

Mr Greg O'Toole
Senior Pharmacist
PBAC Secretariat
GPO Box 163
Woden ACT 2606

Dear Mr O'Toole

Thank you for the opportunity for ADEA to comment on the issues raised in your letter of 27 May 2013 related to use of antidiabetic drugs.

The Australian Diabetes Educators Association (ADEA) is the leading organisation for all health care professionals providing diabetes education and care and actively promotes evidence-based best practice diabetes education for all people, affected by, and at risk, of diabetes.

The overarching goals of diabetes education are to attain optimal:

- adjustment to living with diabetes
- good health outcomes
- cost effectiveness (public and personal).

These are realised through achieving knowledge and understanding, self-determination, psychological adjustment and effective self-management.^[1] The ADEA sets the guidelines, standards and expected competencies for diabetes selfmanagement education and has registered the trade mark – Credentialed Diabetes Educator®.

ADEA members who are both Credentialed Diabetes Educators and nurse practitioners were asked for comments. As you would be aware nurse practitioners can prescribe within an agreed formulary and only drugs within the PBS. ADEA's primary focus is on education however, we provide brief response to your specific questions:

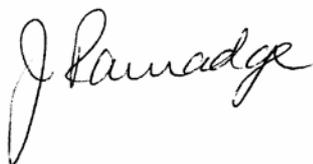
- 1.1 Gliptins are expensive and Metformin is effective as a 1st line treatment as recommended by the American Diabetes Association (ADA) and the European Association for the Study of Diabetes (EASD). Gliptins could be considered if a person with diabetes is not able to tolerate Metformin.
- 1.2 There are multiple concerns regarding glitazones especially for people with cardiac disease and it is ADEA's view they should not be prescribed as an alternative to Metformin.
- 1.3 Triple therapy may be used in patients who absolutely refuse to take insulin therapy and have potential in patients with HbA1c slightly over target levels on dual therapy. Adding GLP-1 may only reduce HbA1c by 0.5 -1% and may need to be considered on a case by case basis.
2. SGLT2 inhibitors may be recommended as first line management if documented issues with Metformin tolerability. A potential benefit is weight loss but concerns exist regarding increased risk of urinary tract infection and genital infections.

^[1] Eigenmann C, Colagiuri R. (2007) Outcomes and Indicators for Diabetes Education - A National

3. GLP-1 analogue once weekly injection will simplify therapy regimen and may increase compliance in some patients. Anecdotally it has been found that patient acceptance of new injectable therapy is enhanced with community nursing support.

I apologise that this response is late and hope you will accept it and if you have any questions please do not hesitate to contact me.

Yours sincerely



Dr Joanne Ramadge
CEO
Australian Diabetes Educators Association

1 July 2013