### INTERVENTION / TREATMENT PEARLS 2012

<table>
<thead>
<tr>
<th>Intervention/Treatment</th>
<th>Expected decrease in A1C with monotherapy (%)</th>
<th>Primary Action</th>
<th>When to Choose/Use</th>
<th>Cost</th>
</tr>
</thead>
</table>
| Lifestyle changes in diet/physical activity to promote weight loss                    | 1.0-2.0                                       | Broad benefits to health              | • Improvement in lifestyle possible  
• Person can begin immediately                                                      | Free-$ |
| Metformin                                                                             | 1.0-2.0                                       | Lowers fasting plasma glucose         | • All patients unless contraindicated or not tolerated                              | $      |
| Sulfonylurea                                                                          | 1.0-2.0                                       | Lowers fasting plasma glucose         | • Second agent for most patients  
• Hypoglycemia risk high                                                             | $      |
| Alpha Glucosidase Inhibitors                                                        | 0.5-1.0                                       | Lowers post-prandial glucose          | • Slow carbohydrate  
• Taken orally                                                                         | $$-$$ |
| Meglitinides                                                                          | 0.5-1.5                                       | Lowers post-prandial glucose          | • Sulfa allergy  
• Lower risk hypoglycemia                                                            | $$-$$ |
| Pioglitazone                                                                          | 0.6-1.0                                       | Lowers post-prandial glucose          | • Insulin resistance high  
• High triglycerides and low HDL if using maximum dose                               | $$-$-$$ |
| GLP-1 Agonist                                                                         | 0.8-1.5                                       | Lowers post-prandial and fasting glucose | • Weight loss desired  
• No hypoglycemia                                                                    | $$    |
| DPP-IV Inhibitors                                                                    | 0.6-0.8                                       | Lowers post-prandial glucose          | • Weight neutral  
• Taken orally  
• May use in renal insufficiency                                                     | $$    |
| Pramlintide                                                                           | 0.4-0.6                                       | Lowers post-prandial glucose          | • Wide fluctuating post-prandial glucose                                           | $$    |

### Guiding Principles:
- The tool “Type 2 Diabetes: Ambulatory Glycemic Control Pathway” provides a framework for approaching the management of type 2 diabetes
- Use the tool “Diabetes Mellitus Medications 2012” for specific drug-related information
- General Glycemic control goals: A1C < 7.0% (always individualize); Fasting Plasma Glucose (FPG) 70-130 mg/dL; two-hour post-prandial < 180 mg/dL
- Selection of medications should be based on patterns of hyperglycemia (e.g., elevated FPG and/or elevated post-prandial)
- Medication should be titrated to maximal effective doses