Optimizing Diabetes and Obesity Management:

Integrating Continuous Glucose Monitoring and GLP-1 Agonists

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Statement of Disclosure

Mary Catherine Platz has nothing to disclose concerning possible financial relationships with ineligible companies that may have a direct or indirect interest in the subject matter of this presentation.

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Objectives

- Review GLP-1 agonists mechanisms of action
- Compare GLP-1 agonists to GLP-1/GIP receptor agonists
- Discuss common side effects seen with GLP-1 agonists
- Describe the benefits of GLP-1 agonists in the care of patients with diabetes or obesity
- Identify current types of continuous glucose monitoring devices available
- Describe the benefits of continuous glucose monitoring devices for patients with diabetes or obesity
- Explain the benefits of using continuous glucose monitoring devices in coordination with GLP-1 agonists

Review Question #1:

Which of the following are benefits seen in GLP-1 Agonist medication? Select all that apply.

- a. Stimulation of insulin secretion
- b. Reduction in time of gastric emptying
- Stimulates glucagon releases during hypoglycemia
- d. Weight loss

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Review Question #2:

Which of the following have a FDA approved indicated for obesity?

- a. Dulaglutide
- b. Byetta®

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- c. Liraglutide
- d. Ozempic®

Review Question #3:

Patient JC has been regularly taking his Saxenda® injections and has been seeing great results. Unfortunately, JC missed his last 4 doses of medication. Which of the following is the correct recommendation for JC?

- a. Refer to the prescribing health care provider for directions on restarting the medication
- b. Tell the patient to resume taking the medication at the next scheduled dose
- c. Tell the patient to give two doses next time to make up for some of the missed doses
- d. Tell the patient that they need to be better at remembering their medication

Review Question #4:

Which of the following patients would be eligible to receive semaglutide for weight loss?

- 47 yof with a BMI of 25 and a history hyperlipidemia
- b. 36 yom with a BMI of 28 and a history of anxiety
- c. 55 yom with a BMI of 31

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d. 17 yof with a BMI of 27 and a history of type 2 diabetes

Review Question #5:

Which of the following continuous glucose monitors have the capability to share results with others? Select all that apply

- a. Dexcom G7 ®
- ь. Freestyle Libre 3®
- c. Eversense E365®
- d. Dexcom Stelo®

Glucagon-like Peptide 1 agonists (GLP-1) Mechanism of Action

- Contain a GLP-1 analog
- Attach to GLP-1 receptors
 - o Increase insulin production
 - Increases beta cells (pancreatic cells that make insulin)
 - Regulation of ion channels (potassium, calcium)
 - Decreased glucagon secretion
 - Attach to alpha cells in the pancreas reducing production of glucagon
 - Slowed gastric emptyingLowers appetite
- AIDA for GLP-1 drugs and how do they work? Drugs.com. February 10, 2025. Accessed April 21, 2025 trugs.com/imedical-answers/what-moe-glp-1-drugs-how-work-3579170.

Glucagon normally stimulates liver to release stored glucose into bloodstream

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Glucose-Dependent Insulinotropic Polypeptide (GIP) Mechanism of Action

- After nutrient ingestion → GIP secreted by enteroendocrine K cells
- Acts on the GIP receptor (largely located in beta cells of pancreatic islets) → binding increases intracellular cAMP levels
 - Increases calcium ion concentration and insulin exocytosis
- → stimulation of insulin secretion
 - Plays a major role in postprandial insulin
 responses

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Gupta K, Raja A. Physiology, Gastric Inhibitory Peptide. [Updated 2022 Sep 26]. In: StatPearls [Internet]. Treasure Island (F StatPearls Polishing; 2023 Jan. Available from: https://www.ncbi.nlm.nsh.gonyloosis/NBEX665 Fukuda M. The Role of GIP Receptor in the CNS for the Pathogenesis of Obesity. Dipleters; 2021;70(9):1929-19

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GLP-1 vs GIP How do they work?

GLP-1 Agonists

- Glucose-dependent stimulation of insulin secretion
- Reduction of gastric emptying
- Reduction of inappropriate glucagon secretion
 Suppress glucagon
- during hyperglycemia Weight loss

Glucose-Dependent Insulinotropic Polypeptide (GIP)

- Glucose-dependent stimulation
- of insulin secretionReduction of inappropriate glucagon secretion
 - Stimulates glucagon during hypoglycemia
- Weight loss

GLP-1 Agonists

FDA Approval for use in Type 2 Diabetes:

- Dulaglutide
- Exenatide
- Exenatide ER
- Liraglutide**
- Lixisenatide
- Semaglutide Injectable**
- Semaglutide oral tablets

ofessional CC medical. GLP-1 agonists. Cleveland Clinic. April 11, 2025. Accessed April 21

** FDA Approval in obesity**

GLP-1 Agonist Side Effects

- Loss of appetite
- Nausea
- Vomiting
- Diarrhea
- Dizziness
- Mild tachycardia
- Infection risk
- Headaches
- Indigestion

GLP-1 Agonists

Injection site reactions

Severe but Rare:

- **Pancreatitis**
- Medullary thyroid cancer
- Acute kidney injury
- Worsening diabetesrelated retinopathy

GLP-1 Agonists Considerations

Pregnancy

- Unsafe for use in pregnancy
- Animal studies show developmental abnormalities for the fetus
- Recommend using reliable birth control methods
- Referral to HCP if patient becomes pregnant while using

Hypoglycemia

- Low risk of mild hypoglycemia
- Increased risk with other medications (sulfonvlureas or insulin)
- What is hypoglycemia?
- Signs and Symptoms to watch for:
 - o Shaking
 - o Sweating/chills o Difficulty o Dizziness/lighthe thinking
 - adedness o Pale skin color
 - o Increased heart o Nausea

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Dulaglutide (Trulicity®) • FDA Approval: Type 2 Diabetes Administration: inject subcutaneously (SQ) once weekly Administration on the same day of the week each week is recommended Missed Doses: take missed dose as soon as remembered if within 3 days of scheduled dose If greater than 3 days: skip the missed dose, and resume administration on next scheduled dose Storage: Unopened Pens: refrigerator, Do NOT freeze medication Room Temperature: stored at room temp for up to

GLP-1 Agonists Exenatide (Byetta®) FDA Approval: Type 2 Diabetes Administration: inject subcutaneously (SQ) twice Missed Doses: take the missed dose as soon as remembered if almost time for next dose Skip missed dose. Do NOT take double or extra doses Unopened Pens: refrigerator, Do NOT freeze medication Opened Pens → Room Temperature: stored at room temp for up to 30 days Do not store pen with needle attached

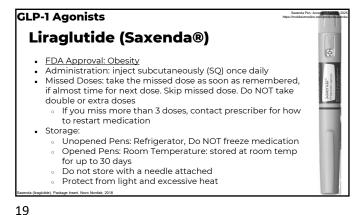
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14 days if needed Avoid exposure to extreme heat 15

GLP-1 Agonists Exenatide (Bydureon®)

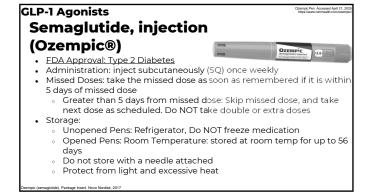
- FDA Approval: Type 2 Diabetes
- Administration: inject subcutaneously (SQ) once weekly
 - Administration on the same day of the week each week is recommended
- Missed Doses: take missed dose as soon as remembered, unless it is within 3 days of next scheduled dose
 - If next dose is within 3 days: skip the missed dose, and resume administration on next scheduled dose
- Storage:
 - Refrigerator, Do NOT freeze medication
 - Room Temperature: stored at room temp for up to 28 days
 - Store in original carton until it is time to administer. Remove dose from carton 15 minutes prior to administration. Use immediately after mixing.

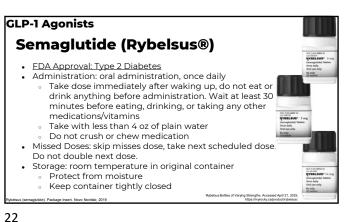
GLP-1 Agonists Liraglutide (Victoza®) FDA Approval: Type 2 Diabetes Administration: inject subcutaneously (SQ) once daily Missed Doses: take the missed dose as soon as remembered, if almost time for next dose. Skip missed dose. Do NOT take Unopened Pens: Refrigerator, Do NOT freeze medication Opened Pens: Room Temperature: stored at room temp for up to 30 days Do not store with a needle attached Protect from light and excessive heat

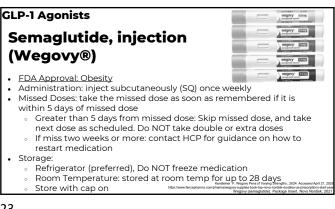


GLP-1 Agonists Lixisenatide (Adlyxin®) FDA Approval: Type 2 Diabetes Administration: inject subcutaneously (SQ) once daily within 1 hour before the first meal of the day (administer at the same time each day) Missed Doses: take the missed dose I hour prior to the next meal, if it is almost time for next dose, skip missed dose. Do NOT take double or extra doses Storage: Unopened Pens: Refrigerator, Do NOT freeze medication Opened Pens: Room Temperature: for up to 14 days Do not store with a needle attached Replace cap after each use to protect from light

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Combination Product: GLP-1 and GIP Tirzepatide (Zepbound®)

- FDA Approval: Obesity, Moderate to Severe Obstructive Sleep Apnea
- Administration: inject SQ once weekly

 Maintenance Dosing for Obesity: 5 mg, 10 mg, 15 mg once weekly

 Maintenance Dosing for Sleep Apnea: 10 mg, 15 mg once weekly
- Warnings: pancreatitis, acute kidney injury, gastrointestinal adverse
- Side Effects: nausea, diarrhea, decreased appetite, vomiting, constipation dyspepsia, abdominal pain, injection site reactions, fatigue, hypersensitivity reactions, hair loss, GERD
- Storage:
 - Refrigerator (preferred)
 - Room temperature: up to 21 days
 - Do NOT freeze
 - Store in original carton to protect from light



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Where do we see these medications used?

Obesity **Diabetes**

Obesity

- Typically measured using BMI
 - BMI: $25.0 29.9 \text{ kg/m}^2 = \text{overweight}$
 - BMI: 30 or greater = obese
- Other methods of monitoring:
 - Waist Circumference
 - Men: 102 cm
 - Women: 88 cm
 - Hip Circumference
 - Body Adiposity Index (BAI) → uses height and Hip Circumference
 - Waist-to-Hip Ratio (WHR)
 - Wasit-to-Height Ratio (WHtR)

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Complications of Obesity Risk of Stroke Mental Health Sleep GERD Apnea Kidney Failure and Bone Weakness Infertility Joint Pain bladder Cancer Disease Skin Fold Rashes

Obesity Indications

- Approved: 2021
- Patients with BMI > 27 with one weight-related ailment, or a BMI > 30
- Approximately 15% mean weight loss at 2 years
- Study focused on patients with at least one weight-related condition but excluded patients with diabetes

- Approved: 2014 (adults); 2020 (pediatric patients over the age of 12)
- Patients with BMI > 27 with one weight-related ailment, or a BMI > 30
- Approximately 3% loss of initial body weight

Obesity Indications

- Tirzepatide
 - o Approved: 2023
 - o Patients with BMI > 27 with one weight-related condition, or a BMI > 30
 - o To be used in addition to reduced calorie diet and increased physical activity
 - o Approximately 20% weight loss seen in SURMOUNT trials in tirzepatide group
- Tirzepatide (Zepbound®) also has Sleep Apnea Indication***

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Continuous Glucose Monitoring

Continuous Glucose Monitors (CGMs)

- Wearable device that tracks glucose over time
- Measures interstitial fluid just under the skin
- Provides real time updates to how glucose levels are changing

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CGMs - Interstitial Fluid

- → fluid that fills the spaces around your cells
- · How can we measure it here?
 - Glucose is in the blood stream, then leaks into the interstitial fluid
 - o CGM sensor monitors this level and reports it
- · Lag time
 - Glucose in blood stream will always be slightly ahead of interstitial fluid
 - Finger sticks will give a representation of blood glucose level

3 Components of CGM 1. Sensor – what measures your glucose levels 2. Transmitter – wirelessly transmits data from sensor to receiver 3. Receiver – smartphone app, receiver device, insulin pumps

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Types of CGMs

- Dexcom G6, G7®
- Freestyle Libre 2, Libre 3®
- Eversense E3, E365®
- Medtronic Guardian Connect®
- Medtronic Simplera®
- Dexcom Stelo®
- Roche Accu-Chek SmartGuide®

Dexcom G6, G7® • Sensor: 10-day wear

- Pump Integration Compatible
- Data Sharing (up to 10 people)
- · Optional separate receiver
- Real Time Alerts Available
- Warm-Up Time:
 - _o G6: 2 hours 。 G7: 30 minutes

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Abott Freestyle Libre 2, Libre 3®

- Sensor: 14-day wear
- Pump Integration
 - Libre 2: Limited compatibility
 - Libre 3: Compatible
- Data Sharing: Yes
- Separate Receiver: No
- Real Time Alerts Available
- Warm-Up Time: 1 hour



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Eversense E3, E365®

- Sensor: minor surgical procedure for implantation E3: 180 days
 - E365: 365 days
- Pump Integration Compatible
- Data Sharing Capabilities
- · Optional separate receiver
- Advanced analytics and extensive sharing option
- Real Time Alerts Available
- Warm-Up Time: 24 hours

Calibration: required twice daily

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Medtronic: Guardian, **Simplera®**

- Sensor: 7-day wear
- Pump Integration exclusive to Medtronic
- exclusive insulin pump systems Data Sharing allowed within proprietary ecosystem
- Optional separate receiver
- No optional receiver for Simplera
- Real Time Alerts Available
- Warm-Up Time: 2 hours
- Water resistance: splashes and light submersion
- Guardian: requires calibration

Data regarding Simplera is limited due to

Accu-Chek: SmartGuide®

- Sensor: 14-day wear
- Pump Integration unclear
- Data Sharing limited but functional sharing for basic monitoring
- Smartphone based receiver
- Real Time Alerts Available
- · Warm-Up Time: I hour warm up

Comparison of current continuous glucose monitors (CGMS) Diabetes Mall. April 16, 2025. Accessed April 21, 2025. https://

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Dexcom Stelo® (OTC)

- Sensor: 15-day wear
- Pump Integration Not Compatible
- Data Sharing Not Available
- Smartphone App Required
- Some Alerts Available delayed
- Warm-Up Time: 30 minutes



Gained approval for pre-diabetes and T2DM in 2024

Abott Lingo, Libre Rio® (OTC)

- Lingo: general consumer
 - o 14-day sensor wear
 - Smartphone app required
 - Coaching program included with purchase
 - Water resistant for up to 30 minutes
 - Warm Up Time: 1 hour



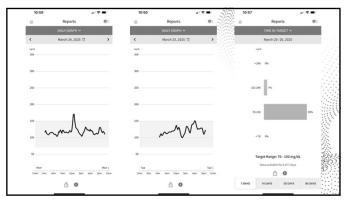
- **Libre Rio**: patients with Type 2 Diabetes who do not use insulin products
 - o 15-day max sensor wear
 - o Smartphone app required

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Pharmacists Perspectives on Wearing a CGM

Wearing a CGM has given me valuable firsthand insight into CGM use. I have personally experimented with eating certain foods-like gummy worms, cookies - to see what the data shows afterwards. A single cookie or serving of gummy worms causes a rapid increase in glucose, more than a typical meal. Protein rich meals cause a slower, steadier rise that never hit the peak that the junk food does. The ability to quickly check glucose after a meal has led me to try to remain within the target range by choosing healthier food. The setup is simple, takes about an hour to warm up, and once applied, I barely notice it. Setting a lower glucose target range has shown me how even mild elevations trigger alerts, reinforcing the CGM's role in real-time decisionmaking. I see CGMs as a way for pharmacists to get more involved in patient care, providing off-site monitoring of CGM results for patients to provide education and interventions.

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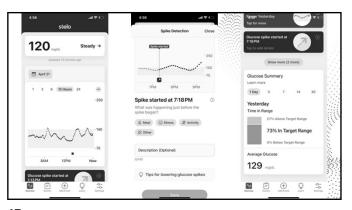
After wearing a CGM I feel much more confident in my ability to talk to patients about the process of putting a device on, and walking them through the various reports that you may have access to.

I am definitely more aware of how my body reacts to different foods and it has been interesting to see how those changes play out.

I was concerned with showering, getting dressed, and sleeping with the CGM, but have not had negative experiences so far.

Thinking about the stigma associated with some of these devices, I have found that close family and friends have hesitated to bring it up to me after I started wearing one.

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Patients Perspective of a CGM

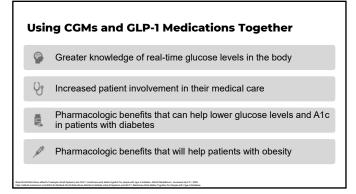
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I haven't used mine in nearly two months because of the issues I had picking it up and the pharmacy shortage. I got back in the habit of pricking my finger.

For me, it was easier to just do a finger prick 1-hour after a meal. (patient with gestational diabetes)

"I think if I were just managing glucose for everyday monitoring, it would have been more useful to me."

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Questions?

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CE Evaluation Access Code

Capital Letters, No spaces, complete by 05/02/2025

Note: CE credit will be reported to NABP CPE Monitor within 4-6 weeks