



Pharmacy Pearls

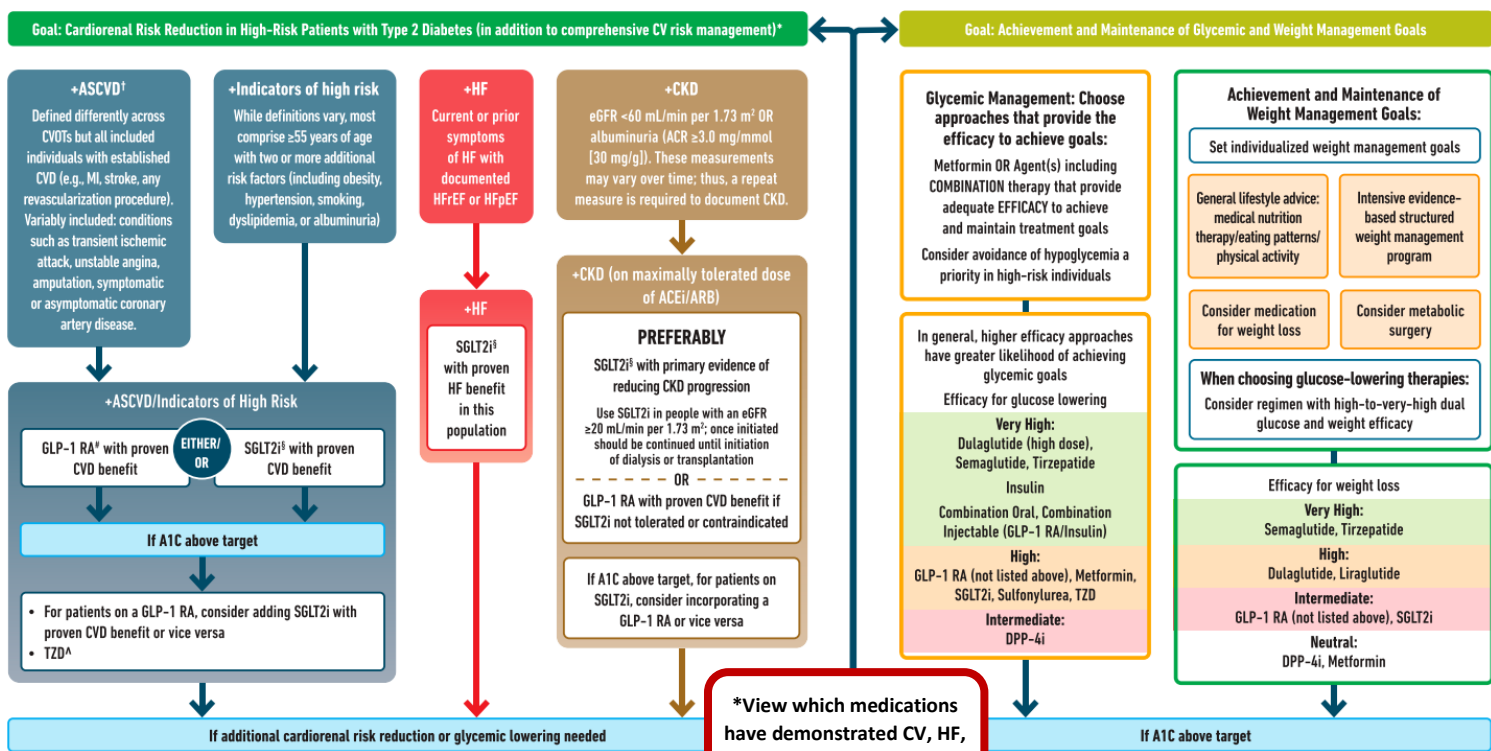
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2023 ADA Standards of Medical Care in Diabetes: Key updates you should know

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Updated Treatment Algorithm for T2DM:

Adapted from: Figure 9.3 in Diabetes Care 2023;46(Suppl. 1).



Key Changes:

- Now branches into two pathways: “Cardiorenal Risk Reduction” OR “Achievement and Maintenance of Glycemic and Weight Management Goals”. Prescribers are advised to select a pathway based on patient specific goals/comorbidities.
- SGLT2i’s recommended for patients with documented current or prior symptoms of HFpEF.
- Not all GLP-1 RA’s are created equal: individual agents now classified based on efficacy for glucose-lowering **and** weight loss.
- Encourages individualized weight loss goals with an emphasis on higher amounts of weight loss (at least 15% of total body weight) based on the efficacy of/access to newer medications such as tirzepatide and semaglutide.

Updates to Hypertension and Lipid Management:

- ADA’s HTN diagnostic criteria and BP goals are now consistent with ACC/AHA recommendations
 - HTN defined as systolic blood pressure ≥ 130 mmHg or diastolic blood pressure ≥ 80 mmHg
 - Target BP = $< 130/80$ mmHg
- Lower LDL goals for specific patient populations
 - Target LDL-c of **< 70 mg/dL** in patients ages 40-75 years with diabetes and *risk factors for ASCVD*
 - Target LDL-c of **< 55 mg/dL** in patients with diabetes and *existing ASCVD*

Diabetic Kidney Disease (DKD) Management:

- **SGLT2-Inhibitors**
 - Can be initiated in patients with an eGFR as low as 20 mL/min/ 1.73 m² and continued until initiation of dialysis or kidney transplantation
- **Finerenone (Kerendia®)**
 - Indicated for all patients with *albuminuric* DKD* to reduce CKD progression and cardiovascular events
 - Suggested as an alternative for patients with CKD who **cannot tolerate** an SGLT-2i

*albuminuric DKD defined as UACR > 30 mg/g