

DIABETES PROGRAM: _____

PHONE NUMBER: _____

FAX NUMBER: _____

Patient Name: _____

DOB (dd/mm/yy): _____

Address: _____

City: _____

Postal Code: _____

Telephone: _____

Language Barrier: YES NO

Health Card Number: _____

Language Spoken: _____

****Discontinue DPP4i's (except in rare circumstances) and consider reducing secretagogues when adding a GLP-1 RA to treatment****

Class	Types/Brands (random order)	Starting/Current Dose	Adjustments
<input type="checkbox"/> GLP-1 RA	<input type="checkbox"/> Semaglutide (Ozempic®)-injectable	<input type="checkbox"/> Once weekly, 0.25 mg sc	<input type="checkbox"/> Titrate in 4 weeks to 0.5 mg, and further titrate in 4 more weeks to max 1 mg weekly if further control is desired. (1mg pen requires new prescription)
	<input type="checkbox"/> Semaglutide (Rybelsus®)- tablet , to be taken on empty stomach, 30 min prior to eating	<input type="checkbox"/> Daily dosing, 3 mg po	<input type="checkbox"/> Titrate in 30 days to usual maintenance dose 7 mg, and further titrate after 30 more days to max 14 mg daily if further control is desired (each dose requires new prescription)
	<input type="checkbox"/> Liraglutide (Victoza®)	<input type="checkbox"/> Daily dosing, 0.6 mg sc	<input type="checkbox"/> Titrate in 1 week to 1.2 mg, and further titrate after minimum 1 week to 1.8 mg, if further control is desired
	<input type="checkbox"/> Dulaglutide (Trulicity®)	<input type="checkbox"/> Once weekly, 0.75 mg sc	<input type="checkbox"/> Titrate in 1 week to usual maintenance dose 1.5 mg
	<input type="checkbox"/> Lixisenatide (Adlyxine®)	<input type="checkbox"/> Daily dosing, 10 ugm sc	<input type="checkbox"/> Titrate to 20 ugm on day 15
	<input type="checkbox"/> Exenatide (Byetta®)	<input type="checkbox"/> BID Daily dosing, 5ugm BID sc	<input type="checkbox"/> Titrate to max dose 10 ugm BID after 1 month if further control is desired
<input type="checkbox"/> Combination GLP-1 agonist + basal insulin	<input type="checkbox"/> Exenatide- extended release (Bydureon®)	<input type="checkbox"/> Once weekly, start 2mg sc	<input type="checkbox"/> No dose titration
	<input type="checkbox"/> Liraglutide + insulin degludec (Xultophy®) (→1U contains 0.04mg liraglutide)	<input type="checkbox"/> Daily injection, start 16U	<input type="checkbox"/> Adjust dose by 2U q 3-4 days to achieve optimal FBG. Max dose 50U (Use another agent if <16 or >50U insulin are required)
	<input type="checkbox"/> Lixisenatide + insulin glargine (Soliqua®) (→1U contains 0.33ugm lixisenatide)	<input type="checkbox"/> Daily injection, 15U (if already on basal <30U/day) or 30U if currently on basal 30-60U/day)	<input type="checkbox"/> Adjust dose by 2-4U q week to achieve optimal FBG. Max dose 60U (Use another agent if >60U are required)
<input type="checkbox"/> Discontinue the following medications:			

- Authorize Certified Diabetes Educator to reduce the secretagogue dosage accordingly to avoid hypoglycemia
- Authorize Certified Diabetes Educator to adjust carb/insulin ratios for self management of insulin therapy
- Authorize Certified Diabetes Educator to dispense medication samples for teaching and financial need
- Authorize RD to take blood samples by skin pricking for teaching/ monitoring capillary BG
- Authorize Certified Diabetes Educator to order blood glucose or A1c for assessment and evaluation of glycemic control

AUTHORIZING PHYSICIAN INFORMATION

Print Name: _____

Date: _____

Signature: _____

Ph#: _____

Address (or stamp): _____

Fax#: _____