicity**
- Liraglutide
 - Daily injectable **Victoza**
- Soliqua/glargine & lixisenatide
- Xultophy/degludec & liraglutide/**Victoza**




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GLP and Basal insulin


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- A1c >10%, combine GLP with basal insulin (at 10% weight in pounds) in lieu of meal/basal or premix insulin (confident T2DM dx)





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GLP


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Insurance Preferred:

OK Medicaid – Tier 2


Trulicity weekly or Victoza daily.

30 day max metformin, have pt fill max dose, verbal instructions how to increase to max dose. ER500 if GI concerns. If new to OHCA/SoonerCare & prev paid cash for metformin, have get receipts from pharmacy, submit w/PA to waive 30 day wait.






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GLP



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Insurance Preferred:

Medicare: high formulary coverage for semaglutide/Ozempic, also for Trulicity

HOW I CHOOSE:

Ozempic-best strength for glucose lowering, wt loss, adjustable dose pen, fatty liver


Trulicity-best ease of injection, needle phobia, caretaker administer, lower risk for GI issues, lower BMI



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DUAL GLP1/GIP




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- **Tirzepatide/Mounjaro**
 - 2.5, 5, 7.5, 10, 12.5, 15 mg weekly
 - SURPASS trials vs degludec, glargine, Ozempic 1.0 mg weekly showed **superior A1c & wt. reduction**
 - Pen like Trulicity
 - Sample box is four 2.5 mg weekly pens
 - Titrate every 1-3 months





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GLP

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- **Commercial** insurance
 - Check the coverage app
 - Use the copay discount cards \$0-25 for every 1-3 months, based on plan
 - Mounjaro covered \$25/mos even if not on formulary. **Consider if not meeting A1c or wt loss goals.**

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GLP Titration


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Titrate once monthly. STARTING DOSE GLP mostly for GI tolerance.


Trulicity Samples of 0.75mg x 2, rxn for 0.75 x 4 doses, increase q 4 wks as tolerated 1.5 3.0 4.5mg/week
**If rare GI issues, go to 1.5 mg weekly after 2 wks samples.*

Ozempic (includes pentips) Sample pen for 6 wks. (0.25mg x 4 wks, 0.5 x 2 wks). 0.25/0.5 1.0 2.0mg/week **Give sample pen. Write rxn for 1.0 weekly x 4, then 2.0 weekly x 4. If gets nausea, have pt dial back to prev dose. Relion 32x4mm pentips ~\$10 for 50, no rxn needed.*

Ozempic 1.0 to 2.0 mg/wk increase predom wt>BS benefit
**fast track, off label titration*





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GLP Cautions

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- Pancreatitis – recent or multiple episodes or use of pancreatic enzyme replacement (?T3c)
- Storage at room temp: Trulicity 14 days, Ozempic 56 days, Mounjaro 21 days
- See product insert for addl details & contraindications


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Quick Text to start GLP

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- “Eat slower. Smaller plate, no food on table, wait 30 min for 2nds. Stop when COMFORTABLE, not FULL. Smaller restaurant meals & less freq. eating out. Increase activity, 30+ min daily. Eating high fat or heavy meals increases nausea risk.
- STOP if abdominal pain, nausea, vomiting, diarrhea (risk for dehydration). Provides blood sugar lowering, without risk of low blood sugar, lowers your risk of heart disease and helps with weight loss.”





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SGLT2

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- COMPELLING INDICATIONS: **CKD3, microalbuminuria, heart failure, ASCVD**; Promote wt loss/minimize gain, Hypo avoidance.
- Lower eGFR use for HF/CKD > DM
- Write on rxn “for diabetes & CKD/urine protein/HF” as indicated



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Prior Auths

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- OK Medicaid preferred:
 - Dapagliflozin/Farxiga
 - Empagliflozin/Jardiance
 - Tier 2 30 day max metformin 1500mg+


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SGLT Cautions

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- Treat through 1-2 yeast or UTI infections if pt desires to continue. Always give fluconazole 150 mg 3 tabs. “take 1 tab now, can repeat dose every 3 days x 3 doses total prn”. Usually 1 tab adequate, remainder for “as needed”.
- Perineal/foreskin care review. Always® pads for dryness.




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SGLT Cautions

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- May need to lower diuretic dose
- Urine glucose will be positive
- Stop if not able to take oral fluids, risk for dehydration
- Risk for euglycemic DKA
- See prescribing info for addl details
- Copay cards for commercial insurance



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SGLT Quick Text

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- “Take once daily in AM. Do not have to take with food.
- STOP if abdominal pain, nausea, vomiting, diarrhea (risk for dehydration)
- Avoid excess alcohol intake
- Increased risk for yeast or urine infections—call if problems
- Drink at least 8 glasses WATER daily
- Provides blood sugar lowering, without risk of low blood sugar, lowers your risk of heart & kidney disease and helps with wt loss.”



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ADD ON GLP & SGLT

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- ADD these meds ***EVEN if the patient is at their A1c goal*** if any ASCVD, CKD, HF present



- Reduce insulin & SU as necessary




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Continuous Glucose Monitor/CGM

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- Interstitial Glucose measure
- TIME IN RANGE (TIR) vs A1c
 - 70 to 180 for nonpregnant adults
 - Best for CKD, IDA, blood disorders, race variants
 - Goals adjust for age/complications/life expectancy
- Glucose Management Indicator (GMI)
 - = A1c estimate
- Ambulatory Glucose Profile (AGP)
 - Note meal/snack time, sleep to best interpret
 - Narrow, flat, in target range desirable



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CGM

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Libre 2 14 days




Libre 3



DexCom G6



DexCom G7
10 days



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Qualifying Requirements

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OK Medicaid – “hardest”

- 3 shots insulin daily
- SMBG 4+ x daily (verify fill hx)
- Pharmacy fills not DME supplier
- OHCA PA form 139 required (signif hypo w/documentation or hyperglycemia)
- DM visit documenting requirements/use in 6 mos.

Give log for 30 days QID testing premeal/HS, complete & bring to appt prior to start process. Have pt fill a prescription for QID testing #150 strips/mos.

One Touch Verio Flex, Flex strips, Delica lancets





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Qualifying Requirements

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Medicare – intermediate difficulty

- Use of mealtime insulin 2-3 shots/day, some suppliers allow basal only


Medical Equip Supply Company (Part B)
TOTAL Medical Supply 877-670-1120

MUST order a “READER” for “Durable” Medical Equipment covered by Part B

Must have visits every 6 mos documenting use in plan



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Qualifying Requirements

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Commercial Insurance – easiest
Varies by plan, not necessarily require insulin use

CASH PAY – Libre ~\$80/mos. at CVS, Walgreen, Walmart with Good Rx card & prescription. Coupons from Abbott.

ALWAYS include Dx. codes & Z79.4 insulin use for Type 2 on insulin



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CGM Billing Codes


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CPT 95249 Personal CGM
Startup/training. Bill at first visit can print an AGP report along with the CGM interpretation. Bill only once.
\$56- 128 dollars based on plan. 1.73 RVU

CPT 95251 CGM Interpretation
Can bill every 30 days with REPORT scanned to chart
\$35-97 dollars based on plan 1.02 RVU




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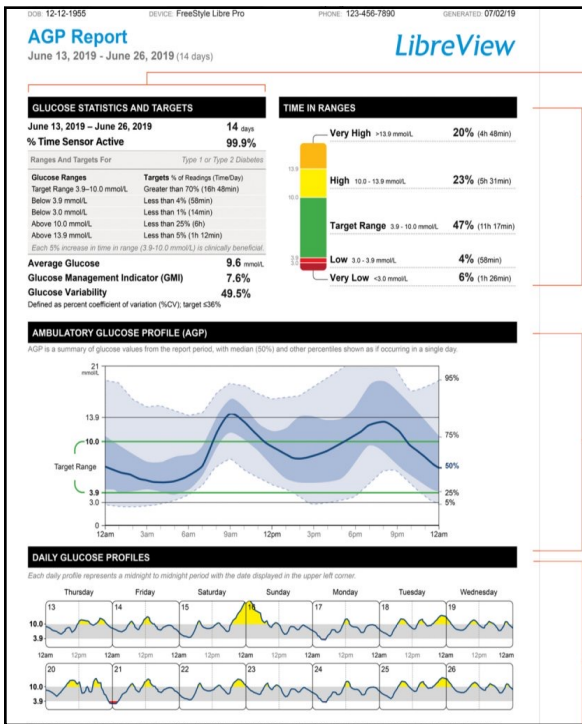
Reading the AGP Report

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- At least 14 days, 70% sensor use, <36% glucose variability
- I make dose adjusts on 30 day reports
- Desire a narrow, flat, in target range
- Note meals, snacks, sleep time to best interpret



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AGP Report
June 13, 2019 - June 26, 2019 (14 days)

GLUCOSE STATISTICS AND TARGETS
June 13, 2019 - June 26, 2019 14 days
% Time Sensor Active 99.9%

TIME IN RANGES

Very High >13.9 mmol/L	20% (4h 48min)
High 10.0 - 13.9 mmol/L	23% (5h 31min)
Target Range 3.9 - 10.0 mmol/L	47% (11h 17min)
Low 3.0 - 3.9 mmol/L	4% (56min)
Very Low <3.0 mmol/L	6% (1h 26min)

AMBULATORY GLUCOSE PROFILE (AGP)

DAILY GLUCOSE PROFILES

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Glucose Statistics and Targets

2

Time in Ranges


3

Ambulatory Glucose Profile (AGP)

4

Daily Glucose Profiles

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Getting Reports


Slips of paper—nurse gives pt when roomed

DexCom G6: “Please make sure you have downloaded the **CLARITY APP** on your phone & email me the **30 day** AGP, Overview, Patterns, Hourly Statistics & Compare reports to (email address) **prior to your visit.**”

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Getting Reports

Libre: “Share data with the LibreLink App on your phone. Tap the 3 lines/dots (Android). Choose Connected Apps. Choose Manage next to LibreView. Choose Connect to a Practice. Enter the Practice ID (include ID#).”


Provider logs into **LibreView** & looks up information by patient name.

If using a reader, uses the yellow cord to download.
Need LibreView on computer.

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Choosing CGM

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Libre 2 - Less complicated, fewer application steps, 14 day wear time, Cash pay \$80-130/mos. **Must scan every 8 hrs** minimum. Prescribe the Reader x 1 Medicare or smart phones not compatible. Sensors “replace every 14 days for glucose monitor, insulin adjust”

DexCom G6 – Type 1, more discreet, less likely to get knocked off on abdomen, **bluetooth**. Sensors “replace every 10 days for glucose monitor, insulin adjust.” Transmitter “replace every 90 days.”

Prescribe the Reader x 1 for Medicare only.



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CGM Coming Soon

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Libre 3 – BLUETOOTH, available October 2022, smaller, single step application

DexCom G7 – available in hopeful near future, smaller, single piece application (no separate transmitter)

BOTH with added features, insulin pump interface




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QUICK TEXT Prescribe

(prior to start, when initially prescribe)

“Recommending (insert brand) Continuous Glucose Monitor. Patient has diabetes mellitus and manages diabetes with an intensive insulin regimen (3+ insulin injections daily). The patient requires a therapeutic CGM and is willing to use therapeutic CGM for necessary frequent adjustments of insulin therapy. Patient has been using SMBG for frequent glucose monitoring (4+ times per day). I have completed an in-person visit during the previous six months and will continue to have in-person visits every three to six months to assess.”



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QUICK TEXT Start

(at first FU visit when CGM report printed, also use CGM continue code)


“New CGM use reviewed, sensor placed, mgt goals, alarms, inconsistencies with symptoms, backup fingerstick indications, malfunction issues Customer Service contact, insurance coverage issues, reporting/visit requirements.”

CPT95249



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QUICK TEXT continue

(ongoing CGM visits for FU, require a printed CGM report scanned to EMR to bill)


“Diabetes pt. taking insulin 3+ times daily. Use with meals, snacks, correction doses, basal. Currently checking glucose 4+ times daily per continuous glucose monitor, with appropriate adjustments in food, activity, medicine. Reviewed CGM benefits & ongoing use recommended.”

CPT 95251 no more often than every 30 days

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QUICK TEXT Covid

(Use to support telehealth charges)


“A CGM will allow me to more closely monitor glucose readings remotely and make any necessary adjustments to the patient’s diabetes regimen while keeping the patient and staff safe during the COVID-10PHE.”

Use other appropriate texts & CPT codes

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CGM Goals

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Time in Range 70-180 nonpregnant goal


Healthy Adults: A1c ~7%

>70% TIR <25% >180 <5% <70

Less Intense goal: A1c ~8%

>50% TIR <50% >180 <1% <70

10% increase TIR = 0.5% reduction A1c



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Thank You



for your Kindness

The End!!!



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