



Special Diabetes Program for Indians (SDPI)

**SDPI Grant Program:
Overview of Best Practices, Target Groups,
and Required Key Measures**

IHS Division of Diabetes Treatment and Prevention

June 28, 2022

Abbreviations

- AI/AN = American Indian/Alaska Native
- ADC = Area Diabetes Consultant
- AOR = Authorized Organization Representative
- DDTP = IHS Division of Diabetes Treatment and Prevention
- DGM = IHS Division of Grants Management
- DTLL = Dear Tribal Leader Letter
- DUIOLL = Dear Urban Indian Organization Leader Letter
- DUNS = Data Universal Numbering System
- IHS = Indian Health Service
- MOA = Memorandum of Agreement
- NOFO = Notice of Funding Opportunity (also known as FOA)
- ORC = Objective Review Committee
- SAM.gov = System for Award Management
- SDPI = Special Diabetes Program for Indians
- TLDC = Tribal Leaders Diabetes Committee
- UEI = Universal Entity Identifier
- UIO = Urban Indian Organization



What this webinar is about

- **Best Practices: Background**
- **Best Practices for 2016-2022**
- **Selecting a Best Practice for 2023**
- **Questions Round 1**
- **Selecting a Target Group: Steps and Examples**
 - **Community-based**
 - **Clinical**
- **Questions Round 2**

SDPI Diabetes Best Practices: Background

- Congress directed that SDPI funds be used to implement best practice approaches for diabetes treatment and prevention.
- Best Practices (BP) for SDPI grant programs started in 2001 and have gone through several versions over the years.
- BPs for 2023 will be (largely) the same as 2016-2022.
 - Need data to demonstrate effectiveness of SDPI: Required Key Measure (RKM) for Target Group
 - Grantees decide how to improve their RKM: BP does not dictate how, with whom, or where

Minor Updates Since 2016

- Best Practices are tied to Diabetes Audit Measures. So if there are changes to Audit measures, changes may be made to Best Practices.
- Resources reviewed and updated annually.

SDPI Diabetes Best Practices 2016-2022

- Focused areas for improvement of diabetes prevention and treatment activities/services and related outcomes in communities and clinics.
- 19 SDPI Diabetes Best Practices
- Each Best Practice includes:
 - Importance Statement
 - One Required Key Measure (RKM)
 - Target Group Guidance
 - Resources

SDPI Diabetes Best Practices

SDPI Diabetes Best Practices

- [Aspirin or Other Antiplatelet Therapy in Cardiovascular Disease](#)
- [Blood Pressure Control](#)
- [Chronic Kidney Disease Screening and Monitoring](#)
- [Dental Exam](#)
- [Depression Screening](#)
- [Diabetes-related Education](#)
- [Eye Exam – Retinopathy Screening](#)
- [Foot Exam](#)
- [Glycemic Control](#)
- [Hepatitis C Screening](#)
- [Immunizations: Hepatitis B](#)
- [Immunizations: Influenza](#)
- [Immunizations: Pneumococcal](#)
- [Immunizations: Tetanus/Diphtheria](#)
- [Lipid Management in Cardiovascular Disease](#)
- [Nutrition Education](#)
- [Physical Activity Education](#)
- [Tobacco Use Screening](#)
- [Tuberculosis Screening](#)

SDPI Diabetes Best Practices: Example

[About IHS](#) / [Special Diabetes Program for Indians \(SDPI\)](#) / [SDPI Community-Directed Grant Program](#) / [Diabetes Best Practices](#) / Diabetes-related Education

Special Diabetes Program for Indians

- About
- SDPI Community-Directed Grant Program**
- Application/Reports
- SDPI Grant Training
- Diabetes Best Practices
- SDPI Basics
- SDPI Outcomes System (SOS)
- SDPI Toolkits
- Audit/SOS Login
- Report to Congress
- Fact Sheets and Publications
- Grantee Resources
- Program Spotlights
- Contact Us
- Education Materials and Resources (Online Catalog)
- Division of Diabetes Treatment and Prevention

Diabetes-related Education

Importance

Diabetes education helps reduce the risk for developing diabetes and its complications.

Required Key Measure

Must be reported by grantees that select this Best Practice.

Number and percent of individuals in your Target Group who receive education on any diabetes topic*, either in a group or individual setting.

* Includes nutrition education, physical activity education, and any other diabetes education.

- **Improvement:** Increasing the number and percent of individuals in your Target Group who achieve this measure shows improvement.
- **Timeframe:** The timeframe for collecting data on the Required Key Measure will be January 1st to December 31st.
- **Data Collection:** For more information on data collection and reporting, see the [SDPI Outcomes System \(SOS\)](#).

Target Group Guidance

Select your Target Group from adults and/or youth with diabetes and/or at risk for developing diabetes.

You are required to report Required Key Measure data for one Target Group for your selected Best Practice. A Target Group is the largest number of patients/participants that your grant program can realistically serve. The following should be considered in selecting your Target Group:

1. The size and characteristics (e.g., ages, health status, settings) of the community or patient population that you are going to draw your Target Group from
2. Intensity of the activities/services you plan to do
3. SDPI funding and other resources available to provide activities/services

For information and examples on selecting a Target Group, see the [SDPI Diabetes Best Practice and Target Group](#) recorded webinar.

Resources and Tools

Selecting a Best Practice and Target Group

Key considerations:

- Primary goal is to show improvement in an area of need.
- You also have to be able to collect and submit RKM data.

Other considerations:

- What are the diabetes-related needs in your clinic and community?
- What resources are available?
- Is there room for improvement?
- How will you identify your Target Group members and keep track of them?
- How will you collect RKM data?

Selecting a Diabetes Best Practice

For the 2023 application, grantees may propose to:

1. Continue work on the same Best Practice selected in their 2022 application. This could include:
 - Continuing 2022 activities or proposing new ones.
 - Continuing with the same Target Group or proposing a new one.

OR

2. Select a different Best Practice with an appropriate Target Group that may be different than the Target Group for 2022.

SDPI Diabetes Best Practice Requirement

- Applicants must select one Best Practice for 2023.
 - **May select a different Best Practice and/or Target Group from 2022.**
 - Applicants may propose using some of their SDPI funds for diabetes-related activities outside of their selected Best Practice.
- Emphasis is on providing data to show that improvements are being made. RKM:
 - Are tied to the Diabetes Audit.
 - Data will be collected for the selected Target Group.
 - Data must be submitted using the SDPI Outcomes System (SOS).
- The SOS can only accept data for one Best Practice.

Selecting a Best Practice for 2023

- **Assess needs** related to diabetes treatment and prevention in your community and/or clinic.
- **Review progress** for 2022, including RKM results from your current Best Practice, to the extent possible.
 - If your program is using Individual Entry, you could enter the data you have available to date to see your current RKM result.
 - If your program is using EMR → WebAudit → SOS, you could conduct an Interim Audit and pull it into the SOS.
- **Review results** from the 2022 Annual Diabetes Audit for your local clinic.
- **Determine available resources**, both SDPI and others, that are available to your program - money, equipment, time, staff, space, and support.
- **Review RKM data** for the Best Practice you are considering, if possible.

Based on needs and resources available, how can your program **improve and document** some aspect of diabetes treatment or prevention in your community or clinic?

2022 Project Narrative Part F

Part F. SDPI Diabetes Best Practice

Best Practice, Target Group number and description, and Activities for 2022

F2.1 SDPI Diabetes Best Practice selected:

Choose One

a. Briefly describe why you selected this Best Practice.

b. Is this is a different Best Practice than the one your program selected for 2021?

Select

2022 Project Narrative Part F

F2.2 **Required Key Measure (RKM):** Review the [summary table](#)⁵. Enter the RKM for your selected Best Practice as it appears in the table.

F2.3 **Proposed Activities/Services:** What activity(ies)/service(s) do you propose to implement in 2022 that would improve the RKM for your program's Best Practice? List each major activity/service planned and provide a brief description. If there are more than ten activities, provide this information in [Part H, Other Information](#) of this Project Narrative.

a. Major Activities (List each activity/service planned and provide a brief description)	b. Timeframe (When will this activity be implemented?)
1. <div style="border: 1px solid red; height: 190px; width: 100%;"></div>	<div style="border: 1px solid red; height: 190px; width: 100%;"></div>
2. <div style="border: 1px solid black; height: 160px; width: 100%;"></div>	<div style="border: 1px solid black; height: 160px; width: 100%;"></div>



Q&A Round 1



Target Group Concepts and Examples



What is a Target Group

A Target Group is the number of patients/participants that you can realistically include in your activities or provide services to and collect data for with the resources you have, during the current budget period.

The following should be considered in selecting your Target Group:

1. The size and characteristics (e.g., ages, health status, settings) of the community or patient population that you are going to draw your Target Group from
2. Intensity of the activities/services you plan to do
3. SDPI funding and other resources available to provide activities/services
4. **Ability to collect data – Birth month/year, gender, and RKM**

Target Group Concepts

- The number in your Target Group:
 - Is the number of people you actually think you can serve
 - Is not (for many grantees) the total number of people who you might serve
- For example: Your program wants to provide nutrition education to community members at the local fitness center.
 - Total number of community members = 10,000
 - Very large number
 - Is it realistic?
 - Consider: resources, planned activities/services, **RKM data collection**
 - Determine estimated Target Group number = 200

Importance of Selecting a Target Group

By doing the following:

- Deciding which group of people your program wants to work with
- Estimating how many of those people you can realistically serve
- Identifying people to be a part of the Target Group

You can: Show that your SDPI activities/services result in improvement (RKM)

Importance of Selecting a Target Group (cont.)

Applicants: Will provide information about their Target Group in their Project Narrative, including a number & description. Reviewers will consider this information.

F2.4 Is your 2022 Target Group different from 2021?

F2.5 Based on the steps provided above, what is the number of patients/participants in your 2022 Target Group?

F2.6 Describe your 2022 Target Group (see Steps one and two above).

F2.7 Briefly describe how your program's Target Group number was determined.

Grantees: Will collect and report RKM data on their Target Group members.

How to Determine Your Target Group

Steps are provided in the Project Narrative template.

- 2023: Not yet available. Steps will be the same as 2022.
- 2022: See page 8 in the [2022 Project Narrative Template](#)

How to Determine Your Target Group

- Step One -

Review the Target Group Guidance for your selected Best Practice. This information can be found:

- On the [Best Practice webpages](#)
- In the [Best Practice summary table](#) (on the webpage above)

Example from Nutrition Education Best Practice: (Screenshot from webpage)

Target Group Guidance

Select your Target Group from adults and/or youth with diabetes and/or at risk for developing diabetes.

You are required to report Required Key Measure data for one Target Group for your selected Best Practice. A Target Group is the largest number of patients/participants that your grant program can realistically serve. The following should be considered in selecting your Target Group:

1. The size and characteristics (e.g., ages, health status, settings) of the community or patient population that you are going to draw your Target Group from
2. Intensity of the activities/services you plan to do
3. SDPI funding and other resources available to provide activities/services

For information and examples on selecting a Target Group, see the [SDPI Diabetes Best Practice and Target Group](#) recorded webinar.

How to Determine Your Target Group

- Step Two -

From those in step one (Target Group Guidance), determine which types of patients or participants you plan to serve and for whom you will report RKM data.

Who would you like to work with?

Think about these things...

- Ages (e.g., youth, elders, women of reproductive age, 40–75 years)
- Health status (e.g., at risk for diabetes, new onset diabetes, diabetes complications)
- Settings (e.g., school, senior home, clinic)
- Geographic locations (e.g., areas of the reservation, villages, communities)

Example from Nutrition Education Best Practice:

Your program staff coordinates a special meeting with Tribal leaders and community members to talk about diabetes. After reviewing Annual Audit 2022 results from your local facility and discussing other health needs in the community, everyone agrees that teaching youth about healthy eating is a priority. There are resources available and a way to gather RKM data.

Different Target Groups for the same Best Practice!

Applicants choosing the same Best Practice may propose different activities/services with different Target Groups. See the example below.

SDPI Program	Selected Best Practice	Activities/Services	Target Group Description
A	Nutrition Education	Providing nutrition education related to breastfeeding support .	Pregnant women ages 18-30 with or at risk for diabetes from local I/T/U clinic.
B	Nutrition Education	Providing nutrition education related to diabetes prevention .	Youth ages 8-15 at risk for diabetes at local Boys & Girls Club.
C	Nutrition Education	Providing nutrition education from a Registered Dietitian related to heart health .	Adults with diabetes ages 18-45 at risk for CVD from local I/T/U clinic.

How to Determine Your Target Group

- Step Three -

- Determine approximately how many patients/participants in your community or clinic meet the description you decided on in step two.
- Where do you get the information? Sources include:
 - Electronic health or medical record system
 - Diabetes Audit
 - Community resources (Tribal programs and offices, local schools, wellness center, etc.)
- About how big is this group?
 - This could be an actual number or estimate or general idea.
 - This number is not reported in your application.

How to Determine Your Target Group

- Step Three (cont.) -

Example from Nutrition Education Best Practice:

- **Step One** – Target Group Guidance is “from adults and/or youth with diabetes and/or at risk for developing diabetes.”
- **Step Two** – Your program staff decides to work with youth and healthy eating.
- **Step Three** – Tribal enrollment office provides an estimate of approximately 800 enrolled youth (5-18 years) in the community.

How to Determine Your Target Group

- Step Four -

Assess the intensity of your Best Practice activities/services. This will affect the number of patients/participants you can serve (i.e., higher intensity = smaller Target Group; lower intensity = larger Target Group).

- **High intensity:** Require most staff time and resources per patient/participant.
 - Examples: Diabetes Prevention Program intervention, intensive clinical case management.
- **Medium intensity:** Require moderate staff time and resources per patient/participant.
 - Examples: Diabetes education classes, periodic diabetes clinical care.
- **Low intensity:** Require less staff time and resources per patient/participant.
 - Examples: Depression screening, foot exams.

How to Determine Your Target Group

- Step Four (cont.) -

Example from Nutrition Education Best Practice:

- **Step One** – Target Group Guidance is “from adults and/or youth with diabetes and/or at risk for developing diabetes.”
- **Step Two** – Your program staff decides to work with youth and healthy eating.
- **Step Three** – Tribal enrollment office provided an estimate of approximately 800 Tribally enrolled youth (5-18 years) in the community.
- **Step Four** – Your program decides to do group-based healthy eating activities once a week. The intensity of proposed activities is medium.

How to Determine Your Target Group

- Step Five -

Considering ...

- The total number of potential patients/participants in **step three**
- The intensity of the planned activities/services as assessed in **step four**
- SDPI and other resources available:
 - Program: e.g., number and experience of staff, number of people you already serve, space, equipment
 - Community-based: e.g., existing programs and partners, space, equipment
 - Clinic-based: e.g., health data, health care professionals, space, equipment

... determine the number of patients/participants that you are able to realistically serve:

- This is the approximate number of members that will be in your Target Group.
- This number will be reported in your application.
- You will identify this many individuals to be members of your Target Group.

How to Determine Your Target Group

- Step Five (cont.) -

To identify individual Target Group members for your 2023 grant:

- **Option 1**

- Determine Target Group members on or around the budget period start date (Jan 1, 2023).
- Follow the same Target Group members through Dec 31, 2023.
 - Don't add members.
 - Don't remove members, unless there are special circumstances (e.g., death, automatic removal by RPMS).

How to Determine Your Target Group

- Step Five (cont.) -

To identify individual Target Group members for your 2023 grant:

- **Option 2**

- Add Target Group members throughout the budget period. May know who some are at the beginning and can add others later.
- Example: Best Practice is physical activity education. Grantee is providing community-based education sessions, so they can't identify the entire group they are drawing from. They will add members as they hold sessions.

More information about Target Groups, RKM, and the SOS will be provided close to the beginning of the 2023 budget period.

How to Determine Your Target Group

- Step Five (cont.) -

Example from Nutrition Education Best Practice:

- **Step One** – Target Group Guidance is “from adults and/or youth with diabetes and/or at risk for developing diabetes.”
- **Step Two** – Your program staff decides to work with youth and healthy eating.
- **Step Three** – Tribal enrollment office provided an estimate of approximately 800 Tribally enrolled youth (5-18 years) in the community.
- **Step Four** – Your program decided to do group-based healthy eating activities twice per month. The intensity of proposed activities is medium.
- **Step Five** – The amount of resources and funding don't allow the SDPI program to serve all 800 youth. There is a Boys & Girls Club that many youth from the community attend with space available to provide nutrition education activities. The SDPI program decides to focus on youth ages 9-13 years who attend, and there are 100 of them.

How to Determine Your Target Group

- Example Project Narrative -

Best Practice, Target Group number and description, and Activities for 2022

F2.1 SDPI Diabetes Best Practice selected:

Nutrition Education

a. Briefly describe why you selected this Best Practice.

Teaching our young people about healthy eating was identified as a priority by our Tribal leaders and community members.

How to Determine Your Target Group

- Example Project Narrative -

b. Is this is a different Best Practice than the one your program selected for 2021?

F2.2 **Required Key Measure (RKM):** Review the [summary table](#)⁵. Enter the RKM for your selected Best Practice as it appears in the table.

Number and percent of individuals in your Target Group who receive nutrition education. *

*Performed by a Registered Dietitian or other health or wellness program staff.

F2.3 **Proposed Activities/Services:** What activity(ies)/service(s) do you propose to implement in 2022 that would improve the RKM for your program’s Best Practice? List each major activity/service planned and provide a brief description. If there are more than ten activities, provide this information in [Part H, Other Information](#) of this Project Narrative.

a. Major Activities (List each activity/service planned and provide a brief description)	b. Timeframe (When will this activity be implemented?)
1. Group-based healthy eating activities once a week during the school year.	Jan-May 2022 Sep-Dec 2022
2.	



How to Determine Your Target Group

- Example Project Narrative -

F2.4 Is your 2022 Target Group different from 2021?

F2.5 Based on the steps provided above, what is the number of patients/participants in your 2022 Target Group?

F2.6 Describe your 2022 Target Group (see Steps one and two above).

Youth ages 9-13 years of age who participate in the after school program at the Boys & Girls club.

F2.7 Briefly describe how your program's Target Group number was determined.

Tribal enrollment office provided an estimate of approximately 800 youth (5-18 years) in the community. That is too many kids for us to work with, so we decided to work with kids around middle school age.

Selecting a Target Group: Clinical Example

Best Practice

Blood Pressure Control

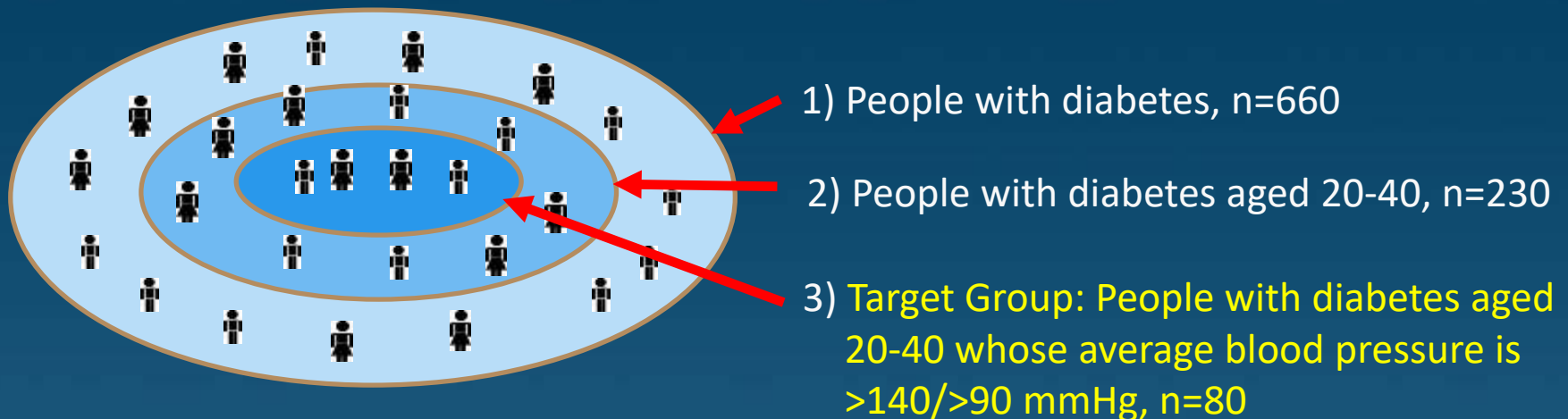
Required Key Measure

Number and percent of individuals in your Target Group who have mean blood pressure <140/<90 mmHg.

Target Group Guidance

Select from adults with diabetes.

Activities/services chosen – Intensive Case Management



Additional Target Group Considerations

- Your Target Group may include different “subgroups” of individuals, but you will report the RKM data all together.
 - Example: Best Practice is Diabetes-related education
 - ✓ Subgroups: youth at school (180), elders at senior center (40), pregnant moms (20)
 - ✓ Total in Target Group = 240
- Your program’s overall activities/services may include people outside of the Target Group, but you will not report RKM data for these people.
 - Example: Best Practice is Eye Exam – Retinopathy Screening
 - ✓ Focus are those over age 60 years
 - ✓ SDPI dollars are spent on staff to use and manage the Joslin Vision Network (JVN) - retinal camera
 - ✓ Report RKM data only for those over the age of 60 years, even though the JVN and staff are used for other people
- Target Group concepts also apply to other activities/services that are not related to Best Practices.

Additional Target Group Considerations

- Can your TG be tracked using your EMR and Audit tools?
- If not, can you collect/track the **required** TG individual data?
 - Month of birth
 - Year of birth
 - Gender
 - Whether or not RKM has been achieved

Take Home Messages

- **2023 Applicants** must:
 - Select **one** SDPI Diabetes Best Practice.
 - Identify **one** Target Group using the guidance provided.
- Once available, in your Project Narrative, provide the number of people in your Target Group and describe it.
- The size of your Target Group depends on many factors, as outlined in this presentation and the Project Narrative Template.
- Your Target Group will either:
 - Include the same patients/participants for the entire budget period (preferred).
 - Add members throughout the budget period.

Q&A Round 2



Application Resources

- [SDPI Training webpage](#) – Upcoming and recorded webinars.
- [Grants.gov](#) – Web-based system where 2023 grant application will be submitted.
- [DGM website](#) – policies, forms.

Stay in Touch

- SDPI Grantee email list
 - Send a request to be added to sdpi@ihs.gov
 - Emails will provide latest updates, webinars, and resources.
- [ADC Directory](#)
 - Stay in touch with your ADC for guidance and local training opportunities/resources.
- [Division of Grants Management/Grants Management Specialist](#)
 - May provide further guidance on the 2023 application process.

Free resources from DDTP!

- [Diabetes Education Lesson Plans \(9 topics\)](#) - These lesson plans offer culturally relevant materials that are adaptable for individual or group sessions and can complement existing diabetes education curricula.



- [Treatment Algorithms \(6 topics\)](#) – Concise information for point of care reference. Print or view online or on a mobile device.

Glucose Management in Type 2 Diabetes

Please Note: This algorithm is not intended for treatment and target selection in children or in women who are or could become pregnant.

Step 1: Determine Individualized A1C Target Range
Select based on age, duration of diabetes, patient preference, comorbidities, hypoglycemia risk, and other factors.

Major Comorbidity	Microvascular Complications		
	Absent or Mild	Moderate	Advanced
Absent (and/or >10-15 years of life expectancy)	6.0-7.0%	7.0-8.0%	7.5-8.5%
Present (and/or 5-10 years of life expectancy)	7.0-8.0%	7.5-8.5%	7.5-8.5%
Marked (and/or <5 years of life expectancy)	8.0-9.0%	8.0-9.0%	8.0-9.0%

Major comorbidity includes but is not limited to significant CVD, recent stroke, life-threatening malignancy, or severe CKD, COPD, or chronic liver disease. Microvascular disease: retinopathy, neuropathy, or CKD. Adapted from the [VA/DoD Management of Diabetes Mellitus Guideline](#).

↓
If A1C not within individualized target range

Step 2: Initiate Medication Therapy
If significant weight loss or ketonuria, use insulin (hospitalize if acidotic). Otherwise:
Start metformin if A1C above patient's target but <9%.
Start metformin and a second medication if A1C ≥9% (see Step 3).

↓
If A1C not within individualized target range

Step 3: Increase Dosage(s) and/or Add Another Medication
Select additional medication(s) based on formulary options, side effects, cost, comorbidities (e.g., CVD), medication regimen complexity, and patient preference.

Medication	Weight	A1C	Risk of Hypoglycemia	Cost
Metformin	- to ↓	↓↓	-	\$
DPP-4 Inhibitor	-	↓	-	\$\$
GLP-1 Receptor Agonist	↓↓	↓↓	-	\$\$\$
Insulin	↑↑ to ↑↑↑	↑↑↑	↑↑↑	\$\$ to \$\$\$
SGLT2 Inhibitor	↓	↓	-	\$\$\$
Sulfonylurea	↑↑	↓↓	↑↑	\$
Thiazolidinedione	↑	↓↓	-	\$

Do not use GLP-1 Receptor Agonist and DPP-4 inhibitors together as no A1C benefit.

© IHS Division of Diabetes Treatment and Prevention

Glucose Management in Type 2 Diabetes

Metformin
Monitor and supplement vitamin B12 as needed with long term use. Discontinue if eGFR <30ml/min/1.73m².
Warning: May cause lactic acidosis (rare).
Start 500mg daily with meals and increase no faster than 500mg/day each week. If GI symptoms occur, may increase more slowly.
Max dose: Regular release tablets: 2,550mg divided BID or TID. XR tablets: 2,000mg daily or divided BID.

Dipeptidyl Peptidase-4 (DPP-4) Inhibitors*
Alogliptin (Nesina®) Start 25mg daily. May increase risk of heart failure.
Sitagliptin (Januvia®) Start 100mg daily.
Linagliptin (Tradjenta®) Start 5mg daily.
Saxagliptin (Onglyze®) Start 2.5-5mg daily. May increase risk of heart failure.

Glucagon-Like Peptide-1 (GLP-1) Receptor Agonists
GI side effects common.
Warning: May increase risk of thyroid tumor.
Dulaglutide (Trulicity®) Start 0.75mg SC weekly. May increase to 1.5mg/week.
Esemotide ER (Bydureon®) Start 2mg SC weekly.*
Liraglutide (Victoza®) Start 0.6mg SC daily. Increase to 1.2mg daily in 1 week. May increase to 1.8mg daily. Indicated to reduce the risk of CV events in patients with established CVD.
Semaglutide (Ozempic®) Start 0.25mg SC weekly for 4 weeks, then increase to 0.5mg weekly for 4 weeks. May increase to 1mg weekly.

Insulin - See [Insulin Therapy Algorithm](#)

Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors*
May cause volume depletion, orthostatic hypotension, genital fungal infections, DKA, acute kidney injury, and UTI.
Canagliflozin (Invokana®) Start 100mg daily before first meal. May increase to 300mg daily. Warning: May increase risk of lower limb amputations.
Indicated to reduce the risk of CV events in patients with established CVD.
Empagliflozin (Jardiance®) Start 10mg daily. May increase to 25mg daily. Indicated to reduce the risk of CV death in patients with established CVD.

Sulfonylureas
May cause hypoglycemia, weight gain.
Glipizide Start 2.5-5mg daily - max 20mg BID. ER formulation dosed 5-20mg daily.
Gliclazide Start 1-2mg daily - max 8mg daily.

Thiazolidinedione (TZD)
May increase risk of bone fracture. Do not use in patients with bladder cancer. Check LFTs before starting. May cause weight gain.
Warning: Increased risk of heart failure.
Pioglitazone (Actos®) Start 15mg daily, may increase to 30-45mg daily. Max A1C changes may take up to 12 weeks to occur.

* See prescribing reference when eGFR <60ml/min/1.73m². Medications on the IHS National Core Formulary are in **BOLD** above.
Please consult a complete prescribing reference for more detailed information. This is a summary of the most commonly ordered non-insulin diabetes medications and drug classes from the IHS National Supply Service Center. No endorsement of specific products is implied.

Last updated March 2019



Contact Info: DGM

- IHS Division of Grants Management
 - Website: www.ihs.gov/dgm
 - Main line: 301-443-0243

IHS Division of Grants Management – Grants Management Specialists (GMS)		
IHS Area	GMS	GMS Email
Albuquerque	Donald Gooding	Donald.gooding@ihs.gov
Phoenix	Willis Grant	Willis.grant@ihs.gov
Nashville, Tucson	Andrew Diggs	Andrew.diggs@ihs.gov
Great Plains, Portland, Oklahoma City	Cherron Smith	Cherron.smith@ihs.gov
Alaska, Bemidji, Billings	Patience Musikikongo	Patience.musikikongo@ihs.gov
California, Navajo, Urban	Pallop Chareonvootitam	Pallop.chareonvootitam@ihs.gov



Questions?

Thank you

www.ihs.gov/diabetes/

www.ihs.gov/sdpi/